Chandi Fernando
Michel Ferrari

Editors

Handbook of

Resilience in Children of War

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Endorsements

My friend Emmanuel Jal says he believes he has survived for a reason—to tell his story, to touch lives. It is remarkable how children, the most vulnerable in conflict, are able to transcend the worst evils this world has to offer. The authors of this book recount positive stories of struggles for survival and the remarkable journeys of young people who refused to let their adverse circumstances dictate their future possibilities. This handbook stresses the importance of learning from the past, avoiding cookie-cutter solutions, and, above all, a multidisciplinary approach to caring for our young. It truly takes a village….

LGen Roméo Dallaire (Ret),
Founder of the Roméo Dallaire Child Soldiers Initiative

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Reading Chandi Fernando and Michel Ferrari's inspiring collection of papers from around the world, it's clear that there are specific protective processes that help children who are exposed to political violence build and sustain resilience. This is a timely work that sits on the crest of emerging thinking in the field of resilience research. No longer can we explain resilience as something inside a child. It is, as shown in the many studies that are discussed with some of the most disadvantaged children in the world, something we create by making children's social ecologies safer and more nurturing. This book will be of interest not just to those working with children affected by war, but anyone who works with traumatised young people, whether because of gangs or domestic violence. This volume is one of the first of its kind to show through research and its application to practice that we can help children be more resilient with the right commitments from their families, communities, and most importantly, the policy makers who fund the programs children need.

Michael Ungar, Ph.D.,
Co-Director, Resilience Research Centre
Editor, *The Social Ecology of Resilience*: *A Handbook of Theory and Practice*

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Chandi Fernando and Michel Ferrari

Tragically, civilians are increasingly affected by war, with many of them being children and youth. Although experiences of war and other severe political conflict often produce long-lasting trauma, it is important to ask what can be done to minimize the effects of war exposure. Research typically focuses on mental health and on how exposure to war generates symptoms of posttraumatic stress or other pathological outcomes of exposure to war; however, the chapters in this volume all concern children and youth who demonstrate remarkable resilience in the face of war experiences. According to Masten (2011), several kinds of phenomena have been studied under the umbrella term of resilience: (1) *beating the odds* in situations of high cumulative risk for developmental problems, (2) *coping well* under difficult circumstances, (3) *bouncing back* after some catastrophe or severe deprivation and (4) *posttraumatic growth* following adversity, through transformational reorganization of developing systems. All contributors to this volume endorse one or more of these views of resilience, with a special focus on the unique physical and psychosocial

risks war presents for children and their families. We consider these issues in four sections.

Section 1: Social-Ecological Approaches to Promoting Resilience in Children of War

Section 1 of the book explores social-ecological models of resilience and their application to promote resilience and psychosocial well-being. The first two chapters present a model of social-ecological resilience, along with evidence in support of this approach. The third chapter discusses social-ecological guidelines developed by the Inter-Agency Standing Committee (IASC) to help maximize the effectiveness of interventions to help children and communities affected by war. The final chapter in this section provides a richly detailed application of these IASC guidelines in Afghanistan.

In their chapter, *Promoting Mental Health and Psychosocial Well-Being in Children Affected by Political Violence*; *Current Evidence for an Ecological Resilience Approach*, Tol, Jordans, Kohrt, Betancourt and Komproe review findings on resilience in children affected by political violence from a social-ecological perspective and develop a model of social-ecological resilience. They present evidence suggesting that it may be beneficial to strengthen protective processes within families. Furthermore, they cite research demonstrating that sociocultural processes such as ideological commitment and religious beliefs can promote better mental health. However,

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Tol et al. recommend that those interested in building on resilience processes develop programmes through context-sensitive participative assessments and closely monitor preventive interventions, since this prevention may exact a large societal cost, for example, when promoting traditional practices that inadvertently reinforce stigma or marginalization.

In their second chapter, *Promoting Mental Health and Psychosocial Well-Being in Children Affected by Political Violence*; *Part II*: *Expanding the Evidence Base*, Tol et al. examine several limitations in the literature on resilience of children affected by armed conflict, namely, (a) a lack of longitudinal research, (b) limited knowledge of transactional processes, (c) few findings that span different sociocultural settings and (d) the need for greater theoretical development. They describe four recent research projects that were aimed at overcoming some of these limitations. First, the authors report on a longitudinal study of the risk and protective processes that help promote the psychosocial adjustment and social reintegration of former child soldiers in Sierra Leone. Next, they describe how variables at different ecological levels (developed in collaboration with former child soldiers in Nepal) contributed to outcomes on a measure of positive psychosocial well-being. Third, in a study with children affected by armed conflict in Burundi and Sudan, they show the value of single-case studies in developing theory about effective treatment processes. Finally, their fourth study of a school-based intervention with children in Indonesia examined mediators and moderators of intervention effects within a cluster randomized trial. These examples show how advances in longitudinal and multi-level statistics—along with theory development and a participatory context-sensitive approach—can help us better understand the complexity of resilience of children in areas of armed conflict.

In *Promoting Resilience in Children of War*, Magid and Boothby also endorse a social-ecological approach to promoting resilience in children affected by war. Protective factors available to children immediately before, during and after an event, along with risk reduction, can be crucial in improving developmental outcomes. In particular, they explain how the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007) use a social-ecological model to promote resilience. Because most psychosocial support is provided from within a community and not by outside interveners, the IASC guidelines propose programmes that form a four-level pyramid. From the base of the pyramid to the top, these four levels are (1) basic services and security; (2) community and family supports; (3) focused, non-specialized supports; and (4) specialized services. Each layer of the pyramid is essential and must be implemented simultaneously; however, the supports near the base of the pyramid tend to benefit the most people; and the mental health style interventions at the top tend to be needed for only a few individuals experiencing emergency situations.

In their chapter, *Mental Health and Psychosocial Well-Being of Children in Afghanistan*, Ventevogel, Jordans, Eggerman, van Mierlo and Panter-Brick provide a detailed case study of efforts to promote resilience in Afghanistan. They begin by reviewing previous literature on child-focused research and interventions designed to promote mental health and psychosocial well-being in Afghanistan. The authors adopt a broad perspective that not only looks at children's mental health (including epidemiological and clinical data on disorders and psychological distress) but also situates it contextually in terms of the economic, cultural and social structures that affect children's daily suffering, vulnerability or resilience. Although this review shows the importance of promoting community-based, culturally grounded and carefully evaluated approaches to resilience, the authors note that studies reviewed often fail to adhere to such principles explicitly or are lacking in depth. The authors then present a number of recommendations, set within the framework outlined in the IASC guidelines on mental health and psychosocial support in emergency situations. Furthermore, they stress the importance of ongoing non-war-related adversity (e.g. poverty) as generating moderate to severe levels of psychosocial distress suggests the need for broader-based psychosocial interventions. Indeed, the authors note that structural injustices (e.g. gender and ethnic discrimination, lack of stable employment opportunities and exposure to violence) deserve specific attention in Afghanistan.

Section 2: Child Soldiers

The second section of this volume considers the particularly troubling issue of child soldiers. The first two chapters in this section explore reasons why children become soldiers, while the third considers ways to reintegrate child soldiers into communities after conflicts have ended.

In *When Children Become Killers*: *Child Soldiers in the Civil War in Sierra Leone*, Zack-Williams explores the growing phenomenon of child soldier as a growing feature of modern warfare. In particular, his chapter is a case study of the civil war in Sierra Leone, which saw the use of child combatants by both sides: the government and its allies (the Civil Defense Force) versus the rebel and their allies (the Armed Forces Revolutionary Council). Zack-Williams considers the role children played in the civil war, which children were targeted, and how they were recruited to become child soldiers. He notes that many children who joined the national army seized the chance for employment in the army to escape from their life as "street children," which was often precarious and dangerous. A significant number of the young fighters who joined the Revolutionary United Front (RUF) were drawn to its ideological appeal of the RUF and its charismatic leader. Zack-Williams points to another factor that drew children in Sierra Leone into armed groups challenging existing political authorities: loss of the bond of trust and reciprocity between generations. Within this context, he presents four key aspects of resilience: (1) critical-mindedness that shields children from discrimination and forms the basis of a critique of existing social conditions; (2) agency or active engagement at home, in school and among peers that results in a positive impact on their environment; (3) flexibility that promotes adaptation to cognitive, social, emotional and physical demands, in a bicultural setting; and (4) communalism, or the celebration of social bonds, social duties and collective well-being. These issues important to promoting the resilience of child soldiers are further considered in the next chapter.

Stark and Wessells in their chapter, *The Fallacy of the Ticking Time Bomb*: *Resilience of Children Formerly Recruited into Armed Forces and Groups*, cite increasing evidence that most children formerly recruited into armed forces or groups can be rehabilitated to become functional members of their families and communities. In other words, despite claims to the contrary, these children are not a "ticking time bomb of angry, alienated and traumatized youth whose only skills … are those they learned at war" (Child soldiers, 2008). Indeed, Stark and Wessells propose a paradigm shift from a deficits- to a strength-based approach that strives to understand and support these children as they attempt to shed their wartime identities and rejoin civilian life. The authors explore the resilience of formerly recruited children and analyse how their reintegration into civilian life is supported by five key elements: (1) psychosocial interventions, (2) cultural and spiritual practices, (3) education, (4) livelihoods and (5) family and community mobilization and reconciliation. Recognizing the enormity of the ethical challenges associated with any attempt to reintegrate formerly recruited children into their communities, the chapter concludes with a reflection on the humanitarian principle "Do No Harm."

Buchanan, Al-Mashat, Cortes, Djukic, Jaghori and Thompson present two studies in their chapter, *Children of War in Columbia and Iraq*. Using narrative methods, the authors examine the effects of war on children and processes that promote resilience, along with recommendations to help children who have experienced war. The first study considers factors that promote resilience in former child soldiers in Colombia in one of the government's rehabilitation and reintegration programmes. The other study examined the impacts of war experiences on Iraqi children who survived the US military's so-called Operation Iraqi Freedom. Protective factors for these two studies are shown to vary due to significant contextual differences between countries, communities, families and individual children. The authors conclude their chapter with a review of protective factors that aim to ameliorate the condition of children suffering from the trauma of war. Important among these protective factors are effective coping strategies, belief systems (such as religious beliefs and ideologies) and

social relations—especially family relationships. Finally, it is important to assess and address locally salient daily stressors like poverty, family violence, unsafe housing and social isolation that often accompany acute war trauma.

Section 3: Institutional Support for Children Affected by War

The two chapters in this section explore institutional supports for children who have been affected by war. The first examines efforts to create Child Friendly Spaces in areas of conflict; the second considers orphanages as important sites for promoting resilience using culturally important beliefs and practices such as Buddhism.

Kostelny and Wessells in their chapter, *Child Friendly Spaces*: *Promoting Children's Resiliency Amidst War*, note that although exposure to war threatens children's development and well-being, protective practices present in families and communities can help buffer negative developmental outcomes. In this regard, it is critical to minimize risk and enhance protective support for children's well-being at multiple levels of their sociocultural ecology. They focus their chapter on efforts to establish Child Friendly Spaces after armed conflict—a widely used intervention that integrates protection, psychosocial support and educational opportunities for children. The authors discuss the purpose and function of Child Friendly Spaces, and their intended benefits for children who participate in them. Using case studies from Afghanistan and Uganda, they illustrate some of these benefits as well as some of the challenges of this intervention method. Kostelny and Wessells conclude by suggesting ways to more systematically manage these challenges so as to strengthen this approach.

In their chapter, *Promoting Resilience Through Faith Development in Orphans of War in Sri Lanka*, Fernando and Ferrari assess the role of orphanages in promoting resilience in war-orphan and non-war-orphan children in Sri Lanka. The authors use a social-ecological model of resiliency that explores the relationships between children's psychosocial well-being and institutions like family and orphanage. They also consider how cultural contexts incorporate local idioms of risk and resilience and culturally appropriate meaning-making as part of a dynamic system that promotes well-being even in the face of terrible tragedies children in war orphanages have experienced. Particular attention is paid to Buddhism as a critical ideology in the lives of people in Sri Lanka, including for children living in these orphanages.

Section 4: Resilience Among Refugees

Much of our knowledge about the effects of war on children and adolescents comes from research on refugees. The fourth section concerns resilience among refugees and contains five chapters. The first three chapters in this section use narrative methods to document the experience of immigration to North America. The first chapter involves refugees from the former Yugoslavia, while the next two chapters involve immigrants from Africa. The final two chapters discuss successful programmes to help immigrants become more resilient. While the fourth chapter of the section describes a programme designed to help immigrants just arriving in Australia, the last chapter explores how public school education can be adapted to help young immigrants become more resilient.

In her chapter, *Relational Resilience*, Daiute argues that, like human development itself, resilience is a social-relational process. The chapter focuses on how children's cognitive and emotional responses emerge in language and other symbolic interactions with family, community and nation. This development occurs as they make sense of the world around them and their place within it. Daiute illustrates this process through examples from her studies of youth growing up during and after the wars in the former Yugoslavia that occurred in the1990s (Daiute, 2010). She discusses issues of study design and analyses needed to advance theory, research and practice that address conflict-related

displacement. Daiute concludes by noting that research from many theoretical perspectives encourages the examination of resilience as a relational process, situated in specific circumstances and not simply an essential aspect of individual character.

In her chapter, *Coping and Adaptation*: *A Narrative Analysis of Children and Youth from Zones of Conflict in Africa*, McAdam uses narrative inquiry to research the coping and adaptation of nine youth who survived situations of political conflict in Africa as children. Her research highlights the role of culture in framing individual coping and adaptation under conditions of extreme adversity. She also proposes the need to design culturally appropriate policies and practices for refugee children of war, in which understanding resilience involves understanding not only universal human characteristics but culturally specific behaviours important to people's personal experience of psychosocial well-being.

The chapter by Bates, Johnson and Rana, *Pathways of Success Experiences Among the* "*Lost Boys*" *of Sudan*, continues the exploration of resilience among African refugees. It reviews findings from 8 years of research on the adaptation of Sudanese refugee youth who resettled in the United States, and explores the developmental pathways of four successful young men 10 years after resettlement. Although separated from parents as children and exposed to trauma and chronic adversity related to civil war, these youth were found to demonstrate notable resilience. Moreover, the authors found common pathways to successful adaptation in Africa and the United States. Personal characteristics such as sociability, flexibility and a strong sense of purpose were common to successful youth, as were supportive relationships with adult mentors and peers. Cultural beliefs and values were also important in helping youth to adapt while maintaining a sense of "where they came from." In general, these key personal characteristics, supportive relationships and the availability of community resources were essential in coping with adversity.

No Place Like Home: *Resilience Among Adolescent Refugees Resettled in Australia*, by Robinson, first summarizes past research on the many ways in which war influences the mental health of child and adolescent refugees, both in their homelands, in countries of asylum and after repatriation or resettlement. She then considers the methodological issues inherent in research that examines the effects of war through the study of refugees. Robinson also presents an empirical study that compares the adaptation of two groups of mid-adolescent refugees who were new arrivals to Australia: The first group were exposed to effects of war, while the second were voluntary migrants, not exposed to war. Robinson found both resilience and vulnerability among the adolescent war refugees. In terms of resilience, most adolescent refugees had average or above average academic progress and peer acceptance, and emotional and behavioural problems that were within the normal range for Western samples. Nevertheless, adolescent refugees showed lower academic progress and peer acceptance, and more emotional and behavioural problems, than did their voluntary migrant peers.

In their chapter, *Pathways to Resilience*: *The Role of Education in War-Zone Immigrant and Refugee Student Success*, Stermac, Clarke and Brown note that, despite decades of migration from global conflict zones, it is difficult to develop guidelines and "best practices" to help immigrant and refugee students learn in educational settings. The main challenge is due to our limited knowledge of how traumatic stress has affected these students. Accumulating international research suggests, however, that multiple contextual factors play a critical role in academic achievement among students from war zones, including language acquisition opportunities, institutional supports, instructional practices and strategies of teacher–student engagement. Stermac's previous research suggests that these contextual factors likely enhance student confidence and resiliency, and provide an optimal path to educational and academic achievement and success. Thus, the authors propose that engaging these factors may establish "best practices" for supporting academic success among students with histories of war-trauma exposure.

Section 5: Extending Our Understanding of the Effects of War on Children

Theory and Practice

In section five, we consider efforts to extend and challenge the very notion of resilience. The first chapter of this section considers youth who have grown up in communities in which political violence is an accepted response to historical grievances, and therefore integral to the psychosocial identity of some youth. The second chapter cites similar cases to show that we cannot consider wartime experiences to have a similar meaning for all participants: How youth experience war will depend on how they interpret the meaning of those experiences. This may help explain why most youth interviewed seem remarkably resilient, a finding that challenges the very notion of resilience. The following chapter takes a lifespan perspective, demonstrating that the effects of war on children differ according to an individual's degree of developmental maturity as well as to the specific contexts of war experience; sadly, in some cases, the effects of war trauma emerge only years later. The final chapter for this section presents an integrative summary of effective resilience-enhancing interventions to help children of war at different social-ecological levels, offering a toolkit of possible interventions to promote resilience among war-affected youth.

According to Muldoon in her chapter, *Political Violence*, *Identity*, *and Psychological Adjustment in Children*, concern for youth growing up in situations of political violence has led to two distinct strands of research: (1) studies of the mental health consequences of political violence and (2) how attitudes are shaped by the social divisions that accompany political violence. While these two literatures are often considered separately, Muldoon considers them together: More specifically, she considers how the social identification processes that underlie political attitudes affect both children's experiences and how they interpret and adapt to those experiences.

Muldoon notes that boys, in particular, are more likely to adapt by acting out, especially when they grow up in poverty, in violence-prone areas. Political, national or gender identities are also an important factor in political conflict. Social identities in groups that condone violence increase the likelihood of youth participating in political violence, because such identities normalize and rationalize the use of violence to resolve conflict. Such identities can also buffer the mental health impact of any stressors. More generally, any efforts to reduce violence must target the social, economic and political causes of conflict, creating a society that promotes general well-being while supporting individual efforts to become resilient.

In their chapter, *How Can a Majority Be Resilient*? *Critiquing the Utility of the Construct of Resilience Through a Focus on Youth in Contexts of Political Conflict*, Barber and Doty challenge these presumptions even further. They begin by synthesizing paradoxical findings from the literature on political conflict, showing that most children are not adversely affected by war because their understanding of their war experiences depends on their specific experiences and how they are interpreted. For example, the authors claim that Palestinian youth see political conflict as a continuation of a historical struggle for basic rights and self-determination. Barber and Doty then discuss reasons why the expectation of widespread dysfunction in youth experiencing political conflict is misguided. More generally, they propose that research should examine (1) specific types of conflict exposure experienced, (2) the effect of conflict on specific domains of youth functioning and (3) the long-term effects of different types of exposure to situations of war. Their overall conclusion is that resilience—as commonly construed in the research literature—is not a useful way to identify a set of individuals who are uniquely adaptive in contexts of severe political conflict. The authors propose that their approach allows for a more focused effort to determine who is not resilient, and under what circumstances.

In *Resilience in the Lives of Children of War*, Garbarino and Bruyere extend the previous

discussion of resilience, and bring it full circle by adopting a lifespan developmental and ecological perspective advocated in the first section of the book. In their chapter, they note that a core insight of an ecological perspective is that child development takes place in the very specific contexts of a child's life: it is not universal. In this regard, child development does not work exactly the same way for everyone in every situation; rather, it involves a complex interaction between a child's biology and psychology and the influences of family, community, culture and society. All of these elements combine to produce an "ecological niche" for individual development. As a result, the authors note that when one asks the developmental question "Does X cause resilience?" the best scientific answer is "it depends": It depends upon who the child is and where they develop. However, Garbarino and Bruyere argue that to understand and promote children's well-being requires adopting the developmental and philosophical insights of the UN Convention on the Rights of the Child within each particular context, as a way of asserting universal values.

In their chapter, *Evidence-Based Resilience-Enhancing Intervention Methods for Children Affected by Armed Conflict*, Peltonen and Palosaari provide a literature review of factors protecting the mental health of children in war zones and related resilience-enhancing intervention methods. In their chapter, their aim is to provide a "toolbox" for intervention planners. Among the resilience-based methods identified as techniques are those related to children's cognitive, emotional and social skills; their social support systems; and community attitudes. The methodological quality of the intervention studies reviewed ranged from poor (pre- to post-evaluations with no comparison group) to good (randomized controlled trials). Further studies among younger children and families as a whole as well as among children living in institutions are recommended.

Conclusion

The concluding chapter by Ferrari and Fernando explores themes that integrate the various chapters in the volume, while pointing out important differences in how resilience is conceptualized. Contributors to this volume all agree that a multi-pronged strategy is needed to help children caught up in political violence, one that both reduces risk factors and strengthens protective factors that support children's psychosocial well-being. While it is difficult to study the effects of war on children and youth, and even the success of interventions, in a rigorous scientific way, important efforts have been made to do so as seen in the chapters in this handbook. A more comprehensive developmental theory and iterative methodological approaches such as design experiments—as well as case studies and more rigorously controlled trials and more developmentally and context-sensitive interventions—can improve the psychosocial well-being of children and their families affected by war.

References

Child Soldiers "A ticking timebomb". (2008). Retrieved from http://www.planusa.org/contentmgr/showdetails.php/id/353396.

Daiute, C. (2010). *Human development and political violence*. New York: Cambridge University Press.

IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: Inter-Agency Standing Committee.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23*, 493–506.

Part I

Social-Ecological Approaches to Promoting Resilience in Children of War

Promoting Mental Health and Psychosocial Well-Being in Children Affected by Political Violence: Part I–Current Evidence for an Ecological Resilience Approach

Weiste A. Tol, Mark J.D. Jordans, Brandon A. Kohrt, Theresa S. Betancourt, and Ivan H. Komproe

An Ecological Resilience Theoretical Framework

In 2010, 30 conflicts were recorded in 25 locations. Most political violence, including armed conflicts and war, takes place in low- and middle-income countries, is dominantly intra-state in

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nature, and increasingly involves a multitude of rebel groups (Themner & Wallensteen, 2011). Current political violence occurs at the places where people live and work and thereby increasingly puts children and adolescents at risk of death, systematic human rights violations (including recruitment by armed forces, torture, disappearances, and sexual violence), and destruction of community structures (Pedersen, 2002; Wexler, Branski, & Kerem, 2006).

From the First and Second World Wars, researchers and service providers have systematically documented the negative psychological consequences of political violence on children and adolescents. A recent meta-review of 17 studies involving 7,920 children, for instance, found pooled prevalence estimates of 47 % (95 % CI: 35–60 %) for posttraumatic stress disorder (PTSD) and 43 % (95 % CI: 31–55 %) for major depressive disorder (Attanayake et al., 2009). Although such epidemiological work presents a crucial step in documenting the impact of armed conflicts and war, service providers are confronted by questions that go beyond establishing that exposure to political violence increases chances for developing psychological symptoms. Such questions include "What are the main influences on child and adolescent mental health in political violence-affected areas?" "Why do some children and adolescents develop psychological symptoms and others do not?" "What services are most effective to prevent mental health problems in children and adolescents growing up in political violence?" and "What type of protective resources may children and

Fig. 2.1 Ecological resilience framework for children affected by war

adolescents build on to retain mental health when confronted with political violence?" Despite growing attention for mental health and psychosocial support in humanitarian settings (Inter-Agency Standing Committee [IASC], 2007), however, Cairns and Dawes (1996) words regarding the academic field more than 15 years ago still ring true:

> … the field can still be said to be in its infancy. Part of the problem is that, for many years, investigators have been content to explore whether political violence has negative psychological consequences for children, but have neglected to move much beyond this broad premise (Cairns & Dawes, 1996, p. 129).

Two bodies of work present promising avenues to move beyond this premise. In their call for a paradigm shift, a number of authors have emphasized (a) an *ecological-transactional* approach (Cummings, Goeke-Morey, Schermerhorn, Merrilees, & Cairns, 2009; Elbedour, ten Bensel, & Bastien, 1993; Garbarino, 2001; Kohrt et al., 2010; Triplehorn & Chen, 2006) and (b) the importance of examining *resilience* processes (Betancourt & Khan, 2008; Layne et al., 2009; Punamaki, Qouta, & El Sarraj, 2001; Tol, Jordans, Reis, & De Jong, 2009).

Researchers advocating an ecological approach have often referred to the early work

of Bronfenbrenner, more specifically his 1979 monograph (Bronfenbrenner, 1979). Bronfenbrenner originally posited his theoretical framework as a solution to the perceived dilemma between "hard" scientific psychometric practices in academic laboratories on the one hand and the relevance of findings for policy and practice on the other hand. His early, most cited, work emphasizes the importance of the environment in which children grow up and conceptualizes environmental influences at different nested levels (see Fig. 2.1). The individual (*ontogenic system*) is firstly situated in a *microsystem*, consisting of the direct activities, roles, and interpersonal relationships in a certain setting (e.g., the home, school). The *mesosystem* is comprised of the interrelations among two or more of these settings (e.g., relations between home, school, and peer group). Subsequently, these systems are nested within the *exosystem*, in which the child does not actively participate, but which influences—and is influenced by—the developing person (e.g., the parents' workplaces). Finally, the *macrosystem* represents consistencies in the form of culture or subculture that permeate the micro-, meso-, and exosystems (Bronfenbrenner, 1979). Current applications of this theoretical framework with children in adversity have

focused on transactions taking place between risk and protective factors at different socio-ecological levels, i.e., the family, peer, school, and wider community levels (Betancourt & Khan, 2008; Earls & Carlson, 2001; Lynch & Cicchetti, 1998; Zielinski & Bradshaw, 2005).

In later work, Bronfenbrenner reevaluated and revised his theoretical approach. He critiqued the contemporary shift of focus to environmental factors in developmental studies as a "failure of success." In his own words, "In place of too much research on development 'out of context,' we now have a surfeit of studies on 'context without development'" (p. 108). Bronfenbrenner's later bioecological model reemphasized the significance of studying development as a joint function of person and environment, by positing research designs that simultaneously took into account aspects of the developing person (e.g., temperament, cognition), the context of development, and the longitudinal processes through which development takes place (i.e., the chronosystem model) (Bronfenbrenner, 2005a).

In addition to a renewed interest in contextual influences on mental health through an ecological-transactional lens, those working with children in adversity have emphasized the importance of studying aspects of resilience. Since the 1970s, researchers have noted that, despite growing up in very difficult circumstances, a large group of children function well. Initially it was thought that resilience concerned a group of "invulnerable" children, but more current findings have shown that resilience may be achieved through relatively ordinary means including intelligence, self-esteem, and the availability of committed caregivers or other attachment figures (Masten, 2001). Although exact definition remains controversial, common reported definitions of resilience include (a) exposure to adversity (e.g., poverty, chronic maltreatment, violence) and (b) positive psychosocial well-being, as illustrated in definitions by Masten (2001), "good outcomes in spite of serious threats to adaptation or development," and Luthar, Cicchetti and Becker (2000), "a dynamic process encompassing positive adaptation within the context of significant adversity." Research on resilience has moved through several

phases, with contemporary writing emphasizing the need for a focus on the multilevel (i.e., integrating biological and social findings) and dynamic (i.e., resilience as a process rather than a static outcome) nature of resilience (Masten, 2007). Despite significant strides in elucidating resilience processes, a major gap in the literature remains the lack of findings from non-industrialized low- and middle-income countries (Ungar, 2008). Research from industrialized high-income countries may not be generalizable to these settings, because of differences in the conceptualization of childhood across cultures, in symptom expression, help-seeking behaviors, and available support systems (Boyden, 2003a; Howard, Dryden, & Johnson, 1999).

Inspired by both of these bodies of work, the term "ecological resilience" has been used to focus attention on resilience processes operating at diverse contextual levels, rather than a dominant focus on individual variables. In the context of children and war, an earlier definition referred to ecological resilience as "those assets and processes on all socio-ecological levels that have been shown to be associated with good developmental outcomes after exposure to situations of armed conflict" (Tol et al., 2009, p. 167). In our opinion, the main rationale for broadening of attention to contextual aspects of resilience concerns the possibility to aid the development of mental health and psychosocial programs for children affected by armed conflict. By identifying how protective processes at wider social levels influence biological and psychological functioning, the development of especially universal and selective public health prevention efforts may be informed. Such prevention efforts that aim to reach larger population groups before they develop mental health problems are more feasible and likely more cost-effective in settings deprived of mental health infrastructure, especially specialized mental health professionals (de Jong, 2002). Accordingly, international consensus guidelines and psychosocial practitioners advocate the importance of building on strengths available in families and communities in a culturally sensitive manner (Inter-Agency Standing Committee [IASC], 2007). Despite this consensus,

however, practitioners currently report to have little rigorous research findings to inform their programming (Cardozo, 2008).

Ecological Resilience Findings

Below, we provide an overview of research findings regarding resilience in children and adolescents living in areas of political violence according to the different socio-ecological levels. We present findings regarding the person (i.e., ontogenic system), and micro-, meso-, exo-, and macrosystems (see Fig. 2.1) (Bronfenbrenner, 1979). Although we mostly refer to research with children and adolescents in settings where political violence occurs, occasionally we refer to the relevant literature on children and adolescents in adversity in high-income settings (e.g., populations affected by communal violence, refugee populations).

Person (or Ontogenic System)

Coping

Researchers have built on the stress paradigm of Lazarus and Folkman (1984) in an attempt to explain individual variation in psychological outcomes after exposure to political violence. Coping is often defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Efforts have been made to distinguish between different styles of coping strategies, e.g., emotion-focused vs. problem-focused, approach vs. avoidance, and cognitive vs. behavioral (Skinner, Edge, Altman, & Sherwood, 2003). The literature on coping in children affected by political violence has focused on two main questions. First, researchers have aimed to identify which factors influence the use of coping behavior. A number of studies suggest that coping partly depends on the type of exposure to political violence. For example, more sustained or proximal exposure to political violence and related stressors has

generally been associated with the use of more diverse coping methods (Bat-Zion & Levy-Shiff, 1993; Paardekooper, de Jong, & Hermanns, 1999). In this respect, Punamaki, Muhammed, and Abdulrahman (2004) found that among Kurdish children dramatic military violent events (e.g., shootings, risk of death) were not associated with coping behavior, whereas adverse family and economic circumstances were. In addition, individual factors such as age and gender have been shown to influence coping responses. For instance, Punamaki and Puhakka found that with age (and maturing abstraction and metacognitive skills), Palestinian children used more emotional and cognitive coping (i.e., adjusting the way one feels and thinks in relation to a stressful situation, as opposed to attempting to change the situation itself) and demonstrated a wider repertoire of coping strategies. Older Israeli children also used more emotion-focused coping than younger children while sheltering against chemical and biological weapons in the Persian Gulf War (Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993). Bat-Zion and Levy-Shiff (1993) observed that children's coping responses increased when parents displayed positive emotional responses during these attacks.

Second, research attention has focused on which coping styles may be protective for mental health. Consistent with Lazarus and Folkman's (1984) theoretical framework, it has been posited that effectiveness of coping depends on the situation in which coping is employed. In controllable situations, active-approach coping behavior may protect against psychological problems, whereas in uncontrollable situations passive-avoidance strategies may be more appropriate (Punamaki, 2006). This statement is only supported by mixed evidence. Aforementioned studies with Israeli children in sealed rooms during Iraqi Scud attacks—an uncontrollable stressor—evidenced an association between avoidance strategies and fewer postwar psychological symptoms (Solomon, 1995; Weisenberg et al., 1993). Seemingly in contrast, effectiveness of coping methods of Palestinian children was found to differ between a group of children before and during the First Intifada; active fighting and behavioral coping were effective during but not before the

more high-intensity violence period of the Intifada (Punamaki & Puhakka, 1997). In a study on coping among Kurdish children, in which both active and passive coping methods were associated with positive mental health outcomes, the only longitudinal study failed to find a relationship between active coping and mental health outcomes among Palestinian adolescents who grew up during periods of political violence (Qouta, Punamaki, Montgomery, & El Sarraj, 2007). Punamaki (Punamaki 2006, Punamaki et al., 2004) concludes that the key factor determining effectiveness of coping may be the ability to flexibly fit a diverse repertoire of coping methods to specific situational demands.

Ideological Commitment

Ideological commitment and active participation in struggle have been repeatedly put forward as protective factors for children and adolescents in situations of political violence (Barenbaum, Ruchkin, & Schwab-Stone, 2004). In times of chaos and threats to one's way of life, ideological commitment may provide a sense of purpose, meaning and coherence—turning "victims" into "survivors." The little empirical support—due to a lack of studies addressing this issue—mainly originates within the context of the Israel–Palestine conflict where the active involvement of youth was pronounced, especially during the First Intifada (Barber, 2001; Qouta, Punamaki, & El Sarraj, 2008), as well as Northern Ireland (Muldoon & Downes, 2007; Muldoon, Schmid, & Downes, 2009). Barber (2008) describes how Palestinian youth, both male and female, were actively involved through demonstrations, throwing stones, distracting soldiers away from demonstrations, and delivering supplies to fighters. This involvement was associated with higher social competence and civic involvement, higher empathy and lower antisocial behavior for males, and higher public religiosity for females (Barber, 2008). Similarly, Baker (1990) points to the protective effects of involvement in the First Intifada given the high level of self-esteem in his sample of Palestinian youth. Earlier findings among Israeli-Jewish youth (10–13 years old) likewise showed that children with high ideological commitment did not develop symptoms of anxiety and insecurity, depression, and feelings of failure after exposure to political hardships. (Punamaki, 1996). In Northern Ireland, strong national identification was associated with lower levels of PTSD among a random sample of 3,000 adults living in conflict-affected regions of Northern Ireland and more distally affected bordering counties (Muldoon & Downes, 2007). A mediation effect was confirmed in later analyses (i.e., experience of violence strengthens national identification which in turn predicts smaller symptomatology) particularly for those with a minority Irish identity in Northern Ireland (Muldoon et al., 2009). Also in Nepal, continued affiliation to the Maoists rebel forces after signing of the peace accords was associated with better mental health (Kohrt et al., 2008).

In an excellent review of their work in the occupied Palestinian territories, Qouta et al. (2008) further nuance these findings. They point to research showing political activism being associated with better outcomes only *after* the First Intifada (among adolescents 17–18 years old), whereas it was associated with higher levels of symptomatology (mother-reported PTSD and emotional disorders) in children *during* the First Intifada, when the same adolescents were 14–15-year olds (Punamaki et al., 2001). Also, they did not find an association between political activism and mental health outcomes in a longitudinal study with Palestinian youth (Qouta et al., 2007), although these findings may suffer from too small a sample size to detect statistically significant relations. Qouta and colleagues also warn that violence may beget violence (Qouta et al., 2008). This warning is echoed by research with Israeli adolescents. Laor and colleagues report different patterns explaining ideological commitment among boys and girls. Among girls, ideological commitment was explained by high exposure to traumatic stressors, low resilience, and high symptomatology. Among boys, ideological commitment was explained by high resilience (operationalized as self-reported confidence, optimism, and ability to cope) and high symptomatology. They conclude that the role of ideology may be described as a double-edged sword, protecting against adverse mental health outcomes as well as possibly contributing to the toxic cycle of violence.

Religious Beliefs

In addition to ideological commitment, religious beliefs have been discussed in the literature as a protective factor for mental health. In their review of the literature on adversarial growth, Linley and Joseph (2004) found that religious activities and intrinsic religiousness were associated with positive changes following adversity. Likewise, Fernando and Ferrari (2011) report that Sri Lankan orphans found Buddhist and Christian religious practices useful to cope by providing a sense of meaning, offering structure, and promoting acceptance of difficulties. In one of the few more thorough empirical evaluations of an ecological theoretical perspective, Cummings et al. (2009) report that mother's church attendance predicted more adaptive family functioning. In addition, mother's evaluation of the importance of religion and her Christian attitudes predicted better child mental health, warmer relations between mothers and children, and greater general security in the family. Mother's religiosity also buffered the effects of maternal mental health problems on children's well-being. Religion was not a cure for all, however. Mother's religiosity was also found to magnify family problems, e.g., it intensified the relation between father's drinking problems and child and family outcomes. Tol, Reis, Susanty, and de Jong (2010) describe how religious coping was often used among Protestant and Muslim families in Poso (Indonesia), where political violence played out along religious lines. One of the few positive consequences of the conflict, according to religious leaders, was an increased religiosity in both communities (Tol et al., 2010). However, increased religious segregation after the conflict and difficulties in reconciliation between groups could indicate this increased religiosity may increase chances for successful mobilization for violence in the name of religion in the future.

Intelligence and Creativity

The resilience literature has often pointed to cognitive capacity as a useful resource in dealing with adversity (Masten, 2001), and studies with violence-exposed populations in high-income countries seem to confirm this (Breslau, Lucia, & Alvarado, 2006). In conflict-affected child populations, evidence for the protective nature of intelligence comes from El Salvador and the Middle East. Walton, Nuttall, and Nuttall (1997), in an ecologically inspired cross-sectional study with fifty-four 12-year olds in El Salvador, found that intelligence was highly related to better mental health. Similarly, high intellectual and sophisticated problem solving were associated with less symptomatology in Lebanese children (Saigh, 1991). The aforementioned review from Qouta et al. (2008) cites two studies in which flexible information processing and high cognitive capacity were associated with good psychological adjustment and appeared to protect against the negative impacts of political violence. A further follow-up study among Palestinian youth ($n = 86$) points to the complexity of intelligence and creativity as resources. During the First Intifada, the authors did not find a direct relationship between creativity and intelligence on the one hand and psychological outcomes on the other. A study with the same children after violence subsided showed (a) a relationship between creativity and good adaptation, and (b) discrepancy between the two (i.e., high IQ but low creativity) being associated with worse outcomes. Moreover, intellectual and creative potential was better realized in loving and accepting families (Punamaki et al., 2001). The authors conclude that interventions should "focus on integrating and balancing cognitive and emotional responses, and that children should be encouraged to make comprehensive use of their potential in both areas" (Punamaki et al., 2001, p. 265).

The Microsystem

Family

The crucial role of the family in predicting children's reactions to community violence is well established, with research demonstrating the association between adaptive family functioning and children's psychological outcomes (Betancourt et al., 2012; Betancourt & Khan, 2008; Garbarino & Kostelny, 1996; Wallen &

Rubin, 1997). Similarly for children affected by war, the family is centrally positioned in understanding the impact of violence on children and explaining occurrence, maintenance, or prevention of mental health problems (Cummings et al., 2009; Qouta et al., 2008). In a qualitative study with Indonesian children affected by political violence, participants mentioned that any mental health and psychosocial problems were first and foremost handled within the family (Tol et al., 2010). Further evidence for the importance of the family environment concerns the importance of maternal health, which showed to be a strong predictor of children's mental health in a variety of studies (Bryce, Walker, Ghorayeb, & Kanj, 1989; Qouta, Punamaki, & El Sarraj,, 2005).

Family Cohesion

Since early attachment studies, scholars have argued that a connection to a caregiver during and after aversive events, may be a better predictor of adjustment than the aversive events itself. For example, the availability of close and reliable attachment figures to provide adult-led processing of the young child's experience has been emphasized based on field work with children in five war-affected countries (Garbarino, Kostelny, & Dubrow, 1991). Moreover, the protective effect of family connectedness is demonstrated by a study among former child soldiers in Uganda, linking it to improved psychosocial well-being of youth (Annan, Blattman, & Horton, 2006). Jovanovic, Aleksandric, Dunkic, and Todorovic (2004) present evidence for the reverse effect, albeit among adults, with low family hardiness (i.e., weak family adaptive resources) predicting increased PTSD symptoms among children in former Yugoslavia. Yet, not all research comes to the same conclusion. A study among 54 Salvadoran children failed to demonstrate a correlation between family intactness and mental health outcomes (Walton et al., 1997), instead demonstrating the importance of the personal impact of the war on the child. However, the authors explain this, in part, by a relatively low sample size.

A study among families after the Lebanese war provides further insight into what types of family resources are protective (Farhood, 1999).

Results demonstrate associations between higher levels of family social support and healthy family adaptation as well as between higher levels of family education and decreased negative role of perceived war stress. In a study with a representative sample of 5,775 adolescents aged 12–18 years in Colombia, Kliewer, Murrelle, Mejia, de Torres, and Angold (2001) found that family support buffered the relation between exposure to violence and anxiety and melancholia. This relation was strongest for girls and younger adolescents. The fact that support from family is more beneficial than from peers is explained by the higher levels of emotional "attunement" of family members and the family's increased ability to match the type of support to the type of stress. The above results provide promising evidence for the protective role of the family system, wherein the interconnectedness of its members and the resources of the family unit promote healthy adjustment, serving as a buffer for youth's mental health status.

Parenting Practices and Parental Support

Parental functions are vulnerable in situations of war and violence (most notably to provide safety and security), yet varying parenting practices and parenting styles have been associated with increased resilience in these situations (Punamaki, Qouta, & El Sarraj, 1997; Qouta et al., 2008).

Several studies have investigated how family practices regulate symptom development among children and adolescents affected by political violence. Having over-involved parents and family discussions about issues related to terrorism is associated with more posttraumatic stress symptoms, and adolescents who claimed that their parents decreased their levels of anxiety reported higher personal resilience (Laor et al., 2006). The likelihood of both positive and negative effects of parenting styles is also demonstrated in a study among Israeli school children under threat of SCUD attacks. Positive parental emotional manifestation is associated with different types of child coping, while both positive and negative parental emotional manifestation is associated with increased stress reactions (Bat-Zion & Levy-Shiff, 1993). These results appear to point to the

premise that parents serve as filters through which children process the meaning of threatening events. High parental emotional arousal and agitation, whether positive or negative, signals increased levels of threat to the child resulting in heightened distress. At the same time, positive parenting styles also increase a child's resilience to cope with the distress.

The importance of positive parenting practices and a sense of parental support for children to buffer the negative impact of violence has often been put forward. The ability of the parents to reassure the child and help them make meaning of stressful events is considered essential in the child's process of adjustment (Betancourt & Khan, 2008). The parent–child relationship is central in such processes, as is demonstrated by the consistent associations between relationship variables (i.e., parental support, behavioral and psychological control) and youth functioning in a study among Palestinian youth (Barber, 1999). Interestingly, the study also demonstrates the stability and harmony of the parent–child relationship in the wake of the Intifada, pointing toward the institutional resilience of the family in the face of political violence, contrasting in part findings by Punamaki et al. (1997). In a later study, Barber (2001) finds that perceived parental acceptance protected boys and girls from the stresses of violence, in that those who were active in the conflict but with high levels of perceived parental acceptance demonstrated no increase in antisocial behavior, compared to those with low perceived parental acceptance. Similarly, parental acceptance buffered the association between Intifada experience and youth depression. Punamaki et al. (1997) find that reduced quality in parenting explained high levels of neuroticism and low self-esteem after experiencing traumatic events and conclude that good perceived parenting is protective for adjustment problems of children. These authors also found that consistent parenting (both parents with a similar style) predicted better child functioning (Punamaki et al., 2001). While being a potent safeguard, the authors warn that in itself good parenting is insufficient in protecting children. In terms of specific parenting practices, supportive,

nonrejecting, and nonpunitive parenting has been shown to protect against mental health problems (Qouta et al., 2008). Likewise, children exposure to violence combined with low levels of maternal support had higher levels of intrusive thoughts and internalizing symptoms (Kliewer, Lepore, Oskin, & Johnson, 1998).

Peers, School

Although peer networks and the school context have been advanced as important sources of resilience for violence-affected children, as evidenced by for example the popularity of school-based interventions and youth groups (Persson & Rousseau, 2009), empirical evidence of their protective nature is still weak. Limited findings are available regarding children in adversity in Western settings, which generally confirm expected associations between peer and school variables and mental health outcomes. For example, peer support buffered the effects of community violence on anxiety for children in the United States (Hill & Madhere, 1996), and was associated with more competent classroom behavior (Hill, Levermore, Twaite, & Jones, 1996). Similarly, children who were exposed to family adversity (disadvantage, violent marital conflict, harsh discipline) did not show externalizing problems if they reported high levels of positive peer relationships. Peer acceptance moderated the relationship between family adversity and externalizing problems (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Not only positive findings have been reported, however. In one of the few longitudinal studies with community violence-affected children in the United States, O'Donnell and colleagues found that peer support was associated with better future expectations, self-reliance, and interpersonal relations, whereas it was also associated with worse substance abuse and delinquency. The authors point to the risks of unstructured peer groups leading to deviant behavior in at-risk youth (O'Donnell, Schwab-Stone, & Muyeed, 2002). Similar to peer-related findings, a dearth of information exists regarding the protective role of schooling for children in

situations of political violence; we only identified studies addressing children exposed to community violence. In South African children exposed to violence, involvement in conventional after-school activities was associated with less anxiety. In addition, support received at school was associated with less depression and fewer conduct problems (Ward, Martin, Theron, & Distiller, 2007). Similarly in children exposed to violence in the United States, school support was associated with fewer psychological symptoms (substance abuse and conduct problems), and this effect increased over time. With regard to indicators of resilience (i.e., future expectations, self-reliance, and interpersonal relations), peer support seemed more important than school support (O'Donnell et al., 2002).

The Meso- and Exosystems

According to Bronfenbrenner's theory (Bronfenbrenner, 1979, 1989, 1999, 2001, 2005b; Bronfenbrenner & Ceci, 1994), the mesosystem refers to the interaction between one or more microsystems (the interactions between two or more settings where a child may spend a great deal of time). Examples may include interactions between peer groups and family systems or between family systems and school systems. Studies examining these interactions are very rare. Some examples may be found in studies of community processes such as social capital or stigma and their influence on other settings of development, such as family or school functioning. Studies of social capital as related to child adversity include variables such as social support, residential instability, parental involvement, and social cohesion. For instance, in a study of social integration and mental health in Croatia, Kunovich and Hodson (1999a, 1999b) found little support for a buffering hypothesis whereby at higher levels of war-related exposure the availability of social capital served to mitigate the influence of war experiences on mental health. Examining stigma and its relationship to longitudinal outcomes in former child soldiers, Betancourt, Agnew-Blais, Gilman, Williams, and

Ellis (2010) examined the role that postconflict stigma played in shaping long-term psychosocial adjustment. The researchers used two waves of data (2002, 2004) from a longitudinal study of male and female former child soldiers in Sierra Leone. They examined the role of stigma (manifest in discrimination as well as lower levels of community and family acceptance) in the relationship between war-related experiences and psychosocial adjustment (depression, anxiety, hostility, and adaptive behaviors). They observed that postconflict stigma had important associations with psychosocial adjustment. Additionally, higher levels of family acceptance were associated with decreased hostility, while improvements in community acceptance over time were associated with adaptive attitudes and behaviors. They found that postconflict experiences of discrimination largely explained the relationship between past involvement in wounding/killing others and subsequent increases in hostility. Stigma similarly mediated the relationship between surviving rape and depression. However, surviving rape continued to demonstrate independent effects on increases in anxiety, hostility, and adaptive/prosocial behaviors after adjusting for other variables.

In a small exploratory study of the reintegration of formerly abducted children from northern Uganda, Corbin (2008) examined the overlap between reunification with family, reinsertion into the community, and experiences outside of the home related to education and income-generating skills. Additionally, Corbin explored the particular experience of young women who reported feeling shamed and stigmatized as a result of past experiences of sexual violation. The study's qualitative findings underscored how families help to mediate the reinsertion of female former child soldiers into community networks through traditional purification rituals and forms of welcome. In addition, Corbin reports that these young women experienced increased community acceptance when engaged in productive activities, such as farming or going to school, and decreased acceptance after sharing their reflections on trauma experiences with community members (c.f., Stark & Wessells, this volume).

Cortes and Buchanan (2007) report similar experiences in a sample of former child soldiers from Colombia (c.f., Buchanan & Cortes, this volume). Participants indicated that educational and vocational activities contributed to a sense of empowerment, agency, and improved incorporation within social networks. Among this sample, reintegration was facilitated by governmental and NGO programs that provided resources and counseling. The authors underscore how, as one of the initial points of contact outside of the armed group, these programs acted as surrogate communities that help children transition back into social networks. They provide a safe setting for the reconnection between families, children, and peers, and establish a task-oriented environment that can help children to navigate more formal resources within the community.

Further studies of the multidimensional interactions between family, school, and peer domains can inform the development of interventions to enhance resilience. One such study of 377 South African youth exposed to community violence (Ward et al., 2007) showed that negative outcomes were further compounded by peer delinquency but mitigated by school support and involvement in conventional after-school activities. While parent support was not significantly related to any outcome variable, the authors speculated that an overlap between violence in the home and parental support may account for this surprising result.

Overall the findings on the influence of social capital, stigma, community acceptance and other aspects of social relations point to the complexity of mesosystem influences on mental health. In particular, much more research is needed on how different settings of child development influence one another, for example, studies of how social capital or community connectedness influence the functioning of families and peer groups over time. In order to deepen our understanding of the relevance of Bronfenbrenner's bioecological theory on the mental health of war-affected youth, researchers must adopt a more multidimensional approach to the examination of these different domains.

The Macrosystem

Cultural Practices

Bronfenbrenner provides an inclusive explanation of macrosystem in his 1994 chapter on ecological models of human development:

> The macrosystem consists of the overarching pattern of the micro-, meso-, and exosystems characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options that are embedded in each of the broader systems. The macrosystem may be thought of as societal blueprint for a particular culture or subculture (Bronfenbrenner, 1994, p. 40).

While Bronfenbrenner focuses on the *societal blueprint* as central to the macrosystem, social scientists commonly interpret this as the cultural component of studying child vulnerability, or resilience. For example, it is notable that others have reinterpreted this as the *cultural blueprint* that shapes the other systems (Eamon, 2001; Hong, 2010). There is a growing literature on how practices termed "cultural" may contribute to improved psychosocial outcomes of children affected by war. Psychosocial practitioners, as well as anthropologists and other social scientists, have questioned the appropriateness of Western psychological and psychiatric therapies for survivors of mass violence, especially for children (Bracken & Petty, 1998). They argue that these approaches have the potential of doing more harm than good, in part because they putatively do not incorporate a social and contextual framework, as would be central in an ecological systems approach such as Bronfenbrenner's work.

In the IASC Guidelines (2007), as well as in psychosocial work that preceded the IASC Guidelines, there is a strong emphasis on culturally appropriate social interventions and their advantages over solely importing Western clinical approaches (Dawes & Cairns, 1998; Wessells, 2006; Wessells & Monteiro, 2006). These guidelines and this work emphasized using traditional approaches to conflict resolution and healing,

i.e., locally originating resiliency promoting factors. Moreover, psychosocial interventions categorized as targeting "culture and values" provide opportunities for normal religious practice and work with traditional, religious healing sources (Psychosocial Working Group, 2003). Similarly, the IASC *Guidelines* advise interventionists to "learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems" (IASC, 2007, p. 136).

One of the key examples of interventions touted as culturally appropriate—in keeping with cultural macrosystems—is traditional cleansing rituals to reintegrate children affected by armed conflict back into society. Donor and implementing humanitarian agencies have promoted traditional rituals for reintegration of child soldiers. In Sierra Leone, communities and families employed "rituals of welcome" to incorporate returned girl soldiers into acceptable social positions (McKay & Mazurana, 2004). In Mozambique, traditional healers facilitated reintegrating ex-combatants by "taking the war out of the people" (Nordstrom, 1997, p.146). Rituals have tremendous potential to aid children and communities in a manner that is culturally congruent with locally available resources and practitioners. These reintegration rituals are crucial for interventions consistent with the local macrosystem. In many of the world's conflict-affected regions, people regard "spiritual stresses as primary" whereas concepts of psychological trauma may lack salience; purification rituals by local healers to get rid of bad spirits are often better suited to handle sources of distress rather than trauma programs (Wessells & Monteiro, 2006, p. 216).

In Angola, traditional healers conduct communal cleansing rituals for child soldiers to purify them of their exposure to killing (Honwana, 2006). Honwana (1997) examines specific rituals such as ancestor worship and purification for use with reintegration of former soldiers and others affected by war. She illustrates how traditional institutions maintain social relations. Trauma healing does not come from outside processes but from elders and traditional practitioners. This focuses on the communal nature of problems, and on the issue

preventing contamination of impurity to the social group. Broader institutions of macrosystem regulate social relations through a focus on harmony in spiritual relations and maintaining spiritual purity, for which war experiences are one form of pollution. This pollution can arise from war exposures such as death and partaking in bloodshed. Living within this macrosystem, reintegration becomes framed in terms of pollution and contamination that needs to be addressed before one can be accepted back: "traditional institutions are essential in bringing back balance, harmony, and social stability" (Honwana, 1997, p. 293). Ultimately, purification is crucial for mental health and psychosocial well-being because if the spiritual pollution caused by blood is not washed off, it is "dangerous because it can contaminate the community and cause insanity" (Honwana, p. 300).

Similar to some descriptions from Angola, cleansing practices were determined to be very successful in facilitating reintegration of war-affected girls back into their communities in Sierra Leone. "Cleansing ceremonies represented a symbolic gesture of community reconciliation in which both the girls and the community had prescribed roles and demonstrated a willingness and desire to be reconciled" (Stark, 2006, p. 206).

Explicit, bounded rituals are obviously not the only manifestation of the macrosystem at work. The macrosystem influences the overall worldview including expectations of what is possible and what is needed to obtain well-being. In Afghanistan, children's resilience is grounded in Muslim cultural framing of "faith, family unity, service, effort, morals, and honour" (Eggerman & Panter-Brick, 2010). The criteria for self-respect and dignity—possibly especially amidst chronic violence—grow from this worldview.

On an even broader level, one of the cores of children's resilience in settings of armed conflict is the cultural belief that *children are resilient*. Summerfield (1998, 2000) and Bracken and Petty, 1998 have been two outspoken critics on this issue. Their argument implies that the Western macrosystem comprising medical and humanitarian institutions as well as cultural beliefs regarding psychological trauma threatens

the resilience of children. These authors and others have pointed out that children in many cultural settings are seen as being able to withstand the experience of war still develop in functioning productive adults rather than being "stigmatized as permanently damaged" (Summerfield, 1998), which may be the portrayal from some relief or medical organizations.

While their point is absolutely crucial to keep in mind and avoiding stigma should be centerfold to any intervention, particularly those focused of promoting resilience, with children affected by war, it is important not to romanticize non-Western worldviews without strong ethnographic data. The need for rituals as described in Angola and Sierra Leone demonstrate that families and community members can profoundly stigmatize war-affected children, even before the introduction of Western medicalization. However, both stigmatizers and the stigmatized interpret that discrimination in frames of spiritual pollution rather than psychological trauma. But, as Stark explains, that pollution can lead to insanity. Moreover, in Nepal, one third of adults felt that children who witness violence can have permanent damage to their "brain-mind" leading to permanent impairment in morality, rational behavior, and subscription to caste hierarchy (Kohrt & Maharjan, 2009). This raises our next issue of how to address macrosystem institutions, beliefs, and policies that may be potentially harmful for children's resilience in conflict settings.

Challenges to Cultural Practices

While the potential positive benefit of rituals is apparent from a social cohesion and integration perspective, there are also threats to well-being possible in rituals. Rituals of re-socialization may come at a cost to participants. For example, child soldiers are threatening to adults because they do not fall into socially expected roles of submission to adult authority (Boyden, 2003b). Rituals may restore the expected socially submissive role of children, but this may represent a lost opportunity for children to gain a greater voice in social processes. The issue of girl soldiers exemplifies this challenge.

Traditional rituals often reinforce gender discrimination by promoting the status of "(older) males" and "threaten the human security and well-being of women and girls" (Denov, 2007). Furthermore, Denov adds, "when assessing whether 'culture is always right,' one cannot discount … the reality and implications of gendered exclusionary practices." Honwana also observes that cleansing rituals and purification of girls are "more common in rural areas where family solidarity and age hierarchies prevail" (Honwana, 1997, p. 300). Girl soldiers are particularly threatening for patriarchal societies. Therefore, adults may use ritual to disempower girls and return them to socially acceptable subjugated roles. This raises the question of whether rituals are universally the best practice for reintegration of child soldiers, particularly for girl soldiers.

Psychosocial interventionists thus find themselves at the intersection of potentially competing frameworks. On the one hand, psychosocial programs operate from a desire to follow rights-based frameworks that advocate for gender equity and inclusion of children in communal and social processes. On the other hand, psychosocial practitioners advocate following community-initiated approaches and traditional practices consistent with the beliefs and institutions of the macrosystem. Unfortunately, these may be rooted in processes of exclusion such as patriarchy and ethnic discrimination. The advocacy of traditional practices can have the inadvertent outcome of reinforcing stigma and marginalization rather than fostering psychosocial well-being for war-affected children, especially girls. In contrast to reports from Sierra Leone and Angola, the majority of former girl soldiers in Nepal rejected participation in traditional cleansing rituals for reintegration because they viewed it as making them submissive and countering their struggles working toward gender equality (Kohrt, in press).

Dawes and Cairns (1998) provide the example of a cultural practice where daughters are traded to another family in marriage or some form of servitude to compensate for other wrongs committed between families. For example, Punjabi families in rural India that regard female children as "an unproductive burden" direct more violence toward daughters than sons (Pettigrew, 1986).

Conversely, cultural beliefs may buffer against child maltreatment. Among indigenous Hawaiians, hitting a child is thought to anger ancestral spirits and cause illness in the abuser; in Papua New Guinea violence toward children violates a woman's status within the community and is not likely to be tolerated by community members (Korbin, 2002). Ultimately, in program implementation, "gender privileging requires understanding of local beliefs, practices, and norms" (Wessells & Monteiro, 2006).

We can surmise that cultural practices can not only contribute to resiliency within the ecological framework but also increase vulnerability. While there are differing camps in the psychosocial community, especially with regard to the specifics of implementation, most practitioners typically fall somewhere in the "blended approach" advocating for pluralistic endeavors incorporating local and imported psychosocial frames and tools for intervention, with careful critical consideration of both the local practices and imported techniques (Dowdney, 2007).

Closing Thoughts

From our review above, it may be surmised that developers of preventive interventions have only a small body of knowledge on protective processes to build on, despite the apparent consensus that strengthening contextual resources for children and adolescents affected by political violence is essential. On the ontogenic and microsystem levels, there is a growing body of promising findings that may inform the development of interventions (see above). This literature could be greatly strengthened by more longitudinal work, examination of transaction processes, and stronger theory development especially in nonindustrialized low-income countries. More specifically, we advocate research into the possible protective role of a flexible coping repertoire and the importance of peer and school supports in strengthening resilience.

Very little research has addressed meso-, exo-, and macrosystem processes. More work is clearly needed in this area, given the lack of clear unidirectional findings on the ontogenic and microsystem levels (e.g., ideological commitment and religion seem to serve protective functions only under some conditions). We feel this research would benefit from a multidisciplinary and multilevel research agenda, involving the social and medical sciences. Given the large acute needs and the delay in findings from longitudinal studies, we believe that randomized controlled trials that take into account mediators and moderators of treatment should be prioritized in such an agenda.

We end this chapter with three reflections regarding practice. First, there is relatively robust data regarding the importance of family-level (microsystem) variables for the importance of promoting mental health in children and adolescents affected by political violence. Given this data, it is surprising that a recent systematic review (Tol et al., 2011) identified only one rigorous study that addressed an intervention that worked directly with mothers (Dybdahl, 2001). We would highly recommend interventionists to work directly with families or closely involve caregivers in their work with children and adolescents, e.g., in school-based programs.

Second, it will remain important to closely monitor intervention programs with program participants, building on local insights regarding ecological resilience, given the complexities of social processes and the possibility to do harm. For instance, a double-edged sword effect may accompany efforts to strengthen ideological commitment and agency of adolescents when this agency is subsequently taken up in the cause of violence, contributing to a toxic cycle of violence. Similarly, religion may serve a multitude of functions in times of political violence and cannot simply be promoted without examining possible negative consequences. Our discussion of cultural practices should warn against simple "cultural" solutions to complex processes, which is often what time-bound external agents and their funders are hoping for. Interventions should build on detailed context-sensitive assessments that address perceived local needs and resources, a detailed knowledge of the history of armed conflict, and an analysis of local leadership and power relations.

Third, especially with relation to child soldiers, meso- and exosystem findings point to the

importance of stigma for children affected by armed conflicts. These findings indicate the need to address stigma in order to promote the well-being of children and adolescents at the community level, e.g., through mass media campaigns, preparation of community leadership (e.g., teachers, religious leaders, and older women) and during reintegration processes. Further study of the effectiveness of such approaches would then also be indicated.

References

Annan, J., Blattman, C., & Horton, R. (2006). *The State of Youth and Youth Protection in Northern Uganda: Findings from the survey of war affected youth*. New York, NY: UNICEF.

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle, F. M., Jr., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children. *Medicine, Conflict & Survival, 25*(1), 4–19.

Baker, A. (1990). The psychological impact of the Intifada on Palestinian children in the Occupied West Bank and Gaza: An exploratory study. *The American Journal of Orthopsychiatry, 60*(4), 496–505.

Barber, B. K. (1999). Political violence, family relations, and Palestinian youth functioning. *Journal of Adolescent Research, 14*(2), 206–230.

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*(3), 259–280.

Barber, B. K. (2008). Contrasting portraits of war: Youth's varied experiences with political violence in Bosnia and Palestine. *International Journal of Behavioral Development, 32*(4), 298–309.

Barenbaum, J., Ruchkin, V., & Schwab-Stone, M. (2004). The psychosocial aspects of children exposed to war: Practice and policy initiatives. *Journal of Child Psychology and Psychiatry, 45*(1), 41–62.

Bat-Zion, N., & Levy-Shiff, R. (1993). Children in war: Stress and coping reactions under the threat of Scud missile attacks and the effect of proximity. In L. A. Leavitt & N. A. Fox (Eds.), *The psychological effects of war and violence on children*. Hillsdale, NJ: Lawrence Erlbaum.

Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine, 70*(1), 17–26.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328.

Betancourt, T. S., Salhi, C., Buka, S., Leaning, J., Dunn, G., & Earls, F. (2012). Connectedness, social support and internalising emotional and behavioural problems in adolescents displaced by the Chechen conflict. *Disasters, 36*(4), 635–655. doi:10.1111/j.1467-7717.2012.01280.x.

Boyden, J. (2003a). Children under fire: challenging assumptions about children's resilience. *Children, Youth and Environment, 13*(1).

Boyden, J. (2003b). The moral development of child soldiers: What do adults have to fear? *Peace and Conflict: Journal of Peace Psychology, 9*(4), 343–362.

Bracken, P., & Petty, C. (1998). *Rethinking the trauma of war*. New York, NY: Free Association Books.

Breslau, N., Lucia, V. C., & Alvarado, G. F. (2006). Intelligence and other predisposing factors in exposure to trauma and posttraumatic stress disorder: A follow-up study at age 17 years. *Archives of General Psychiatry, 63*(11), 1238–1245.

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge: Harvard University Press.

Bronfenbrenner, U. (1989). *The developing ecology of human development: Paradigm lost or paradigm regained*. Paper presented at the Biennial Meeting of the Society for Research in Child Development, Kansas City, MO.

Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International encyclopedia of education* (2nd ed., Vol. 3, pp. 37–43). Oxford: Elsevier.

Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational models. In S. L. Friedman & T. D. Wachs (Eds.), *Measuring environment across the life span: Emerging methods and concepts* (pp. 3–28). Washington, DC: American Psychological Association Press.

Bronfenbrenner, U. (2001). The bioecological theory of human development. In N. Smelser & P. Baltes (Eds.), *International encyclopedia of social and behavioral sciences* (Vol. 10, pp. 6963–6970). New York, NY: Elsevier.

Bronfenbrenner, U. (2005a). Ecological systems theory. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 106–173). Thousand Oaks, CA: Sage.

Bronfenbrenner, U. (Ed.). (2005b). *Making human beings human: biological perspectives on human development*. Thousand Oaks, CA: Sage.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A bio-ecological model. *Psychological Review, 101*(4), 568–586.

Bryce, J. W., Walker, N., Ghorayeb, F., & Kanj, M. (1989). Life experiences, response styles and mental health among mothers and children in Beirut. *Lebanon Social Science and Medicine, 28*(7), 685–695.

Cairns, E., & Dawes, A. (1996). Children: Ethnic and political violence—A commentary. *Child Development, 76*(1), 129–139.

Cardozo, B. L. (2008). Guidelines need a more evidence based approach: A commentary on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Intervention, 6*(3), 252–254.

Corbin, J. N. (2008). Returning home: Resettlement of formerly abducted children in northern Uganda. *Disasters, 32*(2), 316–335.

Cortes, L., & Buchanan, M. J. (2007). The experience of Columbian child soldiers from a resilience perspective. *International Journal for the Advancement of Counselling, 29*, 43–55.

Criss, M. M., Pettit, G. S., Bates, J. E., Dodge, K. A., & Lapp, A. L. (2002). Family adversity, positive peer relationships, and children's externalizing behavior: A longitudinal perspective on risk and resilience. *Child Development, 73*(4), 1220–1237.

Cummings, E. M., Goeke-Morey, M. C., Schermerhorn, A. C., Merrilees, C. E., & Cairns, E. (2009). Children and political violence from a social ecological perspective: Implications from research on children and families in Northern Ireland. *Clinical Child and Family Psychology Review, 12*, 16–38.

Dawes, A., & Cairns, E. (1998). The Machel study: Dilemmas of cultural sensitivity and universal rights of children. *Peace and Conflict: Journal of Peace Psychology, 4*(4), 335–348.

de Jong, J. T. V. M. (Ed.). (2002). *Trauma, war, and violence: Public mental health in socio-cultural context*. New York, NY: Kluwer.

Denov, M. (2007). Is the culture always right? The dangers of reproducing gender stereotypes and inequalities in psychosocial interventions for war-affected children. Retrieved 06 June 2010, 2010, from http://www.child-soldiers.org/psycho-social/Gender_stereotypes_and_inequalities_2007.pdf.

Dowdney, L. (2007). Trauma, resilience and cultural healing: How do we move forward? *Coalition to Stop the Use of Child Soldiers Psychosocial Web Page.* Retrieved August 1, 2007, from www.child-soldiers.org/resources/psychosocial.

Dybdahl, R. (2001). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development, 72*(4), 1214–1230.

Eamon, M. K. (2001). The effects of poverty on children's socioemotional development: An ecological systems analysis. *Social Work, 46*(3), 256–266.

Earls, F., & Carlson, M. (2001). The social-ecology of child health and wellbeing. *Annual Review of Public Health, 22*, 143–166.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine., 71*(1–2), 71–83.

Elbedour, S., ten Bensel, R., & Bastien, D. T. (1993). Ecological integrated model of children of war: Individual and social psychology. *Child Abuse & Neglect, 17*(6), 805–819.

Farhood, L. (1999). Testing a model of family stress and coping based on war and non-war stressors, family resources and coping among Lebanese families. *Archives of Psychiatric Nursing, 13*(4), 192–203.

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality in Mental Health, 13*, 52–77.

Garbarino, J. (2001). An ecological perspective on the effects of violence on children. *Journal of Community Psychology, 29*(3), 361–378.

Garbarino, J., & Kostelny, K. (1996). What do we need to know to understand children in war and community violence. In R. J. Apfel & B. Simon (Eds.), *Minefields in Their Hearts: The Mental Health of Children in War and Communal Violence*. Chelsea: Yale University.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991). *No place to be a child: Growing up in a war zone*. Lexington, MA: Lexington Books.

Hill, H. M., Levermore, M., Twaite, J., & Jones, L. P. (1996). Exposure to community violence and social support as predictors of anxiety and social emotional behavior among African American children. *Journal of Child and Family Studies, 5*(4), 399–414.

Hill, H. M., & Madhere, S. (1996). Exposure to community violence and African American children: A multidimensional model of risk and resources. *Journal of Community Psychology, 24*, 26–43.

Hong, J. S. (2010). Understanding Vietnamese youth gangs in America: An ecological systems analysis. *Aggression and Violent Behavior*.

Honwana, A. M. (1997). Healing for peace: Traditional healers and post-war reconstruction in Southern Mozambique. *Peace and Conflict: Journal of Peace Psychology, 3*(3), 293–305.

Honwana, A. M. (2006). *Child soldiers in Africa*. Baltimore, MD: University of Pennsylvania Press.

Howard, S., Dryden, J., & Johnson, B. (1999). Childhood resilience: Review and critique of literature. *Oxford Review of Education, 25*, 307–323.

IASC. (2007). *Guidelines on mental health and psychosocial support in emergency settings*. Geneva: Inter-Agency Standing Committee.

Inter-Agency Standing Committee [IASC]. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

Jovanovic, N., Aleksandric, B. V., Dunkic, D., & Todorovic, V. S. (2004). Family hardiness and social support as predictors of post-traumatic stress disorder. *Psychiatry, Psychology, and Law, 11*(2), 263–268.

Kliewer, W., Lepore, S. J., Oskin, D., & Johnson, P. D. (1998). The role of social and cognitive processes in children's adjustment to community violence. *Journal of Consulting and Clinical Psychology, 66*(1), 199–209.

Kliewer, W., Murrelle, L., Mejia, R., de Torres, Y., & Angold, A. (2001). Exposure to violence against a family member and internalizing symptoms in Colombian adolescents. *Journal of Consulting and Clinical Psychology, 69*(6), 971–982.

Kohrt, B. A. (in press). The role of traditional rituals for reintegration and psychosocial wellbeing of child soldiers in Nepal. In A. L. Hinton & D. E. Hinton (Eds.), *Legacies of Violence: Symptom, Memory, and Intervention in the Aftermath of Mass Trauma*. Durham, NC: Duke University Press.

Kohrt, B. A., Jordans, M. J. D., Tol, W. A., Perera, E., Karki, R., Koirala, S., & Upadhaya, N. (2010). Social ecology of child soldiers: Child, family, and community determinants of mental health, psychosocial well-being, and reintegration in Nepal. *Transcultural Psychiatry, 45*(5), 727–753.

Kohrt, B. A., Jordans, M. J. D., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., & Komproe, I. H. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *Journal of the American Medical Association, 300*(6), 691–702.

Kohrt, B. A., & Maharjan, S. M. (2009). When a child is no longer a child: Nepali ethnopsychology of child development and violence. *Studies in Nepali History and Society, 14*(1), 107–142.

Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child Abuse & Neglect, 26*(6–7), 637–644.

Kunovich, R. M., & Hodson, R. (1999a). Civil war, social integration and mental health in Croatia. *Journal of Health and Social Behavior, 40*(4), 323–343.

Kunovich, R. M., & Hodson, R. (1999b). Conflict, religious identity, and ethnic intolerance in Croatia. *Social Forces, 78*(2), 643–668.

Laor, N., Wolmer, L., Alon, M., Siev, J., Samuel, E., & Toren, P. (2006). Risk and protective factors mediating psychological symptoms and ideological commitment of adolescents facing continuous terrorism. *The Journal of Nervous and Mental Disease, 194*(4), 279–286.

Layne, C. M., Beck, C. J., Rimmasch, H., Southwick, J. S., Moreno, M. A., & Hobfoll, S. E. (2009). Promoting "resilient" posttraumatic adjustment in childhood and beyond: "unpacking" life events, adjustment trajectories, resources, and interventions. In D. Brom, R. Pat-Horenczyk, & J. Ford (Eds.), *Treating traumatized children: risk, resilience, and recovery*. East Sussex: Routlegde.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Pub. Co.

Linley, P., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11–21.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

Lynch, M., & Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Development and Psychopathology, 10*, 235–257.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*, 921–930.

McKay, S., & Mazurana, D. (2004). *Where are the girls? Girls in fighting forces in northern Uganda, Sierra Leone, and Mozambique*. Montreal: Rights and Democracy.

Muldoon, O. T., & Downes, C. (2007). Social identification and post-traumatic stress symptoms in post-conflict Northern Irelans. *The British Journal of Psychiatry, 191*, 146–149.

Muldoon, O. T., Schmid, K., & Downes, C. (2009). Political violence and psychological wellbeing: The role of social identity. *Applied Psychology: An International Review, 58*(1), 129–145.

Nordstrom, C. (1997). *A different kind of war story*. Philadelphia, PA: University of Pennsylvania Press.

O'Donnell, D. A., Schwab-Stone, M., & Muyeed, A. Z. (2002). Multidimensional resilience in urban children exposed to community violence. *Child Development, 73*(4), 1265–1282.

Paardekooper, B., de Jong, J. T., & Hermanns, J. M. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An exploratory study. *Journal of Child Psychology and Psychiatry, 40*(4), 529–536.

Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social well-being. *Social Science & Medicine, 55*(2), 175–190.

Persson, T. J., & Rousseau, C. (2009). School-based interventions for minors in war-exposed countries: A review of targeted and general programmes. *Torture, 19*(2), 88–101.

Pettigrew, J. (1986). Child neglect in rural Punjabi families. *Journal of Comparative Family Studies, 17*(1), 63–85.

Group, P. W. (2003). Psychosocial intervention in complex emergencies: A framework for practice. In T. P. W. Group (Ed.), *Working paper* (p. 2). Edinburgh: Queen Margaret University College.

Punamaki, R. L. (1996). Can ideological commitment protect children's psychological well-being in situations of political violence? *Child Development, 67*(1), 55–69.

Punamaki, R. L. (2006). Resiliency in conditions of war and military violence: Preconditions and developmental processes. In M. E. Garalda & M. Flament (Eds.), *Working with children and adolescents: An evidence-based approach to risk and resilience*. Lanham, MD: Jason Aronson.

Punamaki, R. L., Muhammed, A. H., & Abdulrahman, H. A. (2004). Impact of traumatic events on coping strategies and their effectiveness among Kurdish children. *International Journal of Behavioral Development, 28*(1), 59–70.

Punamaki, R. L., & Puhakka, T. (1997). Determinants and effectiveness of children's coping with political violence. *International Journal of Behavioral Development, 21*(2), 349–370.

Punamaki, R. L., Qouta, S., & El Sarraj, E. (1997). Models of traumatic experience and children's psychological adjustment: The roles of perceived parenting and the children's own resources and activity. *Child Development, 64*(4), 718–728.

Punamaki, R. L., Qouta, S., & El Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*(3), 256–276.

Qouta, S., Punamaki, R. L., & El Sarraj, E. (2005). Mother-child expression of psychological distress in war trauma. *Clinical Child Psychology and Psychiatry, 10*(2), 135–156.

Qouta, S., Punamaki, R. L., & El Sarraj, E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development, 32*(4), 310–321.

Qouta, S., Punamaki, R. L., Montgomery, E., & El Sarraj, E. (2007). Predictors of psychological distress and positive resources among Palestinian adolescents: Trauma, child, and mothering characteristics. *Child Abuse & Neglect, 31*, 699–717.

Saigh, P. A. (1991). The development of posttraumatic stress disorder following four types of traumatization. *Behavior Research & Therapy, 29*(3), 213–216.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129*(2), 216–269.

Solomon, Z. (1995). Children in the line of fire. In Z. Solomon (Ed.), *Coping with war-induced stress*. New York, NY: Plenum.

Stark, L. J. (2006). Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 4*(3), 206–218.

Summerfield, D. (1998). Protecting children from armed conflict Children affected by war must not be stigmatised as permanently damaged. *British Medical Journal, 317*(7167), 1249.

Summerfield, D. (2000). Childhood, war, refugeedom and "trauma": Three core questions for mental health professionals. *Transcultural Psychiatry, 37*(3), 417–433.

Themner, L., & Wallensteen, P. (2011). Armed conflicts, 1946–2010. *Journal of Peace Research, 48*(4), 525–536.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., & van Ommeren, M.

(2011). Mental health and psychosocial support in humanitarian settings: Linking practice and research. *Lancet, 378*(9802), 1581–1591. doi:10.1016/s0140-6736(11)61094-5.

Tol, W. A., Jordans, M. J. D., Reis, R., & De Jong, J. T. V. M. (2009). Ecological resilience: Working with child-related psychosocial resources in war-affected communities. In D. Brom, R. Pat-Horenczyk, & J. Ford (Eds.), *Treating Traumatized Children: Risk, Resilience, and Recovery*. London: Routledge.

Tol, W. A., Reis, R., Susanty, D., & de Jong, J. T. V. M. (2010). Communal violence and child psychosocial wellbeing: Qualitative findings from Poso, Indonesia. *Transcultural Psychiatry, 47*(1), 112–135.

Triplehorn, C., & Chen, C. (2006). Layers of support: The social ecology of protecting children in war. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to children in war*. Bloomfield, CT: Kumarian.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2), 218–235.

Wallen, J., & Rubin, R. H. (1997). The role of the family in mediating the effects of community violence on children. *Aggression and Violent Behavior, 2*(1), 33–41.

Walton, J. R., Nuttall, R. L., & Nuttall, E. V. (1997). The impact of war on the mental health of children: A Salvadoran study. *Child Abuse & Neglect, 21*(8), 737–749.

Ward, C. L., Martin, E., Theron, C., & Distiller, G. B. (2007). Factors affecting resilience in children exposed to violence. *South African Journal of Psychology, 37*(1), 165–187.

Weisenberg, M., Schwarzwald, J., Waysman, M., Solomon, Z., & Klingman, A. (1993). Coping of school-age children in the sealed room during Scud missile bombardment and postwar stress reactions. *Journal of Consulting and Clinical Psychology, 61*(3), 462–467.

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M., & Monteiro, C. (2006). Psychosocial assistance for youth: Toward reconstruction for peace in Angola. *Journal of Social Issues, 62*(1), 121–139.

Wexler, I. D., Branski, D., & Kerem, E. (2006). War and children. *Journal of the American Medical Association, 296*(5), 579–581.

Zielinski, D. S., & Bradshaw, C. P. (2005). Ecological influences on the sequelae of child maltreatment: A review of the literature. *Child Maltreatment, 11*(1), 49–62.

Promoting Mental Health and Psychosocial Well-Being in Children Affected by Political Violence: Part II—Expanding the Evidence Base

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Limitations in Current Knowledge

In our opinion, current research and knowledge regarding ecological resilience is hampered by four main interrelated limitations.

First, knowledge regarding ecological resilience is dominantly cross-sectional in nature. Notable exceptions include work in the Middle East (Punamaki, Qouta & El Sarraj, 2001), work

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in progress in Northern Ireland (Cummings, Goeke-Morey, Schermerhorn, Merrilees & Cairns, 2009), and in Sierra Leone (see below). Without longitudinal data, conclusions regarding causality (e.g., it may be possible that creativity does not protect against mental health problems, but mental health problems affect creativity) cannot be drawn, and it remains possible that other variables are responsible for observed resilience.

Second, very few studies address processes involving transaction, i.e., resilience processes in which variables at different social-ecological level interact over time. For instance, it is possible that consistent and supportive parenting leads to better coping skills in children, which in turn strengthens positive parenting in a reenforcing cycle. Such hypotheses require sophisticated multilevel longitudinal designs, which are hard to implement in politically unstable resource-poor settings. However, naturalistic designs may also shed light on these hypotheses as discussed by Sameroff and Mackenzie (2003).

Third, most political violence takes place in low-income countries in settings with varying sociocultural settings (Ungar, 2008). Concepts and measurements from high-income countries may not be appropriate in these settings because of differences in conceptualizations of distress and optimal child development, help-seeking strategies, and what type of support is available and needed among others. Mixed methods research that employs participatory qualitative techniques to elicit contextually sensitive indicators of well-being is crucial in this regard.

Fourth, we believe that research on ecological resilience with children affected by political violence can be strengthened by stronger development of theory. A sign of poor theoretical development concerns the popular citation of Bronfenbrenner's, 1979 work without acknowledgement of his later bioecological work, in which he more strongly focused on the importance of development as situated in the person and advocated a person-process-context-time (i.e., chronosystem) model (Bronfenbrenner, 2005). Here, Bronfenbrenner's writing foreshadowed current interests and advances in developmental research that have illuminated how environmental and biological processes interact, for instance, by showing how brain architecture is shaped by adversity in early childhood (Shonkoff, 2010; Shonkoff & Phillips, 2000). Similarly, while the international resilience literature is moving beyond a "wish-list" approach to examine processes—including biological processes (Masten, 2007)—most research with children in this field still concerns testing associations of family-level and individual-level variables with good developmental outcomes. As stated in the previous chapter, very little data exists on meso-system interactions. We feel that two research approaches may be promising to strengthen theory in this regard. First, hypothesis generating $n=1$ research may help to uncover resilience processes in action. Second, following Bronfenbrenner's mentors' advice "if you want to understand something, try to change it" (Bronfenbrenner, 1979, p. 37), randomized controlled trials that take into account moderators and mediators of intervention may be helpful to provide insight into how resilience processes take place.

Below, we describe four research projects aimed at overcoming some of these limitations. First, we describe a longitudinal study with former child soldiers in Sierra Leone, aimed at examining risk and protective factors in this population over time. Second, we summarize a participatory approach to the development of a measure of positive psychosocial well-being, which was subsequently used to assess environmental influences on well-being of former child

soldiers in Nepal. Third, we present a study consisting of a series of 11 single-case studies that was aimed at theory formation regarding treatment processes of individual psychological treatment with children affected by political violence in Burundi. Finally, we review the results of a cluster randomized trial of a school-based intervention with violence-affected children in Indonesia that included study of moderators and mediators of intervention benefits.

A Longitudinal Study of War-Affected Youth in Sierra Leone

In 2002, collaboration between the Harvard School of Public Health and the International Rescue Committee (IRC) led to the launch of a longitudinal study of war-affected youth in Sierra Leone. The study was designed to examine risk and protective processes in psychosocial adjustment and social reintegration. It was informed by an ecological approach to child health and well-being which examines the interaction of influences at the individual, familial, peer, community, and cultural/collective level (Betancourt & Khan, 2008; Bronfenbrenner, 1979). The study was also shaped by contemporary theory and research related to resilience in the mental health and development of children and families in adversity.

Survey interviews were conducted at three time points, in 2002, 2004, and 2008. The core sample comprised children who had been involved with the Revolutionary United Front (RUF) who were referred to the IRC's Disarmament, Demobilization, and Reintegration (DDR) program in Sierra Leone's Kono District (a sample of $N=260$ drawn from a master list of 309 youth that were served by the IRC's Interim Care Center (ICC) during the most active period of demobilization, June 2001 to February 2002). The study design also included a comparison group of community children ($N=137$) identified by random door-to-door sampling and, in 2004, an additional cohort of former child soldiers ($N=138$) who were not served by ICCs.

All participants were interviewed by trained Sierra Leonean research assistants, in Krio, the

most dominant local language. The surveys contained a mix of standard measures and locally derived measures, developed in close consultation with local staff and community members. Main measures of interest included standard information about age and length of involvement with armed groups, war-related violence exposures, and a scale of psychosocial adjustment developed and validated for use among former child soldiers in Sierra Leone by researchers at the Oxford Refugee Studies Program (MacMullin & Loughry, 2004), which contained subscales for anxiety, depression, hostility, confidence, and prosocial behaviors. Taking more of an ecological perspective, the survey instruments also included questions about family configuration and relationships upon return, community acceptance, social support, access to educational and skills-training opportunities, and family socioeconomic status. The 2004 and 2008 follow-up surveys repeated these baseline measures and added other items to examine community collective efficacy (nonformal social control and social cohesion), stigma/discrimination, high-risk behavior, civic participation, and post-conflict hardships.

This research has led to several publications about how war-related and post-conflict experiences affect the long-term mental health and psychosocial adjustment of former child soldiers (Betancourt, Agnew-Blais, Gilman, Williams & Ellis, 2010; Betancourt et al., 2008, 2010; Betancourt, Brennan, Rubin-Smith, Fitzmaurice & Gilman, 2010; Betancourt & Ettien, 2010; Betancourt, Zaeh, Ettien & Khan, 2012. The research indicates that the long-term mental health of former child soldiers is affected both by war experiences and by post-conflict factors. For instance, lower levels of prosocial behavior (such as helpfulness towards others) were associated with having killed or injured others during wartime, and with the presence of social stigma towards that child, after the war (Betancourt, Agnew-Blais, et al., 2010). Young people who reported having been raped exhibited heightened anxiety and hostility after the war (Betancourt, Borisova et al., 2010). Worsening anxiety and depression over time were also closely related both to younger age of being involved in fighting

forces and to social and economic hardships in the post-conflict environment (Betancourt, Brennan, et al., 2010). We also looked at the role of stigma (including discrimination and lower levels of community and family acceptance) as a potential mediator between war-related experiences and problems with post-conflict psychosocial adjustment and adaptive behaviors. We found that societal stigma due to being a child soldier also explained a significant proportion of the variance in levels of hostility that the cohort of youth reported over time (Betancourt, Agnew-Blais, et al., 2010); greater stigma was also associated with less prosocial behavior.

Poor outcomes were partly mitigated by some post-conflict factors, including social support, being in school, and increases in community acceptance over time. Higher levels of family acceptance were associated with lower hostility. Improvement in community acceptance was associated with positive adaptive attitudes and behaviors (Betancourt, Brennan, et al., 2010). Overall, community acceptance—both initially and over time—had a beneficial effect on all outcomes studied (Betancourt, Brennan, et al., 2010). Qualitative data from a series of in-depth key informant interviews indicated that even young people who experienced extreme trauma could reintegrate well if they had strong family and community support (Betancourt & Ettien, in press). We also found that youth who lacked strong, effective support were on a much riskier path characterized by social isolation and high-risk behavior such as substance abuse and, in some cases, engaging in high-risk or abusive relationships in order to secure basic needs (Betancourt & Ettien).

The findings of this first longitudinal study of male and female former child soldiers indicate that psychosocial adjustment and community reintegration of war-affected youth are complex processes involving a range of factors across time and ecological levels. However, post-conflict factors that play a role in determining long-term outcomes are of particular interest to researchers, practitioners, and policy-makers, since many post-conflict factors can be modified while war experiences cannot.

Child-Led Indicators in Nepal: A Participatory Approach with Former Child Soldiers

Based on a participatory approach, former child soldiers in Nepal developed a measure of positive psychosocial well-being (Karki, Kohrt & Jordans, 2009). The process comprised working with small groups of 8–10 former child soldiers in which the children engaged in an extended participatory activity. Over a 3-day period, a group of children would complete seven activities: First they described feelings in the heart-mind, which is the organ of emotion and memory in Nepali ethnopsychology (Kohrt & Harper, 2008; Kohrt & Hruschka, 2010). Second, they ranked feelings according to those most impairing in their lives and selected the most impairing feelings as the focus for subsequent steps. Third, they highlighted the causes of these target feelings and the effect these feelings have on their lives and the lives of others. Fourth, they identified the ideal psychosocial well-being for children their age (i.e., resiliency-promoting factors). Fifth, they mapped resources in their communities that could be mobilized to help solve psychosocial problems and promote psychosocial well-being. Sixth, they selected interventions and activities needed to achieve ideal well-being and promote resilience. In the final step, they selected child-led indicators for children to evaluate interventions, for example, monitoring school attendance and grades, doing focus groups, having street discussions, and conducting radio call-in shows to discuss changes in the community.

The nine items on the child-led indicator scale developed by the children included (1) being hopeful about the future, (2) desire to help others, (3) feeling safe, (4) confidence in speaking with others, (5) treating everyone equally and not engaging in caste or ethnic discrimination, (6) concentration on studies, (7) feeling free of unnecessary fear, and (8) desire to improve one's country. This measure encompassed well-being across ecological levels: individual intrapsychic objectives were to control one's fear and improve concentration, goals for interpersonal behavior included confidence in speaking with others and helping others, and broad social ideals included not engaging in caste discrimination and desire to improve the nation. The measure was inversely correlated with depression ($r = -0.36$, $p < 0.001$) and PTSD ($r = -0.18$, $p < 0.05$). The measure positively correlated with reintegration support from the family and community after returning from the armed group ($r = 0.46$, $p < 0.001$).

We assessed the contribution of different ecological levels to the resilience and psychosocial well-being measure using hierarchical regression models (see Table 3.1 below). Individual-level variables contributed 27% of the total variance. Micro-system family-level variables contributed 12% of the total variance. Finally, exo-system community-level variables contributed 13% of the total variance. This demonstrates the importance of considering social-ecological levels in addition to individual characteristics when identifying risk and protective factors for childhood resilience. Of note, the type of community (exo-system) contributed significantly to psychosocial well-being among former child soldiers. Children returning to communities with high levels of female literacy had greater well-being, whereas children returning to communities dominated by upper caste elites had poorer well-being. These factors, in turn, are influenced by macro-system level factors such as cultural beliefs and policies related to gender and caste equality.

This Nepal example has important intervention implications, specifically around the area of *policy* at the macro-system level. Policy advances to promote greater inclusion of children in the educational system would engender resilience, as educational level was one of the strongest predictors of psychosocial well-being. Moreover, policies are needed to assure greater representation of girls in the educational system because female literacy strongly predicts positive psychosocial well-being. Through his research and advocacy, Bronfenbrenner was instrumental in establishing the *Head Start* program in the United States as an approach to reduce socioeconomic barriers to education, which often occurred along racial and ethnic lines. Similar policies and programs are needed to foster resilience among not only girls but among entire communities in Nepal.

Table 3.1 Multivariate regression models by ecological level for locally developed measure of child soldiers in Nepal (*n* = 142)

	Positive psychosocial well-being		
	β (95% CI)	*p*-value	Variance (R^2)
Child variables (individual ontogenetic)			0.27
Age	0.14 (−0.13–0.39)	0.31	
Female	−0.21 (−1.19–0.79)	0.68	
Education (none = ref.)			
Primary	1.76 (−0.67–4.20)	0.002	
Lower secondary	2.88 (0.39–5.36)		
Secondary +	2.99 (1.06–4.92)		
Married	−0.27 (−1.62–1.08)	0.69	
Recruitment (>14 years)	−0.95 (−1.81–0.08)	0.03	
Time as soldier (>1 year)	−0.81 (−1.72–0.09)	0.08	
Time since returned (>1 year)	−0.15 (−1.05–0.74)	0.74	
Beating	−0.02 (−1.02–0.98)	0.96	
Bombing	−0.95 (−1.70–0.21)	0.01	
Abduction	0.76 (−0.33–1.86)	0.17	
Torture	−0.64 (−1.63–0.34)	0.20	
Still associated	1.51 (0.20–2.81)	0.02	
Family variables (micro-system)			0.12
Joint family	−0.33 (−1.08–0.42)	0.39	
Family size (#members)	−0.28 (−0.47–0.10)	0.002	
Hindu religion	−0.34 (−1.54–0.87)	0.58	
Caste (high caste = ref.)			
Dalit	−0.21 (−0.82–0.41)	0.77	
Janajati	−0.19 (−093–0.54)		
Wealth	0.06 (−0.32–0.43)	0.77	
Wealth worse after conflict	−0.05 (−0.99–0.90)	0.99	
Female decision maker	−0.21 (−1.03–0.62)	0.62	
Family member killed	−1.72 (−2.77–0.67)	0.001	
Physical abuse	−2.13 (−3.18–1.08)	<0.001	
Community variables (exo-system)			0.13
Conflict mortality (>200)	0.42 (−0.39–1.23)	0.31	
Female literacy (>45%)	1.95 (1.22–2.68)	<0.001	
High caste proportion (>40%)	−2.06 (−3.01–1.10)	<0.001	
Total variance			0.51

Note: Generalized estimating equations used to control for village clusters

Policy changes are also needed to reduce child abuse, which is a major risk factor for poor outcomes. Nepal lacks any comprehensive legal policy or enforcement mechanism to protect children from abuse (Baker & Hinton, 2001; His Majesty's Government, 1992). Lastly, policies are needed to eliminate caste- and ethnic-based discrimination related to high caste hegemony. Policies in this area have been very slow to develop in Nepal and have consistently lacked repercussions for caste- and ethnic-based crimes and discrimination (Kohrt, 2009). To date, much of the international work with children and conflict has involved specific targeted individual-, family-, and often school-based programming. This research in Nepal suggests that policy change is crucial as well. Future interventions should find avenues to promote local advocacy mechanisms to change national policies that enhance ecological resilience for children.

Theory Formation of a Psychosocial Intervention in Burundi

A recent systematic literature review of mental health and psychosocial intervention for children affected by political violence presents a wide range of treatment modalities, with 18% focusing on universal interventions (Jordans, Tol, Komproe & de Jong, 2009). Moreover, while treatment evaluation studies are still scarce, evidence for efficacy of treatment is emerging. Yet, to date there are no studies that assess treatment processes for child-focused interventions in areas of political violence. A better understanding of how treatments work, and specifically how they impact children's resilience, is much needed to direct treatment refinement, setting the stage for future efficacy studies and scaling-up of the intervention. This calls for research that is geared towards theory formation.

The use of empirically grounded single-case studies can play an important, practice-relevant role in this regard (Lundervold & Belwood, 2000). Single-case ($n = 1$) studies focus on the temporal unfolding of variables within subjects (monitoring of client progress), thereby evaluating the effect of the intervention on an individual level allowing for evaluation of processes of change (whether, how, and for whom treatment works). We conducted 11 $n = 1$ studies of children between 11 and 14 years of age (9 females, 2 males) that were referred to counselor presenting with moderate to severe psychosocial distress (Jordans et al., 2012). Children and the counselor were followed weekly before, during, and after treatment (4, 8, and 4 measurements, respectively), to assess outcome indicators (i.e., depression, anxiety, posttraumatic stress symptoms, function impairment, and sense of hope) and treatment process variable (i.e., treatment perceptions, session content, utilized intervention strategies) during the counseling period. Analyses included visual inspection of change trajectories, testing the stability of trends of successive measurements, content analyses of treatment process data, and finally categorizing and associating treatment outcome trajectories with treatment process data.
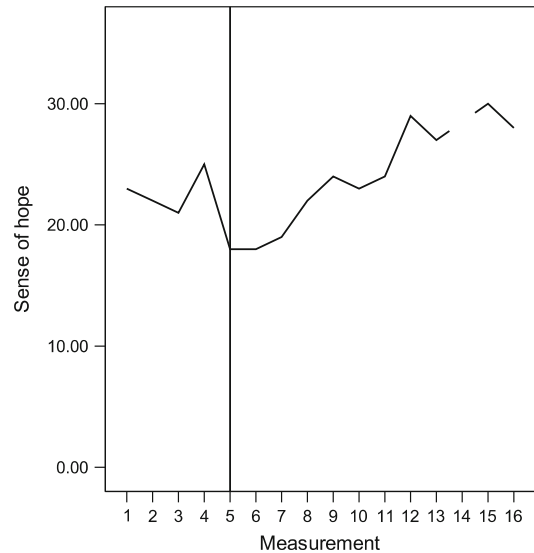
Fig. 3.1 Change in sense of hope. Note: The graph presents the change in hope of one client over time. Intervention started at measurement 5. The gap in the line diagram represents a missed interview due to the client's illness

The results present a wealth of information on the working elements of a paraprofessional psychosocial intervention in Burundi. When specifically looking at the interplay between counseling and resilience, there appear to be two trends: first, counseling having the intended effect of increasing children's sense of empowerment and hope and, second, the role of counseling in mobilizing existing resources within the child's context. Both trends are concurrent with reduction of symptoms in the studied cases. To illustrate this interplay, we present two examples.

Case Vignette 1

A 13-year-old girl, who witnessed the killing of her father, reports a combination of fear, nightmares, and sleep problems. From the start of the counseling process the client expresses a sense of relief and reassurance in being able to express her feelings, especially as she feels ashamed of her thoughts and problems. The emerging trust in the counselor and consequently feeling at ease allows for verbalization of painful memories. The client reports a sense of encouragement and hope for the future as a result of this process (Fig. 3.1).
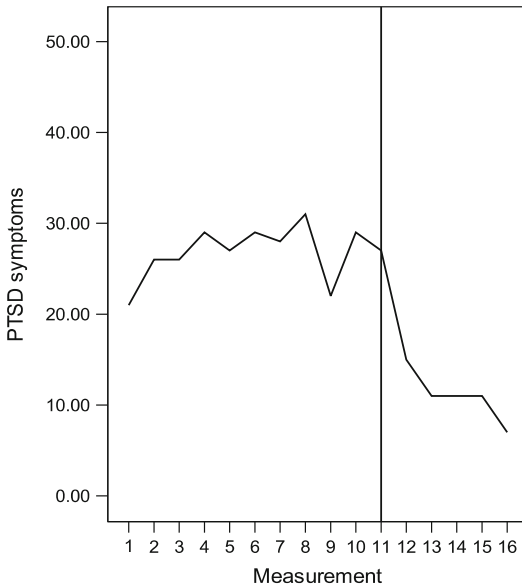
Fig. 3.2 Change in PTSD symptoms. Note: The graph presents the change in PTSD of one client over time. Intervention started at measurement 5

Analyses demonstrate that client change is associated with the quality of the therapeutic alliance in this case.

Case Vignette 2

An 11-year-old girl demonstrated signs of selective mutism, aggressivity, and high levels of PTSD symptoms. After 6 sessions characterized by reluctance and silence, the parents are included in the process. The parents refer to their child's problem as "wind fear." It appears that since a 2003 armed attack of the rebels during a heavy storm, winds serve as a traumatic trigger for the child. Subsequently, the counselor works with the parents on their awareness of the child's problems (i.e., posttraumatic triggers) and strengthening their parental roles of guidance and support to deal with the child's difficulties. Analyses clearly show a milestone change in PTSD symptoms soon after the involvement of parents at session 7 (measurement 11) (Fig. 3.2). A similar trend is found in other cases as well.

The above cases are provided as examples to illustrate the use of $n = 1$ studies in exploring treatment processes of counseling that may contribute to increased resilience of children and their context. It points towards the role of treatment, and in particular a therapeutic relationship, in reaffirming a sense of hope and empowerment (enabling or reinforcing clients to help themselves). At the same time it demonstrates the importance of existing resources and support outside the client-counselor context that have a powerful influence on the healing process of children, most notably the involvement of parents in the treatment process. This confirms the findings of the protective role of parenting practices, as summarized in the previous chapter. While the above-mentioned results present initial hypotheses, further research should look into the specific practice elements that contribute to increased resilience.

Moderators and Mediators in a Cluster Randomized Trial in Indonesia

In a study focused specifically on testing an ecological resilience theoretical framework, we examined moderators and mediators of a classroom-based psychosocial intervention in conflict-affected areas of Indonesia (Tol, Komproe et al., 2010). Given the experimental nature of a randomized controlled trial and assessment at multiple time points (pre-intervention, post-intervention, and follow-up at 6 months), this design allowed for testing whether an increase in ecological resilience through intervention was associated with a decrease in symptomatology. In short, we randomized schools to either a treatment or waitlist condition and subsequently screened for exposure to political violence events, PTSD symptoms, and anxiety in the province of Central Sulawesi on the island of Sulawesi, Indonesia. This area has suffered communal violence played out along religious lines since 1998 (Tol et al., 2008). Our choice, adaptation, and development of instruments to assess psychosocial well-being (including psychological symptoms, function impairment, and resilience variables) were based on previous qualitative research which involved focus group discussions and key informant interviews (e.g., massage healers) concerning local perspectives

on how political violence compromises psychosocial well-being and which initiatives were undertaken to address this impact (Tol, Reis, Susanty & de Jong, 2010). Screening in 14 schools resulted in the inclusion of 182 and 221 children and their parents in the treatment condition and waitlist condition, respectively. Treatment consisted of 15 structured sessions of combined cognitive behavioral and creative-expressive techniques, including drama, drawing, structured play, dance, and music activities. These activities focused both on decreasing symptomatology (e.g., through creation of a trauma narrative by the use of drawing) and strengthening children's resources (e.g., through cooperative play activities, discussion of coping strategies). Previous analyses based on mixed methods regression analyses showed that the girls in the intervention condition improved more with regard to PTSD symptoms and function impairment. For both girls and boys in the intervention condition, hope remained stable, whereas it decreased in the waitlist condition (Tol et al., 2008). Here, we were interested in explaining these changes in PTSD symptoms and function impairment by examining moderators and mediators. Mediators are variables that identify why and how treatments have effects, whereas moderators are variables that identify on whom and under what circumstances treatments have different effects (Kraemer, Wilson, Fairburn & Agras, 2002). For instance, a change in negative cognitions about the self may be a mediator of the relation between participating in cognitive behavioral therapy and decreased depressive symptomatology. Such a change in depressive symptomatology may be moderated by social support, in that participants with better social support show stronger treatment benefits.

In accordance with an ecological resilience framework, we hypothesized that increased hope, better coping (i.e., the use of more positive coping strategies and less negative coping strategies), and social support (specifically emotional and play-based social support, and social support provided by peers) would mediate the relation between treatment participation and decreases in PTSD symptoms and function impairment.

In addition, we anticipated that individual (gender, age, exposure to violence, displacement) and contextual variables (family connectedness, household size, social support by people outside the households) would moderate the relationship between treatment participation and reduced PTSD symptoms and function impairment. We employed a parallel process latent growth curve modeling approach to test these hypotheses.

First, we examined whether treatment was associated with better outcomes on the resilience variables (i.e., hope, coping, social support), a precondition for their function as mediators. We found that participating in treatment was indeed associated with better outcomes on hope, positive coping, and peer- and play-based social support; treatment was not associated with decreased negative coping or increased emotional social support. However, the improved resilience variables generally did not serve as mediators of changes in PTSD symptoms and function impairment. In contrast, we found that play-based social support functioned as a mediator in the opposite direction, in that larger increases in play-based social support were associated with smaller decreases in PTSD symptoms.

With regard to moderators, we found that gender (girls), household size (smaller household size), and reporting more social support from adults outside the household were associated with larger treatment benefits. We interpreted this finding in terms of vulnerability, i.e., those children with less social support before the intervention were able to benefit more from the social support it offered in order to decrease their psychological distress (Tol, Komproe et al., 2010).

In conclusion, this rigorous evaluation provides only limited support for the proposed ecological resilience theoretical framework. It will remain important, despite broad consensus on the importance of contextual resources for populations exposed to violence, to systematically check our theoretical assumptions in order to provide the best possible services. Together with other authors (Kazdin, 2007; Kazdin & Nock, 2003; Kraemer et al., 2002), we feel that randomized controlled trials are a promising method to do this, given their experimental design. However, randomized trials would then have to be designed

to take into account mediators and moderators of treatment, which is currently rarely done in either high- or low-income settings.

Concluding Remark

The above examples are meant as illustrations of possible ways in which some of the current short-coming in our knowledge on ecological resilience may be addressed. Obviously, other research efforts have been published which could have served a similar function, and the above examples have their own limitations. For instance, they do not address recent advances in knowledge regarding biological processes and markers of resilience, despite the potential of this emerging body of knowledge to inform prevention practices (Feder, Nestler & Charney, 2009; Haglund, Nestadt, Cooper, Southwick & Charney, 2007). Nonetheless, we believe that advances in longitudinal and multilevel statistics provide an opportunity to start unraveling the complex transactional patterns between person and context that are at the heart of understanding the mental health and psychosocial well-being of children living in areas of political violence. Combined with continued attention to strengthening theory, a participatory approach, and sensitivity to sociocultural context, we feel such advances put researchers in a position to move beyond establishing that exposure to political violence is associated with psychological symptoms, thereby providing crucial knowledge to inform prevention and treatment practices.

References

Baker, R., & Hinton, R. (2001). Approaches to children's work and rights in Nepal. *The Annals of the American Academy of Political and Social Science, 575*, 176–193.

Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra. *Social Science & Medicine, 70*(1), 17–26.

Betancourt, T. S., Borisova, I. I., Williams, T. P., Brennan, R. T., Whitfield, T. H., de la Soudiere, M., et al. (2010). Sierra Leone's former child soldiers: A follow-up study of psychosocial adjustment and community reintegration. *Child Development, 81*(4), 1077–1095.

Betancourt, T. S., Brennan, R. T., Rubin-Smith, J., Fitzmaurice, G. M., & Gilman, S. E. (2010). Sierra Leone's former child soldiers: A longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*(6), 606–615.

Betancourt, T. S., & Ettien, A. (2010). *Transitional Justice and Youth Formerly Associated with Armed Forces and Groups in Sierra Leone: Acceptance, Marginalization and Psychosocial Adjustment*. New York: UNICEF.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328.

Betancourt, T. S., Simmons, S., Borisova, I. I., Brewer, S. E., Iweala, U., & de la Soudiere, M. (2008). High hopes, grim reality: Reintegration and the education of former child soldiers in Sierra Leone. *Comparative Education Review, 52*(4), 565–587.

Betancourt, T. S., Zaeh, S. E., Ettien, A., & Khan, L. N. (2012). Psychosocial adjustment and mental health services in post-conflict Sierra Leone: Experiences of CAAFAG and war-affected youth, families and service providers. In S. Parmentier (Ed.), *New Series on Transitional Justice*. Antwerp: Intersentia.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage.

Cummings, E. M., Goeke-Morey, M. C., Schermerhorn, A. C., Merrilees, C. E., & Cairns, E. (2009). Children and political violence from a social ecological perspective: Implications from research on children and families in Northern Ireland. *Clinical Child and Family Psychology Review, 12*, 16–38.

Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *National Reviews in Neuroscience, 10*(6), 446–457.

Haglund, M. E. M., Nestadt, P. S., Cooper, N. S., Southwick, S. M., & Charney, D. S. (2007). Psychobiological mechanisms of resilience: Relevance to prevention and treatment of stress-related psychopathology. *Development and Psychopathology, 19*, 889–920.

His Majesty's Government. (1992). *Children's Act of 2048*.

Jordans, M. J. D., Komproe, I. H., Tol, W. A., Smallegange, E., Ntamutumba, P., & de Jong, J. T. V. M. (2012). Potential treatment mechanisms of counseling for children in Burundi: A series of n=1 studies. *The American Journal of Orthopsychiatry, 82*, 338–348.

Jordans, M. J. D., Tol, W. A., Komproe, I. H., & de Jong, J. T. V. M. (2009). Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war. *Child & Adolescent Mental Health, 14*(1), 2–14.

Karki, R., Kohrt, B. A., & Jordans, M. J. D. (2009). Child led indicators: Pilot testing a child participation tool for psychosocial support programmes for former child soldiers in Nepal. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 7*(2), 92–109.

Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*, 1–27.

Kazdin, A. E., & Nock, M. E. (2003). Delineating mechanisms of change in child and adolescent therapy: Methodological issues and research recommendations. *Journal of Child Psychology and Psychiatry, 44*(8), 1116–1129.

Kohrt, B. A. (2009). Vulnerable social groups in post-conflict settings: A mixed-methods policy analysis and epidemiology study of caste and psychological morbidity in Nepal. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 7*(3), 239–264.

Kohrt, B. A., & Harper, I. (2008). Navigating diagnoses: Understanding mind-body relations, mental health, and stigma in Nepal. *Culture, Medicine and Psychiatry, 32*(4), 462–491.

Kohrt, B. A., & Hruschka, D. J. (2010). Nepali concepts of psychological trauma: The role of idioms of distress, ethnopsychology and ethnophysiology in alleviating suffering and preventing stigma. *Culture, Medicine and Psychiatry, 34*(2), 322–352.

Kraemer, H. C., Wilson, T., Fairburn, C. G., & Agras, W. S. (2002). Mediators and moderators of treatment effects in clinical trials. *Archives of General Psychiatry, 59*, 877–883.

Lundervold, D. A., & Belwood, M. F. (2000). The best kept secret in counseling: Single-case (n=1) experimental designs. *Journal of Counseling and Development, 78*, 92–102.

MacMullin, C., & Loughry, M. (2004). Investigating psychosocial adjustment of former child soldiers in Sierra Leone and Uganda. *Journal of Refugee Studies, 17*(4), 460–472.

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*, 921–930.

Punamaki, R. L., Qouta, S., & El Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*(3), 256–276.

Sameroff, A. J., & Mackenzie, M. J. (2003). Research strategies for capturing transactional models of development: The limits of the possible. *Development and Psychopathology, 15*, 613–640.

Shonkoff, J. P. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development, 81*(1), 357–367.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Tol, W. A., Komproe, I. H., Jordans, M. J. D., Gross, A. L., Susanty, D., Macy, R. D., et al. (2010). Mediators and moderators of a psychosocial intervention for children affected by political violence. *Journal of Consulting and Clinical Psychology, 78*(6), 818–828.

Tol, W. A., Komproe, I. H., Susanty, D., Jordans, M. J. D., Macy, R. D., & De Jong, J. T. V. M. (2008). School-based mental health intervention for children affected by political violence in Indonesia: A cluster randomized trial. *Journal of the American Medical Association, 300*(6), 655–662.

Tol, W. A., Reis, R., Susanty, D., & de Jong, J. T. V. M. (2010). Communal violence and child psychosocial wellbeing: Qualitative findings from Poso, Indonesia. *Transcultural Psychiatry, 47*(1), 112–135.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2), 218–235.

Promoting Resilience in Children of War

4

Barbara Magid and Neil Boothby

War Zones

Today's wars spare no one, and vulnerable groups such as children, once protected from harm, have become easy targets. Images of soldiers rescuing "enemy" children from crossfire have been relegated to history books. Today, children are not just caught in the crossfire but intentionally targeted by militia groups. Combatant groups regularly plant colorful landmines specifically to attract "enemy" children. Rape and amputation are other tactics commonly employed in warfare, intended to divide kinship loyalties and erode the social fabrics of communities.

With the Geneva Conventions discarded by many actors, and the distinction between combatant and noncombatant blurred, the difference between enemy and friend is also morphing. In today's wars it is less common for soldiers of differing nationalities to battle. Instead, today's wars, whose main casualties are civilians, often occur within the confines of a country, pitting countrymen, friends, and neighbors against each other. Tensions and violence commonly arise between

neighboring ethnolinguistic or religious groups, and it is not uncommon for a government to wage war against a segment of its own population.

The numbers indicate large-scale conflict and displacement. As of 2011, there were an estimated 26.4 million internally displaced persons (IDPs) and 10.5 million refugees around the world (UNHCR, 2013). Tragically, the numbers also show that children are not spared in today's wars. Among war-affected populations, almost half are children, who have been directly or indirectly subjected to violence (Boothby, Strang, & Wessells, 2006; UNHCR, 2011a). Children are victims en masse. A survey in Rwanda in 1996 shed light on the scale of children's exposure to conflict. Of the children interviewed, 70 % had seen someone killed or injured, 80 % had lost a family member, and 96 % had witnessed violence (Machel, 2001). One study of asylee children in Europe found that 60 % of them had been exposed to violence (Montgomery & Foldspang, 2005). A 1989 study of more than 500 children in Mozambique found that 77 % had witnessed murder, 88 % had witnessed physical abuse or torture, 51 % had been physically abused or tortured, 63 % had witnessed rape or sexual abuse, and 64 % had been abducted from their families. These millions of war-affected children become ensnared as victims of wars in many capacities: in addition to witnessing violence, or being uprooted from homes and communities, they may serve as child soldiers and become separated from family members or orphaned.

Child soldiers are perhaps the most visible manifestation of the tragic effects that war has on

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children. The image of a small child holding an AK-47 twice his or her size is common, but precise statistics about the number of child soldiers in the world are nearly impossible to come by. What is clear is that where there is conflict, there are almost certainly child soldiers. According to the *Child Soldiers Global Report*, non-state armed groups in at least 24 countries recruited child soldiers, and nine governments used child soldiers in armed conflict in 2008 (The Coalition to Stop the use of Child Soldiers). While it is easy to think of child soldiers as perpetrators, it is crucial that we remember they are also victims.

Unfortunately, child soldiers are only the tip of the iceberg. Children are often recruited to promote an engineered vision of "progress," "justice," or "nationhood" (Boothby, 2008). Parties to a conflict—including national armies—frequently take advantage of impoverished situations to recruit children into their ranks. Youth wings of liberation movements fall subject to politicization and militarization. In fact, the inability to protect children from political strife has been a leading reason for flight among refugees (Boothby).

Today, children are caught in the ideological struggles that accompany political and ethnic strife, as soldiers and non-soldiers (Boothby, 2008). In addition to the highly publicized plight of child soldiers, more than one million children have been separated from their families or orphaned over the past decade, and at least two million have been killed (UNICEF, 2011). During the same period at least six million have been permanently disabled or seriously injured by conflict (UNICEF).

The sheer number of children affected by conflict points to the need to develop psychosocial support programming. However, the field is still in its infancy: programs remain scarce and are not well integrated into the broader humanitarian framework. The evidence base for psychosocial programs remains weak, and more research and evaluation is needed for this field to perform optimally.

Humanitarian responders are still struggling to develop models that are scalable and cost-effective. Programs that target small numbers of children would neither be appropriate nor cost-effective in a context of widespread need. It is therefore important to understand how children are affected by and respond to the threats of armed conflict with an eye towards identifying interventions that may protect and promote their developmental well-being.

Psychological and Developmental Outcomes

The psychological and developmental well-being of boys and girls of all ages may be profoundly affected by a range of conflict-related events, including:

> the violent death of a parent or close relative; separation from family; witnessing loved ones being killed or tortured; displacement from home and community; exposure to combat, shelling and other life-threatening situations; acts of abuse such as being abducted, arrested, held in detention, raped, tortured; disruption of school routines and community life; destitution and an uncertain future (UNICEF, 2011).

Some also participate directly in violent acts. Furthermore, various forms of deprivation that result from protracted armed conflict profoundly affect children of all ages. Indeed, the absence of food, shelter, sanitation, medical care, education, and other necessities required for normal growth and development is among the primary casualties of armed conflict and communal violence.

What is immediately noticeable, though, is that children of conflict who live through the same situations may have different psychological and developmental outcomes. If a house is bombed, one sibling may walk out unharmed, while another suffers from broken bones. Similarly, two children may have different emotional responses to the same event. Although two children may live through the same war, protective factors may insulate one child over another and frame that child's immediate experiences as well as long-term developmental outcomes.

An example from one of our experiences in Kabul, Afghanistan, is illustrative. Two infants were woken by Taliban bombings of a residential neighborhood in Kabul and both began to cry. One baby's mother was able to pick up her child and coax her back to sleep. However, the other

infant was left to cry herself to sleep because her family was not available. In the following days her mother reported that she remained agitated and had trouble eating or sleeping (Boothby, Crawford, & Halprin, 2006).

This anecdote tells us something about the nature of resilience in children. One baby, who benefitted from her mother's protection immediately after the bombings, was quickly able to return to a state of normalcy. However, the other infant, who was not insulated from the event by external protective factors, remained frightened for days. Both infants were exposed to the same event, but due to their external realities, the event led them to different short-term reactions. It may not be the bombardments themselves, but the protective factors available to children immediately before, during, and after the bombardments that are key in determining developmental outcomes (Boothby, Crawford, & Halprin, 2006).

Similar trends emerge regarding child soldiers. The difference between two former child soldiers that came out of a longitudinal study of former child soldiers in Mozambique also highlights some of the factors that may be at play and that account for differing outcomes (Boothby, 2006). Both Vasco and Israel were in the ranks of Renamo as children; however their outcomes varied drastically 16 years after demobilization. The outcome of Vasco, a Renamo youth leader, was negative, and he was never able to fully reintegrate into society; he remained uncontrollably violent and drank heavily. Although he had been married, his wife left him because he was too aggressive. On the other hand, Israel, 12 years of age at the time of his abduction by Renamo, is a success story. Israel was rehabilitated, married with two children, and praised as a model neighbor and father. Why did Israel become a productive member of society, while Vasco remained violent years later? What distinguishes these two boys, both of whom served as child soldiers with Renamo?

Outcomes of child soldiers may differ dramatically from one person to another, depending upon the type, degree, and duration of trauma (Wessells, 2006). Although it is hard to hold all variables constant, Israel's outcome may be additionally due to the positive influences of his family prior to his abduction. His mother was deeply religious, and this foundation influenced Israel throughout his time with Renamo. Although he was sometimes forced to commit brutal acts during the day, Israel would pray for forgiveness at night, and his moral compass remained intact throughout his time with Renamo. Additionally, after undergoing disarmament, demobilization, and reintegration (DDR), Israel was reunited with his sister, who was a positive influence in his life. He was also reaccepted by his community and provided with a cleansing ceremony—a local ritual that is believed to promote healing and recovery. Vasco, on the other hand, came from a troubled family and may not have absorbed the same protective attitudes, behaviors, and skills that seemed to buffer Israel.

Identifying sources of risk and resilience among children growing up in war zones is not an exact science; nonetheless, it does seem that there are a variety of factors that influence children's outcomes. Among these factors is the degree to which children were exposed to violence prior to displacement (Boothby, 2008; Smith, Perrin, Yule, Hacam, & Stuvland, 2002; Thabet & Vostanis, 2000), as well as the degree to which children were supported after displacement (Boothby, 2008; Boothby, Crawford, & Halprin, 2006; Garbarino & Kostelny, 1996; Thabet & Vostanis, 2000).

Some of the variables that influence how violence affects children's long-term development are the nature of the violence; the protective mechanisms in place before, during, and after a child experiences violence; and the extent to which a child can assign meaning to his or her experience (Boothby, 2008; Boothby, Crawford, & Halprin, 2006; Dawes, 1990; Garbarino & Kostelny, 1996; Gibson, 1989; Kostelny, 2006; Punamaki & Suleiman, 1990). If risk factors accumulate and outweigh protective factors, negative developmental outcomes become more likely. Although we cannot be present to pick up and comfort every crying child or provide cleansing ceremonies to all former child soldiers, we can assist in setting up an enabling, protective environment—where mothers are attuned to the needs of their children or child soldiers are supported by their communities in a way that is meaningful.

Because war zones present multiple risks to children, their situation cannot be understood in terms of a single traumatic event, such as the exposure to violence, displacement, a physical injury, or the death of a parent. Instead, a number of researchers have employed a risk-accumulation model (Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987) to provide insights into the outcomes of children in conflict and post-conflict situations (Garbarino & Kostelny, 1996; Kostelny, 2006; Macksoud & Aber, 1996). This model suggests that most children can cope with low levels of risk, but it is the accumulation of risk that jeopardizes development, especially when no compensatory forces are at work. Specifically, children appear to be able to cope with one or two major risk factors in their lives, but when risk accumulates, with the addition of a third, fourth, and fifth factor, there is a significant increase in the likelihood of developmental damage.

To prevent this increase in developmental damage, this model highlights the importance of minimizing risks. At a diplomatic level, tools have been employed in recent years to reduce dangers and risks in conflict in Sudan, the Democratic Republic of Congo (DRC), Sierra Leone, Nepal, and elsewhere. These include efforts to ensure that parties to a conflict abide by human rights and humanitarian law, as well as advocacy to ensure that belligerents do not block the humanitarian spaces or hinder the delivery of lifesaving assistance to war-affected populations. At the community level, ensuring that war-affected populations have timely access to food, medicine, shelter, water, and sanitation is also critical.

The model also highlights the importance of maximizing opportunities for children's normal growth and development. Again, a key challenge is scale: how is resilience supported, not just for one child, but for entire communities of children? In other words, while the international community cannot be present to support each individual child, are there ways to support these types of opportunities in cost-effective and scalable ways?

The social ecologic approach developed by Urie Bronfenbrenner is helpful in answering these questions (Bronfenbrenner, 1979, 1986). According to Bronfenbrenner, the family, including the extended family, is the key microsystem within which children develop and where basic protections and needs are provided. Outside the family, schools and houses of religious activity provide the first encounter with social institutions and are important spheres of interaction between children, their peers, and key adults such as teachers. At a wider macrosystemic level, children's socialization and development occur within social systems that include norms with respect to children's rights, rules of law, forms of conflict resolution, cultural bereavement processes, and educational opportunities.

Armed conflict, in particular, provides an ecologic shock or destabilization that creates a culture of violence that damages child protection and support at multiple, interacting levels. At the level of the macrosystem, war shatters societal peace and social trust, contests the legitimacy of institutions and government-defined laws, amplifies poverty and structural violence, and damages infrastructure and institutions of child support such as schools and health clinics (Machel, 2001). It also establishes a societal norm of physical violence, divides the population, and creates structural violence through the denial of access to services necessary for meeting basic human needs.

However, in spite of the system-level shocks of conflict, within this ecologic framework, armed conflict does not tend to produce large-scale, population-wide trauma (Bracken, 1998; Wessells, 1999). Among conflict-affected populations, trauma plays a relatively minor role compared to other mental health and psychosocial issues (IASC, 2007; Wessells, 2008). In fact, affected populations tend to respond with resilience, even in the face of great adversity, and an appropriate framework will promote resilience and risk reduction within a community (Boothby, 2008).

An ecologic approach to understanding children and war thus begins with a thorough examination of the protective capacities (and deficits) of key people and systems that surround children.

It should form the basis for thinking, with appropriate breadth, of potential influences on children's well-being, but also should be sufficiently focused to frame clear actions that will promote child protection and well-being. The goal is to identify features of both micro- and macrosystems that together can be seen to form a potential protective shield around children, not eliminating risks and vulnerabilities but protecting children from their full impact.

IASC Guidelines on Mental Health and Psychosocial Support

In 2007, after a 2-year consultative process, the Inter-Agency Standing Committee (IASC)[1] published its *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). The guidelines "reflect the insights of practitioners from different geographic regions, disciplines and sectors, and reflect an emerging consensus on good practice" in this field (IASC, p. 1). Key to the guidelines is the premise that social supports are essential to buffer and bolster mental health and psychosocial well-being. Thus, in many ways, the IASC guidelines have embraced the social ecologic model as a way to promote resilience in children. Indeed, the guidelines seek to promote protective capacities and the reduction of risks in children affected by emergencies. While the guidelines are universal, they also aim to avoid a "one-size-fits-all" approach by emphasizing the importance of cultural sensitivity, local ownership, and religious contextualization. They further recognize the complex situations of those affected by emergencies: individuals and communities are certainly victims, in some regards, but they are also active agents and healers. The guidelines are premised on the reality that the vast majority of psychosocial support will be provided from within a community and not by outside interveners.

Potential protective social resources include "families, local government officers, community leaders, traditional healers (in many societies), community health workers, teachers, women's groups, youth clubs and community planning groups, among many others" (IASC, 2007, p. 5). In addition to social resources, the IASC guidelines highlight the indigenous economic, health, religious and spiritual resources, and skills that exist within communities affected by emergencies. These resources should be identified and incorporated into a psychosocial program. The guidelines explain that "…key tasks are to identify, mobilize and strengthen the skills and capacities of individuals, families, communities and society…" (IASC, p. 11). These tasks should be integrated into the broader agenda as they "tend to reach more people, often are more sustainable, and tend to carry less stigma" (IASC, p. 11). Community-centered, empowering approaches are key, not only to ensure best results during an emergency but also to ensure sustainable and sustained benefits.

Four Layers of Support

The IASC guidelines organize programs and interventions in a pyramid (see Fig. 4.1), which is in keeping with the social ecologic approach. Responses should be designed to reduce risk and create opportunities at all four levels:
1. Basic services and security
2. Community and family supports
3. Focused, nonspecialized supports
4. Specialized services

Because different people require different interventions, all layers of the pyramid are important and should be implemented simultaneously. However, the supports towards the bottom of the pyramid—or those that are more psychosocial or social ecologic in nature—are intended for the broadest number of people. At the top of the pyramid sit the mental health-style interventions, which tend to be necessary only for a small percentage of the emergency-affected population.

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[1]Created in 1992, the IASC aims to unite both UN and nongovernmental humanitarian organizations for the common goal of increased cooperation and efficiency. Establishing UN policies and interagency guidelines is among its duties.

Fig. 4.1 Intervention pyramid for mental health and psychological support in emergencies. Each layer is described below
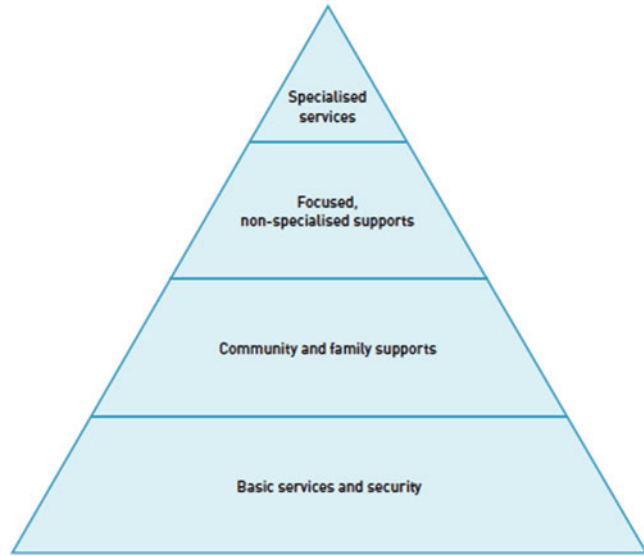
Basic Services and Security

All levels of the pyramid rest on the foundation of "basic services and security," which promote well-being and resilience in children, families, and communities. At the base of the pyramid, the goal is to provide for people's "basic" or physical and protection needs: interventions that focus on promoting security, governance, food, shelter, water, and health care. However crucial, securing these necessities in a way that is participatory and promotes dignity, mental health, and psychosocial well-being is indeed a challenge.

Historically, parents' abilities to protect their children have been compromised seriously by conflicts and other emergencies. Crisis-affected families often are in a weaker position to provide material support for their children and also may be too overburdened with survival concerns to provide adequate emotional support. Forced migration and economic pressures often require women to assume work roles that involve longer separations as caregivers from their children than are normal. The stress on families is exacerbated by the collapse of traditional livelihood strategies, which may involve food collection, seasonal migration, and raising livestock, for example. An emergency focus on the affected population's basic needs therefore has effects that are both physical and psychological.

In refugee and IDP camps, the protective capacities of community members and other people close to the child may have been undermined. Traditional leaders may no longer be able or willing to negotiate cessations of military action; religious leaders may encourage violence rather than tolerance; health care facilities may not represent a consistently protective space for children; and schools may become indoctrination vehicles or even recruitment grounds for political factions. Thus, an assessment of the protective capacities of important people and potential protective actors needs to take place. Assessments may need to focus on how the emergency has affected:

- Family livelihoods
- Gender, labor, and childcare roles
- Teachers' roles, corporal punishment, indoctrination, and recruitment in schools
- Roles of traditional and religious leaders and their commitments to child protection

A key goal of such an assessment is to ascertain the extent to which a given emergency has disrupted the capacity of communities to use fully a wide range of intricate social mechanisms that previously were used to maintain social cohesion within and between affected members.

Accordingly, it usually will make sense to consider means of supporting or—where they have failed completely—reestablishing traditional mechanisms that have a protective value. There are likely other features of community life, shaped by the harsh physical and economic conditions and deeply engrained cultural attitudes and practices, which are deemed profoundly hostile to the welfare of children.

Two major concerns that require careful assessment and response in emergencies are the commoditization of children as a source of labor and the exploitoions of girls (and their sexuality) through marked gender disparity. The commoditization of children as economic units may be exacerbated by war, famine, and confinement in IDP and refugee camps. Children and especially girls may be required to remain home for longer periods of time to care for younger siblings. Females also may be expected to assume dangerous roles (e.g., firewood collection in hostile environments outside subsidized camps). Although emergencies may challenge household livelihoods severely, long-standing cultural norms and values regarding childhood and especially children's roles in the household economy will need to be addressed strategically in emergency settings.

Community and Family Supports

The second tier, "community and family supports," is required for those who need assistance in reestablishing key social supports to ensure their security and well-being. Second tier supports, which may be geared towards the community or towards the individual, are more specialized than the first tier support of the pyramid. Although this layer is not intended to reach as many as the basic supports outlined above, it still constitutes a "wide-scale" intervention.

Community and family level supports include family tracing and reunification programs for separated children. Orphaned children and those who are separated from their families may face greater risks such as homelessness, exploitation, and recruitment (IASC, 2007). Reuniting children with their parents or other extended family members may often be the most essential protective action of all. The community and family supports tier also includes mass communication on effective coping, positive parenting, formal and nonformal educational activities, livelihood options, accessing women's group, youth clubs, and other social networks (IASC). The organization of structured and monitored foster care, mother-child groups, and children's club and sports activities are examples of assistance programs that fall within this category.

Access to education, informal education opportunities, and other potentially protective activities should be assessed routinely. Education is a child's universal right—a right that does not end when war breaks out. Conversely, the loss of education has been found to be a primary stressor for displaced or emergency-affected families (IASC, 2007), and children not involved in schooling may be at increased risk of poor developmental outcomes (Dawes, 1990). The importance of fast mobilization of structured activities and informal education for war-affected children has been well documented (Apfel & Simon, 1996). In situations where school infrastructure has been badly damaged, the main intervention may simply be one that provides for a sense of community and an opportunity to resume, however modestly, the trajectory of emotional and cognitive development, to learn new skills, and to live in a morally ordered environment. Moreover, the timely resumption of informal or formal schooling can be the optimal intervention for providing basic psychosocial support for large numbers of war-affected children. As the IASC guidelines point out, the resumption of formal education can:

> restore a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. Many children and parents regard participation in education as a foundation of a successful childhood. Well-designed education also helps the affected population to cope with their situation by disseminating key survival messages, enabling learning about self-protection and supporting local people's strategies to address emergency conditions (2007, p. 148).

Another major stressor for war-affected populations is the inability to perform proper burials for the deceased or the inability to engage in

cultural, religious, or spiritual practices. Indeed, in some cultures, the failure of a loved one to perform these practices may have significant spiritual and social ramifications. The guidelines therefore locate local conceptions of death and worldview within this second layer of support and argue in favor of "assisted mourning and communal healing ceremonies" (IASC, 2007, p. 13). The ability of a survivor to create meaning through faith and belief systems has been linked to positive outcomes after individual and collective tragedies (Boothby, Crawford, & Halprin, 2006; Honwana, 1998; Marsella, Friedman, Gerrity, & Scurfield, 1996).

Focused, Nonspecialized Supports

One level up the pyramid are "focused, nonspecialized supports" which apply to a comparatively small number of the affected population and require interventions by trained and supervised workers. For example, this includes basic mental health care by primary health care workers and emotional or livelihood support for survivors of gender-based violence (GBV). This third set of interventions focuses specifically on highly victimized groups, including child soldiers and survivors of GBV, among other groups. In addition to psychosocial support, such programs often include self-help and livelihood support to ensure healing and to ensure that restoration of the self is grounded in a poverty reduction strategy.

One example of "focused, nonspecialized supports" was a program carried out by Save the Children in Mozambique beginning in 1988 at the Lhanguene Rehabilitation Center in Maputo. It originally provided reintegration assistance—in the form of psychological and social assistance—to 39 boys (between ages 6 and 16) who had been abducted by Renamo and trained as fighters. This program required trained professionals, and four interrelated components were integrated into the program: establishment of safety and appropriate codes of conduct, reestablishment of self-regulatory/impulse control processes, promotion of security vs. survival-seeking behavior, and support of meaning-making. The program also incorporated a family tracing and reunification element, traditional cleansing and healing ceremonies, community sensitization campaigns, livelihood activities, and apprenticeships. Although a center-based program is not necessarily the most appropriate way to provide rehabilitation and healing support in general, the boys positively rated their experience at the Lhanguene Center with caretakers and other child soldiers in general. The Lhanguene Center used professionals to prepare and support laymen and women to work with a highly victimized group of boy soldiers and incorporated elements of focused psychosocial support into its program, while accepting that healing must take place within a community and that livelihood features are crucial elements of long-term healing. The tracing and reunification program was also an essential element of this rehabilitation program, indicating that a combination of IASC "layers of support" is often required for high-risk groups of children.

Specialized Services

The final tier or tip of the support pyramid addresses the needs of the comparatively small percentage of an affected population that requires professional services to function. Assistance at this level "…should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary or general health services. Such problems require either (a) referral to specialized services if they exist, or (b) initiation of longer-term training and supervision of primary/general health care providers" (IASC, 2007, p. 13). Depending on the size of the affected population, there may be several thousand individuals who require medication, outpatient services, hospitalization, and/or other specialized interventions.

Funding for specialized professional services is comparatively scarce in emergencies that take place in developing parts of the world where mental health systems may not exist beyond the nation's capital. This is one of the reasons why the response to mental health concerns in Aceh,

Indonesia, following the 2004 Asian tsunami is so remarkable. It is important to note that prior to the Asian tsunami, Aceh, Indonesia, had been plagued with a long-standing civil war. As a result, formal or government-supported social and mental health services were severely lacking.

For example, when the tsunami struck, there was only one in care facility in Banda Aceh, the provincial capital, which was caring for over 330 patients in a 220-patient facility. There was one psychiatrist and seven nurses and almost all patients received the same medication. Many families refused to take their ailing relatives to the Banda Aceh hospital and instead cared for them the best they could at home—but without medication or support. As humanitarian agencies began their assessments in tsunami- and war-affected communities, they also found scores of these individuals chained to beds, posts, and front porches for their own protection. Families had to work and could not leave their ill relatives home alone.

Several forward-thinking Indonesians seized the opportunity to leverage tsunami funding to develop a decentralized mental health system for the entire province. With an initial focus on Axis I disorders, the program sought to establish a "household-to-hospital continuum" of care, operating at provincial, district, subdistrict, and village levels. Key to this continuum was training and placement of mental health nurses in subdistrict health clinics. These nurses screened patients at the clinic, ensured they received proper medications, and trained and supported village-based volunteers. The community volunteers, in turn, launched public awareness campaigns, identified people in need of treatment, and supported family efforts to care for relatives with psychological disorders. At the provincial level, the program was able to increase the availability of state of the art medications and also add two more psychiatrists to assist with inpatient care and provide ongoing support of mental health activities at the subdistrict clinics. Eventually, additional inpatient care units were established at district hospitals as well. A 2007 evaluation of USAID-supported programs in Aceh, Indonesia, concluded that Aceh now has the best functioning mental health systems in Indonesia.

Moving Forward

Humanity has been plagued by war since the beginning of recorded history. But over the course of the past few decades, we have seen a shift in the norms that govern conflict. Rarely are battles fought on Western soil, and war mainly affects those in the so-called global south—those who already suffer from severe poverty, a disproportionate disease burden, and low levels of education. Indeed, no fragile or conflict-affected country has yet achieved a single Millennium Development Goal (MDG), while such countries as an aggregate lag 40–60 % behind other low- and middle-income countries in MDG health and education achievement (Organisation for Economic Co-operation and Development (OECD), 2011). One of the most troubling characteristics of today's wars is the blurring of the distinction between combatant and noncombatant and the resulting broadening of the battlefield.

War and uprooting have direct effects on child development. Placing these many and varied effects within an ecologic framework is useful as it develops the awareness of providers to the many domains in which war and communal violence may take their toll. Recently this framework has also been operationalized within the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. This important development, in turn, illuminates the many elements of humanitarian intervention required to protect children and enable them to cope more effectively in situations of conflict. To be sure, our collective task as an international community is to promote children's capacity for resilience by minimizing risks and maximizing opportunities. The IASC guidelines, built firmly on a social ecologic framework, offer a range of practices for how to do so in ways that build upon local capacities and empower survivors.

As a field of practice, however, the provision of psychosocial care to children in crises is still in its infancy. Widely differing conceptual approaches from addressing PTSD to reinforcing social support networks have been adopted to justify interventions, but little evidence actually

exists to support the efficacy of these approaches or to indicate how they might be employed to reinforce one another better. The international community still is largely unable to identify sufficient consensus regarding psychosocial goals, strategies, or outcomes. This lack of an evidence base for effective interventions undermines donor countries' confidence in psychosocial investments and leaves humanitarian workers wondering whether their efforts made a difference. Consistent and rigorous evaluations of program impact will be at the heart of efforts to professionalize this field of practice in the years to come.

References

Apfel, R., & Simon, B. (Eds.). (1996). *Minefields in their hearts: The mental health of children in war and communal violence*. New Haven, London: Yale University Press.

Boothby, N. (2008). Political violence and development: An ecologic approach to children in war zones. *Refugee and Mental Health: Child and Adolescent Psychiatric Clinics of North America, 17*(3), 497–514.

Boothby, N. (2006). When former child soldiers grow up: The keys to reintegration and reconciliation. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to children in war zones* (pp. 155–178). Bloomfield, CT: Kumarian Press, Inc.

Boothby, N., Crawford, J., & Halprin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health, 1*, 87–107.

Boothby, N., Strang, A., & Wessells, M. (2006). *A world turned upside down: Social ecological approaches to children in war zones*. Bloomfield, CT: Kumarian Press, Inc.

Bracken, P. (1998). Hidden agendas: Deconstructing post traumatic stress disorder. In P. Bracken & C. Petty (Eds.), *Rethinking the trauma of war* (pp. 38–59). London: Free Association Books.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*, 732–742.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Child Soldiers Global Report. (2008). *The coalition to stop the use of child soldiers*. Retrieved May 3, 2011, from http://www.childsoldiersglobalreport.org/files/country_pdfs/FINAL_2008_Global_Report.pdf

Dawes, A. (1990). The effects of political violence on children: A consideration of South African and related studies. *International Journal of Psychology, 25*, 13–31.

Garbarino, J., & Kostelny, K. (1996). The effects of political violence on Palestinian children's behavior problems: A risk accumulation model. *Child Development, 67*, 33–45.

Gibson, K. (1989). Children in political violence. *Social Science and Medicine, 7*, 659–667.

Honwana, A. (1998). *"Okusiakala Ondalo Yokalye": Let us light a new fire. Local knowledge in the post-war healing and reintegration of war-affected children in Angola*. Luanda, Angola: Christian Children's Fund/Angola.

IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council. (2009). *Internal displacement*: *Global overview of trends and developments in 2009*.

Kostelny, K. (2006). A culture-based, integrative approach. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to children in war zones* (pp. 19–38). Bloomfield, CT: Kumarian Press, Inc.

Machel, G. (2001). *The impact of war on children*. Vancouver, British Columbia: UBC Press.

Macksoud, M., & Aber, J. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development, 67*, 70–88.

Marsella, A., Friedman, M., Gerrity, E., & Scurfield, R. (1996). *Ethno cultural aspects of posttraumatic stress disorder*. Washington, DC: American Psychological Association.

Montgomery, E., & Foldspang, A. (2005). Seeking asylum in Denmark: Refugee children's mental health and exposure to violence. *The European Journal of Public Health, 15*(3), 233–237.

Organisation for Economic Co-operation and Development (OECD). (2011). *Achieving the MDGs—Addressing conflict, fragility and armed violence*. Retrieved April 13, 2011, from OECD http://www.oecd.org/document/19/0,3746,en_21571361_42277499_46008211_1_1_1_1,00.html

Punamaki, R., & Suleiman, R. (1990). Predictors and effectiveness of coping with political violence among Palestinian children. *British Journal of Social Psychology, 29*, 67–77.

Sameroff, A., Seifer, R., Barocas, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year-old children: Social environmental risk factors. *Pediatrics, 79*, 343–350.

Smith, P., Perrin, S., Yule, W., Hacam, B., & Stuvland, R. (2002). War exposure among children from Bosnia-Herzegovina: Psychological adjustment in a community sample. *Journal of Traumatic Stress, 15*, 147–156.

Thabet, A., & Vostanis, P. (2000). Post-traumatic stress disorder reactions in children of war: A longitudinal study. *Child Abuse and Neglect, 24*, 291–298.

UNHCR. (2011a). *Children*. Retrieved February 19, 2011, from UNHCR http://www.unhcr.org/pages/49c3646c1e8.html

UNHCR. (2011b). *Refugee figures*. Retrieved February 19, 2011, from UNHCR http://www.unhcr.org/pages/49c3646c1d.html

UNICEF. (2011). *Child protection from violence*, *exploitation and abuse*: *Children in conflict and emergencies*. Retrieved February 19, 2011, from UNICEF http://www.unicef.org/protection/index_armedconflict.html

UNHCR. (2013). *Figures at a Glance*. Retrieved February 8, 2013, from UNHCR http://www.unhcr.org/pages/49c3646c11.html

Wessells, M. (2008). *Trauma*, *peacebuilding and development*: *An Africa region perspective*. Retrieved May 06, 2011, from Trauma, Development and Peacebuilding Conference http://www.incore.ulst.ac.uk/pdfs/IDRCwessels.pdf

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M. (1999). Culture, power and community: Intercultural approaches to psychosocial assistance and healing. In K. Nader, N. Dubrow, & B. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss* (pp. 276–282). New York: Taylor & Francis.

Child Mental Health, Psychosocial Well-Being and Resilience in Afghanistan: A Review and Future Directions

5

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Introduction

The impact of war on child and adolescent mental health is an issue that sits high on the global public health agenda, especially where it concerns young people living in low-income countries (Patel, Flisher, Hetrick, & McGorry, 2007) and conflict zones (Morris, van Ommeren, Belfer, Saxena, & Saraceno, 2007). One key debate in the literature on 'conflict and child health' focuses on the relative importance of exposure to differ-

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ent kinds of violence (Panter-Brick, Goodman, Tol, & Eggerman, 2011): are mental health outcomes primarily driven by war-related trauma, family-level violence and/or structural barriers taking the form of institutional, social and economic stressors? Of course, a protracted war exacerbates poverty, weakens social institutions, drives poor health and often increases social and economic inequalities. But such a macro-level view of the consequences of war does not necessarily help to understand the everyday experiences, emotional lives and social realities of children in conflict zones. It is essential for research to carefully assess the main drivers of child and adolescent mental health, in order to understand which cluster of childhood adversities has the greatest impact, to reach specific insights that have both local and global significance and to underscore which interventions might be most effective.

Another key debate in the public health and child development literature centres on the conceptual understandings of 'risk' and 'resilience'. Both risk and resilience matter to child well-being: it is necessary to assess both the vulnerabilities and the strengths of children, families and communities living with protracted conflict. However, research on mental health in humanitarian settings is still dominated by a paradigm narrowly focused on individual responses to potentially traumatic events: a broader understanding of resilience is only nascent (Panter-Brick, 2010). As argued by Layne, Waren, Watson, and Shalev (2007), the fields of developmental

psychopathology and traumatic stress research have been dominated by studies investigating a 'shopping list' of risk and protective factors, with little understanding of the intervening variables that mediate or moderate pathways of influence. By contrast, resilience research is attentive to social contexts and developmental processes, beyond the study of individual attributes shaping worse-than- or better-than-expected health outcomes. Thus a key emphasis of resilience research is to contextualise developmental and social trajectories, identifying what critical changes need to be made in social, educational and material environments to turn individual trajectories towards more favourable health outcomes (Panter-Brick et al., 2011). Contexts and resource provision are of central importance to turning points fostering trajectories of resilience. This conceptual framework is particularly useful to bridge major gaps between scientific evidence and policy-making pertaining to war-affected children. For a state-of-the-art review of findings on ecological resilience relevant to children and adolescents exposed to political violence in low- and middle-income countries, see the chapter by Tol and colleagues in this volume (Tol et al., 2013).

This chapter reviews the literature on child mental health and psychosocial well-being in present-day Afghanistan. Use of these terms needs some clarification. 'Mental health problems' and 'mental disorders' are terms in the vocabulary of psychiatrists, psychologists, epidemiologists and policy-makers. However, many social scientists and humanitarian workers prefer to focus attention on 'psychosocial well-being'—referring to a 'dynamic relationship that exists between psychological and social processes, each continually influencing the other' (Williamson & Robinson, 2006). Thus psychosocial well-being refers not only to the subjective nature of one's experiences but also to the social nature of life stressors, behavioural responses and contributions made to the community (Strang & Ager, 2003). We follow here the consensus established in the humanitarian sector (IASC, 2007): the composite term 'mental health and psychosocial support' describes 'any type of local or outside support that aims to protect or promote psycho-

social well-being and/or prevent or treat mental disorder'(Wessells & Van Ommeren, 2008). This approach entails a wide lens on child mental health that includes epidemiological and clinical data on 'problems' and 'disorders' as well as contextual data on economic, cultural and social structures that impact vulnerability and resilience in everyday lives.

This chapter thus provides a synthesis of child-focused research and intervention literature related to mental health and psychosocial well-being in Afghanistan. Our intent is to inform the research agenda and service provision strategies for Afghan children and adolescents. We also discuss a framework for developing initiatives to promote mental health and psychosocial well-being within this group, and make recommendations for future directions.

Afghan Childhood in Social Context

We begin this section with a brief historical background of the country, and then highlight contextual aspects of childhood in Afghanistan pertaining to socialisation, education and health.

A History of War, Poverty and Sharp Inequalities

Afghanistan has had a long history of invasion and war. Situated at the crossroads of the Middle East, the Asian steppes and the Indian subcontinent, this country has been a battleground of many great powers, from Alexander the Great to Genghis Khan, the Indian Mughals and the British Empire. Afghanistan became an independent entity when the legendary Ahmad Shah Durrani united the Pashtun tribes in 1747 and founded the Durrani dynasty. The monarchy was abolished in 1973, followed by a communist coup d'état in 1978 (Dupree, 1980). Since then, the country has been in a nearly constant state of turmoil with cycles of heavy violence and protracted armed conflict. The invasion of the Soviet Union in 1979 led to a 10-year-long *jihad*, or 'holy war', by opponents of the Afghan communist regime who identified themselves as *mujahedeen*. That

war generated an estimated one million deaths and six million refugees (Physicians for Human Rights, 1998). In 1992, 3 years after the withdrawal of Soviet forces, a loose alliance of several different *mujahedeen* groups succeeded in toppling the communist government. A struggle for political power between these groups then led to a 4-year civil war, often structured by ethnic and Islamic sectarian divisions and driven by the ambitions of rival warlords. During this period, large parts of the capital Kabul were destroyed, and most of its inhabitants were internally displaced or took refuge abroad. The rapid rise of the Taliban, a fundamentalist group originating from the southern parts of the country and mostly trained and educated in Pakistan, brought some stability (Rashid, 2001). Their interpretation of Islamic law imposed severe restrictions on all aspects of daily life (Rasekh, Bauer, Manos, & Iacopino, 1998). Violations of Taliban laws and decrees were met with harsh sentences: public beatings, imprisonment, torture and execution. Access to education for girls was severely restricted; women were not allowed to leave the house without male chaperone—a *mahram*.

In 2001, massive US bombings and a US-led invasion drove the Taliban out of power. The signing of the Bonn Agreement (December 2001) then created a framework for the country's reconstruction and the dissolution of factional armies led by 'warlords'. In recent years, however, the country has seen a violent resurgence of the Taliban, particularly in the Pashtun-dominated south and south-east, and frequent terrorist attacks on 'Western targets' which include government schools, foreign embassies, security personnel and aid organisations (Fergusson, 2010). Considerable external funding earmarked for reconstruction efforts has led not only to better access to health care and education but also to widening socio-economic inequalities and a growing discontent with the Afghan government (Donini, 2007). Even young urban elites readily identify security and governance issues as their top social concerns, along with family stressors that have the most lasting impact on physiological stress (Panter-Brick, Eggerman, Mojadidi, & McDade, 2008). The demographics of the country are certainly increasing frustrations related to lack of possibilities for education and employment—Afghanistan has a rapidly urbanising population estimated at 29.8 million, half of which (14.9 million) is under the age of 18 (UNICEF, 2011).

Childhood in Afghanistan

Afghan society is patriarchal (elder men are decision-makers), patrilineal (a child belongs to his father's family) and patrilocal (the girl moves to her husband's household at marriage). The core social and economic unit is the extended family, although its influence has to some extent been eroded by social changes linked to forced displacement and urbanisation. The home and family are private domains. Surrounding walls shield family life from public view, and walls of silence habitually shield family problems from outsiders. While family life is recognised as a nexus of care and protection, desperate poverty, poor family dynamics and loss of key family members can turn families into harsh and unloving environments for children (De Berry et al., 2003).

Afghan children usually have no 'adolescence' as conceptualised in the Western world, that is, no transitional life stage situated within peer groups before social adulthood. Traditionally, Afghan boys from the age of 10 to 12 years, or even younger, move directly into an adult world (Dupree, 1980), while girls are given in marriage around puberty. In contemporary Afghanistan, individuals older than 14 are considered adults rather than children (Loughry et al., 2005), and this is also the legal age of employment. Particularly in nonurban areas, children assume social responsibilities early and have limited time for play. Social life is rigorously gendered and often includes systematic exposure to violence. Some 30 years ago, Afghan street games were described as rough but including war games only rarely (Dupree, 1980; Van Oudenhoven, 1979); nowadays, according to personal communications from Afghan colleagues, street games include violent re-enactments of the war, and children's drawings readily show disturbing images of armed conflict, death and injury (De Berry et al., 2003; Save the Children USA, 2002).

A central concept in the socialisation of Afghan children is *tarbia*, a word found in both Arabic and Persian, commonly translated as 'training' or 'education' while also implying 'upbringing' or 'civility'. It includes both *adab* (politeness and good manners) as well as *akhlaq* (morality) (Karlsson & Mansory, 2007). One qualitative study involving both children and adults in Kabul concluded that *tarbia* was a term used to refer to children's manners and the quality of their relationships with others. Good *tarbia* entailed good manners and proper language, respect for elders, bodily cleanliness and hospitality. The concept is gender-specific: a girl must display modesty (lowering her gaze outside the home, not looking around or making eye contact with boys, keeping her head covered), but this is not expected of boys (De Berry et al., 2003). Among the main qualities Afghan girls are expected to acquire in the process of becoming a woman are 'acceptance, suffering and patience' (Billaud, 2012).

Education

At the end of the Taliban era, around 80 % of the schools had been destroyed. In 2002, the Afghan government launched a 'Back to School' campaign, which resulted in huge expansion in school attendance throughout the country from about 900,000 to nearly 6.4 million in 2008. The percentage of girl's primary school attendance has grown from almost 0 % in 2001 to over 37 % in 2007 (UNESCO, 2010a). The gender gap in education is narrowing, but girls still lag far behind boys in school enrolment, especially at the secondary level. In general, the education of girls is increasingly accepted; many Afghans now see it as a religious obligation within Islam (*farz*), though often on the condition that older girls are taught by female teachers (Karlsson & Mansory, 2007). The adult literacy rate is pegged at 28 %, with a strong gender inequality (43 % males, 13 % women; UNDP, 2007). There are still many challenges for programmes of state-sponsored education, related to both economic and political insecurity. In particular areas of the country, schools are increasingly regarded as justifiable targets by insurgents (UNESCO, 2010b).

Health Care

After the fall of the Taliban, Afghanistan had (and still has) some of the worst health indicators in the world. Life expectancy was estimated at 45 years for males and 44 years for females. The maternal mortality ratio (maternal deaths per 100,000 live births) is the second in the world, at 1400 (UNICEF, 2011). One in 11 women face a lifetime risk of death from causes related to pregnancy or childbirth. The under-five mortality rate is estimated at 199/1000, the second highest in the world; almost 40 % of the surviving under-five population are underweight.

Progress has been made over the past years, especially with respect to access to health care. The primary health care system offers a 'basic package of health services' (BPHS), developed to address the basic needs of the Afghan population (Waldman, Strong, & Wali, 2006). The BPHS is comprised of core health services, including maternal and newborn care, family planning, child health and immunisation, and management of communicable diseases such as tuberculosis, malaria and HIV. With backing from the Ministry of Health and non-governmental organisations (NGOs), and after some hesitation on the part of international donors, mental health and disability services were included in the BPHS in 2003, and their relative importance has grown in revised versions of the package (MOPH, 2009).

For health care in general, there has been a significant improvement in coverage of health care services. One study showed that in 2002 less than 40 % of the Afghan population had access to health services, but by 2007 this figure had risen to an estimated 82 %. The relatively quick recovery of health care structures is largely attributed to the close collaboration between government, donors and implementing NGOs (Arur et al., 2010; Sabri, Siddiqi, Ahmed, Kakar, & Perrot, 2007). A nationwide survey also found that the government BPHS had partially reached its goal of targeting the most vulnerable, including disabled people and members of female-headed and poorer households; these groups were indeed visiting health centres relatively more often than others. However, the study also

showed that such vulnerable groups still face considerable difficulties in using health facilities and that their out-of-pocket expenditures were higher than those of other population groups (Trani, Bakhshi, Noor, Lopez, & Mashkoor, 2010). The quality of health care provided to Afghan children aged less than 5 years has also improved (Edward et al., 2009). No data are available regarding the coverage of mental health services within the basic health care system although overall the access to basic mental health services has significantly improved (WHO, 2013).

Child and Adolescent Mental Health, Distress and Resilience

In this section, we review the existing literature on child and adolescent mental health (age ≤ 18 years) in Afghanistan. From May 2011 to August 2012, we conducted a comprehensive review of this literature, using online databases, PubMed and PsycINFO, with the following search terms: 'Afghan*' and 'child*' or 'adolescent' and 'mental' or 'psychosocial', in abstracts, titles or keywords and without a limit on date of publication. In addition, we searched available databases on Afghanistan, including published reports and unpublished studies presenting primary research data. We excluded literature unrelated to mental health or psychosocial support, and media reports or scientific publications focused solely on adults and/or Afghan refugees in high-income countries. We included, however, reports on Afghan child refugees in neighbouring countries such as Pakistan and Iran, given their cultural and socio-economic similarity to Afghanistan. We found a total of 43 publications suitable for full text review, and subsequently excluded 23 for not meeting the inclusion criteria or for reporting on data sets already included and retained 20 for full discussion (Table 5.1). After presenting their main findings, we contextualise these studies by drawing upon a much larger body of scientific publications; reports by the Afghan government, international agencies and NGOs; and media reports.

Psychosocial Distress

Decades of war and conflict have had a significant impact on health and well-being across almost all domains of children's lives, due to exposure to violence, pervasive poverty, ongoing insecurity, strained family relations, disrupted networks of social support, curtailed education and poor health. A 1998 needs assessment and situation analysis for child protection agencies in five provinces found that security and safety-related problems were the most important threats to child well-being and that support for families and caregivers was required to provide an adequate livelihood for their children (Sellick, 1998). In 2003, UNICEF and Save the Children published a qualitative study on the well-being of children in Kabul 2 years after the fall of the Taliban: *The children of Kabul*, *Discussions with Afghan Families* (De Berry et al., 2003). While children reported many disturbing past experiences, they were most worried by and preoccupied with ongoing, day-to-day threats and pressing concerns, such as the risk of becoming disabled due to landmines, unexploded ordnance (UXO) and traffic accidents, economic hardship and poverty, and problems and tensions in the family. Participants stated that poverty was a major source of the latter: parents worried about feeding, clothing and providing care for children, which took its toll on relationships within the family and also put extra pressure on children themselves. The study also highlighted children's difficulties stemming from the loss of and/or separation from family members, due to both deaths and disappearances during years of conflict and as a result of protracted illnesses or traffic accidents.

> My father died, and then I lived with my uncle and he died also, and then I lived with another uncle but he also died, and then I lost all my protectors (Focus group discussion with boys; De Berry et al., 2003).

> The main impact of war on children has been that they grew very afraid, also during the war no one could give good 'tarbia' to their children (Focus group discussion with mothers; De Berry et al., 2003).

Such findings are echoed in an unpublished survey in four districts in northern Afghanistan which assessed the psychosocial and mental

Table 5.1 A review of literature on child and adolescent mental health and psychosocial well-being in Afghanistan

Authors	Study design	Objective	Setting	Study population	Main findings and conclusion
Catani, Schauer, and Neuner (2008)	Cross-sectional survey	Establish the extent of cumulative traumatic and stressful experiences related to war and family violence in schoolchildren in Kabul	Urban district in Kabul affected by war and violence in the past	287 children (ages 7–15) from two schools in Kabul, 2005	In addition to multiple exposure to war- or disaster-related traumatic events, children also indicated high levels of exposure to family violence
Catani et al. (2009)	As above, see Catani et al. (2008)	See Catani et al. (2008)	See Catani et al. (2008)	See Catani et al. (2008)	Boys reported higher overall amounts of traumatic events, specifically domestic violence. Boys have higher rate of PTSD (26.1 %) compared to girls (14.1 %). Average of 4.3 different types of violent incidents at home. Child labour was a common phenomenon and associated with an increased likelihood of experiencing family violence for girls
De Berry et al. (2003)	Explorative study using ethnographic methods (key informant interviews, focus group discussions)	Identify well-being goals for children, threats to psychosocial well-being and existing coping resources	Kabul	321 children (ages 7–13) 116 children (ages 13–18) 215 parents	Afghan families considered their children's emotional and social development important, and highlighted the central importance of *tarbia*—obedience, manners and correct conduct—in their upbringing. Child well-being was dependent on the availability of opportunities for personal and social development, their personal characteristics and the immediate situation around them. Children in Kabul drew on many resources to cope with challenges; some coping mechanisms were found to be comforting in the present but to have potentially negative long-term consequences
Eggerman and Panter-Brick (2010)	Thematic analysis of responses to open-ended questions from children and caregivers in a stratified randomised sample of schools (see Panter-Brick et al. 2009)	Analyse how constructs of hope and suffering frame the life experiences of schoolchildren and their caregivers in light of reported stressors and professed solutions	See Panter-Brick et al. (2009)	See Panter-Brick et al. (2009)	Adults were primarily concerned with overcoming economic difficulties, while children prioritised problems in their learning environments as well. Education was perceived as the key to social and economic improvement of the family. Respondents derived hope from a sense of moral and social order embodied in the expression of key cultural values: faith, family unity, service, effort, morals and honour. These values form the bedrock of resilience, drive social aspirations and underpin self-respect and dignity. However, respondents also reported strong feelings of entrapment caused by a combination of economic impediments, social expectations and cultural dictates which frustrated the realisation of personal and social aspirations

Source	Method	Setting	Sample	Findings
Gupta (1997)	Cross-sectional survey with self-report questionnaires	Kabul during Taliban rule in 1996	Community sample (n = 310) of children aged 8–18 years	72 % had experienced the death of a family member between 1992 and 1996. 41 % had lost one or more parents because of the conflict. Nearly half had seen many people killed in rocket and artillery attacks. Over 80 % of the children indicated that they were often so sad that they felt they could not cope with events and felt that life was not worth living
HealthNet TPO (2008b)	399 structured questionnaires; 22 focus group discussions; 40 key informant interviews; 12 case studies	Four districts (Baghlan, Kapisa, Kunduz, Parwan)	School-age children, parents, teachers, community elders, traditional healers and health care staff	Moderate but omnipresent psychosocial problems, with 25 % of children indicated for some form of psychosocial support. Current stressors (poverty, social injustice, child marriages) reportedly cause most frequently reported problems (aggression, substance abuse, distress, disturbed peer relations, suicide attacks, family violence). Boys report more complaints than girls
HealthNet TPO (2008c)	Exploratory participatory assessment; individual interviews (n = 19) and 5 group discussions (n = 49)	Uruzgan Province in Southern Afghanistan	Local key informants (governmental leaders, formal and informal mental health care and psychosocial service providers)	Psychosocial concerns that were prioritised by participants included (a) domestic and family violence, (b) drug abuse, (c) general psychological symptoms, (d) poverty, (e) tribal conflicts and (e) malpractices in marriage customs. As child-specific psychosocial and mental problems respondents mentioned fear and anxiety, concentration problems, development problems and epilepsy
Hoodfar (2008)	Ethnographic research using participant observation, focus group discussions and key informant interviews	Urban areas in Iran (Mashhad, Tehran, Qom aged)	100 Afghan refugees (aged 12–18) in Iran (2001) 51 Afghan refugees (aged 12–18) in Iran (2002–2003)	Afghan girls and boys are not passive victims of circumstances but actively adopt strategies to deal with unwanted family dynamics (marriage, discrimination). Young Afghans seek to introduce fundamental changes into their families and communities often using the legitimate force of religion
Izutsu et al. (2005)	Cross-sectional study	Refugee camps in Pakistan in the early post-Taliban period	100 Afghan children aged 6–14	The majority of children showed signs of hopelessness, suicidal feelings and other mental health difficulties
Kassam and Nanji (2006)	Brief exploratory study using focus group discussions and key informant interviews	Afghan refugee camp in Karachi, Pakistan (1999)	61 participants (including adolescents)	Distress was communicated on a collective level. Mental illness was often equated with severe psychotic illness. Somatic symptoms were a common way of expressing distress. Social and community-based approaches that drew on natural coping strategies were recommended to improve mental health

(continued)

Table 5.1 (continued)

Authors	Study design	Objective	Setting	Study population	Main findings and conclusion
Loughry et al. (2005)	Quasi-experimental design	Develop instruments for child psychosocial well-being Compare psychosocial with non-psychosocial intervention	7 villages in Northern Afghanistan	267 children (8–14 years), 145 adults	Developed a culturally grounded, quantitative scale for assessing Afghan child psychosocial well-being. Quantitative data showed the non-psychosocial intervention had better outcomes for child well-being than the psychosocial intervention
Omidian and Papadopoulos (2003)	Questionnaires; interviews with teachers, students and parents; classroom observations	Compare impact in the classroom environment for teachers who received psychosocial training vs. those who did not	4 schools for Afghan refugees in Peshawar, Pakistan, November 2002	4 schools. Sample size of people interviewed is not mentioned	The attitudes of teachers who received psychosocial training had changed substantially. By helping teachers to better understand their own emotions and that of their students, they became better teachers. Their way of teaching was more relaxed, they exhibited patience, were more friendly and helpful and felt able to find out about the students' problems and to help resolve many of them
Panter-Brick et al. (2009)	Stratified random sample; interviews with children, caregivers and teachers	Evaluate mental health, suffering and trauma exposure among Afghan schoolchildren and their caregivers; assess multiple outcomes and triangulation across child, parent and teacher reports	24 schools in three provinces (Kabul, Bamyan, Mazar-e-Sharif), 2006–2007	1,011 male/female 11–16-year-old schoolchildren, 1,011 caregivers, 358 classroom teachers	Children's *most* distressing lifetime trauma included accidents, painful medical treatment and domestic and community-level violence, not just war-related events. Mental health outcomes were strongly associated with number of lifetime traumatic events and with caregivers' mental health status. Emotional problems were more prevalent than behavioural disorders. The research highlights the value of school-based initiatives to raise awareness of mental health, and to address wider issues of everyday suffering and resilience
Panter-Brick et al. (2011)	Longitudinal study; gender-balanced, stratified random sample, with follow-up 1 year after baseline, after Panter-Brick et al. (2009); interviews with children and caregivers	Examine 1-year mental health trajectories for multiple outcomes; assess the relative impact of risk and protective factors using individual, family and area-level variables	9 schools (Kabul)	234 male/female 11–16-year-old schoolchildren (64 % of baseline sample) and their caregivers	With the exception of post-traumatic stress symptoms, mental health outcomes improved in the absence of a targeted intervention. Family-level events such as traumatic beatings, stressful conflict and violence worsened mental health outcomes; improvements in family life and relationships had protective effects. Post-traumatic stress symptoms remained dependent on lifetime trauma exposure; by contrast, other mental health problems associated with intervening-year family-level violence rather than war-related violence

Study	Method	Aim	Location	Sample	Findings
Raj, Gomez, and Silverman (2011)	Open-ended interviews (N = 102)	Identify Afghan perspectives on the causes of and potential solutions to child and forced marriage	Religious leaders, police, teachers, Afghan staff of non-governmental organisations and government officials	Three major towns (Kabul, Jalalabad and Mazar-e-Sharif)	Informants reported recognition of the poor social and health consequences of child and forced marriage for mothers and infants. Recommended solutions centred on child marriage prevention; most informants felt little could be done for married girls
Sellick (1998)	Semi-structured interviews with convenience samples of children supplemented by focus group discussions with parents and adults working with children	Needs assessment and situation analysis for child protection agencies on the effects of conflict on children in Afghanistan	Urban and rural locations in five provinces (Kabul, Herat, Mazar-e-Sharif, Jalalabad, Kandahar)	500 children (aged 6–18) in five provinces	Security and safety-related problems were the most important threats to Afghan child well-being. Support to families and caregivers is required to provide an adequate livelihood for children. Agency assistance needs to be guided by local vulnerability analyses, with special attention to disability and gender
Slugget (2003)	Key informant interviews with senior staff	Situation analysis related to child sexual abuse in Afghanistan	Afghanistan (Kabul)	Senior staff in UN, NGOs	Cases of child sexual abuse are not made public, especially in the case of girls due to the high value placed on their virginity. There is strong social stigma directed at abused children, and such abuse brings shame upon their families
Smith (2008)	319 semi-structured interviews, 56 focus group discussions	Identify and understand stress factors and individual and societal attitudes regarding violence on children within the family	Urban and rural sites in four provinces (Kabul, Nangarhar, Bamyan and Herat), 2006–2007	More than 200 adult men and women from 61 different families	To some extent, domestic violence against children is an accepted way of disciplining children, although there is social disapproval regarding the use of violence; child abuse is seen as a problem, and mainly attributed to the inability of adults to control their anger
Trani and Bakhshi (2006)	Nationwide population-based survey with probability proportional to size sampling	Evaluate the prevalence of disability and access to public services for persons with disability	175 clusters in all 34 provinces	People of all ages in 5,250 selected households	2.7 % of all Afghans fulfilled the (strict) criteria for disability; among those aged 0–9 years, the figure was 1.4 %, rising to 2.4 % for the 10–19 age group. Over 20 % of Afghans share a household with a person who has a disability. Prevalence of severe learning disability was 0.26 % and of epilepsy/seizures 0.51 %. People with disabilities had higher levels of mental distress
Wessells and Kostelny (2002)	Semi-structured interviews and focus group discussions	Identify key risks and issues of child protection/ well-being; identify vulnerable groups	Northern Afghanistan in early post-Taliban period	200 children and 120 adults	Key issues affecting child well-being were landmines; protection and support for the most vulnerable; disarmament, demobilisation and reintegration (DDR); informal education; gender discrimination; and drug abuse. Vulnerable groups included ex-child soldiers; children who had been internally displaced, orphaned or separated from their families; children with disabilities; working children; and victims of sexual exploitation

health problems of 399 school-age children, and the perceptions of parents, teachers and other community stakeholders regarding them (HealthNet, 2008b). Gender discrimination and social injustice, unmet basic needs and poverty, continued insecurity and violence, and marriage-related issues were reported as causing children's psychosocial and mental health problems. While war and conflict-related traumatic events were commonly mentioned as a cause of psychosocial and mental health difficulties, structural socio-economic problems and recurrent stressors (mal-treatment of children by adults, domestic violence and traffic accidents) were also seen as contributing to much of the perceived distress of children.

More recently, a systematic survey of mental health, lifetime trauma exposures, daily stressors and social resilience was conducted with a random sample of 1,011 children and 1,011 caregivers in three areas of the country (Kabul, Mazar-e-Sharif and Bamyan; Panter-Brick et al., 2009). The qualitative component of the study featured a content analysis of responses elicited, in face-to-face interviews conducted in Dari and Pashto, regarding the main problems faced in daily life and the solutions envisaged. For both male and female caregivers, economic stressors were identified as the most significant day-to-day problem, while for 11–16-year-old boys and girls, stressors pertaining to education were the most significant. Afghan adults and children alike underscored the overriding importance of economic insecurity as 'the root of all man's misery', using the Dari expression *iqtisad kharab* ('broken economy') to label a state of socio-economic 'entrapment' (Eggerman & Panter-Brick, 2010).

Poverty led to overcrowding in the home, strained social relationships and domestic conflict. Economically frustrated men become 'ill natured' (*bad khalqi*), an expression denoting difficult, abusive or morally reprehensible behaviour. Violent behaviour at home was often attributed to *takleef asabi* ('a mental problem'). For example, one young girl expressed the linkages between economic frustrations, poor mental health and domestic violence as follows:

> My father's salary is not enough for us, he has tak-leef asabi and he beats us. If he finds a decent job then maybe he will calm down (Interview with a 16-year-old girl; Eggerman & Panter-Brick, 2010).

Coping and Resilience

For Afghan families, resilience to adversity is the cornerstone of survival and well-being, signifying emotional, social and economic fortitude in the face of war, displacement, social conflict, severe illness and crippling debt. As De Berry et al. (2003) showed, the emotional and social development of children is a paramount social and cultural issue. Among the most important prerequisites for child well-being were morality, respect, faith, positive feelings, good relationships and correct behaviour, as well as physical health—all values which would help one to cope with challenging life circumstances. Children saw that families adopted coping strategies that were effective in the short term but problematic in the long term: hiding the truth, overprotection, use of physical punishment, violence and taking revenge (De Berry et al.). Building on a similar understanding of emic representations of emotional and social priorities, Loughry et al. (2005) constructed a quantitative measure of children's well-being, consisting of several subscales to assess feelings, social relations and coping strategies, for use in NGO project evaluations of psychosocial interventions.

Six cultural values fundamental to upbringing, psychosocial well-being and fortitude were identified in Eggerman and Panter-Brick's larger-scale interdisciplinary study (2010):

1. Faith in Islam (*iman*) plays a fundamental role in framing life experiences in Afghanistan; it is a source of strength, perseverance and hope in the face of hardship and uncertainty, at both the individual and family levels. Faith helps individuals make sense of what happens to them; this can be articulated in expressions of resignation—an acceptance that all life proceeds from the will of God, and is ultimately beyond the control of the individual.
2. Family unity and harmony (*wahdat* and *ittifaq*). Afghan households and families attribute great importance to peaceful resolution of disputes within the primary reference group, and adherence of all members to consensus decisions.
3. Service (*khidmat*). A critical value in the Afghan cultural system is the ability to make useful contributions to the well-being of

others, to 'serve' parents, family, community and country. Failure to 'serve' can be a source of shame, and viewed as a sign of weakness in character.

4. Perseverance and effort (*koshesh*). In order to achieve a goal, one needs to be persistent. Children often stated that they could improve their lives through 'hard work and *koshesh*'.

5. Morals (*akhlaq*). This refers to cultural codes governing appropriate and morally correct behaviour, deference to parents and community elders, modesty in dress and comportment and good manners in day-to-day relationships.

6. Social prominence, respectability and honour (*izzat*). By fulfilling their parent's ambitions for them, by working hard, demonstrating good morals and serving others, children hope to achieve respect and social recognition.

These six cultural values underpin the sense of resilience in Afghan culture. They provide a moral framework to order experiences of suffering, as well as hope and the promise of a better life (Eggerman & Panter-Brick, 2010). Hope and resilience were closely connected:

> The only way to make life better is to be hopeful… If a person has hope, then he or she can work and acquire knowledge to make their life better (Interview with an Afghan mother; Eggerman & Panter-Brick, 2010, p.76).

This sense of hope centred on accessing the resources needed to create social and economic opportunities for one's family. Children went to school in the hope of advancing the economic situation of their household—and also bore the burden of such expectations. In this context, 'hope' was the bedrock of resilience as well as the crux of social suffering.

Indeed, there can be no simplistic understanding of promoting 'culture' as resilience or using 'hope' as a simple index of well-being. Efforts to adhere to cultural values often contributed to feelings of entrapment, for instance, when men married several wives to demonstrate their social standing, or when school attendance was interrupted so that boys could 'serve' the household economy, or to allow girls to be married off into another family. While faith is clearly central to resilience in Afghanistan (Kanji, Drummond, & Cameron, 2007), religious beliefs can themselves

be a source of suffering, and may encourage inactivity or even paralysis in dealing with adversity (Wessells & Strang, 2006). Feelings of entrapment led to considerable personal distress and social tensions, potentially reaching the point of violence and attempted suicide. Eggerman and Panter-Brick (2010) identified three forms of entrapment:

1. Poverty, overcrowding and other harsh socio-economic realities prevent people from demonstrating cultural values and meeting social obligations, individually or collectively.

2. Individual ambitions clash with expectations inherent in the values of morality, 'service' and 'family unity'.

3. Cultural dictates, particularly those surrounding marriage decisions and the social position of women in family and society, are themselves a cause of direct suffering.

Mental Health Disorders in Children

Rigorous data on the prevalence of child and adolescent mental health disorders in Afghanistan are scarce. The first large-scale epidemiological survey of common mental health problems was published in 2009: as mentioned above, this was a multi-stage random sample of 1,011 school-based children to assess adversity, experiences of trauma and life stressors, and resilience. Importantly, it included a multi-informant assessment (child, caregiver and teacher) of emotional/behavioural psychiatric difficulties and prosocial strengths, based upon *both* symptoms and impact on social life (across four domains of home, classroom, leisure and peer activities). It also included assessment of depression and post-traumatic symptoms, based on international instruments, and featured a combination of international and locally constructed scales (Miller, Omidian, et al., 2006) to assess caregivers' mental health (Panter-Brick et al., 2009). The instruments were validated, with Dari and Pashto translations copyrighted (http://www.sdqinfo.org). The survey showed that one out of five schoolchildren (22.2 %) met the criteria for probable psychiatric disorder, with girls two-and-a-half times more likely to have disorders than boys. Children who had suffered five or more traumatic events were

two-and-a-half times more likely to have a psychiatric disorder, as well as three times more likely to report symptoms of post-traumatic stress, than those who had experienced four or less. The study showed that caregiver mental health was correlated with the well-being of the children under their care: there was a 10 % increase in the likelihood of child psychiatric disorder for each and every symptom of psychological distress reported by caregivers.

A follow-up survey was undertaken in Kabul—but not in other areas of the country, due to logistical and security problems. This represents the first longitudinal survey of family-level mental health in Afghanistan, with follow-up data on 115 boys, 119 girls and 234 caregivers. The research aimed to test the extent to which individual-level, family-level and community-level exposures to adversity predicted a 1-year change in mental health outcomes such as psychiatric difficulties, depression and post-traumatic stress. It examined which aspects of violence and poverty were the most critical predictors of changes in child and adult mental health status, and conversely, which aspects of the family and community environment were the best predictors of mental health recovery (Panter-Brick et al., 2011).

The weight of the evidence indicates that even in a context of militarised violence, cumulative 'everyday' socio-economic stressors are critical determinants of mental health and well-being: these daily stressors impose a major burden on family relationships, triggering domestic violence, and were identified in this research as the main predictor of 1-year changes in mental health burden. Yet over the 1-year follow-up period, child and adult mental health outcomes improved for the cohort as a whole, for all measures except post-traumatic stress symptoms. This improvement occurred in the absence of a dedicated mental health intervention, or even better political and economic security. The follow-up pertained to Afghan families who had kept their near-adolescent children in school: in the context of Afghanistan, this was a significant expression of hope for socio-economic advancement and resilience to social and economic challenges—and continued school attendance was demonstrably associated with unexpected mental health improvements, for both children and caregivers in the study cohort.

Previous studies have generated a great deal of valuable contextual data on the extent of war-related deaths affecting children during the early years of Taliban control (Gupta, 1997), emotional despair and suicidal feelings in refugee camps (Izutsu et al., 2005), and the burden and war-related and domestic violence (Catani et al., 2009). However, these studies did not triangulate data from multiple informants, used nonvalidated questionnaires, and specifically looked for links between direct exposure to war-related violence and psychopathology. In a context where studies in conflict zones are increasingly common, several authors have warned that prevalence rates derived from trauma-focused psychiatric epidemiology are of limited value to community-based organisations working to promote mental health and psychosocial well-being (Bolton & Betancourt, 2004; Miller, Kulkarni, & Kushner, 2006; Rodin & van Ommeren, 2009; Ventevogel, 2005). Furthermore, recent evidence from conflict zones, including Afghanistan, has shown that in the genesis of mental health problems and psychosocial distress, war-related trauma does not necessarily outweigh the 'structural' daily stressors associated with the struggle to make a living. Even traumatic experiences, from the perspectives of children, are not solely contingent on war-related violence but are related to family-level and community-level violence—such as punitive beatings; disputes between relatives or neighbours; criminal acts, including robberies and stabbings; or physical harassment by local hooligans and/or police (Panter-Brick et al., 2009). Social stressors in the family-level environment are also demonstrably associated with biomarkers of stress such as immune competence and blood pressure, over and above other social and political factors reported as 'top stressors' in Kabul (Panter-Brick et al., 2008).

Self-Inflicted Injury and Suicide

Women and girls in Afghanistan have limited ways to 'protest' when they disagree with

decisions made about them, particularly in choosing a marriage partner or in controlling use of their time and labour. They may present with health problems at local clinics or hospitals simply because visits to health centres are often one of the few acceptable ways to leave the house, and because being ill draws attention to the seriousness of their malaise. In addition, Afghan teenage girls may seek resolve in self-injury, such as beating themselves severely when they are highly stressed (Mann, 2006; Omidian & Miller, 2006).

In extreme cases, women and girls may go as far as attempting suicide, often by burning themselves or by taking poison. A study carried out by the international NGO Medica Mondiale documented cases based on medical records at central hospitals in Kabul, Wardak and Herat provinces; this study found that girls as young as 12 years old had committed self-immolation, while girls aged 16–19 were particularly at risk. Forced child marriage and abuse from in-laws were among the most frequent reasons given to explain self-immolation, which often occurred after girls spoke out against the violence to which they were subjected or sought help in alleviating the violence (Medica Mondiale, 2007; Raj, Gomez, & Silverman, 2008). The high number of suicidal attempts among young Afghan women may be indicative of the difficulties they face in attempting to reconcile a 'modern' feminine identity with 'traditional' Afghan roles (Billaud, 2013). The United Nations news network IRIN quotes an 18-year-old girl receiving treatment for her burn injuries in a hospital in the capital, Kabul, four months after she was married against her will:

> I did not know how to end the misery of torture and daily beatings I got from my cruel husband. So I poured petrol on myself and set myself ablaze. I did not like him [the husband] even at the beginning… but there was no solution because I was married by my father. (IRIN, 2006)

There are no comprehensive statistics on the number of suicides in Afghanistan. However, anecdotal reports suggest the problem is significant (Tang, 2006), and there has been a concerted effort by the Afghanistan Independent Human Rights Commission (AIHRC) and other advocacy groups to address the problem (AIHRC, 2006a).

Drug Use

Afghanistan is the world's largest producer of opium and heroin, and the origin of more than 90 % of the heroin consumed in Europe and other countries. According to surveys by the United Nations Office of Drugs and Crime, Afghanistan is home to nearly one million problem drug users, roughly 8 % of the population between 15 and 64 years old (UNODC, 2009). An estimated 60,000 children are heroin users—approximately 0.7 % of the total Afghan child population (UNODC, 2005). Around 50 % of drug users in the north and south of the country are reported as giving opiates to their children (UNODC, 2009). Afghan folk traditions include the use of raw opium to alleviate common physical complaints, e.g. to suppress children's coughs and allow them to sleep. It is likely that the abundance of psychological stressors in overcrowded urban settings and among displaced populations with limited or no resources and social support networks fuels opiate use among those who previously only considered opiate use for medicinal or social purposes. These processes may disproportionately affect youth in urban settings (Todd, Macdonald, et al., 2012; Todd, Nasir, et al., 2012). In the Western town of Herat alone, there are some 2,000 drug-addicted children. One of them, 17-year-old Mohammad Zarif, told how he became addicted to opium while cutting poppy plants in nearby Farah province:

> I'm not happy that I'm an addict. But I can't stop - there is no treatment for me. There is no real employment, either, and I do anything I have to in order to get food and drugs. (Behnam & Afzali, 2006)

Vulnerable Subpopulations

Gender-Specific Risk Factors

The system of *purdah* separates the male domain from the closely regulated female domain. It is an important part of men's honour to protect a woman from outside influences. This protection results in a narrowly defined code of conduct and

far-reaching restrictions on female movements. Many men consider seclusion of women the only way to protect them. During Taliban rule the extreme isolation of women, in particular those in the cities who were confined to small apartments that they could hardly leave, led to considerable mental distress (Dupree, 2004; Rasekh et al., 1998). However, this 'purdah-related depressive state' is not only related to Taliban rule but engrained in Afghan society (De Jong, 1999). The position of women and girls is subject to rapid and sometimes dramatic change. Many women and girls who have lived in refugee camps in Iran or Pakistan have seen the relatively higher degree of participation of women in society, and have often had the opportunity to pursue an education (Hoodfar, 2008). The work of many NGOs and the new government to bolster the rights of women and girls has had a clear impact, but is also cause of considerable tension within families and communities. Attempts to explicitly link the position of women and issues such as domestic violence to mental health and the promotion of women's rights may in fact exacerbate the problem of domestic violence, since men will often simply not accept *purdah*-related stress as a possible source of female problems (Van de Put, 2002).

Interestingly, in the above-mentioned study of children in four northern provinces of Afghanistan (HealthNet, 2008b), boys reported higher levels of problems on most indicators (functional impairment, resources and coping, psychological difficulties, conduct problems, hyperactivity and peer problems). No significant differences were found for post-traumatic stress and depressive symptoms. The counter-intuitive finding that boys report more problems than girls may be explained by a greater exposure of boys to contextual stressors—they enjoy more freedom of action, are more mobile and are more likely to be employed in work environments that may expose them to abuse. It may also be that they are more willing to express complaints in a research context. We should therefore be careful not to underestimate the problems that boys face, particularly in rural areas.

Girls in Early or Forced Marriages

By custom, marriage occurs at a young age, although among educated people, the wedding is often postponed until the completion of school. The legal minimum age for marriage is 16 years; however, the Afghan Ministry of Women's Affairs reports that an estimated 57 % of girls are married before the age of 16, with a mean age of marriage of 17.8 years for women and 25.3 years for men (MOWA, 2008). Several thousand girls in Afghanistan are married as early as 10 years of age. Forced marriage was estimated to be the norm rather than the exception, reportedly accounting for between 60 and 80 % of marriages (Afghanistan Human Development Report, 2007). In a survey among 102 Afghan NGO workers, government officials, religious leaders, police officers and teachers, most acknowledged the detrimental social and health outcomes of these practices for mothers and infants, and advocated for child marriage prevention; however, the consensus was that little could be done to assist girls who were already married (Raj et al., 2011).

In a study carried out in Kabul, many young girls raised serious concerns about early marriage, saying that they were not prepared for pregnancy (Slugget, 2003). An 18-year-old mother of four, who was married at age 13 to a 59-year-old man as his third wife stated:

> My husband is too old; he cannot work and cannot bring anything like brush or anything for us. My husband's first wife died last year in child birth, the other wife is not well. So now, at 18, I take care of all these children, four of mine and five of theirs. (FIFC, 2004)

After marriage a girl will usually move to the husband's family. An important and often conflict-ridden relationship is that of the newly married woman and her mother-in-law. Sometimes two families exchange girls, with each marrying a son from the other family, in order to avoid dowry costs or the division of inheritable property, particularly land holdings. The decision to exchange girls between two families is often made when the children are still young, sometimes even immediately after birth; thus, in most cases, the

girl has no influence on the arrangement. Such *badal* marriages may strengthen the ties between families, and in this respect they provide support and protection. However, they also increase the vulnerability of the women involved; for instance, if a husband mistreats his wife, her relatives may take revenge on his sister, who was married into the other family and lives in their household.

In Pashtun custom, violent crimes (such as murder) can at times be settled peacefully through a decision by the tribal *jirga* (council) that a girl from the perpetrator's family or clan be given in marriage to someone from the victims' family (Medica Mondiale, 2007). The girls who are involved in these practices (known as *baad*) often suffer maltreatment and abuse, which they have no means to resist. The prevalence of these exchanges has not been quantified, nor are they permitted under Afghan state law. Nevertheless, a recent report on 'traditional' justice mechanisms acknowledged the continued existence of the practice while characterising it as 'an exception—not a norm' and pointing out that its acceptance as a vehicle for the settlement of disputes varied between areas of the country, being altogether prohibited by some groups (Afghanistan Human Development Report, 2007).

Child Labour

The law on labour in Afghanistan stipulates 14 years as the minimum legal age at which children can be employed; employment of children aged 13 as apprentices is also permitted. The most recent available report on working children from the AIHRC showed that in fact a considerable number of children under the age of 13 were employed or required to work by their families, often for long hours, and at the expense of attaining an education (AIHRC, 2006b). A subsequent AIHRC study of children aged 5–18 in predominantly rural areas found that just over half were working (AIHRC, 2007a).

Child labour is also common among children who are able to attend school. In their 2006–2007 study of 11–16-year-old children attending randomly selected schools in Kabul, Bamyan and Mazar-e-Sharif, Panter-Brick et al. (2009) found that two in ten were working outside school hours in low-wage or unpaid occupations. Paid work included peddling low-value goods (e.g. glasses of water, plastic bags, toilet paper) on the street, weaving carpets and working as apprentices (for car mechanics or tailors) for less than $1 US a week; unpaid work included tending market stalls and working in family-run shops, restaurants and other enterprises. Catani et al. (2008) found that—in two schools in Kabul—39 % of schoolchildren aged 7–12 (49 % of the boys vs. 29 % of the girls) reported daily work. On average, children who were compelled to contribute to the family's income generation worked 6.7 h/day (SD = 3.01) with a range of 1–13 h/day.

Child labour is often linked to family poverty. For children who do not attend school, child labour is likely to be more prevalent, particularly in rural, farming areas, where children are often called upon to participate in farm labour, or in larger cities, where children may work on the streets to contribute to family income (UNICEF, 2005). Forms of child labour amounting to indentured slavery can be found in carpet-weaving workshops, brick factories and car repair establishments (Dupree, 2004).

Child Soldiers

A rapid assessment by UNICEF in 2003 found an estimated total of 8,000 combatants under the age of 18 in Afghanistan. A programme for Disarmament, Demobilisation and Reintegration (DDR) was set up for child soldiers, and in 2007 more than 5,000 former child soldiers participated (Coalition to Stop the Use of Child Soldiers, 2008). The programme worked with NGO partners who developed community programmes to provide education, life skills and vocational training, and psychosocial support (Wessells, 2006). In some areas, demobilised child soldiers have returned home, but have faced problems reintegrating in the absence of vocational training and psychosocial support (HRW, 2004). Some critics of this programme have argued that child soldiers do not appear to have more psychological prob-

lems than children who have not been associated with armed militia and recommend that the DDR programme for children should be combined with the programme for adults (Chobrok, 2005).

Children with Disabilities

Children with Physical Disabilities. The high level of malnutrition, birth complications, accidents and untreated medical conditions in Afghanistan gives rise to high numbers of disabled children. According to the most recent, carefully conducted survey by Handicap International (2005), there are an estimated 196,000 school-aged children with disabilities in Afghanistan; less than one in four of them attend school. Children with disabilities have traditionally been seen as less worthy of social investment, which leads to exclusion of disabled children from services (Turmusani, 2004). Disabled children and adults also show more signs of mental distress than others (Bakhshi, Trani, & Noor, 2006). Increasing access to education in Afghanistan over the last decade has not significantly reduced the marginalisation of children with disabilities (Trani, Bakhshi, & Nandipati, 2012).

According to the United Nations Mine Action Centre for Afghanistan (UNMACA), Afghanistan has one of the highest landmine casualty figures in the world. About 70,000 Afghans have either been killed or disabled by landmines in the past two decades. Children are especially vulnerable to injury from these weapons, often in the course of performing everyday chores such as gathering wood, tending livestock and collecting water for their families. While overall annual figures for new mine victims are decreasing, the number of victims under 18 years is increasing (ICBL, 2007). In addition, UXO is easily mistaken by children for a toy or an interesting object to investigate. In a study in Kabul in 1995, roughly 85 % of all UXO victims were children (Save the Children USA, 2003).

There is no systematic research on the mental or psychosocial consequences of injuries due to landmines or UXO on children in Afghanistan. The effects are assumed to be profound as illustrated in this quote from a report by Save the Children on the subject:

> I feel miserable. I can't play football with my friends anymore or help my mother bring up water from the well. Why has this happened to me? I am so disappointed with my life. I don't understand why this has happened. (10-year-old Ali; he lost one leg while the other was severely injured.)

Children with Intellectual Disabilities. A nationwide epidemiological survey on disability found a point prevalence of 0.11 % for learning disabilities (Trani & Bakhshi, 2006). The case identification was through self-report by family members, who were asked if there was a member in the household who had delayed/slower speaking ability or delayed walking/mobility development compared to other members of the family, or who demonstrated behaviour that did not correspond to their given age. In neighbouring Pakistan using a less restricted definition, the prevalence of mental retardation was found to be considerably higher than in industrialised countries: nearly one in 50 children had severe mental retardation and one in 15 mild mental retardation (Durkin, Hasan, & Hasan, 1998). Many of the risk factors for mental retardation in the Pakistan study are present in Afghanistan: perinatal difficulties, consanguineous marriages, high rates of neonatal infections, postnatal brain infections (cerebral malaria), malnourishment of pregnant women and young children, and head trauma. The difficult living conditions faced by many Afghan families, including poor nutrition, hygiene and health care, lead to many developmental problems in children. Excessive numbers of infants are born with congenital abnormalities, which are probably the result of maternal malnutrition during early foetal development. Developmental milestones are significantly delayed for many Afghan children (Miller, Timouri, Wijnker, & Schaller, 1994; Prasad, 2006).

Violence Against Children

Domestic Violence Against Children. In Afghanistan violence in families is widespread, and beating children is, in general, not consid-

ered immoral when it is not excessive. The Afghan Independent Human Rights Commission (AIHRC) has drawn attention to the high level of domestic violence reported by children in both rural and urban areas. In one study, over half of the children interviewed by AIHRC reported experiencing physical violence at home; the report authors also point out that as many children were worried about answering the question, rates of domestic violence are likely to be under-reported (AIHRC, 2007b). In her study of children in two schools in poor neighbourhoods in Kabul, Catani et al. (2008) found that while 39 % of respondents had directly experienced war-related events, 10 % reported having suffered at least one injury due to maltreatment at home. Children had experienced an average of 4.3 different types of domestic violence, with most children reporting three or more event types. Predictors of domestic violence included a history of experiencing war trauma, family size, engagement in child labour and poverty.

Smith (2008) interviewed Afghan adults about their views on and experience of violence against children in the home, and found that they identified two distinct categories: violence used as a means of disciplining children and violence resulting from adult anger, stress or frustration. In the communities where the research was carried out, violence towards children by family members is accepted and widely practised. Much violence directed at children relates to how the adult is feeling, with adults under stress venting their anger on their children. Many people would be keen to adopt nonviolent means for disciplining their children but do not know how:

> Beating children also is not good. When I had my first daughter I beat her a lot when she was very small but now I know that we should not beat children because they do not understand. So parents should not beat their children. But when my husband fights with me and I'm angry I beat my children. And when I'm tired from doing housework I beat my children very hard if they do not listen to me. Once I had washed the clothes and it was three thirty and I was very tired. My husband had been doing construction work at home. When I finished the clothes and without giving me any break to drink tea, he asked me to cook food for dinner. I said ok after having some tea I will cook. But he

didn't listen to me and asked me to cook food now. I became angry and did not say anything to him. At the same time my son came to me and I asked him to wash his face, I told him to take water and wash his face but he didn't listen to me and asked me to do it. I was angry with my husband, but I couldn't say anything to him so I took a big stone and I threw it at my son and shouted to him, do what I am telling. I am not your servant. Unfortunately, the stone broke one of his teeth and his mouth was bleeding. (Mother of a six-year-old son; Smith, 2008: 51)

Women in the large-scale study by Eggerman and Panter-Brick (2010) recounted similar experiences of becoming violent due to frustration with their circumstances:

> My husband is a driver, but he doesn't own the car he drives, so he has to give a large part of what he earns to the owner. We have to share a house with four other families, we live in the separate rooms of the house and it's difficult. My mind gets weaker and weaker, and I get upset and beat the kids. Yesterday I beat my daughter, then I felt bad about it and slapped myself on the face. (Woman, aged 28; Eggerman & Panter-Brick, 2010:75)

Prospective data, from a baseline and follow-up study, have most clearly shown the impact of domestic violence on child mental health: while cross-sectional data only point to associations between variables, longitudinal data can assess the relative causal impact of different types of violence and socio-economic stressors. In their follow-up study, Panter-Brick and colleagues concluded that violence inside the family was the most critical predictor of mental health trajectories, even in the context of exposure to extraordinary levels of collective violence (Panter-Brick et al., 2011; Panter-Brick & Eggerman, 2012). The quality of past-year family relationships was key to changes in depression and other psychiatric difficulties: domestic violence (reported as stressful), severe beatings (reported as trauma) and family conflict predicted worse outcomes, while family 'harmony and unity' (Dari: *ittifaq* and *wahdat*)—a sense of family cohesion and connectedness—predicted better outcomes. By contrast, exposure to militarised violence had no discernable impact on mental health changes over the period of study. Thus family environments

may outweigh collective violence in predicting psychiatric burden, including depressive symptoms (but not post-traumatic stress, for which lifetime trauma exposure trumped all other risk and protective factors). Family relationships are also central to developmental resilience, as evidenced by better-than-expected prospective mental health outcomes.

Sexual Violence Against Children. In Afghanistan it is very difficult to find information on sexual abuse of children. Most information is from press reports or anecdotal accounts as no official statistics are available (IRIN, 2007, 2008). Sexual abuse against a child is considered an offence against the honour of the family and not specifically a crime against the child itself (Slugget, 2003). Among Afghans, child abuse is thought to affect boys more frequently than girls, as the latter are supposed to be protected within the safety of their homes; abuse of girls is therefore a particularly 'taboo' subject, and hidden within the family.

Worldwide, marriages involving underaged girls show higher rates of mother and child mortality, due to problems during labour, miscarriages or unsafe abortions, and also higher risk for infertility in the mother and disability for their infants (WHO, 2009). Medical reports in Afghanistan suggest that reproductive health problems of young women constitute a health burden, with case reports of girls as young as 12 years presenting with vaginal and anal bleeding resulting from early consummation of marriage (WCRWC, 2002).

In Afghanistan, the unavailability of female sexual partners for men outside of marriage seems to provoke the use of young boys as sexual partners. In a cross-sectional sample of 4,750 men (ages 18–35) in the recruitment process for the Afghan National Army, 18.3 % reported having had sexual relations with boys. Very few of them (2.6 %) reported ever using condoms in such contacts (Todd, Macdonald, et al., 2012; Todd, Nasir, et al., 2012). Traditionally, the 'keeping' of handsome boys is a marker of status and prestige for men. The practice visibly continues today, with militia commanders and other important leaders accompanied by teenage 'tea boys,' and truck drivers by a young assistant referred to as a 'wife'.

Khan (2009) reports the story of a boy whose father died when he was 5 years old, and whose mother remarried and sent him to live with his grandmother; the latter asked him to collect wood to sell in order to contribute to her household income:

> Some people were giving me money and started to sexually use me. I was happy with that because it was the easiest way to have money for my grandmother. Now it is my business, even if it is shameful. If there is another alternative, I will stop it. (Schoolboy in Kabul; cited in Khan, 2009)

Severe sexual violations against boys are thought to be most common in south and southeast of the country (FICF, 2004) but are also well known in the north. There is also evidence of young male adolescents being systematically exploited and sexually abused by tribal leaders, militia commanders or other powerful men, as part of a practice known as *bacha bazi* [lit. 'playing with boys']. Often poor and orphaned, these boys are bought by older men to dance at parties, and are sexually abused by them afterwards; such gatherings also serve as marketplaces, with good-looking boys being traded by their 'owners' for money. In 2008 the US Department of State Bureau of Democracy, Human Rights, and Labor concluded that 'child abuse was endemic throughout the country, ranging from general neglect, physical abuse, abandonment, and confinement to work in order to pay off family debts,' and that 'sexual abuse of children remained pervasive' (USDS, 2008).

Children in Detention

The majority of children in detention are male (75 %), and a significant number are in custody for minor offences or are illegally detained (AIHRC, 2008). Children face jail for 'moral' offences, such as sodomy or adultery for boys, and running away from an oppressive home life for girls. For adults in the prison system, torture is reported as routine procedure, particularly to gain a confession. Conditions in government jails are poor, and there is a lack of adequate legal representation for children, as well as a history of corruption in the judicial process. Moreover, children—particularly boys—are likely to experience violence when arrested (AIHRC).

Services to Assist Afghan Children and Youth

Psychosocial well-being of children can be affected by traumatic events and by daily stressors. Traumatic stressors may include war-related events, but also family conflict and community-level violence not directly related to war (Panter-Brick et al., 2009). Daily stressors consist of social and economic hardships in everyday life, related to physical ill health, malnutrition, crowding, unemployment, low wages, illiteracy and gender-based discrimination including domestic violence, social isolation and barriers to equitable access to health, educational and vocational resources (Arntson, 2001; De Berry et al., 2003; Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008; Omidian & Miller, 2006). Thus, the call from public health advocates for a population-based, youth-focused model, which explicitly integrates mental health with other health and welfare initiatives in low- and middle-income countries (Patel et al., 2007), is highly relevant for Afghanistan.

Successful mental health and psychosocial support programming in Afghanistan has to take into account the complex political, socio-economic and cultural situation of the country. It is hard to build sustainable systems of care, and in Afghanistan this requires taking community variation into account in the design, implementation and evaluation of programme initiatives. It requires collaboration with organisations and groups at community and district level, and with formal structures such as ministries and programmes at national and provincial level. Interventions have to address huge gaps between national-level policies and local priorities in the lives of ordinary people. Community relations with the outside world and regional political elites are often mediated through personal relationships with powerful decision-making 'key figures' at the national level. Until these higher-level elites are willing to allow transformation of existing power relations, it will be difficult to change social systems where change is required to meet the goals of quality and equity in access to basic services, and the effectiveness ability of programmes will be limited. Given this situation, a step-by-step approach and a willingness to work with existing community-based and governmental structures is required. Effort must be put into the creation of networks and the nurturing of collective action to improve the lives of Afghan children and their families.

Several organisations provide services for Afghan children; however, existing initiatives are fragmented, and many extant programmes are in the embryonic stage at best. Such efforts are often initiated and run by international NGOs and reach relatively small numbers of targeted groups; they may not be firmly rooted in Afghan social structures and may not prove to be sustainable. International consensus documents such as the IASC guidelines on mental health and psychosocial support in emergency settings (IASC, 2007) recommend that services must be connected within a multi-layered support system, in order to cater for a range of people affected in different ways who may require different kinds of mental health and psychosocial support (Fig. 5.1). We will provide an overview of existing initiatives in terms of this framework of interrelated services.

A small percentage of people experience intolerable suffering and have significant difficulties in daily function; they would need access to clinical, psychological, psychiatric or other highly specialised supports. A majority of people manage to cope with difficulties and distress through access to local, non-formal support systems bolstered by the re-establishment of adequate security, governance and services that meet basic survival needs. In between these extremes are people affected by disruptions in key family and community support networks, who will benefit from efforts such as tracking down missing family members and effecting a reunification, communal healing ceremonies, formal and non-formal education, livelihood activities and the strengthening of hope and social capital (Jordans, Tol, Komproe & de Jong, 2009; Jordans, Tol, et al., 2010; Wessells & Van Ommeren, 2008).

Layer 1: Basic Services and Security

The most important interventions to improve mental health and psychosocial well-being for

Intervention pyramid
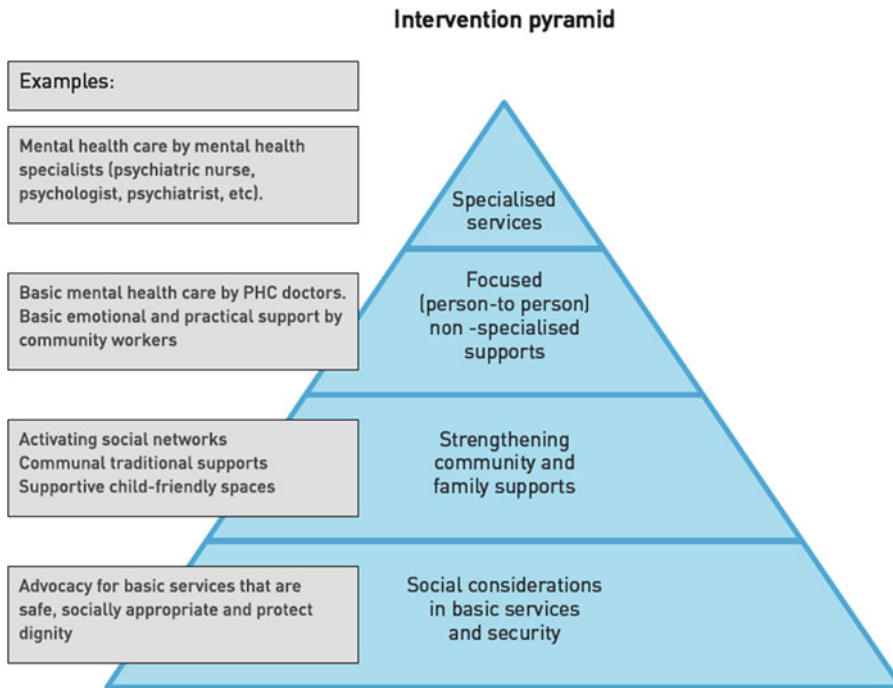
Fig. 5.1 Intervention pyramid for mental health and psychosocial support (IASC Reference Group MHPSS, 2010)

Afghan children and youth have apparently nothing to do with psychosocial support and mental health care. The best guarantee for improved mental health status is the normalisation of living circumstances and the alleviation of severe problems resulting from poverty and insecure livelihoods. Programmes to promote income generation and reduce children's workloads will have direct beneficial effects on children and their families. The development of infrastructure, health and educational services are important elements of the reconstruction of Afghanistan, as well as initiatives that bring together youth, local communities and stakeholders to increase general child safety, as exemplified by demining and road safety campaigns (De Berry, 2008).

Example: *Building water wells improves psychosocial well-being*

An important impediment to healthy psychosocial development is ongoing violence and political instability. The continued violence between anti-government insurgents and pro-government forces, including foreign military troops, prevents a normalisation of life for many Afghans. In particular, attacks by Taliban on schools catering for girls and other public services for women increase the sense of insecurity among the population. Loughry et al. (2005) present a salient illustration of the importance of providing basic needs to improve psychosocial well-being. Using a quasi-experimental design, the project compared the effects after 9–14 months of a 'psychosocial' intervention, consisting of child-centred spaces and activities facilitated by Child Well-Being Committees (described below in layer 2) with an intervention to improve basic services: a water sanitation programme consisting of the construction of wells using a participatory process. A questionnaire-based measure indicated that the water intervention had greater impact on children's well-being than the psychosocial intervention.

Layer 2: Community and Family-Level Support

The second layer represents services to enable people to maintain good mental health and psychosocial well-being by accessing key community and family support (Van Mierlo, 2012). In the Afghan context, appropriate activities for children and youth might consist of promoting alternative disciplining techniques and providing child-rearing support. Examples include awareness-raising workshops for parents, teachers or local religious leaders, involving adolescents in meaningful activities to prevent substance abuse, training community members to better provide psychosocial support, and discouraging child abuse and maltreatment, social exclusion, gender discrimination and domestic violence. Further options include the activation of social networks through youth clubs or the development of recreational spaces to provide opportunities for sharing experiences and mutual learning. A similar approach is the promotion of 'child-centred spaces', places where children who have often lived with war all their lives can resocialise through play and education in the norms and values of peaceful Afghan society (Snider & Triplehorn, 2003). We give two examples of interventions offering community-level and family support undertaken in Afghanistan:

Example: *Child Well-Being Committees*, *giving children a voice in decision-making*

Since 2002, three major international NGOs (Child Fund Afghanistan, Save the Children USA and International Rescue Committee) formed the Consortium for the Psychosocial Care and Protection of Children, with the objective to 'improve, in a sustainable manner, the psychosocial well-being and development opportunities of Afghan children, enabling primary and secondary stakeholders to cope better with the effects of a poverty-stricken, protracted conflict environment through participatory, community-based programming' (USAID/DCOF, 2007). The backbone of this approach is the establishment of Child Well-Being Committees, consisting of a mixed group of children, adolescents and adults

that aim to mobilise, monitor and guide child protection efforts. The committees address a variety of issues relevant to children such as health and hygiene, child protection, parenting skills and monitoring the protection of vulnerable children in the community. During evaluations in 2005, children felt safer, went to school more often, made friends with children from other ethnic groups and—according to their parents—exhibited better behaviour (Loughry et al., 2005). A 2006 follow-up revealed significant changes in children's self-reported behaviours: negative behaviours such as fighting with and hitting other children declined. In remote Faryab province, girls reported a dramatic increase in their ability to speak up in a group. This finding was corroborated by reports from community members, one of whom described the children as follows:

> They are aware of their rights. They know things in the right ways. They are able to prepare songs and poems and [know] how to gather information about the problems in the community. The change is positive. Children share information with other children and attempt to have the other children involved in the activities. Children will know what to do when they are adults, how to resolve problems and to allow children to participate (Women's Community Committee Member; USAID/DCOF, 2007).

Example: *Promotion of physical education and play in schools and communities*

The NGO 'War Child Holland' implemented psychosocial activities in schools and in communities throughout Herat and Kabul (Ventevogel, van Huuksloot & Kortmann, 2005). A component of this programme was getting non-school-attending working children back to school. Communities are encouraged to develop children's clubs as a means through which issues affecting children could be identified, explored and addressed through subsequent advocacy campaigns. The programme used community-relevant indicators related to social change, such as increased opportunities to meet peers and escape from isolating and monotonous home-based activities, improved balance between work-related responsibilities and leisure activities, less violent games (which often trigger

memories of conflict), more positive interactions between children, the understanding and acceptance by adults of children's right to play, and the importance of play for child development and well-being. A 2006 evaluation of the school- and community-based work found that there has been an increase in parent's support for children's play and learning. Girls in particular had received increased support from adults to play and attend school; many girls had not been permitted to play before. The attendance of girls and working children in learning activities was seen as a clear expression of increased support, as some of these required a small fee from parents for participation. As one mother stated:

> I have five daughters and they are all involved in the NGO activities. They are in different courses and they are learning things like tailoring and English. We have an activity now. We did not have any when we were in Iran, because they looked down on us because we are Afghans. Now I am happy that my daughters can learn things that I could not. We want to open first aid and beauty classes. We are also learning table tennis (Woman in Herat Province; report by War Child Holland, 2007).

Layer 3: Focused Nonspecialised Supports

The third layer consists of focused support for people who require individual, family or group interventions by trained and supervised workers who are not necessarily specialists in mental health and psychosocial support. Interventions within this layer can include a system of caseworkers who provide psychosocial support to families and individuals. In Afghanistan, HealthNet TPO has developed community-based psychosocial work using para-professional psychosocial workers as the backbone of the service (HealthNet, 2008a). Structured psychosocial group interventions for children and youth with symptoms of moderate distress have not been documented for Afghanistan, but there is some evidence for its effectiveness in other settings (Bolton et al., 2007; Jordans, Komproe, et al., 2010; Jordans, Tol, et al., 2010; Tol et al., 2008). Organising such services requires a long-term commitment by skilled helpers to

ensure appropriate follow-up support, ongoing training and supervision. Omidian and Lawrence (2007) describe how they use 'focusing' self-therapy—a therapeutic technique of 'bringing attention to the body in a gentle, accepting way and becoming aware of felt sensations, leading to insight, physical release and positive life change'—which connects well with the rich Afghan heritage of Islamic Sufi philosophy and Farsi poetry.

Example: *Helping school teachers to provide psychosocial support*

In Afghanistan many teachers have no notion of teaching beyond academic instruction and lack the necessary skills to promote the social and emotional development of children. Organisations such as Save the Children USA and UNICEF have made an effort to integrate training on psychosocial support into the primary school teacher curriculum. With approval of the Afghan Ministry of Education, a training module was developed on how teachers could offer psychosocial support and take measures to protect children. The module aimed to help teachers integrate traditional Afghan coping strategies for promoting emotional well-being into their work. The Ministry of Education prepared and distributed the training package to all primary school teachers in Afghanistan (De Berry, 2004). Similar approaches have been taken to train teacher in psychosocial wellness models and to enable them to provide improved psychosocial support to children in the classroom (Omidian, 2012; Omidian & Papadopoulos, 2003).

Layer 4: Specialised Services

The pyramid's top layer represents specialised interventions required for a small percentage of people with severe psychological complaints or mental disorders. Appropriate interventions include services to treat substance abuse in adolescents, and the identification and treatment of severely depressed children. Afghanistan does not have specialised services for child psychiatry or child psychology (Ventevogel, Nassery, Azimi, & Faiz, 2006; Rahimi & Azimi, 2012).

Institutional mental health services hardly exist, with just one national mental health hospital and four psychiatric wards in general hospitals. The proportion of child and adolescent users of these mental health services is low (WHO-AIMS, 2006). Given the extreme scarcity of Afghan mental health professionals and limited financial resources, the establishment of specialised mental health services for children in the country still has a long way to go.

The World Health Organization advocates the inclusion of mental health services within existing primary health care services (WHO, 2008). This entails training health care workers to identify mental, neurological and substance use disorders, installing a system of clinical supervision and regular medication supply, and promoting awareness-raising activities in communities. In Afghanistan this approach has been developed by NGOs such as HealthNet TPO in eastern Afghanistan and the International Assistance Mission (IAM) in the western provinces around Herat (Ventevogel et al., 2012; Ventevogel, Faiz, & van Mierlo, 2011; Ventevogel & Kortmann, 2004).

Afghan NGOs such as Windows for Life (WFL), Humanitarian Organization Supporting Afghans (HOSA) and Medica Mondiale provide psychosocial services through psychosocial counsellors who have had intensive training in a variety of counselling techniques and are extensively supervised. These services are not specifically geared towards children and adolescents. A recent randomised control trial among Afghan women ($n=61$), diagnosed with poor mental health symptoms by local physicians, compared the impact of routine medical treatment (treatment as usual) with psychosocial counselling (for 5–8 sessions) following a purposively developed protocol. At 3-month follow-up, the patients who had received psychosocial counselling showed a drastic decrease in symptoms of depression and anxiety and an enhancement of coping strategies, while no such improvements were seen in the control group (Ayoughi, Missmahl, Weierstahl, & Elbert, 2012).We may conclude that adding psychosocial services into the basic health care services of Afghanistan has proven to be both feasible and effective. Yet there is still a long road ahead, despite the impressive progress made to date with

regard to the provision of mental health services in Afghanistan (WHO, 2013). One specific priority is tailoring mental health and social services to the needs of children and adolescents.

Conclusions

This chapter has provided a focused study of research and intervention efforts related to child mental health and well-being in Afghanistan. We reviewed the structural adversities that challenge Afghan children and adolescents, in terms of war, displacement, poverty, widening inequalities, social expectations and restricted opportunities for education and health care. We reviewed the evidence base for psychosocial distress and mental health disorders, emphasising the importance of family dynamics and the capacity for resilience. A fundamental take-home lesson from Afghanistan is that the family is a central institution shaping child health and well-being—in terms of both everyday distress and everyday resilience. Six fundamental cultural values—faith (*iman*), family unity and harmony (*wahdat* and *ittifaq*), service (*khidmat*), perseverance and effort (*koshesh*), morals (*akhlaq*), and respectability and honour (*izzat*)—underpin the sense of resilience in Afghan culture. These key values provide a moral framework to make sense of suffering, regulate social behaviour, maintain a sense of hope and human dignity, and give a sense of coherence to past experiences and future aspirations.

A second key point is that family relationships and cultural values are themselves a driver of poor mental health, where war, poverty and discrimination steal away the wherewithal to realise economic and social milestones. Family relationships become marred by conflict, while ambitions to adhere to cultural values are frustrated by dire poverty or powerlessness—this drives ordinary people into a sense of entrapment, especially with regard to cultural dictates governing reproductive and economic decisions. Such drivers of psychological distress and social entrapment are especially relevant for children who are forcibly married, children in forced labour, children with physical or intellectual disabilities, children who face domestic or sexual violence, and children

using illicit drugs or resorting to self-injury. 'Everyday stressors', rooted in poverty and violence, generate lasting psychological distress in children and adolescents, over and above the more dramatic forms of trauma associated with the brutality of war.

The implication of such research findings is that structural injustices in Afghanistan (including gender and ethnic discrimination, lack of stable employment opportunities and exposure to violence) need to be addressed through a multilevel system of interventions that cuts across sectors of health, education, employment and social work. Indeed, with respect to child mental health, policy-makers, researchers and practitioners have begun to move well beyond a primary consideration of the acute negative impacts of war-related violence. Efforts to design integrated, effective and equitable access to basic health, social and economic services are still fragmented, but there is a sense that real progress has been made to date, and that formal evaluation of concrete initiatives will provide an important next step towards the consolidation of basic service provision. Because education is often perceived as the gateway to social and economic success, and because Afghans often express hope in the future in terms of social prominence and economic milestones, initiatives to improve the quality of education are crucially important. Other interventions have focused on livelihoods and community governance, such as building wells and establishing child-centred spaces. Yet other programmes have been concerned with fostering community-based psychosocial support, including training psychosocial workers or group interventions based on therapeutic techniques such as focusing. This is a rich tapestry of interventions but one that needs better integration in existing systems in such a way that sources of resiliency are strengthened rather than undermined.

The best way forward is to answer to the simple logic of a pyramid structure with interconnected layers of interventions: the bottom layer of the pyramid encompasses initiatives for equitable access to broad-based services such as health care, education and shelter. The middle layers of the pyramid focus on activities aimed to strengthen coping and resilience in families and local communities, and initiatives that enable community-based health workers and teachers to assist children who present psychosocial problems that cannot be handled with simple family or community support. Specialised *clinical* interventions, constituting the very top of the pyramid, target children and adolescents with severely disabling mental disorders and substance use disorders, who cannot be adequately supported within other layers of the service system.

We believe it is essential to view services provision within such a broad perspective to ensure that culturally relevant interventions to improve mental health and psychosocial well-being encompass efforts to build resilience, rather than just focus on at-risk groups of children. Building resilience in Afghanistan entails strengthening families and communities, addressing the main factors which weaken helpful social ties: poor governance, economic and political insecurity, severe overcrowding, recurrent domestic violence and unequal opportunities for education and advancement. We therefore call for broad community-oriented approaches to address issues of mental health and psychosocial well-being, giving specific attention to the physical needs and social aspirations of children and adolescents. To be successful, such initiatives are best embedded in a multi-sectoral approach that addresses larger issues pertaining to poverty reduction, environmental safety, quality health and education, family dynamics and stability of governance, livelihoods and social structures—a matter of securing a stable future and dignity at the most crucial social level, that of the family.

Summary Points

- The study of psychosocial distress in children and adolescents in Afghanistan needs to consider the critical importance of 'everyday' adversity rooted in poverty and domestic violence and not merely focus on the direct effects of military violence.
- The bedrock of resilience is hope, underpinned by cultural values which provide a moral

framework to cope with life adversity; however, the pursuit of these cultural values may foster a sense of entrapment.

- Family is the most important context for child well-being, distress and resilience. Children in especially difficult circumstances confront early marriage, forced labour, curtailed education, domestic or sexual violence, disabilities, self-injury and illicit drugs.
- To build upon concrete but still-fragmented efforts to improve child mental health in Afghanistan, interventions need to address the structural drivers of psychosocial distress, address the impact of family-level violence as well as military conflict, assist families and communities to cope with psychosocial problems and integrate specialised mental health interventions within general health care, social and educational service provision.

References

Afghanistan Human Development Report. (2007). *Bridging modernity and tradition—Rule of law and the search for justice*. Kabul: Centre for Policy and Human Development.

AIHRC. (2006a). *Evaluation report on the general situation of women in Afghanistan*. Kabul: Afghanistan Independent Human Rights Commission. Retrieved from http://www.aihrc.org.af/Evaluation_Rep_Gen_Sit_Wom.htm. Accessed 16 January 2009.

AIHRC. (2006b). *An overview on situation of child labour in Afghanistan*. Kabul: Afghanistan Independent Human Rights Commission. Retrieved from http://www.aihrc.org.af/reports_eng.htm. Accessed 16 January 2009.

AIHRC. (2007a). *The general situation of children in Afghanistan*. Kabul: Afghanistan Independent Human Rights Commission. Retrieved from http://www.aihrc.org.af/reports_eng.htm. Accessed 16 January 2009.

AIHRC. (2007b). *Economic & social Rights in Afghanistan II*. Kabul: Afghanistan Independent Human Rights Commission. Retrieved from http://www.aihrc.org.af/reports_eng.htm. Accessed 16 January 2009.

AIHRC. (2008). *Justice for children. The situation of children in conflict with the law in Afghanistan*. Kabul: Afghanistan Independent Human Rights Commission.

Arntson, L. (2001). *Review of psychosocial support activities in the former soviet embassy compound IDP camp*. Kabul: Save the Children.

Arur, A., Peters, D., Hansen, P., Mashkoor, M. A., Steinhardt, L. C., & Burnham, G. (2010). Contracting for health and curative care use in Afghanistan between 2004 and 2005. *Health Policy and Planning, 25*, 135–144.

Ayoughi, S., Missmahl, I., Weierstahl, R., & Elbert, T. (2012). Provision of Mental Health Care Services in Resource-Poor Settings: A randomised trial comparing counselling with routine medical treatment in North Afghanistan. *BMC Psychiatry, 12*, 14.

Bakhshi, P., Trani, J. F., & Noor, A. A. (2006). *Towards wellbeing for Afghans with disability: The health Challenge: National Disability Survey Afghanistan 2005*. Lyon/Kabul: Handicap International.

Behnam, S., & Afzali, S. (2006). *Afghan Drug Boom Fuels Child Addiction Rates*. Institute for War and Peace Reporting (IWPR). Retrieved from http://www.iwpr.net. http://iwpr.net/?p=arr&s=f&o=325631&apc_state=heniarr2006. Accessed 2 January 2008.

Billaud, J. (2012). Suicidal performances: voicing discontent in a girls' dormitory in Kabul. *Cult Med Psychiatry, 36*(2), 264–285.

Bolton, P., & Betancourt, T. S. (2004). Mental health in postwar Afghanistan. *Journal of the American Medical Association, 292*, 626–628.

Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G., Clougherty, K. F., et al. (2007). Interventions for depression symptoms among adolescent survivors of war and displacement in Northern Uganda. *Journal of the American Medical Association, 298*, 519–527.

Catani, C., Schauer, E., & Neuner, F. (2008). Beyond individual war trauma: Domestic violence against children in Afghanistan and Sri Lanka. *Journal of Marital and Family Therapy, 34*, 165–176.

Catani, C., Schauer, E., Elbert, T., Missmahl, I., Bette, J.-P., & Neuner, F. (2009). War trauma, child labor, and family violence: Life adversities and PTSD in a sample of school children in Kabul. *Journal of Traumatic Stress, 22*, 163–171.

Chobrok, V. (2005). *Demobilizing and reintegrating Afghanistan's young soldiers* (Rep. No. Report 42). Bonn, Germany: BICC.

Coalition to Stop the Use of Child Soldiers. (2008). *Child Soldiers Global Report 2008*. London: Coalition to Stop the Use of Child Soldiers.

De Berry, J., Fazili, A., Farhad, S., Nasiry, F., Hashemi, S., & Hakimi, M. (2003). *The children of Kabul: Discussions with Afghan families*. Kabul: Save the Children USA and UNICEF.

De Berry, J. (2004). Community psychosocial support in Afghanistan. *Intervention, 2*, 143–151.

De Berry, J. (2008). The challenges of programming with youth in Afghanistan. In J. Hart (Ed.), *Years of conflict: Adolescence, political violence and displacement* (pp. 209–229). New York: Berghahn.

De Jong, E. (1999). *Mental health assessment, Ghurian and Zendah Jan districts, Herat province, Afghanistan*. Brussels, Belgium: Médecins Sans Frontières.

Donini, A. (2007). Local perceptions of assistance to afghanistan. *International Peacekeeping, 14*(1), 158–172.

Dupree, L. (1980). *Afghanistan*. Princeton, NJ: Princeton University Press.

Dupree, N. H. (2004). The family during crisis in Afghanistan. *Journal of Comparative Family Studies, 35*, 311–331.

Durkin, M. S., Hasan, Z. M., & Hasan, K. Z. (1998). Prevalence and correlates of mental retardation among children in Karachi, Pakistan. *American Journal of Epidemiology, 147*, 281–288.

Edward, A., Dwivedi, V., Mustafa, L., Hansen, P. M., Peters, D. H., & Burnham, G. (2009). Trends in the quality of health care for children aged less than 5 years in Afghanistan, 2004-2006. *Bulletin of the World Health Organization, 87*, 940–949.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 71*, 71–83.

Fergusson, J. (2010). *Taliban*. London: Bantam Press.

FIFC. (2004). *Human security and livelihoods of rural Afghans, 2002–2003*. Boston: Feinstein International Famine Center Youth and Community Program Tufts University.

Gupta, L. (1997). *Psychosocial assessment of children exposed to war related violence in Kabul*. Kabul: UNICEF.

HealthNet TPO. (2008a). *Rehabilitation through Psychosocial care: Consolidation and further development of the psychosocial program in Afghanistan*. Amsterdam: HealthNet TPO.

HealthNet TPO. (2008b). *Psychosocial and Mental Health Assessment of Children in Afghanistan, July to September 2008*. Kabul: Amsterdam: HealthNet TPO Afghanistan.

HealthNet TPO. (2008c). *Psychosocial and Mental Health Needs Assessment in Uruzgan*, *Afghanistan*. Kabul, unpublished report submitted to the Dutch Consortium for Uruzgan II (DCU-II). Amsterdam: HealthNet TPO.

Hoodfar, H. (2008). The long road home: Adolescent Afghan refugees in Iran contemplate 'return'. In J. Hart (Ed.), *Years of conflict. Adolescence, political violence and displacement* (pp. 165–187). New York: Berghahn.

HRW. (2004). *Afghanistan: Child soldier use. Briefing for the 4th UN Security Council open debate on children and armed conflict*. New York: Human Rights Watch.

IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: Inter-Agency Standing Committee.

IASC Reference Group MHPSS. (2010). *Mental health and psychosocial support in humanitarian emergencies: What should humanitarian health actors know?* Geneva: Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings.

ICBL. (2007). *Factsheet Afghanistan*. International Campaign to Ban Landmines. Retrieved from http://www.icbl.org/lm/2007/afghanistan. Accessed 27 December 2007.

IRIN. (2006). *Desperate women choose suicide*. Reuters AlertNet, November 29, 2006.

IRIN. (2007). *War*, *poverty and ignorance fuel sexual abuse of children*. (Kandahar) 6 June, 2007.

IRIN. (2008). *Little support for victims of child sexual abuse*. (Kabul) 16 June, 2008.

Izutsu, T., Tsutsumi, A., Sato, T., Naqibullah, Z., Wakai, S., & Kurita, H. (2005). Nutritional and mental health status of Afghan refugee children in Peshawar: A descriptive study. *Asia-Pacific Journal of Public Health, 17*, 93–98.

Jordans, M. J. D., Tol, W. A., Komproe, I. H., & de Jong, J. T. V. M. (2009). Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war. *Child and Adolescent Mental Health, 14*, 2–14.

Jordans, M. J., Tol, W. A., Komproe, I. H., Susanty, D., Vallipuram, A., Ntamatumba, P., et al. (2010). Development of a multi-layered psychosocial care system for children in areas of political violence. *International Journal of Mental Health Systems, 16*(4), 15.

Jordans, M. J. D., Komproe, I. H., Tol, W. A., Kohrt, B., Luitel, N., Macy, R. D. M., et al. (2010). Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: A cluster randomized controlled trial. *Journal of Child Psychology and Psychiatry, 51*, 818–826.

Kanji, Z., Drummond, J., & Cameron, B. (2007). Resilience in Afghan children and their families: A review. *Paediatric Nursing, 19*, 30–33.

Karlsson, P., & Mansory, A. (2007). *An Afghan dilemma: Education, gender and globalisation in an Islamic context. Studies in International and Comparative Education 72*. Stockholm: Institute of International Education at Stockholm University.

Kassam, A., & Nanji, A. (2006). Mental health of Afghan refugees in Pakistan: A qualitative rapid reconnaissance field study. *Intervention, 4*, 58–66.

Khan, S. (2009). *Rapid assessment of male vulnerabilities to HIV and sexual exploitation in Afghanistan. Final Report*. London: Naz Foundation International.

Layne, C., Waren, J., Watson, P., & Shalev, A. (2007). Risk, vulnerability, resistance, and resilience: Towards an integrative conceptualization of posttraumatic adaptation. In M. Friedman, T. Keane, & P. Resick (Eds.), *Handbook of PTSD* (pp. 497–520). London: Guilford Press.

Loughry, M., Macmullin, C., Eyber, C., Ababe, B., Ager, A., Kostelny, K., et al. (2005). *Assessing Afghan Children's psychosocial well-being. A multimodal study of intervention outcomes.* (Unpublished report) CCF, Oxford University, Queen Margaret University. http://www.forcedmigration.org.

Mann, C. (2006). Les shahidé du monde traditionnel: le suicide des jeunes filles afghanes. *Recueil Alexandries, Collections Esquisses.* Retrieved from http://www.reseau-terra.eu/article439.html. Accessed 2 August 2012.

Medica Mondiale. (2007). *Dying to be heard: Self-immolation of women in Afghanistan. Findings of a research project.* Kabul: Medical Mondiale.

Miller, K. E., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *The American Journal of Orthopsychiatry, 76*, 409–422.

Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., et al. (2006). The Afghan symptom checklist: A culturally grounded approach to mental health assessment in a conflict zone. *The American Journal of Orthopsychiatry, 76*, 423–433.

Miller, K. E., Omidian, P., Rasmussen, A., Yaqubi, A., & Daudzai, H. (2008). Daily stressors, war experiences, and mental health in Afghanistan. *Transcultural Psychiatry, 45*, 611–638.

Miller, L. C., Timouri, M., Wijnker, J., & Schaller, J. G. (1994). Afghan refugee children and mothers. *Archives of Pediatrics & Adolescent Medicine, 148*, 704–708.

Morris, J., van Ommeren, M., Belfer, M., Saxena, S., & Saraceno, B. (2007). Children and the Sphere standards on mental and social aspects of health. *Disasters, 31*, 71–90.

MOPH. (2009). *Basic package of health services 2009/1388.* Kabul: Ministry of Public Health.

MOWA. (2008). *Women and men in Afghanistan: Baseline statistics on gender.* Kabul: Ministry of Women's Affairs.

Omidian, P. (2012). Developing culturally relevant psychosocial training for Afghan teachers. *Intervention, 10*(3), 237–248.

Omidian, P., & Lawrence, N. J. (2007). A community based approach to focusing: The Islam and Focusing Project of Afghanistan. *Folio, Journal for Focusing and Experiential Therapy, 20*, 152–164.

Omidian, P., & Miller, K. (2006). Addressing the psychosocial needs of women in Afghanistan. *Critical Half, 4*, 17–22.

Omidian, P., & Papadopoulos, N. (2003). *Addressing Afghan children's psychosocial needs in the classroom: A case study of a training for trainers.* Peshawar, Pakistan: International Rescue Committee.

Panter-Brick, C., Eggerman, M., Mojadidi, A., & McDade, T. W. (2008). Social stressors, mental health, and physiological stress in an urban elite of young Afghans in Kabul. *American Journal of Human Biology, 20*, 627–641.

Panter-Brick, C., Eggerman, M., Gonzalez, V., & Safdar, S. (2009). Ongoing violence, suffering and mental health: A school-based survey in Afghanistan. *Lancet, 374*, 807–816.

Panter-Brick, C. (2010). Conflict, violence, and health: Setting a new interdisciplinary agenda. *Social Science & Medicine, 70*, 1–6.

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in Kabul Mental health and childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*, 349–363.

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture and resilience: The production of hope. In M. Ungar (Ed.), *The social ecology of resilience* (pp. 369–386). New York: Springer.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *Lancet, 369*, 1302–1313.

Physicians for Human Rights. (1998). *The Taliban's war on women: A health and human rights crisis in Afghanistan.* Cambridge, MA: Physicians for Human Rights.

Prasad, A. N. (2006). Disease profile of children in Kabul: The unmet need for health care. *Journal of Epidemiology and Community Health, 60*, 20–23.

Rahimi, Y. A., & Azimi, S. (2012). War and the crisis of mental health in Afghanistan. *International Psychiatry, 9*(3), 55–57.

Raj, A., Gomez, C., & Silverman, J. G. (2008). Driven to a fiery death: The tragedy of self-immolation in Afghanistan. *The New England Journal of Medicine, 358*, 2201–2203.

Raj, A., Gomez, C. S., & Silverman, J. G. (2011). Multisectorial Afghan perspectives on girl child marriage: Foundations for change do exist in Afghanistan. *Violence Against Women, 2011*, March 29. doi:10.1177/1077801211403288.

Rasekh, Z., Bauer, H. M., Manos, M. M., & Iacopino, V. (1998). Women's health and human rights in Afghanistan. *Journal of the American Medical Association, 280*, 449–455.

Rashid, A. (2001). *Taliban: The story of the Afghan Warlords.* London: Pan Books.

Rodin, D., & van Ommeren, M. (2009). Explaining enormous variations in rates of disorder in trauma-focused psychiatric epidemiology after major emergencies. *International Journal of Epidemiology, 38*, 1045–1048.

Sabri, B., Siddiqi, S., Ahmed, A. M., Kakar, F. K., & Perrot, J. (2007). Towards sustainable delivery of health services in Afghanistan: Options for the future. *World Health Bulletin, 85*, 712–718.

Save the Children USA. (2002). *Afghanistan: Children in crisis.* Westport: Save the Children USA.

Save the Children USA. (2003). *Children and landmines.* Westport: Save the Children USA.

Sellick, P. (1998). *The impact of conflict on Afghan children.* Kabul: UNICEF/Save the Children.

Slugget, C. (2003). *Mapping of psychosocial support for girls and boys affected by child sexual abuse in four*

countries in south and central Asia. Dhaka, Bangladesh: Save the Children.

Smith, D. (2008). *Love, fear and discipline: Everyday violence toward children in Afghan families*. Kabul: Afghanistan Research & Evaluation Unit (AREU). Available at http://www.areu.org.af.

Snider, L., & Triplehorn, C. (2003). *Assessment of CCF's emergency entry program into Afghanistan: Its impact on child well-being and protection*. Richmond: Christian Children Fund.

Strang, A. B., & Ager, A. (2003). Psychosocial interventions: Some key issues facing practitioners. *Intervention, 1*, 2–12.

Tang, A. (2006). *Afghan women commit suicide by fire*. Reuters News Agency, November 18, 2006.

Todd, C. S., Macdonald, D., Khoshnood, K., Mansoor, G. F., Eggerman, M., & Panter-Brick, C. (2012). Opiate use, treatment, and harm reduction in Afghanistan: Recent changes and future directions. *The International Journal on Drug Policy, 23*(5), 341–345.

Todd, C. S., Nasir, A., Mansoor, G. F., Sahibzada, S. M., Jagodzinski, L. L., Salimi, F., et al. (2012). Cross-sectional assessment of prevalence and correlates of blood-borne and sexually-transmitted infections among Afghan National Army recruits. *BMC Infectious Diseases, 12*, 196.

Tol, W. A., Jordans, M. J. D., Kohrt, B. A., Betancourt, T. S., & Komproe, I. H. (2013). Promoting Mental Health and Psychosocial Wellbeing in Children Affected by Political Violence. Part I: Current Evidence for an Ecological Resilience Approach. In C. Fernando & M. Ferrari (Eds.), *Handbook of Resilience in Children of War* (pp. xxx-xxx). New York: Springer.

Tol, W. A., Komproe, I. H., Susanty, D., Jordans, M. J. D., Macy, R. D. M., & De Jong, J. T. V. M. (2008). Children and communal violence in Indonesia: Cluster Randomized Trial of a psychosocial school-based intervention. *Journal of the American Medical Association, 300*, 655–662.

Trani, J. F., & Bakhshi, P. (2006). *Understanding the challenge ahead: National disability survey in Afghanistan 2005*. Lyon, France: Handicap International.

Trani, J. F., Bakhshi, P., Noor, A. A., Lopez, D., & Mashkoor, A. (2010). Poverty, vulnerability, and provision of healthcare in Afghanistan. *Social Science & Medicine, 70*, 1745–1755.

Trani, J. G., Bakhshi, P., & Nandipati, A. (2012). 'Delivering' education; maintaining inequality. The case of children with disabilities in Afghanistan. *Cambridge Journal of Education, 42*, 345–365.

Turmusani, M. (2004). *Applying the minority perspective to disability in Afghanistan*. Disability World 26. http://www.disabilityworld.org.

UNDP. (2007). *Human Development Report 2007/2008*. New York: United National Development Programme.

UNESCO. (2010a). *Country programming Afghanistan 2010–2011*. Kabul: United Nations Educational, Scientific and Cultural Organization.

UNESCO. (2010b). *Education under attack*. Paris: United Nations Educational, Scientific and Cultural Organization.

UNICEF. (2005). *Investing in the children of the Islamic world*. New York: UNICEF.

UNICEF. (2011). *The state of the world's children 2011*. New York: UNICEF.

UNODC. (2005). *Afghanistan drug use survey, 2005*. Kabul: United Nations Office for Drug Control & the Ministry of Counter Narcotics of the Government of Afghanistan.

UNODC. (2009). *Afghanistan's drug use survey 2009*. Kabul: United Nations Office for Drug Control.

USAID/DCOF. (2007). *Internal evaluation integrated consortium report*. Kabul: NGO consortium for the psychosocial care and protection of children (Child Fund Afghanistan, Save the Children USA, International Rescue Committee).

USDS. (2008). *Afghanistan Country Report on human rights practices*. Washington: US Department of State—Bureau of Democracy, Human Rights, and Labor.

Van Mierlo, B. (2012). Community Systems Strengthening in Afghanistan: A way to reduce domestic violence and to reinforce women's agency. *Intervention, 10*, 134–145.

Van de Put, W. (2002). Addressing mental health in Afghanistan. *Lancet, 360*(Suppl), s41–s42.

Van Oudenhoven, N. (1979). *Common Afghan street games*. Lisse, The Netherlands: Swets & Zeitlinger.

Ventevogel, P. (2005). Psychiatric epidemiological studies in Afghanistan: a critical review and future directions. *Journal of the Pakistan Psychiatric Society, 2*(1), 9–12.

Ventevogel, P., & Kortmann, F. (2004). Developing basic mental health modules for health care workers in Afghanistan. *Intervention, 2*, 43–54.

Ventevogel, P., van Huuksloot, M., & Kortmann, F. (2006). Mental health in the aftermath of a complex emergency: the case of Afghanistan. In J. O. Prewitt Diaz, R. Srinivasa Murthy, & R. Lakshminarayana (Eds.), Advances in Psychological and Social Support after Disasters. New Delhi, India: Voluntary Health Association of India Press, 83–93.

Ventevogel, P., Nassery, R., Azimi, S., & Faiz, H. (2006). Psychiatry in Afghanistan, country profile. *International Psychiatry, 3*, 36–38.

Ventevogel, P., Faiz, H., & van Mierlo, B. (2011). Mental health in basic health care: Experiences from Nangarhar Province. In J. F. Trani (Ed.), *Development efforts in Afghanistan: Is there a will and a way? The case of disability and vulnerability*. Paris: l'Harmattan.

Ventevogel, P., van de Put, W., Faiz, H., van Mierlo, M., Siddiqi, M., & Komproe, I. H. (2012). Improving access to mental health care and psychosocial support in a fragile convict setting: A case study from Afghanistan. *PLoSMedicine, 9*(5), e1001225.

Waldman, R., Strong, L., & Wali, A. (2006). *Afghanistan's health system since 2001: Condition improved, prognosis cautiously optimistic*. Kabul: Afghanistan Research and Evaluation Unit.

WCRWC. (2002). *Fending for themselves. Afghan refugee children and adolescents working in urban Pakistan*. New York: Women's Commission for Refugee Women and Children.

Wessells, M. (2006). *Child soldiers. From violence to protection*. Cambridge: Harvard University Press.

Wessells, M., & Kostelny, K. (2002). *After the Taliban: A child-focused assessment in the northern Afghan provinces of Kunduz, Takhar, and Badakshan*. Kabul: CCF International/Child Fund Afghanistan.

Wessells, M., & Strang, A. (2006). Religion as a resource and risk. The double-edged sword for children in situations of armed conflict. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down. Social ecological approaches to children in war zones* (pp. 199–222). Bloomfield: Kumarian.

Wessells, M., & Van Ommeren, M. (2008). Developing inter-agency guidelines on mental health and psychosocial support in emergency settings. *Intervention, 6*, 199–218.

WHO. (2008). *Mental Health Gap Action Programme: Scaling up care for mental, neurological and substance use disorders*. Geneva: World Health Organization.

WHO. (2009). *Mental health aspects of women's reproductive health; a global review of the literature*. Geneva: World Health Organization and United Nations Population Fund.

WHO. (2013). *Building back better*: *Sustainable mental health care after disaster*. Geneva: World Health Organization.

WHO-AIMS. (2006). *Report on mental health system in Afghanistan*. Kabul: WHO and Ministry of Public Health.

Williamson, J., & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention, 4*, 4–25.

Part II

Child Soldiers

When Children Become Killers: Child Soldiers in the Civil War in Sierra Leone

6

Tunde Zack-Williams

Introduction

There is a preponderance of child combatants, both boys and girls in modern warfare, both *new wars* and traditional interstate conflicts. The phenomenon of child soldier is a universal feature of modern interstate wars as well as *new wars*, which has caught the attention of many writers on child soldiers.[1] Child soldiers are no longer the project of exotica—globalisation has meant that children of refugees and asylum seekers from war-torn societies are now part of the caseload of many social workers in Western countries.[2]

In writing about the brutal civil war in Sierra Leone, one is reminded of the observation by the South African sociologist, Omar Badsha who in his *Amulets & Dreams: War, Youth & Change in Africa*, UNISA Press, 2002, opined, '… how does one represent Africa without extending the pervasive influence of Afro-pessimist?' (p. 3). Dear I say! One runs the risk of being trapped in the web of another African pathology for the consumption of Western audience. Equally, not to speak out can invite the accusation of collaboration with those who created the conditions for civil war: on the one hand, both the international financial institutions (IFIs) and their accomplices, the local exploitative classes, and on the other

hand, the warlords who see the people not as the motive force for change, but as target of their bestiality. To some extent the dilemma is false and self-imposed by a social science (a Minotaur based on labyrinthian logic)[3] that seeks *objectivity* and *neutrality*, what the late Nigerian political scientist Claude Ake has referred to as 'the most pernicious form of imperialism'.[4] For Ake, Western Social Science either consciously or inadvertently seeks to foist capitalist values and capitalist development in order to serve imperialist interests; in recent African history, no policy has served this aim better than IFI-sponsored structural adjustment programmes (SAPs), which has destroyed the nascent manufacturing sectors in these countries through privatisation, system-induced stag inflation and unnecessary exposure to competition and dumping from more matured Western industries. We shall see presently that the war was not the product of either atavistic tendencies on the part of young people in Sierra Leone or population pressure on land resources due to Malthusian scenario a la Robert Kaplan,[5] but it was the consequence of bad economic policies, corruption, bad governance and the marginalisation of young people in this corner of West Africa. The war points to both the resilience of young people, including their capacity for creative survival strategies[6] and the hardship they have endured in post-colonial Sierra Leone. Sierra Leone is situated on the northwestern seaboard on the Atlantic coast, just south of latitude 10° and west of longitude 10° (8° 27′ N/11° 46′ W). In the north and northeast, it is almost surrounded by

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the Republic of Guinea, on the southeast by the
Republic of Liberia and on the southwest by the
Atlantic Ocean. The country's first contact with
Europe was in 1364 when Norman traders from
Rouen and Dieppe visited this land with some of
the finest natural harbours in the world,[7] but were
compelled to abandon trade with the region due
to civil war in France.[8] The next contact in 1462
was more enduring as it saw the visit of Pedro da
Cintra, a protégé of Prince Henry the Navigator
of Portugal who named the territory *Sierra Lyoa*,
i.e. mountains of lions, because of the undulating
mountain ranges. From this *discovery* until the
late eighteenth century, though there were several
other visitors, the territory remained (for
Europeans) a hunting ground for slaves, who
were brutally exported to the New World.
However, in 1787, a treaty was signed with local
African royalties, who conceded land to the
British for the resettlement of former slaves who
had fought for the British in the American War of
Independence and had been promised freedom.
Many of these freed men and women were first
transported to Nova Scotia, Canada, where they
were promised land, which never materialised,
before making their way to London, where they
soon became destitute and were labelled as the
Black Poor. In 1787, 430 of these destitute
Africans were transported to the Province of
Freedom, Freetown, marking the beginnings of a
unique process of the British project of moder-
nity in Africa.[9] After initial difficulties, including
attacks from neighbouring communities, the set-
tlement grew as more freed men and women were
settled in the colony and through internal migra-
tion.[10] In 1792, the colony was handed over to the
Sierra Leone Company and in 1799 Freetown
became Africa's first municipality. In 1808,
Sierra Leone became a Crown colony, marking
the beginnings of a golden age for the territory,
culminating in the city being described as the
Athens of West Africa as Freetown became asso-
ciated with the dynamics of modernity, education
and progress, a marked contrast to the condition
of the city at the beginning of the current
millennium.

Prelude to War

In 1961, with a relatively efficient civil service
and independent judiciary and an economy
fuelled by mineral and agricultural exports,
Sierra Leone became an independent state within
the commonwealth as the 100th member of the
United Nations with much hope for sustainable
development and democracy. The country had
experienced a relatively free and fair elections in
1957 based on a limited franchise. However, in
1967, following a disputed election in which the
incumbent leader was defeated by the main oppo-
sition party—the All People's Congress
(APC)—a coup was unleashed by the Force
Commander, Brigadier David Lansana, on the
advice of the Prime Minister, Sir Albert Margai,
his kith and kin.[11] The coup put an end to the
experiment in democracy[12] and marked the begin-
nings of a sustained period of instability and
decline, culminating in the civil war in 1991.[13] In
1968, after a year of military rule, the young
officers calling themselves the National
Reformation Council (NRC), who had over-
thrown Lansana and had established a junta based
on middle ranking officers, were in turn ousted
by a group of non-commissioned officers, who
summoned the erstwhile successful leader of the
APC to assume power. After a brief period of
coalition government, Stevens soon got rid of
opposition members in his administration and his
bid to control the lucrative diamond sector
embarked on creating and strengthening of the
shadow state.[14] The APC remained in power
from 1968 until they were removed from power
in the middle of the civil war in 1992 by a group
of young officers calling themselves the National
Provisional Revolutionary Council (NPRC),
whose leader was 27-year-old Captain Valentine
Strasser. By the time the ailing Siaka Stevens left
office in 1984, Sierra Leone was in deep trouble:
the country was saddled with massive debt
incurred from Stevens' decision to host the
annual jamboree of African Heads of State in
1980; corruption and the smuggling of the coun-
try's gold, diamonds and agricultural produce

were widespread; the impact of the second hike in oil price was running through the economy, as well as the fall in export earnings and rise in the value of imported goods. The net result was the long route to the IFIs in search of SAPs, whose conditionality exacerbated the country's ailment as devaluation and reduction in government expenditure led to stagflation and widespread unemployment, in particular among the country's youth. In the ensuing crisis, the country's export collapsed and so did the social and physical infrastructure. Many young people were forced to abandon their education as the impoverished parent could neither afford the fees, nor could they forego the contributions children and young people could make to the family income.

The economic and political trajectory of Sierra Leone was not dissimilar to that of neighbouring Liberia, whose President had hosted the Organisation of African Unity (OAU) annual conference in 1979 and was subsequently overthrown the following year as part of what became known as *IMF riots* due to shortage and exorbitant prices for rice, the country's stable. The coup resulted in the death of President Tolbert, killed by Master Sergeant Samuel Doe, a young noncommissioned officer who virtually wiped out the Liberian President's family. This was followed in 1989 by the country's *first* civil war. Two years later, the Liberian contagion got hold of Sierra Leone when Liberian warlord, Charles Taylor, had met Sierra Leone's rebel leader Foday Sankoh in Benghazi, Libya, where both had undergone military training under the auspices of Colonel Muammur Gaddafi. The latter had a grudge against Stevens and the APC, for after supporting Stevens' candidacy as chair of the OAU, in 1980, Stevens under pressure from the Americans failed to support Gaddafi's bid as chair. Stevens' departure did not end the antagonism, for Gaddafi had been quoted as referring to Stevens' successor Major General Joseph Momoh as *a scout* for as he argued, military men do not have power bestowed upon them (as Steven did with Momoh), but like himself, they simply seize power.

Taylor too was displeased by what he saw as Sierra Leone's double standard in allowing its airport and airspace to be used by the Nigerian Air Force to strafe his troops in Liberia as they were about to capture the capital, Monrovia. As a consequence, the Liberian warlord swore revenge and promptly armed his old friend Foday Sankoh and his fighters consisting of exile Sierra Leoneans, Burkinabes and Liberians. They attacked Sierra Leone from the southeast corner adjacent to the Liberian border and once a bridgehead had been established they started recruiting children to join their fighting force. As we shall see presently, whilst some children volunteered to join Sankoh's ragtag army calling itself the Revolutionary United Front (RUF), thousands were brutally conscripted into the ranks of the RUF and in no time they were socialised into drugs and violence, in most cases against their immediate relations and friends, in order to prevent the young people returning to their communities. The civil war did not only set Sierra Leone's developmental prospects back half a century, reduced most of the citizens to international pauper and global mendicant, but the name of the nation soon became synonymous with collective brutality.

Child Combatant and the Sierra Leone Civil War

One major feature of the civil war was the utilisation of child combatants by both sides: the government and its allies the Civil Defence Force on the one hand and the rebel and their allies the Armed Forces Revolutionary Council on the other. In what follows, we want to look at the part children played in the civil war, how they were recruited/how they became soldiers and who were the child soldiers. A small number of children volunteers fought in the national army in particular during the military interregnum of Captain Strasser (1992–1994), when the army was expanded by recruiting from the urban déclassé groups, whom some writers have

referred to as *lumpen* or *lumpenproletariat*.[15] Furthermore, the RUF abducted thousands of boys and girls into its *people's army* in areas that they invaded and, according to Peters and Richards, significant number of children volunteers joined the RUF to seek revenge for loss of educational opportunities and destruction of their villages.[16] The government's allies, the Civil Defence Force and the rebel junta (the Armed Forces Revolutionary Council) also recruited child combatants into their ranks. Indeed, the military unpreparedness of government forces was such that the rebels moved in quickly into the east of the country, where they promptly occupied the rich diamond mining area of Kono District. In order to mine diamonds in exchange for weapons, large number of young men and women were conscripted from their towns and villages to work in the diamond pits of Kono. The same was true of government forces who also recruited child soldiers, resulting in the indictment of the leader of the Civil Defence Force, Chief Samuel Hinga Norman, by the Special Court trying those most responsible for human rights abuse in the country's civil war, as well as the emergence of Sobel (soldier/rebel) recalcitrant soldiers who fought on both sides in the civil war as well as being involved in illegal diamond mining.[17]

The number of children who fought in the civil has been put as between 5,000 and 10,000. According to the Truth and Reconciliation Commission (TRC), of the 6,774 children who were demobilised, only 513 were girls. This figure belies the fact that significantly more girls were abducted by the rebel fighters, who transformed them overnight from innocent little girls into *commanders* wives' who were left out of the reintegration programmes; and peacekeepers meant to protect them became *customers of sex*.[18] The TRC described it as:

> That was a terrible mistake. Thousands of girls were not admitted into the demobilisation programme. These girls were abandoned and had to fend for their survival. Many have been exposed to further violations and continue to suffer.

Many were afraid of rejection from their families, in particular those with children, who were described as *rebel wef* (i.e. wives of rebels) and their children as *rebel pikin* (i.e. children of rebel).

Who Were the Child Soldiers?

A child soldier according to the United Nations definition is anyone under 18 years of age who is engaged in combat. In Sierra Leone where the war was not fought along ethnic or religious line, any child was open to abduction and eventual conscription into the fighting forces, in what has been referred to as *the lottery for life*. In practice, mainly *street children* and those from poor households (from all ethnic groups) were captured by the warlords. As we have noted, some were volunteers, others abducted by both government and rebel forces of the RUF led by Foday Sankoh, who were the first to utilise child soldiers, but the government side too used child soldiers, both the national army during the rule of NPRC and the various elements in the Civil Defence Force. Indeed, the head of the Kamajors, the core element in the Civil Defence Force, Chief Samuel Hingha Norman was arraigned before the Special Court charged with war crimes and crimes against humanity. Indeed, Chief Norman did not have time to answer the charges as he subsequently died in the custody of the court.

What Impelled Sierra Leonean Children to Join Social Movement?

Among those who joined the national army, many would have seized the opportunity of employment in the army to run away from life as *street children*, where life was quite gruesome, precarious and dangerous and where they were constantly subjected to bullying and intimidation by older members usually referred to as Brahs or Alejos. Dangerous as it is, life with the army provides some excitement away from the drudgery of life on the street: food is certain and one does not have to hustle all the time for a living. Life as street children had prepared many for the danger of military life, and regular remuneration was a

bonus. Above all the uniform and the gun brought status and power and the opportunity to take revenge against previous transgressors.[19]

A significant number of the young fighters who joined the RUF were drawn to the millenarian appeal of the RUF and its charismatic leader, who was revered and referred to by the fighters as *pape* (father).[20] For many of these young fighters, the populism and promise of the RUF leadership had a good ring in their ears. The promise of a better future, pride in their nation, away from poverty, powerlessness and one-party dictatorship was a stimulant to action, one that will deliver better education, industry and jobs. These promises were embedded in the RUF manifesto:

> We are therefore fighting for democratic empowerment to enable us to reclaim our sense of ourselves as enterprising and industrious Africans, using the history of our glorious past to create a modern society contributing to world peace and stability through advancement in agriculture, architecture, medicine, science and technology, industry free trade and commerce. In other words we are fighting for food and good drinking water for all. We are fighting for affordable energy, fuel and power, including access to appropriate technology so that we can build for ourselves modern houses, health care, education and recreational facilities… we are tired of poverty, bad drinking water, poor housing, second hand clothing and footwear, and our state of self-imposed backwardness…we are tired of being down and out and on the ground… we are crying out against hunger, disease and deprivation…We are tired of state-sponsored poverty and degradation. We are tired of our children dying of preventative diseases…We are tired of rural folks being exploited.[21]

This populist manifesto was designed to solicit support from the socially excluded sectors of society and to foster a sense of agency, thus the manifesto continues:

> The people take up arms in order to take back their power and use this power to create wealth for themselves and generations to come by constructing a new African society in Sierra Leone consistent with the highest ideals of our glorious past and the challenges of the modern world we live in.[22]

Another factor which impelled children in Sierra Leone into armed movements challenging for state hegemony is the rupture in the intergenerational bargain and the destruction of the bond of trusts and reciprocity, which collectively constitute social capital. In an earlier work, I have argued that the emergence of the phenomenon of child soldiers in Sierra Leone is a direct effect of the rupture in the intergenerational bargain, the ambiguity of the current generation, the state and global capitalism.[23] I also noted that this can lead to anomie in the socialisation process and to alienation of a significant section of the population resulting in bellicose contestation of the state.

Whilst ergonomics and technological development in gun production has aided the child use of such weapons, it was the crisis of peripheral capitalism, the bad governance and the marginalisation of young people and their needs that drove young people in Sierra Leone to join a social movement in order to challenge for state hegemony. The emergence of peripheral capitalism in Sierra Leone in the form of mining and agricultural production for the external market led to the proletarianisation of sections of the rural masses, and over a period of time, they became dependent, not on the moral economy, but the market for their reproduction. This dependence was always tenuous, since there was never enough economic opportunities to meet the needs of the rural masses seeking employment; as a consequence, they tended to return to the pre-capitalist sector for their sustenance. Indeed, the pre-capitalist sector constantly acts as a subsidy for the wage bill of the capitalist sector, as indirect wages in the form of welfare rights are often denied. It was not long before it became clear that the elasticity to cope of the rural sector was at breaking point. The crisis was characterised by massive balance of payment deficit, stagflation and high unemployment—particularly among the multitude of young people leaving elementary and secondary schools that now migrated from the rural areas to urban and peri-urban areas to eke out a living. Many of these students from the rural areas migrated to the mining fields as tributors,[24] and others moved into the major towns where they swelled the ranks of street children. The crisis impacted on their immediate aspiration to go to school and obtain a job, an opportunity which was available to the previous generation,

who they saw as having failed them. The situation was exacerbated by the impact of SAP, and its harsh conditionality transformed a bad situation into a socio-economic catastrophe for the young people of this unfortunate land.[25] Structural adjustment turned out to be the medicine that far from curing the patient's symptoms left it in a comatose state.

For these *post-colonial youth*, the situation was stark: not only was the job situation hopeless, but they now found themselves in the midst of a one-party dictatorship, which did not brook any opposition or alternative views. In the gerontocracy, which constituted the ruling elite, the young men and women (youth), who constitute over 40 % of the population, were relegated to the status of non-people. Not only where they deprived of the right to vote and to stand for offices as the public space was crowded by old party stalwarts who had been recycled for these positions since independence, but they were totally marginalised politically and economically. Furthermore, the one-party dictatorship which ruled Sierra Leone from 1968 until it was removed from power in 1992 by the military marginalised the south and east regions of the country, which were opposition stronghold, with the result that these areas lagged behind in development.[26]

The crisis also impacted on social institutions, not least the family, which suffered under the brunt of the neo-liberal onslaught leading to its continued atomisation. In Sierra Leone, informal fostering historically has offered a mechanism for poor families to cope with poverty and deprivation in child rearing by informally fostering their children to relatively more affluent relations, friends or influential members of the community such as teachers or even neighbours. The assumption has always been that this relationship is symbiotic, i.e. that it would benefit the child and the foster parents alike. The former would have the benefit of education and a better future, whilst the foster parents would have someone to help with domestic chores. In practice, the weaker partner in an unregulated relationship was always the child. In the context of a relatively strong state in the colonial and early post-colonial period, any excesses from such foster parents towards these

mein pikin (looked-after) children were contained by both the state and by traditional values, embedded in such sayings as *government pikin* (child of the government)—who needs to be treated well. However, as the crisis of peripheral capitalism ensued, driven by the conditionality of SAPs, which denuded the state of authority, foster parents found that they could not afford to send the children to school, due to the austerity regime so typical of the adjustment programmes since teachers and other public service workers were either the first to be laid off or had to work for months without wages or salaries. The foster children were taken out of the educational system and became full-time domestic servants, this time without a salary, whilst the biological children of the foster parents were sent to school. Caroline Bledsoe has argued that whilst modern education is highly valued, it creates ambivalence insofar as the educational process disrupts 'the ideal relationship of debt and recompense linking master and student'.[27] In short, fostering and the wardship system under conditions of crisis tend to produce a mass of alienated young people in the country, who are no longer prepared to abide by traditional (paternalistic) norms of child rearing and parental authority which they consider exploitative. Even when pressure is brought to bear, many refuse to return to the *mein pikin* relationship, instead opting out to stay on the street, hustling in the outer limits of the diamond fields, the dock areas or around market stalls.

Relationship of Child Soldiers and the Social Movement

As we have seen, street children in the urban areas have been a major source of child combatants, though many others were abducted from their villages. Whilst the phenomenon of street children has been associated with the *favelas* of Latin America and the *shanty towns* of Asia, nonetheless, Africa had no immunity, as can be seen from the phenomenon of *raray boys* (street boys) in Sierra Leone,[28] a diverse group of deracinated boys and young men. Children in stable family relationship are not impelled to become

child combatants, simply because the route to child soldiering, i.e. the status of street children, is one that is not an option for the children of the rich and privileged. Many of the former child combatants had been separated from families and relations and the social movement acts as surrogate family; others such as Augustine in Brett and Specht (2004) signed up to gain the necessities of life:

> When the rebels invaded the town of Makeni, my parents fled the town and even myself, but without knowing that my parents had left…When I got into town, I found no body to be responsible for me. So when the rebels came, I decided to go to them so that they could give me food to eat and survive.[29]

Whilst for some youngsters, military life is a means to an end, for example, it provides a meal ticket and substitute education; however, for others, it is time for payback, thus Momoh from Sierra Leone in Peters and Richards' sample signed up because he sought revenge:

> I first knew about the war when my father was killed…So I joined. There was nothing else I could do then…I joined willingly because I did not have any body to encourage me…My first reaction was to take revenge and kill many soldiers who attacked our village at that time who had killed my father…by that time the high school was burnt, all of my belongings burnt down, no education for me again, and my mother was ill and abandoned in our house and died, so I thought that I can never be a human being again in the world. No mother, no brother, no father.[30]

Another respondent in Peters and Richards' felt totally empowered, which was exercised over adults: 'I like it in the army because we could do anything we liked to do. When some civilian had something I liked, I just took it without him doing anything to me. We used to rape women. Anything I wanted to do I did. I was free'.[31] For many of these kids, military life empowers them in a society where children's right are non-existent or regularly violated.

Role and Function of Child Soldiers

Many of the positive qualities of child rearing in Africa, such as respect for adults and those in position of authority, bravery and obedience, are the qualities which make child soldiers such an invaluable part of new wars in Africa. Children with their ability to obey orders without question are said to make good soldiers. Furthermore, children are ready to please adults in order to gain their approval, and this is particularly the case in Africa where the Victorian ethics of 'children should be seen and not heard' is quite strong. Thus Badsha has argued that children are militarily useful partly due to the 'changes in arms which have made possible to delegate military tasks to individuals who are neither strong nor technically competent.'[32] Because of their willingness to please, it is said that children make brave and loyal fighters. Furthermore, as a group with no formal dependence or responsibilities, they are seen as dispensable, hence can be dispatched to undertake risky and dangerous tasks, where older soldiers might retreat, such as intelligence behind enemy's line; their unsuspecting persona renders them less visible to the enemy, as such ideal for lobbing hand grenades in crowded situation. They act as labourers to transport looted goods and hardware.

The Effect of Children's Involvement in the Civil War

As noted above, one causal factor for the civil war was the marginalisation of youth and the feeling of powerlessness among young people in Sierra Leone. The pre-war conditions of children and young people in the country can be described as dismal: high unemployment and underemployment, child trafficking, widespread sense of hopelessness as SAPs and bad governance put pay to progress in education, health and social services and infrastructural development. Sierra Leone has one of the highest rates of child mortality in the world with one in three dying before the age 5.[33] The right of the child, whilst enshrined in colonial legislation,[34] was neglected and violated as the state gradually abandoned any right of social citizenship, in the ignominious route to one-party dictatorship. Indeed, child neglect and injustice had become part of the everyday life of children and young people in pre-civil war Sierra

Leone as both the formal and informal mechanisms for safeguarding children had collapsed under the strain of booty capitalism. For example, Rachel Harvey pointed out in 2000 (in the middle of the war) that Juvenile justice in the country was in urgent need of modernisation.[35] As such in the post-war era, it is difficult to identify war-induced effects from that which was the product of pre-war failed state syndromes.[36] The war of course produced widespread destruction of the physical and social infrastructure as mines were occupied and looted, and both government and private buildings were destroyed, catapulting the country to the bottom of the UN Human Development Index. Children were both victims of the war and perpetrators of wanton violence against the civilian population. The UN Convention on the Rights of the Child (CRC) notwithstanding, children in Sierra Leone had been denied rights of citizenship, i.e. protection by the state and right to education. The war created a loss generation of young people, deprived of protection from the state and their community, who also lost educational opportunities in order to prepare them for adult life. The situation was even more severe for girls, the majority of whom were deprived of basic education and transformed into sex slaves.

However, the phenomenon of child combatants and the general precarious position of children in Sierra Leone brought their parlous state to the attention of the world. Participation in the war politicised the nation's youth and gave them a sense of empowerment as the two main political parties sought their votes in the post-war elections. This politicisation is clearly reflected in popular culture in such genre as Emerson's *Bobor Belleh*, *Too Foot Arata*; Daddy Saj's *Corruption E Do So Pack and Go*, referring to the gluttonous kleptocratic elites to change their ways. The youth of the country used the space provided by their new found democracy to position themselves to protect their interests. We have seen how control of the barrel of the gun prior to disarmament and demobilisation had given a sense of power to the young people over some adults and how their complaints over abuse by traditional authorities had been a major grievance

impelling them to social movements in search of a new order. For a while, the gerontocratic-traditional elites had to listen to the grievances, this is particularly true of the traditional fraction of the governing class, who had been driven out of their chiefdom, in some cases for well over a decade. The traditional rulers on their part were concerned about *unruly young men* who were now challenging traditional authorities and demanding a new order. The young men in particular were not prepared to go back to the *bad old days* of cruel and 'autocratic rule by the chiefs and their Freetown allies'. In short, there was an *intergenerational confrontation* between the traditional chiefs and the urban elites on the one hand, and the young men and women, who were not only victims of the war but also had played a major part in trying to bring change to their social conditioning.

The stakes were raised when the *elders* refused to forgive the *cadets* for the atrocities they unleashed on *the community*. The young people too were angry and blamed the elites for loss of educational opportunity, political and economic marginalisation and poor governance. In short, the traditional authorities were now being held to account for their past actions by the former rebels. This *act of defiance* as it was perceived by Westerner donors, the new definers of African culture and morality, argued that this was 'alien to traditional African culture'. In the view of the new definers, the chiefs were seen as the natural glue that binds an unchanging tribal society. Without the consent of this externally revered fraction of the ruling class, it was felt that the liberal peace could not be delivered. As the process of reintegration approached, the gerontocrats felt empowered as their consent was needed if the young people were to be pardoned for their past acts in order to be reintegrated into society. The situation was ominous for the girls, who were refused a return to school by head teachers, on the presupposition that these 'rebel wives would corrupt their girls'. Those who returned *from the bush* with children were rejected not only by head teachers but also by parents. In the end, it appeared that the young people were destined to lose out as the alliance of Western governments and their

local protégés in the non-governmental communities decided that it was imperative to return to the governance pattern of the pre-war years, with the chiefs as the voice of the people.

At the head of this re-traditionalisation of governance was the British Department for International Development, which failed to build 'constructive relationships between chiefdoms and local governments' instead simply reshuffled the 'agrarian class relationships or old ways of doing politics. This in turn requires a reform of the chieftaincy system and the resolution of local political tensions arising from decentralization'.[37] Meanwhile, the rural community continues to suffer under what Richard Fanthorpe has called *the leash of custom*, as the international community continued to deliver the liberal peace through fast-track decentralisation in post-conflict Sierra Leone, thus swinging the balance in favour of the traditional rulers.[38]

Susan Shepler[39] in an insightful article has argued that the international human rights regime, and in particular the CRC, is often in conflict with the local understandings. She has argued that the new idea of a child—anyone under 18—therefore not to be held accountable helped the young people, who would now be forgiven as they seek reintegration. This appears to be contradictory to the traditional definition of the child and individual responsibilities. In her view the new human rights regime bestows rights on children—to be treated well and right to be educated, which they may now start demanding without any responsibilities to parents, the rest of their family and traditional rulers. Thus she observed:

> There is a sense that children having rights inverts the social hierarchy in some ways similar to the ways in which child soldiers dramatically inverted social hierarchy during the war. (p. 205)

In other words, the confluence of war and the new human rights regime produced role incongruity in the mind of former child combatants. Thus despite their *victory* over adults, they were still seen as children, who by standing up to adults were seen as insolent and demonstrating *uppitiness* (*fit yai*), beyond control who need to be reined in, in order to restore the *status quo ante*.

Thus almost 10 years after hostilities ended, many young people in Sierra Leone are asking if anything has changed in Sierra Leone. Was the violence worth the effort?

The Resilience of Sierra Leone's Children in the Post-conflict Era

According to the American Psychological Association,[40] resilience is a multidimensional construct which involves the bidirectional interaction between individuals and their environment, including family friends, community and society. Looking at the resilience of African American youth, the APA proposed four portraits of resilience:

- Critical mindedness which shields them against discrimination and provides the basis of critique of existing social conditions
- Agency or active engagement at home school and among peers with positive impact on their environment
- Flexibility promoting adaptation to cognitive, social, emotional and physical demands in a bicultural setting
- Finally, communalism, the celebration of social bonds, social duties and collective well-being

These are useful tools to understand resilience among children and young people in Sierra Leone. For example, critical mindedness among young people in Sierra Leone is developed not to protect them against racism, but against ageism, ethnicity and discrimination against rural inhabitants; they actively engaged in interaction with peers and adults alike; demonstrate adaptability and flexibility in various situations at home, with parents, teachers and other adults and siblings; and they bond communally with peers, family members and other groups. Children from emotionally stabled families, i.e. the vast majority of children in the country, will display positive values both to adults and other children, even at times of seemingly anomic break down. This is particularly true as religious beliefs (African religious beliefs, Christianity and Islam) are strong in the country. This fact concerning the rural

nature of the Sierra Leone population needs to be factored into any analysis of young people's resilience in the country. The resilience of most young people is fostered by what the APA calls *multiple identity factors*, particularly dealing with locality, religion and ethnicity, all factors which are not violently contested in their country.

The quality of resilience in a community impacts upon the development of children as well as their ability to contribute to societal developments. Sierra Leonean children with the maxim of *no success without struggle* have been brought into the world with this ideology central to resilience as their guiding principle. They do not expect much from the state, not least one that has failed to protect them from violence and poverty. In the rural areas, children as young as 4 years of age help in the family farm, and given the low level of school registration, many continue to work throughout their childhood. In a gerontocratic society where age is valorised, children tend to be lower down the pecking order for food and other essentials. Many children, even those in school, wake up very early to walk miles to fetch water or to the farm or school. As we have seen the process of informal fostering has further toughened up any of these *looked-after children*. The failed economic policies which have typified post-colonial Sierra Leone have hardened the children and young people as many of them have gone without the basic necessities of life, and they feel a sense of betrayal.

The immediate effect of the war was to embolden young people in Sierra Leone, whose existential characteristic was defined as a group who can be seen, but not heard. By the time the war ended, however, they had made their presence felt largely because of their role as child combatants in challenging adults for the future of the state. This new status was reinforced by Western NGOs who called for new rights for children in Sierra Leone, which, with the help of UNICEF, was later enshrined in a new Children's Act in Sierra Leone.[41] However, this new *de jure* position was not matched with economic and social opportunities, as the former child combatants were reduced to dependence on adults and traditional rulers for jobs and protection.

The youths continued to show resilience, many buoyed by their life as *street kids* and subsequently as child soldiers; this was reflected in their role in the production of popular music, visual art and drama. Following the Disarmament Demobilisation and Reintegration, the former child combatants showed much resilience in their new civilian roles as mechanics, carpenters and joiners, taxi drivers and security personnel to politicians. Through the media, young people in Sierra Leone continued to articulate their frustrations and concerns of the post-war kleptocracy that ruled their country and to challenge the political class to respect democracy and end corruption. In the 2007 post-war elections, some of the former child soldiers played a pivotal role in the victory of the opposition APC. Not only did the youth constitute some 65 % of the Sierra Leone population, but 56 % of the 2.6 million registered voters were under 32 years of age.[42] The mass unemployment[43] and widespread poverty[44] among the young fostered an *esprit de corps*, as young traders selling (mainly of imported and locally produced compact discs) were organised into cooperatives; many were former child combatants, who had finished their post-demobilisation training only to be thrown once more into the unemployment heap.

The reality is that the underfed and unprotected children and young people in Sierra Leone have shown great resilience or as it is said locally, *wee pikin dem tranger*, i.e. *our children are resilient*. The resilience of many of these young people is epitomised by the fact that many of them were to overcome their adversities, having survived decades of IFI-sponsored structural adjustment policies; almost three decades of APC autocracy in which not only the last vestiges of democracy disappeared but also the social and physical infrastructure had collapsed even before war broke out. As we have seen, whilst some young people in the country brought violence and mayhem to their communities, young people were also the targets of much violence before, during and after the war. Young people were in search of advocates, in a country where the maxim of child rearing is *no success without struggle*[27]. It needed a bloody civil war to force

the authorities to listen to children and for Parliament to pass a law protecting the rights of the child. The interests and concerns of children and young people have never been central to the post-colonial governing classes in Sierra Leone, where political succession was their main concern in the politics of spoils, accumulation and dispossession. For many young people in Sierra Leone, they are the real lost generation of that country, whose future had been mortgaged by politicians who marginalised the interests of young people, creating an intergenerational crisis leading to war. Nonetheless, we have seen how many children, including former child combatants, have demonstrated resilience by seizing new opportunities in training and work to earn a living. Many students are now more engaged with society than in the immediate period prior to the outbreak of war. To consolidate whatever gains that have been accrued by young people, they will have to become more politically and economically engaged.

Notes

1. I. Cohn, *Child Soldiers: The Role of Children in Armed Conflict*, Clarendon, Oxford, 1994.
2. T. Zack-Williams, 'Child Soldiers in Sierra Leone and the Problems of Demobilisation, Rehabilitation and Reintegration into Society: Some Lessons for Social Workers in War-torn Societies', *Social Work Education*, Vol. 25, No. 2, March 2006, p. 119–128.
3. A. Gouldner, 'Anti-Minotaur: The Myth of a Value-free Sociology', *Journal of Social Problems*, Vol. 9, No. 3, Winter, 1962.
4. C. Ake, *Social Science as Imperialism. The Theory of Political Development*, Ibadan University Press, 1982.
5. R. Kaplan, 'The Coming Anarchy: How Scarcity, Crime, Over-Population and Diseases are Rapidly Destroying our Planet', *Atlantic Monthly*, February 1994.
6. A.B. Zack-Williams, 'Crisis, Structural Adjustment and Creative Survival in Sierra Leone', *Africa Development*, Vol. 18, No. 1, 1993, p. 53–65.
7. A.B. Zack-Williams, 'Freetown: "Athens of West Africa" to a City Under Siege: The Rise and Fall of Sub-Saharan First Municipality', in O. Enwezor, C. Basualdo, U.M. Bauer, S. Ghez, S. Maharaj, M. Nash, O. Zaya (eds.) *Under Siege: Four African Cities Freetown, Johannesburg, Kinshasa, Lagos*, Documenta 11_Platform 4, Hatje Cantz, p. 287–314.
8. T.N. Goddard, *The Handbook of Sierra Leone*, Grant & Richards, 1925, p. 11.
9. See A.B. Zack-Williams, 'Africa and the Project of Modernity: Some Reflections', in O. Uduku and A.B. Zack-Williams (eds.) *Africa Beyond the Post-Colonial: Political and Socio-Cultural Identities*, Ashgate, Aldershot, 2004, p. 20–38.
10. On the history of the Krio or Creoles, see A. Wyse, *The Krio of Sierra Leone: An Interpretive History*, C. Hurst and Company, London, 1989; A. Porter, *Creoledom: A Study of the Development of Freetown Society*, London, 1963.
11. For the events leading to the coup and its immediate aftermath, see J. Cartwright, *Politics in Sierra Leone, 1947–1967*, Toronto University Press, 1970.
12. G. Collier, *Sierra Leone: Experiment in Democracy in an African Nation*, New York University Press, New York, 1970.
13. A. Bundu, *Democracy by Force? A Study of International Military Intervention in the Conflict in Sierra Leone from 1991 to 2000*, Universal Publishers, USA.
14. W. Reno, *Corruption and State Politics in Sierra Leone*, Cambridge University Press, 2008.
15. I. Abdullah (ed.), *Between Democracy and Terror: The Sierra Leone Civil War*, Dakar, Codesria, 2004; I. Abdullah & Muana, 'The Revolutionary United Front of Sierra Leone', in C. Clapham (ed.) *African Guerrillas*, James Currey, 1998, p. 172–193.
16. K. Peters & P. Richards, 'Why We Fight: Voices of Youth Combatants in Sierra Leone', *Africa*, 68 (2), 183–210.
17. See report by General Vijay Jetley, Command of UN Troops in Sierra Leone, as quoted in M. Kaldor and J. Vincent, *Case Study Sierra Leone: Evaluation of UNDP Assistance to Conflict-Affected Countries*, www.undp.org/evaluation/document/…conflict Sierra Leone pdf accessed 28.06.11.
18. The Truth and Reconciliation Commission Report 2004.
19. K. Peters and P. Richards, 'Why we Fight: Voices of Youth Combatants in Sierra Leone', *Africa*, Vol. 68, No. 2, 1998, p. 183–210.
20. For a similar approach to the study of religious uprising in an African city, see P. Lubeck's, 'Islamic Protest Under Semi-peripheral Capitalism: Yan Tatsine Explained', *Africa*, 55 (4), 1985, p. 369–389.
21. Revolutionary United Front, *Footpaths to Democracy Toward a New Sierra Leone*, Vol. 1, p. 20–35.
22. Ibid, p. 24.
23. 'Child Soldiers in Sierra Leone and the Problem of Demobilisation, Rehabilitation and Reintegration into Society: Some Lessons for Social Workers in War-torn Societies', *Social Work Education: The International Journal*, Vol. 25, No. 2, March, 2006, p. 119–128.
24. A.B. Zack-Williams, *Tributors, Supporters and Merchant Capital: Mining and Underdevelopment in Sierra Leone*, Avebury, Aldershot, 1995.
25. A.B. Zack-Williams, 'Sierra Leone: Crisis and Despair', Review of African Political Economy, No. 49, 1990, p. 22–33.
26. A.B. Zack-Williams, 'Sierra Leone 1968-1985: The Decline of Politics and the Politics of Decline,' in A.

Jones and P.K. Mitchell, *Sierra Leone Studies at Birmingham 1985*, p. 201–208.

27. C. Bledsoe, '"No Success Without Struggle": Social Mobility and Hardship for Foster Children in Sierra Leone', *Man, New Series*, 1990, 25, 1, p. 81.

28. I. Abdullah, 'Bush Path to Destruction: The Origin and Character of the Revolutionary United Front (RUF/SL)', in *Africa Development,* Special Issue, *Lumpen Culture and Political Violence: The Sierra Leone Civil War*, Vol. 22, Nos. 3 & 4, 1997.

29. R. Brett and I. Specht, *Young Soldiers Why They Choose to Fight*, Lynne Rienner, Boulder, Colorado, 2004, p. 107.

30. Quoted in Brett and Specht, ibid, p. 69.

31. Peters and Richards, 1998, p. 194.

32. O. Badsha, *Amulets & Dreams: War, Youth & Change in Africa,* UNISA Press, 2002, p. 9.

33. L. Schlein, UNICEF: Children in Sierra Leone Vulnerable to Exploitation, *leonenet* <leonenet@list-proc.umbc.edu> Date: 14/11/2005 20:15:26.

34. The Children and Young Persons Act (31st December 1945).

35. Juvenile Justice in Sierra Leone: An Analysis of Legislation and Practice, *www.essex.ac.uk/armedcon/story_id/000013.htm*—20th July 2011.

36. A.B. Zack-Williams, (ed.) *When the State Fails: Interventions in the Civil War in Sierra Leone*, Pluto Press, forthcoming (2011).

37. P. Jackson, 'Reshuffling an Old Deck of Cards? The Politics of Local Government Reform in Sierra Leone', *African Affairs,* Vol. 106, No. 422, January 2007, p. 95–111.

38. R. Fanthorpe, 'On the Limits of Liberal Peace: Chiefs and Democratic Decentralization in Post-war Sierra Leone', *African Affairs*, Vol. 105, No. 418, January 2006, p. 27–49.

39. S. Shepler, 'The Rites of the Child: global Discourses of Youth and Reintegrating Child Soldiers in Sierra Leone', *Journal of Human Rights*, Vol. 4, 2006, p. 197–211.

40. American Psychological Association (APA) *Resilience in African American Children and Adolescents A Vision for Optimal Development Resilience in African American Children and Adolescents: A Vision for Optimal Development;* http://www.apa.org/pi/families/resources/resiliencerpt.pdf, Read 23.01.12.

41. The Child Rights Act 2007, which provides for the promotion of the rights of the child compatible with the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations on 20th November, 1989, and its Optional Protocols of 8th September, 2000; the African Charter on the Rights and Welfare of the Child and for other related matters. It also repeal *the Corporal Punishment Act. Amends the Protection of Women and Girls Act (Cap 30). Amends the Prevention of Cruelty to Children Act (Cap. 31). Amends the Children and Young Persons Act (Cap. 44). Amends the Muslim Marriage Act (Cap. 96). Amends the Armed Forces of Sierra Leone Act, 1961 (No. 34 of 1961). Amends the Interpretation Act, 1971 (No. 8 of 1971).*

42. Z. Wai, 'The role of youth and the Sierra Leone Diaspora in Democratic Awakening' in A.B. Zack-Williams, *The Quest for Sustainable Development and Peace: The 2007 Sierra Leone Elections*, Nordic Institute of African, Uppsala, Sweden, 2008, p. 53.

43. At a rate of between 65 and 70 %, ibid.

44. Over 60 % of the population is in poverty, ibid.

The Fallacy of the Ticking Time Bomb: Resilience of Children Formerly Recruited into Armed Forces and Groups

Lindsay Stark and Mike Wessells

Media campaigns and advocacy platforms have frequently perpetuated images of formerly recruited children as "a lost generation"—a cadre of young people who have committed unspeakable atrocities during war and who are beyond rehabilitation. One NGO declared recently that "failure to act will create a ticking time bomb of angry, alienated and traumatized youth whose only skills they have to rely on are those they learned at war" (Child Soldiers, 2008). In many conflict and post-conflict settings, this emphasis on the trauma of formerly recruited children[1] has dominated response efforts. Many responders have perceived these children as suffering a form

of pathology that needs to be addressed through a medical model via treatments such as counseling.

This paradigm is problematic on numerous levels. It focuses almost exclusively on wartime trauma, thus assuming that formerly recruited children's difficulties and traumatic experiences end once they are released from the armed force or armed group with which they served. Following release, however, formerly recruited children face a multitude of stresses including potential fear of reprisals or community hostilities, stigmatization, family violence, chronic poverty, and inability to earn a living (Boothby, Crawford, & Halperin, 2006; Garbarino & Kostelny, 1996; Stark, Boothby, & Ager, 2009). These problems are often not of clinical proportions, yet formerly recruited children frequently say that these are their greatest sources of distress.

Additionally, by focusing on deficits, the trauma approach tends to underestimate children's abilities to cope with distress and to function, that is, to fill socially expected, age-appropriate roles. In fact, many formerly recruited children and youth exhibit resilience, which is defined as the capacity to adapt and function reasonably well despite exposure to adversity (Masten, Best, & Garmezy, 1990). A growing body of evidence indicates that the majority of war-affected youth find a way to move on and become functional members of their families and communities. Such findings suggest the need for a new paradigm for understanding and supporting formerly recruited children as they attempt to leave their wartime identities behind and reintegrate into civilian life.

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[1] We use this term to refer to the full range of children covered by the Paris Principles (http://www.un.org/children/conflict/english/parisprinciples.html), which use the slightly cumbersome phrase "children associated with armed forces or armed groups." It is used for convenience and is not intended to overshadow the enormous cultural variation in regard to how childhood is defined in different contexts, the roles children play during their time with armed forces and groups, or the multitude of ways in which children are "recruited" into warring factions.

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Programmatically, a resilience paradigm is useful because it emphasizes the importance of building on the existing strengths of children, families, and communities. A resilience paradigm also points the way toward a different way of working which is based on strengthening empowerment, young people's agency and voice, and collective action to support children's reintegration. In contrast, a deficits approach underestimates children's adaptive capacities and often leads to the development of programs that regard formerly recruited children as passive victims and offer individualized supports such as counseling.

This chapter explores the learning that has taken place around resilience- and strengths-based approaches to helping formerly recruited children reintegrate into civilian life. It examines the importance of agency and relationships in supporting reintegration, contesting the adult-centric and individualistic approaches seen frequently in war zones. Next, it analyzes how reintegration is supported by five key elements—psychosocial interventions, cultural and spiritual practices, education, livelihoods, and family and community mobilization and reconciliation. Recognizing the enormity of the ethical challenges associated with efforts to reintegrate formerly recruited children, the chapter concludes with a reflection on various Do No Harm issues and how they can be managed.

Agency and Relationship

Hidden power dynamics, particularly the privileging of adult perspectives, frequently impede effective reintegration. Typically, reintegration programs have been conceptualized, implemented, and evaluated by adults. From a resilience perspective, this adult-centric approach is misguided because it disempowers children and youth, infantilizes them, and regards them as beneficiaries rather than as people who have the capacity to cope and adapt. This approach mitigates against the sense of self-efficacy that supports healing following exposure to overwhelming events. From a practical standpoint, adults tend not to be in touch with the main concerns of children and youth. As a result, adults are in a poor position either to respond to those concerns. Also, many formerly recruited

young people do not want to be treated as if they were dependent children. Having learned active skills of planning and organizing inside armed forces and groups, they want to put those skills to use in the civilian arena rather than sit and learn adult-prescribed skills such as tailoring.

A recent study illustrates how it is possible to build on young people's agency through participatory action research (PAR), in which young people themselves define reintegration, identify the problems that block it, and take steps to address the problems (McKay, Veale, Worthen, & Wessells, 2010). Recognizing that programs on disarmament, demobilization, and reintegration (DDR) have typically marginalized women and girls, this study focused on the reintegration of formerly recruited girls, including girl-mothers, in Sierra Leone, Liberia, and Uganda. A key finding was that these young women defined reintegration in highly relational terms. Far from thinking only about their individual mental health and well-being, they defined reintegration to mean that "they and their children are accepted, respected and included as contributing family and community members" (McKay et al.). This definition was arrived at following many hours of discussion that focused on their practical problems such as their stigmatization and voicelessness. In fact, at the start of the 3-year project, most girls reported that they were so low and invisible that they could not even attend community meetings, much less speak during them. In this context, the process of defining reintegration is less a technical task than one of acquiring voice and regaining one's sense of dignity and agency.

Elaborating on what they meant by "reintegration," the young women discussed a circular process in which they exhibited respectful, appropriate behavior and earned respect and acceptance as a result, which in turn increased their motivation to abandon the fighting and unruly behavior that they had initially exhibited following their release. They discussed also the importance of being contributing family members, having a livelihood to help support themselves and their children, caring for their children's appearance and hygiene, and showing good mothering skills. They also talked about the importance of giving back to their communities.

To achieve reintegration, the young women formed peer groups of approximately 20–25 girls who met on a weekly basis and who listened and discussed issues in respectful ways, supported each other, managed conflict, and engaged in collective problem solving. The girls also chose to develop livelihood projects such as selling small items in the local marketplace, animal husbandry, or starting a bakery. Supportive women and other influential community members helped to mediate between the girls and the communities, who had initially feared them, encouraged community members to include the girls and their children in their activities, and mobilized resources such as land to help the girls in livelihood projects such as farming. Over time, communities developed a sense of ownership over the project, thereby opening the doors for, and supporting, the girls' reintegration.

Three key findings from this project underscored the girls' relational view of reintegration. First, the peer groups provided valuable psychosocial support that built confidence, helped the girls find their voice, and enabled coping through problem solving and talking. Without this support, the girls could probably not have benefitted from traditional reintegration supports such livelihoods because they were too stigmatized. Second, livelihoods activities were essential in enabling the girls to fulfill their roles as mothers and contributing members of their families and communities. Third, the girls' well-being was inextricably linked with that of their children. The girls earned income, reentered education, became seen as "serious," and participated in community meetings. Yet it was equally important, in their view, that they had become good mothers and their children, who previously had been shunned, were now included and could go to school and play with other children.

This relational view of reintegration fits well with a social ecological framework for understanding children's development (Boothby et al., 2006; Bronfenbrenner, 1979; Dawes & Donald, 2000). This framework emphasizes that individual development occurs through interactions with others in the context of overlapping social spheres of family, community, and society. Consistent with this idea, the girls in the PAR study developed and reintegrated into their families and communities through intensely relational processes. The visible importance of social relations serves as a poignant reminder of the limits of individualized approaches that focus primarily on the well-being of individual children. In all aspects, effective reintegration is a social process of rebuilding relationships between them and their families and communities and helping them to have a meaningful social role as well as find civilian identities.

Key Reintegration Supports

Effective reintegration requires a system of mitigating and preventive supports. Without attention to prevention, the risks are high that demobilized children will be re-recruited or that the DDR efforts will create a revolving door that brings new child recruits in as the demobilized children leave. To intermix mitigation and prevention, practitioners are increasingly moving away from narrowly constructed supports designed specifically for formerly recruited children in favor of holistic supports provided by national systems of child protection. These systems address a wide array of sources of vulnerability, including family separation, displacement, sexual violence, trafficking, and HIV and AIDS, among many others. It is beyond the scope of this chapter to discuss the full range of supports needed to establish holistic protection systems. Instead, the focus will be on some of the main supports needed for reintegration.

Psychosocial Supports

Many of the mental health and psychosocial supports established for formerly recruited children had been guided by assessments of DSM-based symptoms and disorders, particularly post-traumatic stress disorder (PTSD), which has been estimated to affect from 30 % to over 90 % of war-affected children (Ajdukovic & Ajdukovic, 1998; Annan, Blattman, & Horton, 2006; Green, 1994; Husain et al., 1998; Mollica, McInnes, Poole, & Tor, 1998). Quite often, such data have led to the establishment of counseling services. However, most of the measures used in these studies have not been validated in non-Western

countries and may be inappropriate due to their individual focus and cultural specificity.

Notwithstanding media images of all children being traumatized, one cannot assume that all formerly recruited children have been affected in the same way. In general, exposure to greater "doses" of traumatic experience tend to produce stronger effects, and children who had been in armed groups longer tend to be more strongly affected. For example, a girl who had spent a day carrying heavy loads for an armed group will likely be affected differently from a girl who had survived sexual abuse in an armed group. Similarly, children who had preexisting vulnerabilities tend to be more strongly affected than are children who were less vulnerable or had better coping skills. Impact also varies according to whether and how children impute meaning to their experiences. A boy who joins an armed group as a freedom fighter out of a strong commitment to a cause may find meaning in fighting, may feel a sense of camaraderie with his group, and may survive an attack from a rival group without developing significant signs of trauma. A boy who has been forced to fight against his will, and who feels isolated, afraid, and confused, on the other hand, may present with signs of anxiety and depression following a similar attack.

In addition, field experience has repeatedly indicated the need for holistic approaches that go beyond trauma counseling. Formerly recruited children frequently report that their biggest sources of distress are not past traumas but current problems of living such as joblessness, stigmatization, and insecurity. Lack of access to education is often one of their greatest self-reported problems. To address these issues, it is essential to develop a comprehensive, layered system or reintegration supports (Wessells, 2006b). Following the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007), one can envision the layered system in the form of an intervention pyramid. The top layer of the pyramid consists of the important specialized supports such as counseling that are needed by a small minority of children. The second layer consists of focused supports such as livelihoods supports or steps to

reduce the stigma of formerly recruited girls. The third layer, which applies to a much larger percentage of the population, consists of family and community supports such as education and steps to reunify families. The bottom layer is the reestablishment of security and steps to meet basic survival needs, the provision of which makes it possible for natural sources of support from family members, religious leaders, and others to take effect.

Cultural and Spiritual Practices

A central feature of resilience approaches is that they build upon local assets and modes of coping, at the community level (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008) as well as the individual level. In contrast to Western approaches to healing, which frequently have been imposed from the outside and encounter problems of acceptance and sustainability, a resilience approach uses local understandings to guide the analysis of young people's problems and seeks to identify and strengthen local modes of healing and coping, provided that they fit with international human rights standards.

Western approaches have typically used a medical model that emphasizes the physical causation of ailments and guides the use of Western interventions, including the use of medications, which may be unsustainable or inappropriate in the local context. In many non-Western cultures, however, people view health and well-being in terms of relationships between individuals and their surroundings, their ancestors, and among themselves (Honwana, 1997, 1998a). Both the causes of illness and the remedies are believed to lie in the spiritual world (Honwana, 1997). The spiritual beliefs and practices are significant means of coping since they enable people to find meaning and restore well-being in their lives after traumatic experiences (Lee & Sue, 2001; Swartz, 1998).

For example, girls returning from armed groups in particular areas of Sierra Leone described having *noro,* a form of spiritual contamination or bad luck. This spiritual contamination was attributed to rape and other wartime

activities, and affected almost every aspect of girls' lives. Girls believed that bad luck affected their relationships, impeded their ability to get married or find love, and caused bad behavior, negative emotional states, and negative self-perceptions. The girls' contamination caused them to feel isolated from the community and unable to participate in communal activities. As a result of their contamination, the girls believed they were unable to work and earn an income or to function within society (Kostelny, 2004; Stark, 2006).

In rural areas of Sierra Leone where people adhered to traditions, these spiritual afflictions were viewed as communal rather than as individual problems since angry spirits could cause illness in one's family, crop failures, or other problems. Both the girls and their families sought ritual cleansings and other rituals performed by indigenous healers as a means of purging the angry spirits and spiritual toxins and helping the girls to put the past behind them. Typically these ceremonies were organized and paid for by family and community member who saw this as essential for the girls' reintegration and recovery. In other cases, local and international NGOs helped to support these processes. Similar practices have been documented in Angola, Mozambique, Uganda, the Democratic Republic of the Congo, and throughout sub-Saharan Africa (Annan et al., 2006; Boothby et al., 2006; Honwana, 1998a, 1998b). In Asia, too, people understand many ailments, including mental illnesses, as having spiritual causes and remedies (Eisenbruch, 1991; Gielen, Fish, & Draguns, 2004; van de Put & Eisenbruch, 2004).

These beliefs and practices have received a fair amount of attention in recent years, and have inspired a more culturally grounded approach to interventions. While this is a positive development, it is important to view local practices with a critical eye and avoid the romantic and demonic stereotypes that have arisen at field level. Local beliefs and practices are dynamic and complex, and some local practices, such as female circumcision, are harmful. Possibly, the same indigenous healers who perform useful cleansing rituals may also perform harmful traditional practices. It is important to support only positive practices, and to anticipate and take steps to prevent the negative unintended consequences that may arise through support of traditional practices. While there are no universal guidelines in how to support positive local practices while discouraging negative ones, key informants within the communities will often be able to provide critical guidance in moving forward in an ethical and culturally sensitive manner.

Education

Education is one of the most frequently identified priorities and a source of hope for formerly recruited children (McKay & Mazurana, 2004; Peters & Richards, 1998; Williamson & Carter, 2005; Women's Commission, 2005). Recruitment into armed forces and groups interrupts children's schooling. Significant barriers to effective education remain even after a ceasefire has been established. Many post-conflict areas struggle from a lack of schools and a shortage of teachers. Even when schooling is available, formerly recruited children may be deterred from attending classes due to stigma from classmates and teachers. Others have difficulties concentrating or may refuse to sit in a classroom with much younger children (Wessells, 2006a). Having returned recently from the bush, formerly recruited children may find it difficult to relate to their fellow classmates, their teachers, and the contents of their courses. Many returning children are expected to contribute to a family's income, and may have to prioritize income generation over schooling.

While the barriers described above affect both formerly recruited boys and girls, girls have a number of additional obstacles as well. Girls are often encouraged to stay home, as their education is not valued as highly as the male members of their family. In addition, girls in many countries are expected to leave school if they are married or have their own children. Some girls are actually kept home as a means of protection, because of fears of exploitative teachers and the high risk of sexual violence at or on the way to school (Murphy, Stark, Wessells, Boothby, & Ager, 2011; Wessells, 2006a).

The importance of enabling the full participation of formerly recruited children is evident in recent research in northern Uganda, which reported that each additional year of education was associated with a 5 % increase in daily wages. Better educated children tended to engage in less risky occupations and were less vulnerable to repeat recruitment or abductions (Annan et al., 2006). Sadly, the same study reported that formerly recruited children were half as likely to be enrolled in school as other children in their community. Additionally, they were a third less likely to graduate from primary to secondary school, and were twice as likely to be fully illiterate (Annan et al. 2006).

Participation in quality education also offers important immediate benefits. Education helps to build cognitive competencies, which are important sources of coping and problem solving. Well-designed education also provides psychosocial support by enabling positive interactions between teachers and students and among students and by providing a regular routine that establishes a sense of normalcy, safety, and continuity (McCallin, 1999; Tomaševski, 2001; UNICEF, 2003). If teachers and education staff are well prepared, schools are places for identifying and supporting highly vulnerable children, referring them for more specialized support if necessary. By participating in the social role of students, education can help formerly recruited children meet social expectations and redefine their identity as something other than "a soldier" (Human Rights Watch, 1994).

However, it is useful to place education for formerly recruited children in critical perspective, as enrollment alone does not guarantee the short- and long-term benefits described above (Sommers, 2003). Too often, educators and students lack the training needed to create a supportive environment for formerly recruited children. Also, traditional educational settings and approaches may be poorly suited to meeting the needs of formerly recruited children. Experience in some settings suggests that it is useful to provide nonformal education, including catch-up classes designed specifically for formerly recruited children. For some children such as

girl-mothers, education may be a viable option only if it is coupled with a livelihood. From a resilience standpoint, the key is to engage formerly recruited children as co-decision makers in designing, implementing, and evaluating appropriate forms and venues of education and in linking education with interventions such as livelihoods.

Livelihoods

In identifying their most pressing issues and needs, formerly recruited children frequently prioritize economic stressors. Returned youth are often ridiculed for being unable to afford clothing, shoes, or school uniforms. Others may suffer because they are unable to afford treatment for lingering physical ailments, including sexually transmitted illnesses; still others speak about the responsibility they feel to help their family find money to put food on the table.

Economic well-being is closely linked to social status and identity for children returning from armed forces and groups (Wessells, 2006a). In Mozambique, for example, many returned youth expressed a desire to earn money in order to get "a wife and family" (Boothby et al., 2006), which was a way of being like other people of one's age and filling an age-appropriate social role. Similarly, for girls in Sierra Leone who returned from armed forces, marriage was a critical marker of social acceptance. Many girls did in fact marry following their return, and they attributed this to the fact that they had been able to earn money, which had elevated their status and made them more desirable as marriage partners (Stark, 2006; Wessells, 2006a).

Emerging evidence also suggests that the economic prospects for formerly recruited children may vary according to how old children were when they entered armed forces or groups. In Uganda, children who had been abducted at a young age earned slightly more than children who had not been abducted into armed forces (Annan et al., 2006). In contrast, children who were recruited from the age of 12 years or above suffered in terms of their ability to earn an income following their

return. These children earned, on average, half as much as those who had not been recruited (Annan et al.). It is hypothesized that these children missed formative years in armed groups that might have otherwise been spent in school or learning a trade. These findings echo the Life Course Theory, which puts forward the notion that historical forces shape the social trajectories of family, education, and work, which in turn influence behavior and patterns of development (Elder, 1998). Additional research is needed to determine whether the pattern documented in the Ugandan context generalizes to other contexts as well.

Despite the importance of economic strengthening and livelihoods programming, a key question is how to enable effective economic supports. At field level, programs frequently provide vocational training, which is in high demand among formerly recruited youth (Wessells, 2006b). However, vocational training does not guarantee the ability to earn a sustained income. Too often, vocational training is conducted without a proper market analysis of which skills are sustainable in the local economy, and the focus is on training youth in only one or two trades. The resulting flooding of the market leaves youth feeling frustrated that they cannot support themselves with their newly acquired skill. Frustration and prolonged unemployment can propel formerly recruited youth back into armed forces and groups.

Although a systematic market analysis is the essential first step (CIDA, 2005; Unicef, 2007; Save the Children, 2004), formerly recruited children need more than vocational skills for earning an income. Many need to learn basic business skills such as how to keep track of income and expenditures, how to save, and how to develop and follow a budget. They also need to learn interpersonal skills in the marketplace and how to add and subtract. Basic, age-appropriate literacy and numeracy skills, as well as training on how to comport one's self during a business transaction, can be critical supports to vocational training programs (Annan et al., 2006; ILO, 2008).

Discrimination against girls has been a significant obstacle to recent livelihoods programming, owing in part to the fact that, in many contexts, fewer professional options have traditionally been considered appropriate for girls (McKay & Mazurana, 2004; Stark, 2006). Thus, when training has become available for a limited number of tailors, for example, those spots have tended to go to boys (Verhey, 2001). Additionally, livelihoods training may need to be adapted in order to be of most use to girls. A study in the Democratic Republic of Congo (DRC) found that most girls needed small-scale activities that more quickly generated an income because they did not have the time or life options to participate in the time-intensive training schemes that many programs required (Verhey, 2004). In the PAR study discussed above, similar challenges arose for young mothers who struggled to juggle mothering responsibilities with tasks related to earning an income. Learning how to provide gender-appropriate aid is a major task for future livelihoods programming.

Community Mobilization and Reconciliation

An enduring lesson from the field is that reintegration is a community and family process as well as an individual change process (Verhey, 2001). The success of the interventions described above depends not only on the returned child, but on the health and well-being of the broader community. From the standpoint of a resilience approach, it is a high priority to build community resilience (Wessells, 2006a), which is a collective analogue of individual resilience (Norris et al., 2008).

In the context of reintegration programming, building community resilience requires strengthening community agency through collective planning and action to address local problems, and the internal mobilization of community resources. To achieve community agency and ownership of the reintegration process is difficult since war shatters social unity and trust, and creates fear and competition over scarce resources. In practical terms, community members frequently fear the youth who had previously attacked them, stigmatize them, or actively seek revenge.

Community reconciliation is the foundation for repairing the damage that has been done, and for creating a space where formerly recruited children feel welcomed, safe, accepted, and hopeful about the future. No single universal model of reconciliation exists, and many models incorporate elements of truth, justice, forgiveness, reconstruction, and peace (see Kreisberg, 2004; Lederach, 1997; Rouhana, 2000). Yet, at the crux of all of these models are the concepts of reparation and transformation of relationships that have been damaged as a result of war.

To support community reconciliation in Sierra Leone, one program facilitated collective planning and stimulated cooperation between formerly recruited youth and youth who had been part of villages that had been attacked (Wessells & Jonah, 2005). Neighboring villages that had cooperated historically came together to identify projects that would support their children. Frequently selected projects included rebuilding schools, building health posts, or repairing bridges that supported travel to and commerce with other areas. Following intergroup discussions among youth, including the activation of traditional means of handling conflict without violence, youth work teams were formed that subsequently built the community projects. The teams consisted of equal numbers of youth who had and had not been part of armed groups, respectively. Together, these activities helped to reestablish a sense of social trust and interdependence and to enable the collective action that is needed to cope with difficult circumstances. In addition, relations among the youth improved, as did relations between the wider community and the formerly recruited youth. As the latter worked on the community projects, they made restoration for the harm they had done, and community members came to see them as potentially constructive citizens.

Mediation with families, conflict resolution, traditional cleansing ceremonies, and welcoming returned children back into churches and mosques have also all helped bring about remarkable transformations for returned children, their families, and the broader community (Stark, 2006; Williamson & Cripe, 2002). The importance of nonviolent approaches to conflict in post-conflict settings is a poignant reminder that reintegration programs cannot succeed by attempting to reconstruct the relations that had antedated the conflict. Successful reintegration efforts must have a transformational orientation that seeks to strengthen social justice and link local reintegration efforts with wider work to build peace.

Do No Harm Issues

Work to reintegrate formerly recruited children, like all humanitarian efforts, frequently has unintended consequences, some of which cause harm. For example, a frequent error is to assume that children who exhibit resilience need no support. In cases such as Northern Ireland, politicians have misappropriated the term "resilience," using it to deny mental health benefits to children on various sides of the political violence.

However, to say that children are resilient is not to imply that they have not been affected by war and need no support (Cairns & Dawes, 1996). All war-affected children need and are entitled to supports—though, as indicated by the intervention pyramid for mental health and psychosocial supports, different children may need different kinds of support. A young mother who had formerly been recruited may function relatively well yet may need a variety of livelihood, education, and psychosocial supports. Taking a resilience approach is about how support is provided—it is not about whether support is provided. The resilience idiom would itself become a source of harm if it were used to cover up or distract attention from the trauma, substance abuse, spiritual problems, and other mental health and psychosocial issues that can affect formerly recruited children.

At every step, a key to working effectively with formerly recruited children is to maintain a stance of critical awareness regarding the ways in which research and programming can cause unintended harm. Although these issues have warranted more extensive discussion, it is valuable to analyze here the issues of excessive targeting and power dynamics that frequently lead to preventable harm.

Excessive Targeting

Targeting is a way of meeting the specific needs of at-risk children and of focusing scarce programming and funding resources on children who are most vulnerable. For example, from a programming perspective, a moderate amount of targeting is sensible, even necessary, to develop supports that meet the specific needs of formerly recruited girl-mothers. A less targeted approach of making education available to all children would probably not help many formerly recruited girl-mothers who could not attend school due to stigmatization and lack of income. From a donor perspective, targeting makes it possible to support the most vulnerable people and to obtain "more bang for the buck."

Although targeting itself is not problematic, a frequent cause of unintended harm is excessive targeting. For example, researchers who want to learn about the situation of formerly recruited girls may enter villages and cities, interviewing only formerly recruited girls. Yet this can stigmatize the girls and add to their burden of suffering. Similar problems arise in regard to programming that is guided by donor funding provided specifically for formerly recruited children. In Sierra Leone, Liberia, and other countries, this practice created charges that aid was "blood money" since it was used to support the youth who had previously attacked villages. In addition, reverse stigmatization occurred as people in very poor villages became angry and jealous when they saw formerly recruited youth return home better dressed than they themselves could afford. This excessive targeting created social divisions at the moment when unity was a high priority. A sad irony is that the frequently made assumption that formerly recruited children are among the most vulnerable is often untrue. Children who are inside armed groups sometimes have greater access to food and medicines than do the young people who live in areas under attack. In such situations, exclusive support for formerly recruited children is discriminatory and harmful.

No simple blueprint exists for avoiding excessive targeting, and solutions to this problem are highly contextual. In general, it is wise not to focus research, assessments, or programmatic supports exclusively on predefined categories of vulnerable people. A sounder strategy is to recognize that vulnerability is highly contextual and to learn from affected people what the main sources of vulnerability are and who is in the most desperate situation. As indicated by the Paris Principles, it is useful to include a mix of vulnerable children in studies or programs that are designed primarily to support formerly recruited children. The difficulty, however, is that a single village or town may include children who are vulnerable from diverse sources—family separation, HIV and AIDS, gender-based violence, and so on—and each source may require a different program approach or focus. Further, there may be donor restrictions that limit the use of funding for children who had not been recruited. In this case, it is useful to obtain multiple sources of funding to support children having different needs. However, in the highly fluid, chaotic situation that often exists soon after the signing of a ceasefire, this is more challenging than it sounds. Nevertheless, awareness of the problem of excessive targeting and a quest for a more comprehensive approach are useful in managing the situation.

Power Dynamics

Reintegration work also faces thorny ethical and practical issues centered around power dynamics, both within groups of affected people and between humanitarians and affected people. As discussed earlier, community ownership is of fundamental importance in a resilience approach. Yet what if no coherent "community" exists? In urban contexts that are home to refugees from many different countries, there may be little sense of community, and various subgroups may struggle for control over basic resources such as land and water. Even within seemingly homogeneous communities, there is likely to be a hidden power structure in which some people, for example, the chief's clan, enjoy influence and privileges that other people do not have. In most communities, there are marginalized people who have little

status or voice. To manage these complexities within a resilience framework, it is important to avoid the trap of supporting only local power elites, reach out to different subgroups, and take an inclusive approach to programming that respects the voice and agency of marginalized people.

The power dynamics between affected people and humanitarians, many of whom come from developed countries of the global North and West, are no less problematic. Despite the importance of enabling local people's agency and respecting their culture, outside interveners hold the power that is associated with money, education, and scientific legitimacy. Not uncommonly, outsiders who lack humility and a spirit of mutual learning with affected people impose their preconceived ideas and approaches, thereby marginalizing local people and their cultural beliefs and practices. For example, in northern Uganda, some formerly recruited youth who believed that they needed traditional cleansing were told by Christian evangelical workers that they only needed to pray. In cases such as this, reintegration efforts become a form of neocolonialism that thwarts agency and building on local assets. The resulting harm is preventable by taking a self-critical stance and vesting local people with greater power to guide programming.

Conclusion

Efforts to support reintegration raise myriad other issues about the ethics of practices such as failing to work on prevention, working only with boys, supporting harmful traditional practices, asking formerly recruited children to recount their worst experiences, interviewing children when little psychosocial support is available, exploiting images of formerly recruited children for purposes such as raising funds, and providing only short-term support when reintegration is a longer process that is measured in years. Finding ways of preventing and managing these and other ethical issues is an essential part of supporting the young people's reintegration. Ultimately, the adoption of a resilience approach is itself an important step toward ethical practice. It is through a resilience approach that formerly recruited youth achieve the full voice, agency, and dignity that are their fundamental rights even amidst adversity.

References

Ajdukovic, M., & Ajdukovic, D. (1998). Impact of displacement on the psychological well being of refugee children. *International Review of Psychiatry, 10*, 186–195.

Annan, J., Blattman, C., & Horton, R. (2006). *The state of youth and youth protection in northern Uganda: Findings from the Survey for War Affected Youth*. Kampala: UNICEF.

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambican child soldier life outcome study: Lessons learned on rehabilitation and reintegration efforts. *Global Public Health, 1*(1), 87–107.

Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Cairns, E., & Dawes, A. (1996). Children: Ethnic and political violence—A commentary. *Child Development, 67*(1), 129–139.

Child Soldiers. (2008). *A ticking timebomb*. Available at: http://www.planusa.org/contentmgr/showdetails.php/id/353396 http://www.planusa.org/contentmgr/showdetails.php/id/353396

CIDA (Canadian International Development Agency). (2005). *Support to former child soldiers: Programming and proposal evaluation guide*. Quebec: Canadian International Development Agency (CIDA).

Dawes, A., & Donald, D. (2000). Improving children's chances. In D. Donald, A. Dawes, & J. Louw (Eds.), *Addressing childhood adversity* (pp. 1–25). Cape Town: David Philip.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement. *Social Science and Medicine, 33*(6), 673–680.

Elder, G. (1998). The Life course as development theory. *Child Development, 69*(1), 1–12.

Garbarino, J., & Kostelny, K. (1996). The effects of political violence on Palestinian children's behavioural problems: A risk accumulation model. *Child Development, 67*(1), 33–45.

Gielen, U., Fish, J., & Draguns, J. (Eds.). (2004). *Handbook of culture, therapy, and healing*. Mahwah, NJ: Erlbaum.

Green, B. (1994). Psychosocial research in traumatic stress: An update. *Journal of traumatic stress, 7*(3), 341–362.

Honwana, A. (1997). Healing for peace: Traditional healers and post-war reconstruction in Southern Mozambique. *Peace and Conflict: Journal of Peace Psychology, 3*(3), 293–305.

Honwana, A. (1998a). *Sealing the past, facing the future: Trauma healing in rural Mozambique* (Vol. 3). London: Conciliation Resources, Accord.

Honwana, A. (1998b). *Okusiakala O'Ndalu Yokalye: Let us light a new fire*. Luanda: Christian Children's Fund.

Human Rights Watch. (1994). *Easy prey: Child soldiers in Liberia*. New York, NY: Human Rights Watch Children's Rights Project.

Husain, S. A., Jyotsna, N., Holcomb, W., Reid, J. C., Vargas, V., & Nair, S. N. (1998). Stress reactions of children and adolescents in war and siege conditions. *American Journal of Psychiatry, 155*, 1718–1719.

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

International Labor Organization (ILO). (2008). *Improving skills and productivity of disadvantaged youth. Employment working paper no. 7*. Geneva: ILO.

Kostelny, K. (2004). What about the girls? *Cornell International Law Journal, 37*(3), 505–512.

Kreisberg, L. (2004). Comparing reconciliation actions within and between countries. In B.-S.-T. Yakov (Ed.), *From conflict resolution to reconciliation*. Oxford: Oxford University Press.

Lederach, J. (1997). *Building peace*. Washington, DC: U. S. Institute of Peace.

Lee, J., & Sue, S. (2001). Clinical psychology and culture. In D. Matsumoto (Ed.), *The handbook of culture & psychology* (pp. 287–305). New York: Oxford University Press.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425–444.

McCallin, M. (1999). *The refugee experience: Psychosocial training module*. Oxford: Refugee Studies Centre.

McKay, S., & Mazurana, D. (2004). *Where are the girls? Girls in fighting forces in Northern Uganda, Sierra Leone, and Mozambique: Their lives during and after war*. Montreal: International Centre for Human Rights and Democratic Development.

McKay, S., Veale, A., Worthen, M., & Wessells, M. (2010). *Community-based reintegration of war-affected young mothers: Participatory action research (PAR) in Sierra Leone, Liberia, and northern Uganda*. Available at: http://PARgirlmothers.org

Mollica, R. F., Mclnnes, K., Poole, C., & Tor, S. (1998). Dose—Effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *British Journal of Psychiatry, 173*, 482–488.

Murphy, M., Stark, L., Wessells, M., Boothby, N., & Ager, A. (2011). Fortifying barriers: Sexual violence as an obstacle to girls' school participation in northern Uganda. In Julia Paulson (Ed.), *Conflict, education and peacebuilding: Oxford studies in comparative education*. Oxfordshire: Symposium Books.

Norris, K., Stevens, S., Pfefferbaum, B., Wyche, K., & Pfefferbaum, R. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology, 41*, 127–150.

Peters, K., & Richards, P. (1998). Why we fight: Voices of youth combatants in Sierra Leone. *Africa, 68*(2), 183–210.

Rouhana, N. (2000). Interactive conflict resolution: Issues in theory, methodology, and evaluation. In P. Stern & D. Druckman (Eds.), *International conflict resolution after the Cold War* (pp. 294–337). Washington, DC: National Academy Press.

Save the Children UK. (2004). *Crossing borders: The Demobilization and Reintegration of Rwandan Boys and Girls Associated with Armed Groups in the Democratic Republic of Congo.* Unpublished.

Sommers, M. (2003). *Education in emergencies*. Washington, DC: Creative Associates International.

Stark, L. (2006). Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict, 4*(3), 206–218.

Stark, L., Boothby, N., & Ager, A. (2009). Children and fighting forces: Ten years on from Cape Town Disasters. *The Journal of Disaster Studies Policy and Management, 33*(4), 522–547.

Swartz, L. (1998). *Culture and mental health*. Cape Town: Oxford University Press.

Tomaševski, K. (2001). Education: From lottery back to rights. *International Children's Rights Monitor., 14*(3), 14–17.

UNICEF (United Nations Children's Fund). (2003). *Technical notes: Special considerations for programming in unstable situations*. New York, NY: UNICEF Programme Division.

Unicef. (2007). Independent Final Evaluation of the Demobilization of Child Soldiers and Socioeconomic Reintegration of War-Affected Young People in Afghanistan (D&R) Project. Unicef: New York. Available at: http://www.dol.gov/ilab/projects/asia/Afghanistan_ChildSoldiers_feval.pdf.

Van de Put, W., & Eisenbruch, M. (2004). Internally displaced Cambodians: Healing trauma in communities. In L. Rasco & K. Miller (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation.* Routledge.

Verhey, B. (2001). *Child soldiers: Preventing, demobilizing and reintegrating.* Africa Region Working Paper Series No. 23. World Bank, Washington, DC.

Verhey, B. (2004). *Reaching the Girls: Study on Girls Associated with Armed Forces and Groups in the Democratic Republic of Congo.* Save the Children and the NGO Group: CARE, IFESH and IRC. Available at: http://www.crin.org/bcn/details.asp

Wessells, M. (2006a). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M. (2006b). A living wage: The importance of livelihood in reintegrating former child soldiers. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecologies of children and war*. Connecticut: Kumarian Press.

Wessells, M., & Jonah, D. (2005). Reintegration of former youth soldiers in Sierra Leone: Challenges of reconciliation and post-accord peacebuilding. In S. McEvoy-Levy (Ed.), *Youth and post-accord peacebuilding*. South Bend, Indiana: University of Notre Dame Press.

Williamson, J., & Carter, L. (2005). *Children's reintegration in Liberia*. Washington, DC: United States Agency for International Development (USAID).

Williamson, J., & Cripe, L. (2002). *Assessment of DCOF supported child demobilization and reintegration activities in Sierra Leone*. Washington, DC: USAID.

Women's Commission for Refugee Women and Children. (2005). *Learning in a war zone: Education in northern Uganda*. New York: Women's Commission for Refugee Women and Children.

Children of War in Colombia and Iraq

8

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In modern warfare, 10 % of the people who are killed are soldiers and 90 % civilians—one-half of which are children

(De Jong, 2010).

In a report by UNICEF (2006), it was estimated that two million children have been killed by armed conflicts, six million were injured and disabled, more than one million were displaced or separated from their parents and twenty million were left homeless. Three years later, the International Committee of the Red Cross (ICRC) reported that in 2008, eighteen million children were forced to leave their homes either as refugees or as internally displaced persons (2009, p. 1). These displaced and unaccompanied refugee children either escape or are sent away from their homes and communities to resettlement countries such as the Netherlands, the UK and the USA (Hodes, Jagdev, Chandra, & Cunniff, 2008). The risks for children remaining in countries with armed conflict are dire: 'Children are imprisoned, raped, maimed for life, even killed. Armed conflict tears families apart, forcing thousands of children to fend for themselves and to care for very young siblings' (ICRC, 2009, p. 1). Children are placed into forced labour or slavery, detained in camps, taken in unlawful adoption and forced into prostitution and early marriages. Many are recruited or captured as child soldiers or, as the ICRC prefers, as "children associated with armed forces or armed groups" (p. 10).

Many research studies show that children who experience war and are exposed to armed conflict are at risk for both physical and mental health problems. Although the majority of research on children in war-torn countries has focused on medical statistics and mortality rates, several studies have investigated the severity of Posttraumatic Stress Disorder (PTSD) and prevalence rates among children living in war zones with estimates ranging from 35 to 95 % (Becker, Weine, Vojvoda, & McGlashan, 1999; Dyregov, Gupta, Gjestad, & Mukanoheli, 2000; Fox & Tang, 2000; Qouta, Punamaki, & Sarraj, 2008; Tang & Fox, 2001; Thabet & Vostanis, 2000). As Thabet, Ibraheen, Shivram, Winter, and Vostanis (2009) note in their research in schools in the Gaza Strip, there are a number of risk factors related to PTSD that include both the type of exposure and the amount of exposure to war trauma. The risk factors include loss of family members and support networks, "proximity to the zone of impact, degree of life threat, forced evacuation and displacement, parental response and parental psychopathology, family ambivalence and economic hardship" (p. 227). Qouta, Punamaki, and Sarraj (2008) also found that in the wars in the Gaza Strip "military violence profoundly impacted children's cognitive development, including memory, problem solving and moral reasoning, emotional expression and recognition and social development, including parent–child relationships and peer and sib-

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ling relations" (p. 314). But not all children in armed conflict develop posttraumatic stress. As Qouta et al. (2008) explain:

> life threat, violence and losses form a risk for increased psychological distress. There are however, a myriad of child, family and society related factors and psycho-socio-physiological processes that protect child development and mental health.… Exposure to trauma is crucial in predicting distress, while familial and developmental issues are important in building resilience. (p. 310)

Appraisal of the traumatic event is also a significant element in the development of PTSD given that "a single occurrence or one characteristic of a trauma is usually not enough to cause psychopathology. Rather, it is the meaning attached to the trauma and subjective appraisal and consequences that are crucial" (Ozer & Weiss, 2004). Witnessing humiliation and degrading treatment and experiencing violence towards parents and other family members can be more traumatizing than being a direct victim of military violence (Qouta et al., 2008, p. 311).

It is well documented that the research on children of war has focused heavily on the psychopathological outcomes for children. New research in the field of child refugees and children associated with armed groups stresses that we also need to understand how the trauma of war is mediated by children's coping capacities, belief systems, cultural ideologies and familial and social relationships.

Overview of the Chapter

In this chapter we present the findings of two qualitative research studies on children of war conducted at the University of British Colombia, Canada. These narrative studies were conducted in Colombia with former child soldiers and with children in war-torn, occupied Iraq. We present a historical overview of each country, discuss the effects of war on children and their families and present findings with regard to protective factors that helped build resilience among the children in our studies. It should be noted that the protective factors for these two studies vary due

to contextually significant differences in each country, each community, each family and individual child participant. We conclude this chapter with a review of protective factors that may hold promise in ameliorating the suffering of children from the trauma of war.

Colombian Child Soldiers

In 2008, the Coalition to Stop the Use of Child Soldiers estimated that there were as many as 300,000 children under the age of 18 currently serving in government forces or armed rebel or militia groups around the world in more than 30 countries. Several researchers have found that the community response upon a child soldier's return is fear and mistrust. "Females were frequently seen as sexually promiscuous or defiled, while many youth-males and females alike were treated with apprehension" (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010, p. 18). Research conducted on the trauma of child soldiering suggests that involvement in violent acts, stigma from community and family members towards child soldiers and lack of family support are contributing factors to the mental health of former child soldiers (Betancourt & Khan, 2008; Kohrt et al., 2008; McKay & Wessells, 2004; Wessells, 2009). Most of the research on child soldiers describes the deleterious effects of this experience; few studies have focused on the resilience of child soldiers. In this section, we describe a research project that was conducted in Colombia with child soldiers who were either captured by or surrendered to government forces and were participating in a reintegration programme in Bogotá.

Understanding the Conflict in Colombia

In Colombia, armed conflict has been ongoing for more than 50 years between government armed forces and guerrilla groups to gain control over land, mineral resources and oil. All sides of the conflict have committed human rights violations and political violence continues today

(CSUCS, 2008). Even though hard data on child soldiers has been difficult to obtain (Wessells, 2009), the office of the Public Advocate (Defensoria del Pueblo) released a report in 1996 on Colombian child soldiers. The report concluded that up to 30 % of some guerrilla units were made up of children. In urban militias, 85 % of the recruits were under 18 years of age. The most significant factor contributing to the recruitment of child soldiers is poverty and poor living conditions. According to Colombian Statistics in 2001, two out of three Colombian children lived below the poverty line, and one out of ten was destitute. Many children leave school by grade five and join illegal armed groups. Human Rights Watch (2003) estimates that there are over 14,000 child combatants in Colombia. After Myanmar and Burundi, Colombia deploys the greatest number of child soldiers. During 2002, the number of deserters from guerrilla or militia groups increased dramatically, as did the number of child combatants who escaped captivity (Human Rights Watch, 2003). The Colombian government, responding to the number of child soldiers seeking asylum and support, implemented rehabilitation programmes to assist children in their transition back into their communities. The Colombian Family Welfare Institute (ICBF) has provided assistance to more than 750 former child combatants (660 had been captured by the police or army). Ninety-two of these child soldiers had given themselves up to the authorities.

In 2006, co-author Liliana Cortes travelled to Colombia and gained permission to interview former child soldiers in one of the government's rehabilitation and reintegration programmes. The purpose of this narrative inquiry was to understand the experiences of former child soldiers and the resources that the children drew upon to overcome the trauma of war. The context for the children in this study "spanned a period when the drug dealing business in Colombia was most prominent and terrorist acts and other forms of violence were common, especially in rural areas" (Cortes & Buchanan, 2007). A group of 23 former child soldiers were screened using the Child's Reaction to Traumatic Events Scale (CRTES, Jones, 1994) and the Structured Interview for Disorders of Extreme Stress (SIDES, Pelcovitz et al., 1997) to identify children with no or mild trauma-related symptoms and who were nominated by staff members in the reintegration programme as resilient. Only six children (four boys and two girls) were interviewed for this study. Six narrative accounts resulted from in-depth individual interviews with six former child soldiers. An across-narrative thematic analysis revealed main themes that underscore their coping mechanisms and resiliency. In this chapter, we used pseudonyms for each participant to protect their anonymity.

Sense of Agency

All of the former child soldiers used determination and initiative to plan and execute alternatives in their lives both during their captivity and engagement as a child soldier and also during their escape. The most significant finding was their ability not to succumb to the psychological domination of leaders in the armed groups by reminding themselves of their past family connections and their communities—remembering their roots. They showed autonomy, self-confidence and an internal locus of control—factors commonly associated with resilience (Werner & Smith, 1992). As they stated they had to actively defend themselves, choosing on a daily basis not to die by taking action during times of danger and by seeing opportunities when they arose. Several of the boys liked the power that came with owning a gun; it gave them a sense of control over their unsafe environment. Several of the child soldiers deserted, which could have cost them their lives and put them in great peril.

Social Intelligence, Empathy and Affect Regulation

All of the participants displayed skill at reading the social codes and rules within their armed group and behaved in ways that reduced the risks to their lives. These abilities not only kept them out of danger but also increased their chances of

survival. For example, one girl chose to "marry" another soldier to protect her from being sexually abused by others in the armed group. Natalie stated that the commandants liked her a lot because she was hard working and followed orders well. "I like to analyze what I should do and shouldn't do, so that I don't make mistakes and have something to be sorry about later on". All of these former child soldiers were able to integrate and obtain group membership by using social intelligence to gain social acceptance and respect. They were able to use empathic abilities to take on the perspective of others and control their emotional responses during times of duress, skills necessary to their survival.

Shared Experiences, Connection to Caregivers and Sense of Community

This theme reflects the participants' skills at finding meaningful support by connecting with a caregiving figure and making community connections. They shared their experiences of being a child soldier with peers both before and during the reintegration programme and claimed that this active coping strategy helped build their resilience. Sharing their experiences was one of the main factors that helped them overcome the trauma of war (Cortes & Buchanan, 2007). They also chose a strong parental figure within the armed group or formed a strong bond with another member of the armed group who gave them strength to continue on or to escape. As Carlos stated, "The group becomes your family where the commander is your father and the other fighters are your brothers and sisters". As Cortes and Buchanan note, remembrance of a caregiving figure was a significant factor in their survival:

> All the participants had the experience of an intimate and fulfilling tie to a significant adult in their childhood. All had at least one supportive and loving adult figure in their early childhood. Having that memory of that person not only served as a safe haven but also provided a template to be emulated in some of the relationships they established with comrades.… Participants often called on the memory of their care-giving figure for comfort and grounding in moments of despair and they attributed their survival to the connection that they managed to preserve. (Cortes & Buchanan, 2007, p. 50)

Sense of Future, Hope and Growth

The participants spoke about their experiences as a child soldier in the past tense; they did not identify as a soldier or combatant any longer. They also spoke about their war experiences as painful past experiences. They shared that during their war experiences they often dreamed about their freedom and their future lives. They held onto hope. The participants also described their war experiences as growth experiences. Andres's quote sums it up quite well:

> One of the things that helped me survive was thinking about the future and in deserting. I realized that it was not going to be forever. To me I think the future is more important than the past, and it's one of the reasons I deserted. As soon as I finish the reintegration program I will take the right road and return to the country.

The children in this study demonstrated resilient capacities to overcome child-soldiering experiences and were able to use their experience as a source of future growth. Although most of the research on child soldiers has concentrated on the negative and traumatic experiences of these children, few studies have focused on children who have survived and thrived despite the trauma of war. As Betancourt and her colleagues recommend:

> successful reintegration and rehabilitation depends on a number of factors, including family and community acceptance, access to educational and training opportunities to help war-affected youth achieve self-sufficiency and maintain productive roles in the community as well as the behaviour of the youth themselves (Betancourt et al., 2010, p. 18).

Iraqi Children's Experience of War and Occupation

Understanding the Context of War and Occupation in Iraq

Over the last 30 years, Iraq has experienced a brutal dictatorship, armed conflict, economic sanctions, armed occupation and terrorism. The following events have destabilized and crippled the country's economic, social and political

systems: (a) The dictatorship of Saddam Hussein that began in 1979; (b) the Iraqi invasion of Kuwait; (c) the 1990 UN economic sanctions that lasted for 12 years; (d) the 1991 Persian Gulf War in which the coalition forces deployed Iraq's infrastructure such as bridges, hospitals, schools and water and sewage treatment facilities; and finally (e) "Operation Iraqi Freedom" and the invasion of Iraq in 2003. In the first year after the Gulf War, it was reported that 170,000 children died from infections, diarrhea and malnutrition. These figures reached 500,000 for children under age five by 1998 (Ayra & Zurbrigg, 2003). According to Daponte and Garfield (2000), the economic sanctions accounted for a 4-fold rise in the health risks of Iraqi children due to shortages in food, water and medicine. UNICEF's (2007) report estimated that two million children in Iraq suffer from malnutrition and disease: one in every four is chronically malnourished or starving. The US Institute of Peace and War (2007) claimed that child deaths have increased by 150 % due to factors such as diarrhoea and pneumonia resulting from contaminated water, starvation, insufficient medicine, physicians fleeing the country, violent deaths due to assassinations or terrorist activities and deteriorating health services. "Diseases that were under control under the previous regime, such as cholera, hepatitis, meningitis and polio, have returned" (Ismael, 2008, p. 156). The under-five mortality rate in Iraq is one of the highest in the Middle East region (Awqati et al., 2009).

The school system in Iraq has almost collapsed, with approximately 2,750 schools having been destroyed. The Minister of Education in Iraq reported that 4,000 more schools are needed (Zehr, 2008). Decline in enrolment is high with more boys attending school than girls.

> Paralyzing poverty, the horror promoted by death squads, and kidnapping [of teachers and children] for ransom serve to further aggravate children's education. … many parents unable to make ends meet, stopped their children from attending school, and sent them to work as cheap cleaning labour or even as street beggars (Ismael, 2008, p. 157).

Ismael, in her article on a lost generation of Iraqi children, stated that "according to the UN office for humanitarian affairs, 180 teachers have been killed since 2006, 100 have been kidnapped, and over 3,250 have fled the country" (p. 158). She further states "street child phenomenon comprises about one million children responsible for their own or their family's survival, but there are a mere 22 state care centres in Iraq accommodating only 698 children" (pp. 158–159). Drug addiction and prostitution are increasing among Iraqi youth as a result of daily witnessing of violence and desperation to survive (Damon, 2007). Thus, given the economic, political and social conditions described here, it is apparent that the current situation in Iraq is dire for Iraqi children of war.

Research in Iraq Following "Operation Iraqi Freedom"

In December 2003, co-author Kasim Al-Mashat travelled to Iraq to conduct research with Iraqi children who survived "Operation Iraqi Freedom" which had officially ended in May 2003. Kasim was born in Mosul, speaks fluent Arabic and Maslawi, an Iraqi dialect. The purpose of the study was to understand the psychological impact of the war on Iraqi children, the coping capacities of Iraqi children and what future hopes they held. Using a convenience sampling procedure through local contacts in Mosul, 12 Iraqi children volunteered to participate in this qualitative focus group study (11 children lived in Mosul during the bombardment and one child lived in Baghdad during the US "shock and awe" campaign). Their socio-economic status was lower-middle class to upper-middle class. Several of the children's parents were unemployed at the time of the interview. The children ranged from nine to 13 years of age, with six male and six female participants. Two separate focus group interviews were conducted in two locations: the first group of four children lived near the former president's palace in Mosul and the other focus group took place near the Iraqi intelligence headquarters also in Mosul. The children were originally screened for the study using the Child's Reaction to Traumatic Events Scale (CRTES, Jones, 1994). It should be noted that we attempted to find children who scored in the low range, but only one child scored

below 28; the boys scored slightly higher than the girls. The median score for this group on the CRTES was 35, which indicated that the majority of the children were experiencing moderate to high degrees of posttraumatic stress reactions. This is consistent with Dyregov and colleagues' study (2002) in which they found high levels of PTSD among Iraqi children during the First Gulf War (85 %) and in a 10-year follow-up study.

Before the focus group, the children were asked to reflect upon four questions and to respond by either writing a short narrative or drawing a picture of their story. During the focus group, the children shared their stories and pictures with the other group members. The four questions were as follows: (a) What was your experience of the war? (b) What meaning did the war have for you? (c) How are you doing now and what helped you cope? (d) What are your hopes for the future? A thematic content analysis was conducted using Krueger and Casey's (2000) focus group method. A validity check was conducted with an Iraqi psychiatrist living in Mosul who reviewed the findings and the procedures used and verified the trustworthiness of the study.

Main Findings of Iraqi Children of War

We provide a condensed version of the responses to these four questions and highlight the main findings for this chapter. Both groups of children experienced heavy missile attacks and heavy fighting. As we reported previously (Al-Mashat, Amundson, Westwood, & Buchanan, 2006, p. 197):

> Five children reported the death of a family member during the time of the war. Four out of the five lost family members from natural causes (i.e., illness) while one child reported that a family member had been shot. Four out of the twelve children reported knowing someone from their family who was physically injured but survived the war. Eight of the children reported that they had temporarily moved out of their homes at some point during the war, which meant moving in with other relatives. Some children moved away for months while others returned to their homes after four days.

All of the children missed their daily routines and their life before the bombardment and invasion.

They missed being in school and were bothered that they could no longer play outdoors. Most of the children lived through horrific ordeals. Some had witnessed their friends being hit by shrapnel in the playground, while others witnessed gruesome decapitations and the deaths of neighbours and loved ones. Some of the children had experienced guns being pointed at them. The majority of children were also distressed by the sounds of daily patrolling by the helicopters and airplanes of the occupying army that flew over their neighbourhoods. They had difficulty sleeping and reported many physical complaints (headaches, stomach aches were most common). They all struggled with grief, loneliness and isolation. The majority of the children had intrusive dreams and images. The following is a deeply revealing narrative written by one of the children in the group:

> …they had planes flying… [and] the strike happened. There was a man on the top of the roof, his head was decapitated.… and my other friend… was hit by five shrapnel in his leg. It looked like donair.… My face became red; I vomited the whole night and could not sleep.… I remembered terrifying nightmares… I kept dreaming about him. My dad kept on saying just open your eyes. I try to open my eyes, and read passages from the Koran. My eyes are open, but I still dream about him. I am asleep but awake … It was like I was in the same place again.… I also woke up in the morning with a headache and vomiting.

Seven children reported that they thought that they were going to die and that they believed that they might not survive the next day. Although we did not measure depression among these children, it was evident from the group interviews and their drawings that these children felt hopeless, isolated and carried a great deal of grief.

One of the ways that Iraqi children made sense of their war experience was by taking on a "tough bravado" role (Al-Mashat et al., 2006). Many of the children's mannerisms and speech focused on the political ideology of the war. They shared a sense of shame and concern that Iraqis were viewed by other neighbouring Arab countries as people who allowed the presence of an occupying army. The children held hostilities towards the American troops and the majority shared that they were not frightened by their

weaponry. They expressed a fear of dying in vain and wished that if they were to die, they would rather die as martyrs. Martyrdom has a unique cultural relevance relating to the deep sense of nationalism and honour, as well as to religious beliefs relating to the afterlife. The children shared their thoughts about martyrdom as an indirect way of showing strength and resilience. It should be emphasized that, despite their thoughts, none of these children's families were involved in militias or rebel forces. They were not involved in any attacks on US forces, nor did they have access to any weaponry. As Kasim explains: "their thoughts about death [martyrdom] may function as a tool that provides them with strength and allows them to express a sense of pride and control" (p. 205). The children did not engage in typical childlike conversations; instead, they sounded like the older adults in their lives. These children had very few future hopes except to fight the enemy, remove the occupying army or "die as martyrs".

Other coping strategies employed by the children, besides being courageous and proud, were engaging in activities to distract them from the bombardment and explosions such as listening to music, watching television, reading books, doing homework and playing with friends or siblings at home. Staying close to their parents was reported as another coping strategy as parents provided them with comfort and support, which helped to reduce their fears and insecurities. The use of prayer was another coping strategy used by the children to minimize their fears and bring them comfort and strength. They often read passages from the Koran when they felt afraid.

The findings in our study are corroborated by Carlton-Ford, Ender and Tabatabai's study (2008) among 1,000 randomly selected adolescents in Baghdad in 2004. They found that Iraqi adolescents had a heightened sense of self-esteem in reactions to the threats of war. Iraqi children had a high sense of national pride. They felt reverence to the ideas of sacrificing themselves for the sake of maintaining the honour and dignity of their country. Despite the daily challenges of living in a war-torn country (lack of food, clean water, electricity, educational opportunities and healthcare to

name a few), the authors report that the Iraqi adolescents in their study were coping fairly well.

These findings highlight the significance of understanding the cultural context that western mental health professionals and healthcare providers need to take into consideration when working with Iraqi children and Iraqi refugees. Patriotism, religious ideology and parental support are key aspects of their experience that need to be incorporated into treatment planning efforts. There is imminent need in Iraq to address the well-being of its children, as they are the future of this country. Government support by NGOs, the World Health Organization and UNICEF is not enough. As Ismael (2008) writes:

> … the degradation of the child's status flows from conscious policy decisions that have been made by occupation authorities. Neo-liberal prerogatives demanded the dismantling of Iraq's social sector, the destruction of its working and middle classes, and the creation of a pliable non-representative Iraqi government. "Reconstruction" of Iraq has become a cruel farce, and the engineering of social collapse and fractured identity have created a widespread environment of violence and hopelessness. It is in this environment that Iraq's next generation is being raised. (p. 151)

Yet, the children in this study were united in their sense of nationalism. Their coping strategies of prayer, active engagement in the political struggle and connection with community and family gave us a sense of hope in the long struggle they face. Although it will take a global effort to repair the physical and psychological damage of war and occupation on Iraq's next generation, the voices of the children in our study give us hope for their continued survival.

Protective Factors for Children of War

Research is only beginning to address protective factors that help children exposed to the trauma of war. Before reviewing this literature, it must be stated that safety and survival are crucial factors that must be in place before addressing ways to ameliorate the effects of war trauma upon children. If children are starving, suffering from disease and living in danger zones where their lives

are still at risk due to armed conflict, their safety must come first. It is obvious that these conditions must be met first before treatment and interventions can be employed to alleviate the psychosocial impact of war. This is an important point given that the child soldiers in our first study were safely housed in a reintegration programme where interventions and treatment were available. However, in our second study, the children of Iraq were in the midst of armed conflict during the time of the research. The differences in protective factors and coping strategies therefore will vary significantly given the different cultural and political contexts.

It is also important to note that assumptions about what is "normal" or "abnormal" or pathological are culturally embedded constructs. As Lustig and colleagues point out (2004),

> checklists or structured interviews focusing on posttraumatic symptoms may fail to capture stress reactions, such as grief, loss or readjustment difficulties … awareness of one's own and other's culture, history, values, family and community structures is crucial to providing culturally sensitive assessment and treatment (p. 29).

Lustig and colleagues (2004) reviewed the literature on stressful experiences and stress reactions of child and adolescent refugees and found that posttraumatic stress "was mediated by coping strategies, belief systems and social relations" (p. 25). Several researchers have confirmed that protective factors include perceived parenting support (Betancourt & Khan, 2008; Thabet et al., 2009), parents' own coping styles and caregiver mental health (Betancourt & Khan, 2008, Dybdahl, 2001; Thabet et al., 2009). More research is needed to differentiate the roles of mothers and fathers in children's coping as "fathers continue to be underrepresented in research.… the death of the father on the family circumstances might be more important than the direct effect of his death on the children" (Thabet et al., 2009, p. 233). Resilient children in Qouta and colleagues' study (2008) differed from the traumatized children in that:

> their parents both had good family mental health and their mothers rarely used punitive child rearing practices.… family and other intimate relations are salient for resilience and resources.… Our results

thus emphasize the role of constitutional characteristics, family relations and early childhood interactions as important determinants of child resilience in life-endangering conditions. (p. 318)

As Thabet and colleagues (2009) recommends, it is important for NGOs working with survivors of war trauma to support parents and to provide effective parenting education in the aftermath of war, given the strong support for parental factors in ameliorating the effects of armed conflict. In both of the studies presented in this chapter, we did not inquire specifically about parenting education. It would be beneficial in future research to include parental education given Qouta's et al., (2008) and Thabet's et al., (2009) findings.

Community acceptance and peer support are also factors that ameliorate the effects of war trauma upon children (Betancourt & Khan, 2008; Betancourt et al., 2010; Miller & Rasmussen, 2010). Our study among Colombian child soldiers supports this, as does Betancourt's et al., (2010) work with former child soldiers in Sierra Leone. The negative consequence of social stigma plays a significant role in the psychosocial adjustment of children returning from war. Thus, family and community acceptance mediates the effects of war experiences for children exposed to armed violence. Again NGOs and government officials have an important role in creating community interventions to de-stigmatize children who have been involved in armed conflict.

There is also support in the literature that religious beliefs, commitment to an ideology and prayer are protective factors for children of war (Al-Mashat et al., 2006; Hodes et al., 2008). In both of our studies reported here, we found that the children used prayer and religious beliefs and a political ideology to sustain them during great adversity and life-threatening conditions.

Empirical research also provides evidence that fundamental adaptive systems such as attachment, agency, intelligence and creativity, behaviour regulation and social interactions with family, peers, school and community systems play a major role in the development of resilience in children (Masten, 2001; Masten & Obradovic, 2007). Our study with child soldiers in Colombia, confirms Masten's work in that the participants

demonstrated a strong sense of agency, social intelligence and meaningful connections with community and caregivers. Reuniting with family and friends were significant factors in their recovery from the trauma of child soldiering. Qouta and colleagues (2008) found that "flexible information processing and high cognitive capacity were associated with good psychological adjustment and could even protect children's mental health from the negative impacts of military violence" (p. 315). They claim that continuing a child's formal education during times of armed conflict appears to have a significant buffer effect. The results from our study among Iraqi school children support Qouta's et al., (2008) claim as the children stated that doing homework helped them cope during the period of continued bombardment. They also reported that playing with siblings and friends at home and staying close to parents were coping strategies that supported their resilience.

It is important to remember, as Miller and Rasmussen (2010) argue, that not all stress reactions are caused by war exposure: the stigma of poverty, social marginalization, political exclusion and other "daily stressors" must also be considered when developing interventions to address the trauma of war. They provide four important guidelines that should be considered when implementing an integrated intervention model to address the mental health of children exposed to armed conflict and post-conflict settings. They are as follows:

Guideline 1: "It is important to undertake a rapid and contextually grounded assessment of locally salient daily stressors before developing mental health and psychosocial interventions" (p. 13).
Guideline 2: "Before providing specialized clinical services that target psychological trauma, first address those daily stressors [such as poverty, family violence, unsafe housing, social isolation, employment to name a few] that are particularly salient and can be affected through targeted interventions" (p. 14).
Guideline 3: "When specialized mental health interventions are indicated [such as depression, anxiety, substance misuse], interventions should go beyond PTSD to address the diverse forms of distress that may result from exposure to war-related violence and loss" (p. 14).
Guideline 4: "It is essential to take into account that not all symptoms of trauma are necessarily related to conflict exposure. Even in situations of armed conflict, there are other sources of psychological trauma [such as child abuse and intimate partner violence]" (p. 14).

These guidelines are helpful and point to the necessity of first attending to the current daily stressors before implementing interventions to address the effects of war-related trauma among children. As researchers in the field of traumatic stress point out, not all children develop posttraumatic stress in the aftermath of war. There is evidence that children exposed to the trauma of war have strong coping capabilities within themselves and that resilience can be built through the support of family and community. Yet as UNICEF and The International Committee of the Red Cross note, attending to children of war is an enormous task given the number of children in refugee camps today. The voices of the children from Colombia and Iraq in our two projects call us to action. There is much still to be done in both of these countries and worldwide. Focusing on child resilience in war-torn countries brings us hope. It does not, however, alleviate our global responsibilities to respond to their suffering.

References

Al-Mashat, K., Amundson, N. E., Buchanan, M., & Westwood, M. (2006). Iraqi children's war experiences: The psychological impact of "Operation Iraqi Freedom". *International Journal for the Advancement of Counselling, 28*(2), 195–211.

Awqati, N. A., Ali, M. M., Al-Ward, M. J., Majeed, F. A., Salman, K., Al-Alak, M., et al. (2009). Causes and differentials of childhood mortality in Iraq. *BMC Pediatrics, 9*, 40–49.

Ayra, N., & Zurbrigg, S. (2003). Operation infinite injustice: Impact of sanctions and prospective war on the people of Iraq. *Canadian Journal of Public Health, 94*(1), 9–11.

Becker, D., Weine, S., Vojvoda, D., & McGlashan, T. (1999). PTSD symptoms in adolescent survivors of "ethnic cleansing": Results from a one-year study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 775–781.

Baker, J. A. III & Hamilton, L. H. (2007). *The Iraq Study Group Report: The way forward, a new approach.* Report from U.S. Institute of Peace. Washington, DC. http://www.usip.org/programs/initiatives/iraq-study-group

Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association

between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine, 70*, 17–26.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328.

Carlton-Ford, S., Ender, M. G., & Tabatabai, T. (2008). Iraqi adolescents: Self-regard, self-derogation and perceived threat of war. *Journal of Adolescence, 31*, 53–75.

Cortes, L., & Buchanan, M. J. (2007). The experience of Colombian child soldiers from a resilience perspective. *International Journal for the Advancement of Counselling, 29*, 43–55.

CSUCS (2008). Child soldiers: Global report 2008. *Coalition to stop the use of child soldiers*. London, UK.

Damon, A. (2007). Iraqi women: Prostituting ourselves to feed our children. CNN. http://www.cnn.com/2007/WORLD/meast/08/15/Iraq.prostitution/index.html. Accessed 16 Aug 2007.

Daponte, B. O., & Garfield, R. (2000). The effect of economic sanctions on the mortality of Iraqi children prior to the 1991 Persian Gulf War. *American Journal of Public Health, 90*(4), 546–552.

De Jong, J. T. V. M. (2010). A public health framework to translate risk factors related to political violence and war into multi-level preventive interventions. *Social Science & Medicine, 70*, 71–79.

Dybdahl, R. (2001). Children and mothers in war. An outcome study of a psychosocial intervention program. *Child Development, 72*(4), 1214–1230.

Dyregov, A., Gjestad, R., & Raundalen, M. (2002). Children's exposure to warfare: A longitudinal study. *Journal of Traumatic Stress, 15*(1), 59–68.

Dyregov, A., Gupta, L., Gjestad, R., & Mukanoheli, E. (2000). Trauma exposure and psychological reactions to genocide among Rwandan children. *Journal of Traumatic Stress, 13*, 3–21.

Fox, S., & Tang, S. (2000). The Sierra Leonean refugee experience: Traumatic events and psychiatric sequelae. *The Journal of Nervous and Mental Disease, 188*, 490–495.

Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry, 49*(7), 723–732.

International Committee of the Red Cross (2009). *Children of War*. www.icrc.org.

Ismael, S. T. (2008). The lost generation of Iraq: Children caught in the crossfire. *International Journal of Contemporary Iraqi Studies, 2*(2), 151–163.

Jones, R. T. (1994). *Child's Reaction to Traumatic Events Scale (CRTES): A self report stress measure*. Blacksburg, VA: Virginia Polytechnic Institute.

Kohrt, B. A., Jordans, M. J. D., Tol, W. A., Speckman, R. A., Maharjan, S. M., Worthman, C. M., et al. (2008). Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal. *Journal of the American Medical Association, 300*(6), 691–702.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups: A practical guide for applied research*. London: Sage Publications.

Lustig, S., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, K. D., et al. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(1), 24–36.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *The American Psychologist, 56*(3), 227–238.

Masten, A. S., & Obradovic, J. (2007). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and Society, 13*(1), 9.

McKay, S., & Wessells, M. G. (2004). Post-traumatic stress in former Uganda child soldiers: Comment. *The Lancet, 363*(9421), 1646.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*, 7–16.

Ozer, E., & Weiss, D. S. (2004). Who develops posttraumatic stress disorder? *Current Directions in Psychological Science, 13*(4), 169–172.

Pelcovitz, D., van der Kolk, B. A., Roth, S. H., Mandel, E., Kaplan, S., & Resick, P. (1997). Development of a criteria set and a structured interview for disorders of extreme stress (SIDES). *Journal of Traumatic Stress, 10*, 3–16.

Qouta, S., Punamaki, R., & Sarraj, E. E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development, 32*(4), 310–321.

Tang, S., & Fox, S. (2001). Traumatic experiences and mental health of Senegalese refugees. *The Journal of Nervous and Mental Disease, 189*, 507–512.

Thabet, A. A., Ibraheen, A. N., Shivram, R., Winter, E. A., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *The International Journal of Social Psychiatry, 55*(3), 226–237.

Thabet, A. A., & Vostanis, P. (2000). Posttraumatic stress reactions in children of war: A longitudinal study. *Child Abuse & Neglect, 24*, 291–298.

UNICEF. (2006). *State of the world's children 2006*. NY: UNICEF.

UNICEF. (2007). *Little respite for Iraq's children in 2007*. NY: UNICEF.

Werner, E. E., & Smith, R. S. (1992). *Vulnerable but not invincible: A longitudinal study of resilient children and youth*. New York: McGraw Hill.

Wessells, M. (2009). Supporting the mental health and psychosocial well-being of former child soldiers. *Journal of the American Academy of Child and Adolescent Psychiatry, 48*(6), 587–590.

World Report 2003. Human Rights Watch http://www.hrw.org/legacy/wr2k3/

Zehr, M. A. (2008). Iraqi children's education deserves higher priority. *Education Week, 27*(33), 8.

Institutional Support for Children Affected by War

Child Friendly Spaces: Promoting Children's Resiliency Amidst War

9

Kathleen Kostelny and Michael Wessells

Armed conflict creates profound protection and psychosocial risks that threaten children's development and well-being. In war zones, children typically comprise half the population, and they face a multitude of interacting risks such as attack, abduction, recruitment into armed forces, landmines, trafficking, sexual exploitation, HIV and AIDS, and dangerous labor, among others (Machel, 2001; Office of the Special Representative of the Secretary General for Children and Armed Conflict, 2009; Wessells, 2006). In addition to these physical protection threats, some of the greatest risks to children are psychosocial: children in war zones are often separated from their caretakers, suffer the death of family members and friends, have their homes destroyed, and are forced to flee to new areas (Bernard van Leer Foundation, 2005; Wessells & Kostelny, 1996; Williamson & Robinson, 2006). Many children descend into crippling poverty as their families lose sources of work and income, while others suffer from harassment, discrimination, and exclusion, particularly when forced to flee to new areas with different ethnic populations. Furthermore, education for children abruptly stops when schools are destroyed, teachers are dispersed, and travel to school becomes too dangerous because of attacks, landmines, sexual violence, and other dangers.

In war zones, most children experience multiple risks. As these risks accumulate in children's lives, there is an increased likelihood of negative developmental and psychosocial outcomes, such as fearfulness, anxiety, aggression, and hopelessness about the future (Garbarino & Kostelny, 1996a; Garbarino, Kostelny, & Dubrow, 1991). However, risks and other deficits provide only part of the picture of children's lives in war zones. Even in dangerous circumstances, there are protective factors such as being in the care of one's parents, religious beliefs and practices, and having access to friends and others who provide social support. These protective factors in the family and community, as well as individual sources of resiliency that children have, can offset many of the negative developmental outcomes that could otherwise occur (Donald, Dawes, & Louw, 2000; Kostelny, 2006). Broadly, when risk factors outweigh protective factors, children will suffer negative outcomes. However, if the protective factors outweigh the risk factors, children will likely exhibit resilience. In war zones, most children exhibit remarkable resilience and defy the media stereotypes of a "Lost Generation." Children who exhibit resilience may still need support, though not the specialized supports that are needed by severely affected children.

From this standpoint, it is vital in war zones to use a dual strategy of reducing the risk factors that harm children and strengthening the protective factors that support children's well-being.

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Consistent with social ecological frameworks of child development (Bronfenbrenner, 1986; Dawes & Donald, 1994), it is important to do this at multiple levels, such as the family, community, and society. Pragmatically, this means avoiding a deficits approach that focuses only on the risks and problems that exist. Equally important is finding and building upon the strengths—the assets, resources, and modalities of coping that are local protective factors. These protective factors are present in every group of people but may not be readily apparent to outsiders. The focus on strengths as well as deficits is part of the foundation of a resilience approach to supporting children's psychosocial well-being.

In war zones, one of the most widely used means of reducing the risks to children while strengthening protective factors for children is to establish Child Friendly Spaces (CFSs). Most CFSs aim to provide a mixture of protection, psychosocial, and educational support for children, who are defined under international law to include people between birth and 18 years of age. CFSs are favored by many agencies because they can be organized rapidly and can support large numbers of children of different ages. Also, they are relatively low cost and can be adapted to different environments. In fact, they can be organized under a tree, inside tents, or in whatever safe buildings which are available. As discussed below, they also serve as a useful foundation for engaging with a community, mobilizing people and networks, and developing other programs. The usefulness of CFSs has led to their enshrinement in standards and guidelines such as the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards (2010) and the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (2007).

The fact that CFSs are widely used, however, does not imply that they are easy to implement effectively or are well understood. In fact, there is a paucity of hard evidence regarding whether and how CFSs produce positive outcomes for children. Implementers of CFSs face a daunting array of challenges such as how to include the most vulnerable children and how to achieve a well-coordinated approach among agencies. These and other challenges caution against romanticized views of CFSs, and they invite us to take a more critical, reflective stance as practitioners.

This chapter provides an overview of the functions and potential usefulness of CFSs and also analyzes the significant challenges that arise in implementing them in war zones, including post-conflict zones. The first section discusses the purpose and the functions of CFSs, outlining the prospective benefits for children who participate in them. To situate CFSs in context, the second section presents case studies from Afghanistan and Uganda. The third section examines various challenges to effective implementation of CFSs, and offers suggestions on how to manage these challenges in a manner that helps to systematize and strengthen practice in regard to CFSs.

The Purpose and Functions of Child Friendly Spaces

Broadly, the purpose of CFSs is to support the resilience and well-being of children and young people through community-organized, structured activities conducted in a safe, child-friendly, and stimulating environment. As outlined in recently developed Inter-Agency Guiding Principles on CFSs, "the specific objectives are to: (1) mobilize communities around the protection and well-being of all children, including highly vulnerable children; (2) provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and (3) offer intersectoral support for all children in the realization of their rights. Depending on the context, CFSs are also used for a variety of other purposes such as laying a foundation for restarting formal education and supporting national education systems, enabling wider work on issues such as child protection and early child development, stimulating efforts on disaster preparedness and disaster risk reduction, and raising funds. Some of these activities extend beyond the emergency context into the early recovery period or even into longer-term development" (UNICEF, 2010, p. 1).

CFSs serve three primary functions: protection, psychosocial support, and nonformal education. Each of these promotes children's well-being and resilience.

Protection

Amidst chaotic and dangerous circumstances, CFSs can provide the safety and security that are crucial for a child's healthy development. Following armed conflict, danger to children frequently arises from protection threats such as gender-based violence, living or working on the streets, sexual exploitation, trafficking, exposure to landmines, crime, and drugs. Destroyed or damaged structures expose children to broken glass, exposed electrical wires, and other harmful materials. Being in a safe, supervised space where children can engage in normalizing activities reduces the risks of physical harm and also the negative emotional outcomes that result from ongoing fear and anxiety from being in dangerous environments (Garbarino & Kostelny, 1996b; Kostelny & Wessells, 2004, 2005).

CFSs can be useful in mobilizing communities to create a protective environment for children. War often shatters the normal protective functions served by families and community processes such as the activities of women's groups, youth groups, religious groups, and traditional practices. Particularly if CFSs are implemented in a highly participatory, empowerment-oriented manner rather than a top-down manner, the process of organizing CFSs engages community leaders, parents, women's associations, youth groups, and other subgroups in the community in the care and protection of children.

Typically, there are initial discussions about what the main threats to children are and about what is needed to help support children and youth. These discussions also identify natural helpers whom children and young people go to for support and who are respected by parents and community leaders. By engaging these natural helpers in planning and implementing the CFSs, there is immediate access to the networks, resources, culture, and creativity of the affected community. As

the CFSs start up, the natural helpers frequently become animators of activities or even paid staff who help to organize the CFS. Through the work of the natural helpers and the activation of their networks, the community is mobilized to reflect on the situation of children and to use its knowledge and resources for supporting the care and protection of children. Indeed, CFSs may themselves become sites for communal discussions about children and how to support highly vulnerable children such as separated children.

In order for CFSs to serve their protective function, careful attention is given to making the CFS itself a safe, protective environment. This is frequently achieved by training animators conducting activities on child safety policies and a code of conduct that seeks to keep children free from abuse, exploitation, violence, and neglect. An important element of this training is in the use of positive discipline methods, which render corporal punishment unnecessary. For teenagers, discussions of gender relations and sexual violence can help to prevent gender-based violence. Through education and awareness raising for children, families, and communities about risks in the larger environment—including fighting, landmines, and threats to health—CFSs further contribute to children's protection.

Psychosocial Support

CFSs promote psychosocial well-being and recovery from stressful events through supportive activities that normalize life for children and enable positive social interaction. These activities include structured activities with peers and adults, informal education, and play and expressive activities that are culturally relevant that help children master stressful events, gain essential life skills that increase competency and resilience, and help children regain a sense of stability and hope. Most children can cope with past and present risks through being able to socially integrate with other children and being in the care of competent, caring adults (Garbarino, Dubrow, Kostelny, & Pardo, 1992; Werner & Smith, 2001). Following the enormous disruptions to children's

lives in their homes, schools, and communities that occur with armed conflict, CFSs help children regain a sense that things will be better and returning to "normal" again.

Play and expressive activities are also important in helping children mitigate negative impacts. In addition to promoting social interaction, play allows children the opportunity to work through and master difficult experiences. Expressive activities, such as drawing, drama, and storytelling, also help children relieve pent up feelings and make sense of stressful events. In addition, play contributes to children's healthy development. Through play, children develop important cognitive, perceptual, and motor skills, and they exercise their imagination and creativity.

Supporting children to engage in cultural activities can also foster psychosocial well-being and resilience. These cultural activities, such as singing, dancing, and participating in spiritual or community rituals, are crucial resources for children. Such resources help children find meaning in regard to past and current events, confirm one's cultural identity and sense of belongingness, resume familiar activities, and restore hope.

To enable CFSs to fulfill its psychosocial functions, it is important to make CFSs bright, engaging environments that feature children's art and local toys. The focus is on structured, interactive games and activities with children and adults, as well as free play, which helps children master difficult experiences. Fun and diverse activities can promote specific life skills and competencies such as cooperation, problem-solving, communication, and creativity. However, ongoing capacity building for CFS staff and volunteers is essential for effectiveness. Through training and mentoring, CFS workers can learn how to organize activities that are appropriate for girls as well as boys, how to engage children of different ages, and how to include children with disabilities. They can also learn how to make referrals for children who may need additional psychosocial or health support.

Supporting children's participation also contributes to the effectiveness of CFSs since children are often quite adept at choosing activities that are normalizing, culturally appropriate, and engaging. In addition, participation builds children's agency, which improves their psychosocial well-being. Following overwhelming experiences, regaining a sense of control and self-efficacy is essential for coping and well-being. Children's participation should be age appropriate and often includes steps such as children choosing their own activities and the organization of youth-to-child supports. As children develop their sense of self-efficacy and empowerment, they are more likely to become effective agents of their own protection and psychosocial well-being.

Nonformal Education

War-affected children frequently identify access to education as one of their greatest needs and as their pathway to a better future. From a psychosocial standpoint, going to school socializes and builds valuable support networks and life skills, and being a student is an age-appropriate role that gives children a sense of meaning and place in their families and societies (Nicoli & Triplehorn, 2003; UNESCO, 2010).

Because war often destroys schools and disrupts formal education, a useful strategy in war zones is to develop nonformal education, taking care to complement and support the reestablishment of formal education (INEE, 2010). For children whose schooling was interrupted because of armed conflict, CFSs provide similar types of routines, structure, and continuity that promote hope and well-being (Martone, 2007; Nicoli, 2003; Sinclair, 2002). Participation in CFSs that teach important cognitive skills such as basic literacy and numeracy contributes to children's cognitive competence. This competence is of vital importance since cognitive competence enables effective problem-solving, which is key for one's resiliency, protection, and well-being in the face of adversity. In addition, CFSs can also help to develop valuable life skills such as those of cooperation and nonviolent conflict management. These are important for building civil society and transforming cultures of violence.

It is important to recognize the interrelations and synergies between these three functions

of protection, psychosocial well-being, and non-formal education in regard to supporting children's resiliency. Without safety and protection, there can be no psychosocial well-being. In fact, the creation of a protective environment is a cornerstone of psychosocial well-being since it decreases children's exposure to risk and strengthens protective factors. As children's psychosocial well-being improves, so does their ability to learn and to participate fully in education, which in turn improves their psychosocial well-being, resiliency, and capacities for self-protection. Despite the current weak evidence base, a reasonable working hypothesis is that CFS's effectiveness increases through the dynamic interplay among these three functions of protection, psychosocial well-being, and nonformal education.

Two Field Exemplars

To situate CFSs in context, it is useful to consider two field examples from Afghanistan and Uganda, respectively. The Afghanistan example is useful because it illustrates a child participatory approach and linkages with other aspects of child protection. The Uganda example is useful because of its emphasis on young children and its evaluation approach. Both examples help to illustrate some of the challenges in achieving the intended objectives of CFSs.

Afghanistan

Afghan children and families suffered decades of war, grinding poverty, and natural disasters, including earthquakes, drought, and floods. By 2001, six million Afghans were refugees living in crowded refugee camps in neighboring countries, while approximately two million were internally displaced and lacked the protections given to refugees under international law. After the Talibans were overthrown in 2001, refugees and internally displaced persons (IDPs) desired to return to their villages, yet most villages had been decimated by the conflict, and community mechanisms were weak or broken. Upon return, most adults strug-

gled to obtain basic necessities of survival, and many children experienced protection threats such as exposure to landmines and unexploded ordnance, dangerous labor, and trafficking. At risk of early marriage were girls, some as young as 8 years old, whose impoverished parents sought to obtain a "bride price" for their daughters. Since Afghanistan was one of the most heavily mined countries in the world, significant numbers of teenagers had lost a limb to landmines, and were stigmatized and unable to attend school.

During the Taliban era, girls had not been permitted to attend school, and many communities had no school. Yet children, parents, and community elders identified education as their primary need for children. In this context, ChildFund Afghanistan organized CFSs with a strong focus on nonformal education. The planning of the CFSs was done in close cooperation with the provincial Ministry of Education in order to ensure that the CFSs complemented and supported the formal education system. The CFSs were set up in tents, mosques, homes, and fields with separate CFSs for boys and girls according to cultural norms. Each village selected volunteers, some of whom were former teachers, who were committed to working with children. The CFSs taught basic literacy and numeracy skills, health and hygiene messages, and landmine awareness. Cultural activities, including singing and storytelling, were also incorporated. These local activities were backed by a wider strategy of building government capacities for education, such as strengthening teacher training to include child participatory methods and using alternatives to corporal punishment.

Ongoing capacity building for CFSs animators included training on participatory activities with children and being able to identify and refer the most severely affected for more specialized support. The ongoing training was necessary in part to offset the cultural norm wherein teachers disciplined students with a large stick. Also, the animators who had been teachers ran the CFSs as if they were miniature schools and used the hierarchical, nonparticipatory approach to education that had been customary in Afghanistan. In such a situation, it was impossible to create overnight

CFSs that were supportive environments and that built children's agency.

Children's agency, however, was supported by wider protection activities that complemented the CFSs. In particular, Child Well-being Committees that monitored and responded to child protection threats were established using a child participatory methodology. First, a group of approximately 10 boys (or girls) engaged in risk mapping by drawing their village and identifying where bad things happened to children. The children communicated their findings to villagers by conducting role plays that showed, for example, young children being injured as they fell into uncovered wells. Typically, these role plays stirred great excitement and led the adults to reflect how they could do a better job of protecting the children. Coupled with facilitation by ChildFund staff, the reflection led to the formation of Child Well-Being Committees that included a mixture of adults and children, with separate committees for males and females. Over the next 2 years, the committees played an active role in addressing protection threats, and children were active members of these committees. Over time, forced early marriage of young girls was reduced by collaborating with imams whose awareness had been raised in regard to the harmful effects of early marriage. Initially there been concerns that the approach might give young people too much power and might elicit backlash from adults. Yet the children led the way and found appropriate means of participating while also demonstrating respect for elders. In the intervention sites, both parents and children reported that the combination of CFSs and Child Well-Being Committees had helped to create a protective environment for children.

As the situation stabilized and schools reopened, care was taken to avoid competition between the CFSs and the schools. CFSs did not run during school hours but shifted toward providing other forms of support such as after school recreation and life skills development. Because teenagers had few supports and wanted to become literate, some CFSs were transformed into literacy centers. This example illustrates how CFSs are transitional supports that phase out as the situation changes, in this case by being transformed into other kinds of supports for young people.

Northern Uganda

In northern Uganda, decades of armed conflict by the Lord's Resistance Army (LRA) had severely affected children and families. As many as 60,000 children had been abducted (SWAY, 2007), while thousands of others, called "night commuters," poured nightly into towns seeking protection. By 2006, security had increased, and IDPs had begun returning home, though many remained in camps because their former homes had been destroyed and they continued to get some emergency assistance. In 2006, Christian Children's Fund (now ChildFund) started a number of CFSs in northern Uganda.

In the large IDPs camp of in Gulu district, there were no developmentally appropriate activities for young children. Children were left in the care of older siblings or alone, while their parents left for most of the day to work cultivating vegetables for their family to eat, as well as to sell. Though children were usually left in the care of older siblings, many of the young children were still unsupervised as the older siblings left them to engage in their own activities. As a result, young children were exposed to a number of protection threats, including being injured in road accidents, starting fires while trying to cook for themselves, finding dangerous objects such as discarded alcohol containers while playing, and being sexually abused.

To address this situation, three CFSs were organized for children 3–6 years of age. The CFSs were conducted in the morning, and groups were organized according to age (3 years, 4 and 5 years, and 6 years). Activities included singing, learning the alphabet, numeracy skills, storytelling, games, free play, helping clean the CFSs, and learning hygiene skills.

Thirty Child Activity Leaders facilitated activities for more than 1,300 children. The Child Activity Leaders were volunteers from the camp who had been selected by the community and who were trained on young children's protection needs, psychosocial needs, and implementing developmentally appropriate activities. Each week, the activity leaders incorporated a new theme into activities, such as teaching children the zone where they lived in order to avoid separation, or

teaching children how to wash their hands before eating and after using the latrine. The theme was incorporated into the various activities children participated in throughout the week.

In conjunction with the CFSs, a Child Well-Being Committee—comprised of community leaders—provided oversight and support for the CFSs. The committee members visited the CFSs daily, supported the volunteers, and engaged the community in monthly meetings on children's protection and well-being, including such topics as malaria control, children's hygiene, and camp cleanliness. The volunteers and committee members received food and nonfood items from the organization to motivate and compensate them for their time.

To identify the outcomes of the CFSs for children, research was conducted in April 2007 (Kostelny & Wessells, 2008). It took advantage of the fact that near the CFS sites there were children who lived in comparable circumstances but who had no access to CFSs or other outside interventions. This afforded the opportunity to compare the children who had or had not received the CFS intervention, thereby separating CFS outcomes from those that might have been attributable to improvements in the general economic or political situation. The data obtained from the comparison group identified important protection and psychosocial needs to guide future programming.

The methodology included a mixture of qualitative and quantitative methods and emphasized caretakers' perceptions of their children's well-being and safety. Focus group discussions were conducted with separate groups of elderly caregivers, single mothers, widows, and camp leaders in both groups. Open-ended questions and probing questions were used to learn about risks and dangers to young children's well-being that had been present a year ago and also about the current risks and dangers to young children. The reasons for any changes were also explored.

Quantitative data were collected from households of randomly selected children who had participated in CFSs. In the comparison group, households were randomly selected from each zone in the camp. The quantitative data were collected using a questionnaire that included items from the Strengths and Difficulties Questionnaire, which has been used in many countries. To identify locally appropriate indicators of child well-being, a free listing procedure was used in which local adults listed things that show a child is well or happy. Some of these locally generated items—such as sharing, being helpful, and playing with other children—corresponded with items from the Strengths and Difficulties Questionnaire. Other items were unique to this context and included having a good appetite, being obedient and well mannered, and having good hygiene.

Of note is that some of these items are quite different from those that might have been expected from Western respondents. For example, the importance that local people attached to knowing how to use the latrine correctly and to washing hands after use of the latrine probably reflect the realities of life in the camps. Although latrine use might not seem an important protection issue initially, its importance increases when one considers that diarrhea and related diseases are significant sources of morbidity and mortality in IDP camps in northern Uganda. Also, people in Uganda think of well-being not in individualistic but in relational terms. To have a child who defecates near a neighbor's dwelling is to damage the fabric of social relations.

The results showed that participation in CFSs had produced measurable improvements in children's protection, psychosocial well-being, and education. In particular, CFS participants were safer than children in the comparison group since while they were in a protected, supervised space, they did not suffer fires in the home, sexual violence, or being hit by cars on the road. Furthermore, children attending the CFSs were reported by their caregivers to have more positive social interactions with peers and adults, and learned more life skills than children who did not attend CFSs. Teachers reported that the children who had participated in the CFSs demonstrated greater school readiness and social competencies, such as sharing.

These results are best regarded with caution because the matching across groups was imprecise and children were not assigned to be CFS participants or nonparticipants on a random basis. Nevertheless, the research suggests that CFSs

do have positive outcomes in diverse domains. An important step in the development of CFSs internationally will be the regular conduct of systematic evaluations that focus not on process indicators but on actual outcomes for children. Hopefully, the emphasis will be not solely on Westernized indicators and measures but also on locally derived indicators and measures that are contextually validated and culturally appropriate.

Challenges

Significant challenges to the development of effective CFSs arise from the dangerous, chaotic, and time-urgent nature of armed conflict. Often the areas that have the greatest needs are the most difficult to access, and security problems may block access to large numbers of children and families. Even if access is achieved, logistics and security problems may make it impossible to organize CFSs on a significant scale.

However, many of the greatest challenges owe to the humanitarian response itself. This can be seen in the tendency of agencies to develop CFSs in a reflex-like manner, without having conducted a careful assessment to determine whether they are needed, safe, and contextually appropriate. Also, the lack of a strong evidence base makes it very difficult to know whether CFSs are effective in a particular context and which design features and implementation modalities are most effective. These and other challenges associated with the humanitarian response can be prevented through a mixture of awareness of the problems and the willingness to take concerted steps to address them. In this spirit, this section identifies some of the most significant problems and offers suggestions for managing them.

Coordination

Coordination is always a profound challenge in humanitarian crises, owing in no small part to the competitive nature of the humanitarian enterprise. Since agencies compete for funding, they often seek to "plant their flag," gain early and exclusive access to assessment information, and develop programs rapidly in a noncollaborative approach. In many emergencies, external NGOs that want to establish CFSs conduct their own assessments and then either keep the information collected to themselves or share it sparingly. Also, they work to get into high-need areas quickly and to get the jump on other agencies by establishing CFSs quickly. In some cases, this rush to show immediate activity and results, which donors frequently demand, leads to agencies working in the areas that are most accessible rather than those which have the greatest needs.

These challenges to the coordination of work on CFSs are amplified by the fact that in a large-scale emergency, a great number of agencies seek to implement CFSs, which are viewed as part of the frontline response to children's needs. In a dynamic, chaotic situation in which many agencies pour into a conflict zone and begin setting up CFSs, it is inherently challenging to track and coordinate activities across agencies. This challenge is particularly great since no controls or regulations exist that require agencies to work collaboratively.

In addition, there is little harmonization of approaches in regard to CFSs. In fact, agencies differ considerably in how they engage with communities, as some agencies emphasize community mobilization, whereas others deliver CFSs in a service modality. Whereas some agencies emphasize all three functions of CFSs—protection, psychosocial support, and nonformal education—some agencies may focus primarily on only one function such as psychosocial support. Large differences also occur in the extent to which CFSs take a multisectoral approach and integrate elements of information sharing, health, and hygiene. At the end of the day, these agencies can say they are implementing CFSs but in fact may be doing very different things.

Challenges arise also from the fact that CFSs sit at the intersection of three domains—protection, education, and mental health and psychosocial support. It has been inherently challenging to reach across the respective protection and education clusters as well as the coordination subgroup that often forms around mental health and psychosocial

support. Each coordination group is busy with its own areas of technical need, and time pressures make it difficult for practitioners to attend multiple coordination meetings.

To achieve the necessary levels of coordination, agencies should take a collaborative, interagency, multisectoral approach that is designed to harmonize approaches and provide comprehensive coverage while avoiding gaps. A significant step toward this harmonization of approaches is the development of the first interagency *Principles for Child Friendly Spaces in Emergencies*: *Field Testing Version* (UNICEF, 2010)[1] and the process of field learning to strengthen them that will take place over the next few years. These principles call for all CFSs to adhere to these principles:

- Take a coordinated, interagency approach which links the various sectors or clusters, such as protection, health, education, and shelter.
- Conduct an assessment.
- Use CFSs as a means of mobilizing the community to care for and protect children.
- Organize integrated supports and services.
- Make CFSs highly inclusive and nondiscriminatory, including highly vulnerable girls as well as boys, children with disabilities, children who are infected or affected by HIV and AIDS, and children at different stages of development.
- Ensure that CFSs are safe and secure.
- Make CFSs safe, stimulating, and supportive environments.
- Provide ongoing training and follow-up support for animators and staff.
- Monitor and evaluate CFS programs and use the information to improve the quality of practice.
- Develop and follow an appropriate phaseout strategy.

The principles stipulate that while one cluster (such as protection or education) or group takes the lead in coordinating work on CFSs, it is crucial to link and collaborate with other sectors or clusters. The principles call for the coordination mechanisms to do much more than convene meetings for purposes of information exchange. The mechanisms should actively identify and address gaps in coverage, develop coordinated approaches to training and capacity building, and share tools such as those used for capacity building and evaluation purposes.

Quality

A recurring lesson from the field is that it is considerably easier to establish CFSs than it is to achieve appropriate levels of quality in their implementation. Amidst the rush to set up CFSs, agencies sometimes organize what is best regarded as a collection of recreational activities rather than a set of processes that have been carefully designed to achieve specific objectives. Among the greatest challenges is the low levels of capacity of many local and national people who implement CFSs in zones of armed conflict. For example, relatively few CFS workers in large-scale emergencies have a good understanding of child development and how to organize activities that aid the development and well-being of young people at different stages. Furthermore, understandings of how to engage children who have disabilities may be quite low. In societies in which parents discipline their children through the use of corporal punishment, workers may have little understanding of, or skill in using, nonviolent forms of discipline.

To achieve appropriate levels of quality, it is essential to have well-defined objectives and outcomes that guide the organization of CFSs and to provide ongoing training and capacity building to strengthen the skills of CFS workers. A key part of capacity building is field mentoring and problem-solving, as 1- or 2-week trainings are insufficient for preparing local workers to handle the complex situations that inevitably arise. In addition, it is advisable to take a phased approach to implementation in which CFS workers implement basic activities and processes before they attempt to implement activities and processes that require higher skill levels. For this reason, the interagency principles provide guidance on initial and more

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[1]The second author was the lead consultant in the development of these principles.

advanced steps. Another necessity is an effective system of monitoring and evaluation, without which it is impossible to know whether CFSs are achieving their intended objectives. Work on monitoring and evaluation should focus not only on process indicators related to, for example, the numbers of children who participate in CFSs, but also on indicators related to children's outcomes and well-being. After all, the purpose of CFSs is to improve children's well-being.

Do No Harm

One of the greatest challenges in regard to CFSs is to avoid causing unintended harm, which can occur in many ways. Poor coordination is frequently a source of violations of the Do No Harm imperative, since it can result in duplicate assessments that leave affected people feeling frustrated and angry over the fact that NGO workers arrive repeatedly in their camp or setting and ask questions, yet they do little to improve people's well-being. Harm may also result from inappropriate placements of CFSs. For example, if CFSs were located near military bases or sites of military operations, the participation of children in the CFSs could place them at risk of recruitment, attack, or sexual exploitation. Similarly, if an agency established CFSs in tents that inadvertently displayed the color of particular political groups, local people or armed groups might see the CFS as politically active and detain or attack participants.

CFSs can also cause harm when they fail to support the education system. Not uncommonly, CFSs are established as parallel systems that have little or no contact with the formal education system. In the absence of coordination with the education system, CFSs may compete with schools for child participants or even for teachers, who may earn higher salaries working for external NGOs. In addition, CFSs can cause damage by enabling harmful practices toward children. If, for example, children are beaten, sexually exploited, or discriminated against in CFSs, the resulting harm would outweigh any good that the CFSs might have caused.

CFSs may also cause harm by virtue of the way in which the affected community is engaged or not engaged. Too often, CFSs are established following a brief consultation with affected people and in a service modality. This approach, like the tokenistic participation that is visible in many humanitarian settings, disempowers people at a moment when they need to regain their sense of self-efficacy. In some cases, CFSs may be imposed on affected people, thereby reproducing patterns of colonial domination. The dynamics of imposition can also come from within, as groups of affected people say they want external agencies to set up CFSs as services since they hope that the agencies will bring more food, health care, and other necessities (Wessells, 2008, 2009). Conversely, efforts to avoid external imposition may set up CFSs through existing community networks and social structures, including traditional leadership structures. However, these structures may be guided by local power elites and may exclude people who are stigmatized or who live in the margins.

To fulfill the potential of CFSs and wider humanitarian accountability, it is essential to avoid causing harm through work on CFSs. The challenges outlined above are poignant reminders of the complexities inherent in organizing CFSs in zones of armed conflict. These and other Do No Harm challenges can be prevented by adhering to the interagency principles outlined above and attending to and managing the power dynamics of the local context. A high priority for prevention is to work with ethical awareness, which is essential for supporting and protecting children in their hour of need.

References

Bernard van Leer Foundation. (2005). Responding to young children in post-emergency situations. In M. McCallin (Ed.), *Early childhood matters*. The Hague the Netherlands: Bernard van Leer Foundation.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development research perspectives. *Developmental Psychology, 22*, 723–742.

Dawes, A., & Donald, D. (1994). *Childhood & adversity: Psychological perspectives from South African research*. Cape Town: David Philip.

Donald, D., Dawes, A., & Louw, J. (2000). *Addressing childhood adversity*. Cape Town: David Phillip.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence*. San Francisco: Jossey-Bass.

Garbarino, J., & Kostelny, K. (1996a). The effects of political violence on Palestinian children's behavioral problems. *Child Development, 67*, 33–45.

Garbarino, J., & Kostelny, K. (1996b). What do we need to understand children in war and community violence? In R. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence* (pp. 33–51). New Haven: Yale University Press.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991). *No place to be a child: Growing up in a war zone*. Lexington, MA: Lexington Books.

IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

INEE. (2010). *Minimum standards for education: Preparedness, response, recovery*. New York: INEE.

Kostelny, K. (2006). A culture-based, integrative approach: Helping war-affected children. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to children in war zones* (pp. 19–37). Bloomfield, CT: Kumarian.

Kostelny, K., & Wessells, M. (2004). Internally displaced East Timorese: Challenges and lessons of large-scale emergency assistance. In K. Miller & L. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp. 128–225). Hillsdale, NJ: Erlbaum.

Kostelny, K., & Wessells, M. (2005). Psychosocial aid to children after the Dec 26 tsunami. *Lancet, 366*(9503), 2066–2067.

Kostelny, K., & Wessells, M. (2008). The protection and psychosocial well-being of young children following armed conflict: Outcome research on child centered spaces in Northern Uganda. *Journal of Developmental Processes, 3*(2), 2–12.

Machel, G. (2001). *The impact of war on children*. Cape Town: David Philip.

Martone, G. (2007). *Educating children in emergency settings: An unexpected lifeline*. New York: International Rescue Committee.

Nicoli, S. (2003). *Education in emergencies: A tool kit for starting and managing education in emergencies*. London: Save the Children UK.

Nicoli, S., & Triplehorn, C. (2003). *The role of education in protecting children*. London: Humanitarian Practice Network.

Office of the Special Representative of the Secretary General for Children and Armed Conflict. (2009). *Machel study 10 year review: Children and conflict in a changing world*. New York: UNICEF.

Sinclair, M. (2002). *Planning education in and after emergencies*. Paris: UNESCO Institute for Educational Planning.

SWAY (Survey of War-Affected Youth). (2007). *Making reintegration work for youth in northern Uganda*. Retrieved December 1, 2008, from http://www.sway-uganda.org/SWAY.ResearchBrief.Reintegration.pdf

UNESCO. (2010). *Psychosocial assessment of education in Gaza and recommendations for response*. Paris: UNESCO.

UNICEF. (2010). *Principles for child friendly spaces in emergencies. Field testing version developed and reviewed by the Child Protection Working Group, the Education Cluster Working Group, and the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Setting*. Retrieved January 1, 2011, from http://www.psychosocialnetwork.net

Werner, E., & Smith, R. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M. (2008). Do no harm: Challenges in organizing psychosocial support to displaced people in emergency settings. *Refuge, 25*(1), 6–14.

Wessells, M. (2009). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist, 64*(8), 842–854.

Wessells, M., & Kostelny, K. (1996). *The Graca Machel/U.N. study on the impact of armed conflict on children: Implications for early child development*. New York: UNICEF.

Williamson, J., & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention, 4*, 4–25.

Resilience in Orphans of War in Sri Lanka

<div style="text-align:right">**10**</div>

Chandi Fernando and Michel Ferrari

Research literature on children of war reflects the challenges of studying both the losses associated with war and how to promote psychosocial well-being in children, despite these experiences. Ideally, such studies should include culturally situated and meaningful ways to help children maintain psychosocial well-being in light of wartime experiences—in other words, to help them be resilient. A culturally sensitive and comprehensive picture must account for both psychological and sociocultural aspects of resilience that maintain or restore psychosocial well-beings (Panter-Brick, & Eggerman, 2012): The *sociocultural* aspect requires assessing social institutions and cultural meaning systems within which people orient their lives; the *psychological* aspect requires assessing both externalising and internalising concerns that influence resilience.

According to Masten (2011) 'resilience can be defined most broadly as follows: The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development' (p. 494). Thus, resilience refers to patterns of positive adaptation in the context of significant risk or adversity, as inferred from measurements of risk exposure and positive adaptation. Several kinds of phenomena have been studied under the heading of resilience: (1) 'beating the odds' in the context of situations of high cumulative risk for developmental problems, (2) coping well under difficult circumstances, (3) bouncing back after some catastrophe or severe deprivation, and (4) posttraumatic growth following adversity that transformatively reorganises developing systems so that they function better than before (Masten, 2011; Masten, & Narayan, 2012). Although most research has focused on individual resilience, the socioecological systems in which individual development is embedded (e.g. families, religious traditions) can also be studied.

Within this broad framework, the two major approaches characterising resilience research identified by Masten and Powell (2003) remain important: a variable-focused approach and a person-focused approach. *Variable-focused approaches* examine links among competence, adversity and a number of potential protective factors indexed by variables that describe differences among individuals and the nature of their interactions with the world. In contrast, *person-focused approaches* identify people who meet definitional criteria for resilience as compared to individuals with maladaptive development who have experienced similar levels of risk but demonstrate markedly different outcomes. Importantly, dynamic systems can themselves be variable or person (agent) focused. Person-focused resilience research considers how agents interact dynamically with their environment so as to remain resilient—something well addressed by social–ecological models of resilience.

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Social–ecological resilience. Social–ecological models of resilience (Bronfenbrenner, 1979, 2005; Tol, Jordans, Kohrt, Betancourt, & Komproe, 2013; Ungar, 2012) show how resilience depends on skilful navigation of nested systems of meaningful sociocultural activity; in other words, resilience is not a feature of a person alone but of a person within an ecology. According to Ungar (2011, 2012), the personal attributes that allow people to cope with hardship are expressed when a child's social and physical ecologies support or develop processes that protect them from risk and promote positive development.

Ungar (2012) elaborates Kurt Lewin's (1951) view that behaviour is a function of a person in interaction with their environment. For Ungar (2012), a scientific study of *resilience* must assess a set of observable behaviours associated with adaptive outcomes in contexts of adversity. Such positive adaptive outcomes are essentially what Masten describes as competence or 'doing OK'.

In the pioneering *Project Competence* studies, the criteria for positive adaptation centred on the concept of psychosocial competence defined as effective performance of developmental tasks that were salient for an individual's given age, society and historical period (Masten et al., 1995, 1999). In American society, they identify three broad developmental tasks considered important throughout middle childhood and adolescence: (1) school achievement (*academic competence*), (2) getting along with other children (*social competence*) and (3) following rules of conduct in the home, school and community (*conduct*).

The important refinement Ungar adds to Masten's view is that competent behaviour that indicates resilience is necessarily a function of the strengths and challenges children experience within a complex *ecology*. This is because, '[the ability of] the social and physical ecology to provide resources for internal integration and external adaptation is constrained by the *opportunity structure* that surrounds the individual....opportunity dramatically influences developmental trajectories by making resources available and accessible' (Ungar, 2012, p. 21). In other words, resilient behaviour—whether adaptive or maladaptive coping (Bottrell, 2009)—always depends on environmental factors that trigger and sustain them.

Finally, Ungar (2012) believes that the *meaning systems* that individuals and their communities embody and endorse (e.g. about the good life or the nature of trauma, its sources and the ability for individuals to fully recover from trauma) determine which resources families, secular or religious institutions and communities provide. They also determine personal decisions about what internal and external resources (opportunities) individuals value and consider accessible.

Such meanings are constructed and expressed both individually and collectively within community institutions like families, churches and orphanages. Collective co-construction implies that the meaning of situations is negotiable and 'reflects the relative power of those involved to argue for the legitimacy of their experience' (Ungar, 2012, p. 23). In other words, as for Masten (2007, 2011), risk and resilience must be understood in terms of complex interactive processes embedded in social and physical ecologies that contain levels of risk that exceed the norm (Wyman, 2003; Wyman et al., 1999). These compensatory, promotive and protective processes contribute most to successful coping when individuals, families and communities face significant exposure to adversity.

Despite their differences, both Masten and Ungar are certainly correct in stressing the importance of understanding resilience as a dynamic system that exists within nested layers of a sociocultural ecology. An obvious bridge between these two views is Kurt Fischer's Dynamic Skill Theory (Fischer & Bidell, 2006), a person-centred theory of human development that proposes that development is best understood as dynamic system of co-ordinated skills developed within particular socioecological settings. Importantly, for Fischer, we can identify two levels of skilled performance: a functional level of skill—in which previously learned skills are performed in familiar settings—and an optimal level of skill, in which people perform to their maximum level with social support from more knowledgeable others—often within social institutions like families, schools or other community institutions. Dynamic systems as understood by Fischer and

Bidell ([2006](#)) allow us to consider the optimal dynamics that are protective, compensatory and promotive of well-being within psychosocial ecological systems.

Following Vygotsky (1934/[1986](#)), one additional point seems noteworthy: cultural meaning systems themselves are evolving and developing, and provide powerful tools for individual self-regulation, and therefore for resilience. For example, when individuals engage in prayer or meditation, they use a psychological tool that has been handed down for generations specifically designed to develop a certain kind of subjectivity. Childhood is a particularly important time to appropriate and eventually master these tools (Friedrich, in press; also Foucault, [2005](#)).

Within this broad developmental framework, we propose that in-depth comparative case studies are the best way to comprehensively study the effects of war on children—that is, the psychological and sociocultural risks and opportunities for resilience that particular social–ecological contexts provide. In this chapter, we will focus on orphanages in Sri Lanka, comparing the cases of orphan children affected by war to those orphaned for reasons other than war. The social–ecological context we focus on in this chapter is the social institution of Buddhist orphanages, supporting both war orphans and those orphaned for reasons other than war.

Sri Lanka

Sri Lanka is an island about 30 km off the South-Eastern coast of India. Its population of about 19 million is 74 % Sinhalese and 18 % Tamils, with the remaining percentage consisting of Moores (7 %), Burgher, Malay and Veddah (1 %) (Peebles, [2006](#)). Sri Lanka has a rich history that includes periods of prosperity mixed with foreign invasions and indigenous cultural conflict. From 1983 to 2008, tensions between Tamil separatists and the Sinhalese majority erupted in civil war, resulting in tens of thousands of people dead and thousands more displaced and traumatised—many of them children. As militaristic tactics involved the purposeful victimisation

of children, the need to understand the sequelae of war on child development in this population is critical. Additionally, since systematic torture and trauma tactics by Sri Lanka's political factions were commonly used to dehumanise individuals and disrupt families and communities, it is also essential to identify protective factors within individuals and communities that promote resilience in the presence of these and other adversities (Catani et al., [2010](#); Chase, Doney, Sivayogan, Ariyaratne, Satkunanayagam, & Swaminathan, [1999](#); Dubow et al., [2012](#); Reddy, [2003](#); Wolmer, Hamiel, & Laor, [2011](#)). Orphanages are one such communal institution that helps promote resilience in children affected by war or other traumatic life events.

Orphanages in Sri Lanka. Previous research in Sri Lanka (Fernando, [2000](#), [2006](#)) revealed that, unlike the Western definition of orphan that implies the loss of parents through death, a child within an orphanage in Sri Lanka is referred to as an orphan regardless of the status of biological parents. Thus, children within orphanages have a variety of background histories. For example, a child may have lost both parents, one parent or have both parents still alive: What is critical is that the orphan's parents are unable to care for their child and have placed that child into an orphanage. Sri Lankan orphans may remain in contact with their parents, and so orphanages are more akin to a children's home or boarding school, where basic needs are met.

As found in our previous research (Fernando, [2000](#); Fernando & Ferrari, [2011](#)), the role of caregivers within the orphanages is also distinct. Administrators oversee the functioning of the orphanage, including finances, building maintenance, public relations, personal support for the children and provision of basic necessities. Matron caregivers are responsible for providing daily routines and meeting children's basic needs by overseeing the cooking, cleaning, providing emotional support, helping with homework, guiding and disciplining children and helping foster prosocial interactions among them and respect for their elders. Teachers tutor children, provide direction and support and help the children

achieve academically. In this way, orphanage matrons and staff compensate for family environment and significant attachment relationships.

Since Sri Lanka is predominantly a Buddhist country, the practice and philosophy of Theravada Buddhism is found to be integral to life in many orphanages. Within Buddhist orphanages, children often engage in daily meditative practice (e.g. metta or loving-kindness meditation), learn Buddhist teachings, (e.g. Jatha Kathava or character stories), have places of worship available to them (e.g. shrines within the orphanage grounds) and engage regularly with monks for teaching and guidance.

Case Studies of Nonwar and War Orphans

Data were collected on seventy-seven participants (62 children and 15 caregivers) in Sri Lanka, all of Singhalese descent. The children ranged between 5 and 18 years of age, and their caregivers ranged between 25 and 80 years of age (mean age of 45). Participants included Singhalese war orphans and nonwar orphans from Buddhist orphanages, and a comparison group of children from intact families; however, this chapter will focus on the findings for children and caregivers in two settings: nonwar orphans and war orphans. Participants reside in two geographical locations: urban (Colombo) and rural settings (outside of Kandy). All children and caregivers were practising Buddhists.[1] Information on the children was collected in the summer of 2002, during a temporary ceasefire in the civil war.[2]

All participants completed the following assessment battery. Children's measures included Goodenough-Harris drawings of a man and woman (a measure of cognitive ability showing everyone to be in the average range), Sandtray analysis (constructions and narrative about a choice of 300 miniatures), stages of faith interview (adapted from Fowler, 1981) and a sentence completion task, along with observations and a clinical interview. Adult measures included the adapted stages of faith interview and a sentence completion task. The researchers travelled to the home or institution of each participant to conduct the assessments. This approach allowed the researcher to become better acquainted with participants and their cultural environments. Scoring was completed by two raters, with inter-rater reliability over 90 %. The findings discussed below reflect a synthesis of information from across these different data sources that generated general themes about the children and caregivers in these different settings.

Two Nonwar Orphanages
Nonwar Orphanage for Boys in Colombo
The first setting is a nonwar orphanage in Colombo run by six monks (including the chief monk) and two female caregivers, it is a self-contained compound that includes a temple for the public and buildings for administration, eating, sleeping, playing and worship. It is an all-boys facility, housing 20 children, ages 5–13 sustained by donations from the community. Children are brought to the orphanage by family members due to parents' inability to maintain them in their home villages. Most children maintain contact with their parents and family, and are reintegrated into their families of origin once they are better able to provide for them.

The children's relationships with caregivers were described as positive, supportive and structured, with the provision of boundaries and modelling of behaviour. Close relationships were reported between the children, who frequently reported relationships that are familial in nature. They reported being able to play, learn, share difficulties and resolve disputes positively with one another, indicating that caregivers facilitate these relationships by supporting positive conflict resolution and offering enriching opportunities for play, work and learning.

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[1] Similar results were found at a Christian orphanage, not considered in this chapter (see Fernando, 2006; Fernando & Ferrari, 2011).

[2] For findings about developmental aspects of this study, including the comparison-groups children, see Fernando (2000, 2006) and Fernando and Ferrari (2011).

Children within this group are given with basic requirements, such as food, clothing and shelter. The orphanage environment is stimulating, with opportunities for learning, enrichment and maturity. Particularly, monks are active in teaching the children about Buddhism, guiding faith practice, counselling them, helping them meet their academic goals and providing them with enriching experiences, such as social outings. Many of the children go on to secure good jobs, education and marriage prospects. A number of children have also chosen to become monks after living in the temple environment.

Nonwar Orphanage for Boys and Girls in Colombo

A second nonwar Buddhist orphanage in Colombo for boys and girls, birth to 5 years of age, was also observed with assessments made of both staff and children. This orphanage is also a self-contained compound, with buildings for administration, eating, sleeping, playing, worship, including a playground and a school. (Also within the compound is a home for elders, with whom the children visit). The orphanage is sustained largely through donations from the community and is run by a committee of several members, a chief matron, two caregivers and a Montessori school teacher. The children are also involved with monks from a local temple. With the exception of the monks, all committee members and caregivers are female. All members share various responsibilities, including meeting financial goals, providing basic necessities and emotional, educational and religious support.

Children come from homes where mothers had been widowed or left by husbands, and so are struggling financially to provide adequate childcare. The children are housed at this orphanage until age five and then transferred to other orphanages in the city. During this time, the child's biological family is allowed to visit them. According to caregiver reports, the children's relationships with caregivers are positive, supportive and structured. Close relationships are also reported between the children, with opportunities to play and learn. Caregivers facilitate relationships by supporting positive conflict resolution and by offering opportunities for play, work and learning.

Summary. These two nonwar orphanage settings make available a social–ecological context that provides important opportunities for children. However, given their own personal challenges, children are not all equally able to access these opportunities, even when residing in an orphanage. This point is made clearer by considering the challenges experienced through what we call idioms of risk and idioms of resilience, because they are often not merely personal challenges, but set within the children's broader social ecology. The findings below reflect a synthesis of all of the data sources available from this project.

Challenges that generated risk. Overall, children from this group were separated from their families and placed in orphanages because their single, widowed or divorced mothers were unable to adequately provide for them. Many mothers after the death or separation from their husbands would frequently begin a process of re-educating themselves and/or looking for employment so they could support their families. During this period of re-education, children were often placed in the orphanage to assure consistent shelter, food and educational opportunities. This finding is consistent with previous research, in that children of single and/or widowed and uneducated mothers are at increased risk for negative and disturbed behaviour (Dybdahl, 2001; Masten & Powell, 2003; Rutter & Quinton, 1977; Sameroff, Siefer, Baracos, Zax, & Greenpsan, 1987).

Opportunities for resilience. Despite these challenges, unique to this situation is the opportunity for mothers to place their children in temporary care while they re-educate themselves and find secure jobs, while remaining in contact with their child in a continued parenting role. In fact, many children remained in contact with their mothers, family and extended family and returned home for visits or had their mothers visit them.

During visits, the mothers would frequently bring them toys and educational books, would take time to teach them and would also instil the value of Buddhism and of a good education. Therefore, these children were essentially co-parented by orphanage caregivers and given opportunities to receive basic necessities; social, religious and educational opportunities; and consistent caregiving that these mothers would not have been able to provide. These mothers thus have the security of knowing that their child's needs are being met while they build a stable life for their families.

In this sense, the orphanage has a transitional function, supporting mothers towards a more stable future. In addition to the flexibility and the social opportunities afforded to children by the orphanages, they also provide emotional support and security for mothers. This likely promotes effective parenting, allowing the mothers to develop warm, close relationships with their children. Through this interaction, a flexible, dynamic and sensitive social ecosystem is established, promoting resilience for both mothers and children. With this support, children have been found to engage in stable and nurturing relationships with parents and primary caregivers, while families and communities feel secure and confident in promoting recovery from trauma (Machel, 2001).

The children from this setting were resilient and frequently reported positive interactions with their mothers, including feeling loved, provided and cared for, secure about their future and able to cope with their past. This is consistent with previous research findings (Pynoos et al., 1995; Qouta, Punamaki, Montgomery, & El Sarraj, 2007), which demonstrate that for children living in stressful conditions, the emotional state and behaviour of the mother were primary mediators between the child's psychological functioning and the traumatic experience. When the mother remained calm and effective in adversity, without minimising the seriousness of the situation, the prognosis was better than when she was not present or overwhelmed by the situation. Behaviour of children was also influenced positively if mothers were able to cultivate close and warm relationships with them, monitor their whereabouts and provide 'precision parenting' without being overly

harsh or punitive nor overly lenient (Cauce, Stewart, Rodriquez, Cochran, & Ginzler, 2003).

In addition to the support received from their mothers, most children reported feeling that the chief monk was like a father to them—a relationship frequently described as warm, close and characterised by careful monitoring, discipline, consistency and love. Although, caregiving is not a typical role assumed by monks, they have increasingly begun providing respite for children of war. Within this context the role is unique to Sri Lankan Buddhist history and has subsequently become an idiom of resilience. Despite the newness of this caregiver role, how the chief monk executed his duties was consistent with previous research findings for promoting resiliency and decreasing negative behaviours in children (Machel, 2001).

Positive relationships were also formed between the children and the other six monk caregivers. Although these monks did not appear to have the same parental role as the chief monk, the children went to them when they needed guidance and support. As the orphanage had a strong commitment to Buddhist philosophy and practice, these monks were also involved in teaching and guiding the children in Buddhism. The children reported that these interactions were not only beneficial in helping cope with difficulties and feeling secure, it also inspired them to engage Buddhism at a deeper level by becoming monks. From this interaction a mentoring relationship was formed, wherein the children were provided with positive role models who helped with goal-setting and achievement, possibly fostering resilience. These findings are consistent with previous research where evidence of the benefits of informal one-to-one community-based mentoring. For example *Big Brothers/Sisters* found that the availability of a mentor for 1 year significantly reduced negative behaviour in at-risk children, including first-time drug use by 46 %, violent behaviour by 33 % and absenteeism in school by 52 % (Luthar & Zelazo, 2003; Werner, 2000).

Opportunities such as schooling, social and religious activities were also present for these children. Consequently, they wished for success in education, a good job and being able to provide financially for their families. They spent

time purposefully choosing vocational goals and engaging in planning with caregivers to obtain the requirements to meet these goals, most likely promoting the resilience demonstrated within these children. Again, these findings are consistent with previous studies showing that planful competence is significantly associated with higher educational attainments and occupational levels and a lower rate of multiple marriages (Clausen, 1991, 1993; Kumpfer, 2002; Rutter, 2006).

In many ways the situation for war orphans is similar, but there are important differences in systemic opportunities to promote resilience.

War Orphanage for Girls in Colombo

The war orphanage is located in a self-contained compound, which includes buildings for administration, eating, sleeping, playing, worship, and an educational centre and playground. It is an all-girls Buddhist facility, housing 20 girls, ages 5–18. Children are brought to the orphanage by family members or outreach aide workers due to unsafe conditions and parents' inability to maintain them in their home villages. As children are from the North and Eastern Provinces in Sri Lanka where the warring is the greatest, many have been exposed to war-related trauma, including raids on their villages, witnessing of death, loss or injury of family members and limited access to resources, such as school, safe shelter and food. Most of the children typically come from backgrounds where mothers are widowed due to war and are unable to financially provide for the children. Placement in the orphanage thus allows for access to resources, and better educational and vocational opportunities. The orphanage is sustained largely on donations from the community

The orphanage is run by a board of several committee members, three matrons and, several volunteers, including school teachers, skill and trade teachers and religion teachers. The children are also involved with monks from local temples. All members share various responsibilities, including meeting financial goals, providing basic necessities and emotional, educational and religious support. Board members attend not only

to financial and administrative tasks but also have close working relationship with the children and the matrons. Each board member is assigned six children for whom they are personally responsible. They meet with the children on a weekly basis to offer counselling, monitor progress and ensure that the children have their basic, educational and vocational needs met. Progress at these meetings is documented and shared with all administrators at board meetings, to ensure quality of care and services for the children and to obtain help from outside agencies if needed. For example, if specialised counselling is required, referrals are made to outside agencies, or if academic and vocational needs are of concern, appropriate teachers are contacted. Administrators have working relationships with specialist teachers at the orphanage, including teachers for Buddhist classes, skill development and academic tutoring. Administrators are also involved in decisions regarding arranged marriage prospects and postsecondary planning.

According to caregivers, the children's relationships with caregivers are reported to be positive, supportive and structured, with boundaries and modelling of behaviour. Close familial-like relationships are also reported between the children, who say that they are able to play, learn, share difficulties and resolve disputes positively with one and other. They also indicate that the caregivers facilitate these relationships by supporting positive conflict resolution and offering enriching opportunities for play, work and learning. In addition to stability with caregivers and friends, children within this group are provided with basic requirements, such as food, clothing and shelter. The orphanage environments are frequently described as stimulating, with opportunities for learning and maturity. Particularly, caregivers report that they teach the children about Buddhism, guide them in faith practice and help them develop academic skills.

Challenges that generated risk. Children from the war orphan group were typically exposed to more risk factors than the nonwar orphan groups. Children from this group had been placed in an

orphanage as their families were affected by the war. Specifically, the warring left children fatherless, with widowed and single mothers unable to provide adequate resources for their families. Additionally, their communities were reported to have little social cohesion and minimal resources because of the warring. Children thus lived in conditions of poverty, with food insecurity and no access to schooling. Despite attempts by mothers to provide for their children at home, in refugee camps or informal settlements, these children were separated from the families and placed in the war orphanage in an effort to provide safety, shelter, food and educational opportunities. Additional risks for these children included coming from large families, mothers being poorly educated and unable to find consistent work. Children within this setting were thus exposed to several challenges previously identified by researchers as predicting higher rates of negative outcomes, including low social status, large family size, admission into the care, poverty, lack of social support, low level of maternal education, single parenthood, maltreatment and war (Jordans, Tol, Komproe, & de Jong, 2009; Masten & Powell, 2003; Rutter & Quinton, 1977; Sameroff et al., 1987).

A unique risk within this setting was lack of contact with biological parents after being placed in the orphanage. Half the children reported missing and being concerned about parents. Within this subgroup of children, one child's parents had died during the warring and another did not know her parents whereabouts; for the others, mothers remained in the warring areas, and though the children had hopes of reuniting with them, these meetings were frequently cancelled. All of these children reported crying and feeling sadness over this separation. Clinical concern was raised regarding internalising difficulties for all but one of these children as they tended to produce sandtray stories of loss and displacement, appeared affectively flat and gave minimal responses to interview questions pertaining to their families (see Fernando, 2006; Fernando & Ferrari, 2011). Although they reported feeling loved and cared for by the caregivers, they did not consider them like mothers, nor did they regard

the children in the orphanage as their family. Although they reported being happy for the opportunities provided within the orphanage, they considered their home villages their home.

This was in contrast to the other half of the children in this orphanage setting who remained in contact with their mothers, went home for holidays or whose mothers visited them at the orphanage. Although these children reported positive feelings about being able to spend time with their biological mothers, they regarded the orphanage caregivers as mothers, the other children in the orphanage like sisters and the orphanage as their home. In some cases, the children preferred being at the orphanage with the caregivers over being at home with their biological parents.

These findings suggest that—for the children who demonstrate competence with no internalising concerns—a sense of personal security or increased secure attachment may be provided by the consistency of visits and contact with parents. Frequent contact may provide the assurance of their parents' well-being in a war zone, allowing them to be more open to opportunities to integrate better into the orphanage, which is now their main social–ecological context for development. Additionally, sustained attachment to their biological parents may afford them the opportunity to form deeper relationships with the orphanage caregivers. These findings are consistent with previous research that found that resilient youngsters from highly troubled backgrounds tend to identify more strongly with their residential homes than with biological parents, despite these relationships being described as positive, because the residential homes became their main context of living (Rutter, 2006). Additionally, studies have found that resilient adaptation is possible when children have strong connections with at least one supportive adult (Luthar & Zelazo, 2003; Sroufe, Egeland, Carlson, & Collins, 2005).

Tragically, these patterns were not evident for the orphans whose biological parents were still alive, but not in contact with them on a regular basis. These children may have felt insecure in their relationship with their parents due to lack of consistent contact. As many of these children

experienced severe war trauma in their home villages, they may rightly worry about their parents' well-being. This concern may in turn be traumatising for these children, if they psychologically revisit war scenarios where they were exposed to personal adversity and loss. For these reasons they may have difficulty forming a secure attachment with a caregiver and fully integrating into the orphanage. This in turn makes it difficult for them to access the opportunities made available by their residing in the orphanage.

These findings are also consistent with previous research (Garbarino, 2001; Garbarino, Dubrow, Kostelny, & Pardo, 1992), which found that parent–child relationships characterised by continuous threat of separation and lack of warmth and support jeopardised the child's normal development. Particularly, within contexts of community violence, primary caregivers were sometimes too depressed or overwhelmed to form a secure attachment to their child, placing these children at increased risk of maladaptive behaviour, including feelings of estrangement and constriction of affect. For these children, parents remaining in war zones and displaying inability to attach to their children may be a particular risk within this context.

Opportunities for resilience. Despite the presence of internalising difficulties with several orphans, all but one child demonstrated external resilience. Not only did all children report wishing for success in education and getting a good job, they spent time purposefully choosing vocational goals and engaging in purposeful planning with caregivers, teachers and tutors to obtain these goals. These vocational goals frequently involved becoming doctors or nurses so they could help those in need, as well as helping to improve the orphanage and support their parents and families.

The war orphanage was run by a board of professional women who emphasised educating the children so they could obtain successful careers and marriages and become good citizens. The caregivers were actively involved in helping the children build their futures, purposeful planning, curriculum development, arranging information sessions with various professionals and helping prepare for postsecondary entrance exams and completion of applications. Caregivers later reported that many former residents had gone on to become doctors, lawyers, nurses and other professionals, thus demonstrating that purposeful planning was most likely fostering resiliency within the children.

These findings are consistent with previous studies showing that planful competence is significantly associated with higher educational attainments and occupational levels and a lower rate of multiple marriages (Clausen, 1991, 1993; Rutter, 2006). Specifically, research on Western populations revealed that although many children raised in institutions felt at the mercy of fate and experienced a lack of purpose or control over their lives, some resilient children made deliberate choices with their careers and choice of marriage partner. This decision to use foresight and take active steps in dealing with challenges was found to be linked to positive school experiences and obtaining goals. The pleasure, accomplishment and success of school may have helped the young people acquire a sense of self-worth and feeling that they were able to control what happened to them (Kia-Keating & Ellis, 2007; Quinton & Rutter, 1988; Rutter, 2006).

Despite their high-risk backgrounds, the children within this study tended to plan key life decisions and have active support from caregivers in this purposeful planning, all which may promote resilience. Unlike the Western sample, in which only a minority of the children demonstrated resilience, all children in this setting engaged in this process. This may be due to the support received from the caregivers as well as the opportunities presented within the orphanage. This finding is strikingly different from Western studies which found that most residential facilities provide remarkably few opportunities for the young people to exercise responsibility, autonomy and control over their lives (Rutter, 2006).

Many aspects of parenting repeatedly found to foster resilience in previous research are also available to these children. However, recent research urges investigators to move beyond these common aspects of parenting to incorporate

specific interactions that address challenges tailored to particular risk conditions (Barber & Doty, 2013; Cauce et al., 2003). A tailored approach is used by caregivers within this setting. Of particular interest is the role of the administrator-caregiver. Each administrator is assigned a small number of children for whom they are responsible. Their duties include weekly counselling and monitoring of the children, and reporting progress to the board of directors. Decisions regarding the children's progress and needs would be dealt with accordingly at this level. Additionally, the administrators have positive working relationship with the matrons and teachers such that children's progress is closely monitored. Administrators are also involved in decisions regarding arranged marriages and postsecondary planning. Administrators emphasised providing a warm, secure environment, with emotional, social and religious support. This flexible and dynamic 'parenting style' likely promotes resilience within the children.

These results are consistent with findings from Emory Cowen's *Primary Mental Health Project* (Cowen, Hightower, Pedro-Carroll, Work, Wyman, & Haffey, 1996) whose goals were to prevent mental health problems among children showing early signs of maladjustment. For this study, at-risk students were referred to non-professional women called child associates, whose relationships with children developed across approximately 20 sessions at school. Child associates were selected based on personal qualities such as warmth and empathy. They received rigorous training and ongoing supervision by the *Primary Mental Health Project* professional staff. Additionally, there was a regular exchange of information between them, teachers and school mental health professionals to determine the nature of interventions for individual children, to review the changes observed and to chart further courses of action. From this study, the warm, trusting associate–child relationship seems to form the foundation on which significant attitudinal and behavioural change in children was built. Additionally, previous studies demonstrated that the availability of competent caregivers and supportive adults who

foster trust and sense of coherence and opportunities for school, work, church or military leads to new experiences likely to foster competence and self-esteem (Werner, & Smith, 2001).

Resilience and Faith Practices

The risks and opportunities of nonwar and war orphans differ in important ways, even if they share what is essentially the same social–ecological environment of the orphanage. However, both groups also share a cultural meaning system that involves the Buddhist faith. What can we learn about the role of faith practices in promoting resilience in these two types of orphans?

Resilient Orphan Children

Resilient orphans in both the war and nonwar orphanages reported that Buddhism was important to them, and their discussions emphasised regular practices that included mindfulness meditation, loving-kindness meditation, reciting Gathas (e.g. the five precepts), observing sil (a religious ritual), reading Jatha Kathava (character stories of the Buddha), listening to bana (spiritual teachings) and worshipping the statue of Buddha. These practices are designed to help cultivate understanding about life's circumstances, help one become a better person and reach a higher state of being in future lifetimes (what Foucault, 2005 calls 'techniques of self'). Children reported that these activities helped them cope with everyday difficulties, provided guidelines for developing into a person with good character, and provided solace and understanding when dealing with life circumstance. They reported that ideally, they wanted to become spiritually mature, so they could overcome suffering through understanding, be reborn into a better life and eventually attain nirvana.

Overall, these faith practices seem to promote resiliency in these children in a number of ways: On a micro level, they offer structure and encourage cognitive restructuring and acceptance of their trauma, perhaps cultivating a sense of control in children's lives; on a macro level, these rituals promote integration into the larger community. Indeed, structure and routine following exposure to trauma can stabilise children and

promote healthy adaptation (Machel, 2001) by providing a safe environment for growth, exploration and finding value even in difficult life experiences. Additionally, the rituals and routines reported by resilient orphans are consistent with the traditional strategy proposed within Buddhism, with its focus on ethical action, contemplation and cultivation of wisdom, and the opportunity to transform the mind from being rigid, closed and prone to self-injury to one that is open and accepting even of hardship (Dockett, Dudley-Grant, & Bankart, 2003; Hayes, 2003).

Resilient orphans regularly engage in faith rituals, frequently speaking about how these practices helped them cope with long-term trauma and daily difficulties. As the central tenet of Buddhism is that 'life is dukka (suffering)', children in the orphanage may benefit from the practice of directly accepting their own challenges as examples of a necessary suffering integral to all life experience. In this sense, it may be helpful for these children to think positively, accepting the reality of their bad experiences, not blame themselves for things outside of their control, and building on whatever good aspects there may be, even in bad situations. This is consistent with past research that found it is protective for people to accept their negative experience rather than to deny or distort what happened to them, and to focus on positive aspects in order to incorporate the whole into their personal schema (Main, Kaplan, & Cassidy, 1985). As research in this area is scant, the impact of these Buddhist self-practices certainly warrants further consideration.

Unlike Western therapeutic ideas of healing from psychic trauma, many children within the orphan group reported a desire to achieve nibbana (i.e. nirvana), be reborn to their parents in a future birth or move to a better station in future lifetimes. These personally meaningful beliefs, in conjunction with the ritual efforts to attain nibbana, may offer the children a sense of predictive control—a form of secondary control which assures a person that things will turn out alright in the end (Spilka, Hood, Hunsberger, & Gorsuch, 2003).

Buddhist self-practices not only focus on the suffering individual but also involve experiencing compassion for others—for example, through the practice of Mithree, precepts and Jatha Kathava, which guide social conduct. By engaging actively in faith practices that support these values, children can become integrated into a broader community with similar values, fostering feelings of belonging that restores or promotes well-being (De Zoysa & Wickrama, 2011; Spilka et al., 2003; Trainor, 1997).

Unfortunately, children with internalising difficulties were unable to integrate into family, community and thus into religious communities. The inability to integrate into these frameworks prevented them from reaping the healing benefits of belonging to a supportive religious community and its practices.

Karma. One particular meaningful concept of importance to resilience in this study is the notion of karma. Karma literally translates as 'action' and usually refers to the law of action that rewards good actions with good consequences and bad actions with bad consequences. Asma (2005) notes that karma is conceived and applied differently in different times and cultures. For example, some people extend karma across lifetimes, linking trauma in one lifetime to some unobservable past transgression, and folk Theravada Buddhism permits such notions.

In some sects of Hinduism, karma can be extreme, binding every activity; however, within the Theravada Buddhism of Sri Lanka, only actions based on *choices* generate karma, and the binding causal power of karma applies only to those actions that stem from conscious intentions, not accidental actions or those flowing from physical laws. Of course, all cultural meaning systems are personally negotiated when crafting narratives of identity (Hammack, 2011)—something integral to resilience. We see this clearly when examining how views on karma were assessed with caregivers and children to understand its influence on shaping resilience.

Although all orphans accepted the notion of karma, they all felt they were not to blame for their life circumstance and they were not suffering because of past actions. This tendency to not

internalise blame could be because most of their caregivers held the same beliefs and may have relayed that message to them. The orphanage caregivers who did believe that children's suffering may be due to karma reported that they did not share this sentiment with the children, but instead focused on helping them accept their circumstances and create a better life. In this manner, a safe niche was created for the children that promoted resilience.

Conclusion

Overall, clinical formulations created from the interviews with caregivers and children from the war and nonwar orphanage settings reveal that war orphans were typically exposed to more risk than nonwar orphan children. Warring left these children fatherless, with the widowed and single mother unable to provide adequate resources. Children subsequently lived in conditions of poverty and food insecurity, with no access to schooling. Despite attempts by mothers to provide for their children, they were separated from the families and placed in the war orphanage.

Despite exposure to various levels and types of risk, all but two children appear to be doing well in areas of academic motivation, peer relationships and conduct. And most children appear to have positive relationships with caregivers. The clinical formulation also suggests that Buddhism is important to the orphan children and that they engage in faith practices on a regular basis. However, the clinical formulations show that a subset of children—those who have unpredictable contact with biological parents—are struggling with internalising difficulties that show a lack of existential resilience, even if social resilience is observed.

As seen in this study, resilience is a dynamic process that involves shifting balance of protective and risk factors even within the same social–ecological context of the Sri Lankan orphanage. It is important, then, to be alert to the internalising difficulties that can prevent children from accessing the opportunities provided by these contexts, especially by faith-based self-practices that can help promote

psychological well-being in children who have been victims of war. Special care should be taken to help children engage in these practices and externalise their suffering so as to allow communities help them to heal.

References

Asma, S. T. (2005). *The gods drink whiskey: Stumbling toward enlightenment in the land of the tattered Buddha*. New York: HarperOne.

Barber, B., & Doty, B. (2013). *Handbook of resilience in children of war*. New York: Springer.

Bottrell, D. (2009). Understanding 'marginal' perspectives: Towards a social theory of resilience. *Qualitative Social Work, 8*, 321–340.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Biological perspectives on human development*. Thousand Oaks, CA: Sage.

Catani, C., Gewirtz, A. H., Wieling, E., Schauer, E., Elbert, T., & Neuner, F. (2010). Tsunami, war, and cumulative risk in the lives of Sri Lankan schoolchildren. *Child Development, 81*(4), 1176–1191.

Cauce, A. M., Stewart, A., Rodriquez, M. D., Cochran, B., & Ginzler, J. (2003). Overcoming the odds? Adolescent development in the context of urban poverty. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 343–363). New York: Cambridge University Press.

Chase, R., Doney, A., Sivayogan, S., Ariyaratne, V., Satkunanayagam, P., & Swaminathan, A. (1999). Mental health initiatives as peace initiatives in Sri Lankan schoolchildren affected by armed conflict. *Medicine, Conflict, and Survival, 15*, 379–390.

Clausen, J. S. (1991). Adolescent competence and the shaping of the life course. *The American Journal of Sociology, 96*, 805–842.

Clausen, J. S. (1993). *American lives: Looking back at the children of the great depression*. New York: Free Press.

Cowen, E. L., Hightower, A. D., Pedro-Carroll, J. L., Work, W. C., Wyman, P. A., & Haffey, W. G. (1996). *School-based prevention for children at risk: The primary mental health project*. Washington, DC: American Psychological Association.

De Zoysa, P., & Wickrama, T. (2011). Mental health and the role of cultural and religious support in the assistance of disabled Veterans in Sri Lanka. *Journal of Military and Veteran's Health, 19*(3). Retrieved from http://www.jmvh.org/article.php?article=292

Dockett, K. H., Dudley-Grant, G. R., & Bankart, C. P. (Eds.). (2003). *Psychology and Buddhism: From individual to global community*. New York: Kluwer Academic.

Dubow, E. F., Huesmann, L. R., Boxer, P., Landau, S., Dvir, S., Shikaki, K., et al. (2012). Exposure to political conflict and violence and posttraumatic stress in Middle East youth: Protective factors. *Journal of Clinical Child and Adolescent Psychology, 41*(4), 402–416. doi:10.1080/15374416.2012.684274.

Dybdahl, R. (2001). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development, 72*(4), 1214–1230.

Fernando, C. (2000). *The effects of war on children: An ecological integration.* Unpublished master's thesis, OISE/University of Toronto

Fernando, C. (2006). *Children of war in Sri Lanka: Promoting resilience through faith development.* Doctoral dissertation, University of Toronto, Canada.

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality in Mental Health, 13*, 1–26.

Fischer, K. W., & Bidell, T. R. (2006). Dynamic development of action, thought, and emotion. In R. M. Lerner (Ed.) & W. Damon (Series Ed.), *Handbook of child psychology: Vol. 1. Theoretical models of human development.* New York: Wiley

Foucault, M. (2005). *The Hermeneutics of the subject*: *Lectures at the College de France*, *1981-1982* (Trans.). New York: Picador (Original work published 1997).

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning.* San Francisco: Harper & Row.

Friedrich, J. (in press) Vygotsk'y idea of psychological tools. In Anton Yasnitsky, René van der Veer & Michel Ferrari (Eds.), *Handbook of cultural-historical theory.* Cambridge, UK: Cambridge University Press.

Garbarino, J. (2001). An ecological perspective on the effects of violence on children. *Journal of Community Psychology, 29*(3), 361–378.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence.* San Francisco, CA: Jossey-Bass.

Hammack, P. L. (2011). *Narrative and the politics of identity.* New York: Oxford University Press.

Hayes, R. P. (2003). Classical buddhist model of a healthy mind. In K. H. Docket, G. R. Dudley-Grant, & C. P. Bankart (Eds.), *Psychology and Buddhism: From individual to global community.* New York: Kluwer Academic.

Jordans, M. J. D., Tol, W. A., Komproe, I. H., & de Jong, J. T. V. M. (2009). Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war. *Child and Adolescent Mental Health, 14*, 2–14.

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychological adjustment. *Clinical Child Psychology and Psychiatry, 12*(1), 29–43.

Kumpfer, K. L. (2002). Factors and processes contributing to resilience. In M. D. Glantz & J. L. Johnson (Eds.), *The resilience framework* (Longitudinal research in the social and behavioral sciences: An interdisciplinary series) (Vol. 3, pp. 179–224). New York: Kluwer Academic. doi: 10.1007/0-306-47167-1_9.

Lewin, K. (1951). *Field theory in social science; selected theoretical papers.* In D. Cartwright (Ed.), New York: Harper & Row

Luthar, S. S., & Zelazo, L. B. (2003). Research in resilience: An integrative review. In R. J. Haggerty, L. R. Sherrod, N. Garmezy, & M. Rutter (Eds.), *Stress, risk and resilience in children and adolescents: Processes mechanisms and intervention.* New York: Cambridge University Press.

Machel, G. (2001). *The impact of war on children: A review of progress since the 1996 United Nations report on the impact of armed conflict on children.* British Colombia: UBC Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood. In I. Bretherton & E. Waters (Eds) *Growing pains of attachment theory and research. Monographs of the Society for Research in Child Development, 50* (*Serial no. 209*), pp. 66–106.

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*, 921–930.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23*, 493–506.

Masten, A. S., Coatsworth, J. D., Neeman, J., Gest, S. D., Tellegen, A., & Garmezy, N. (1995). The structure and coherence of competence from childhood through adolescence. *Child Development, 66*, 1635–1659.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11*(1), 143–169.

Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. *Annual Review of Psychology, 63*, 227–257.

Masten, A., & Powell, J. L. (2003). A resilience framework for research, policy and practice. In R. J. Haggerty, L. R. Sherrod, N. Garmezy, & M. Rutter (Eds.), *Stress, risk and resilience in children and adolescents: Processes, mechanisms and intervention.* New York, NY: Cambridge University Press.

Panter-Brick, C., & Eggerman, M. (2012). Understanding culture and resilience: The production of hope. In M. Ungar (Ed.), *The social ecology of resilience* (pp. 369–386). New York: Springer.

Peebles, P. (2006). *The history of Sri Lanka.* Westport, CT: Greenwood.

Pynoos, R. S., Steinberg, A. M., & Wraith, R. (1995). A developmental model of childhood traumatic stress. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology* (Risk, disorder, and adaptation, Vol. 2, pp. 72–95). Oxford: Wiley.

Qouta, S., Punamaki, R.-L., Montgomery, E., & El Sarraj, E. (2007). Predictors of psychological distress and positive resources among Palestinian adolescents: Trauma, child, and mothering characteristics. *Child Abuse and Neglect, 31*(7), 699–717.

Quinton, D., & Rutter, M. (1988). *Parenting breakdown: The making and breaking of intergenerational links.* Aldershot: Avebury.

Reddy, L. R. (2003). *Sri Lanka: Past and present.* New Delhi: APH.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*, 1–12.

Rutter, M., & Quinton, D. (1977). Psychiatric disorder-ecological factors and concepts in causation. In H. McGurk (Ed.), *Ecological factors in human development.* Amsterdam: North Holland.

Sameroff, A., Siefer, R., Baracos, R., Zax, M., & Greenpsan, S. (1987). Intelligence quotient scores of 4 year old children: Social-emotional risk factors. *Pediatrics, 79*, 343–350.

Spilka, B., Hood, R., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion: An empirical approach* (Vol. 3). New York: Guilford.

Sroufe, A., Egeland, B., Carlson, E., & Collins, A. (2005). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood.* New York, NY: Guilford.

Tol, W. A., Jordans, M. J. D., Kohrt, B. A., Betancourt, T. S., & Komproe, I. H. (2013). *Handbook of resilience in children of war.* New York: Springer.

Trainor, K. (1997). *Relics, rituals and representation in Buddhism: Rematerializing the Sri Lankan Theravada tradition.* Cambridge, UK: Cambridge University Press.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry, 81*, 1–17.

Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 13–31). New York: Stringer.

Vygotsky, L. (1986). Thought and language (A. Kozulin, Trans.). Cambridge, MA: The MIT Press. (Original work published 1934)

Werner, E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early intervention* (2nd ed., pp. 115–132). New York, NY: Cambridge University Press.

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resiliency, and recovery.* Ithaca, NY: Cornell University Press.

Wolmer, L., Hamiel, D., & Laor, N. (2011). Preventing children's posttraumatic stress after disaster with teacher-based intervention: A Controlled Study. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(4), 340–348.

Wyman, P. A. (2003). Emerging perspectives on context specificity of children's adaptation and resilience: Evidence from a decade of research with urban children in adversity. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 293–317). New York: Cambridge University Press.

Wyman, P. A., Cowen, E. L., Work, W. C., Hoyt-Meyers, L., Magnus, K. B., & Fagen, D. B. (1999). Caregiving and developmental factors differentiating young at-risk urban children showing resilient versus stress-affected outcomes: A replication and extension. *Child Development, 70*, 645–659.

Part IV

Resilience Among Refugees

Relational Resilience

11

Colette Daiute

Overview

In this global era, considering the developmental effects of displacement is a priority for research and practice. Much research on risk and resilience among young people displaced by war and other forms of violence has focused on individual traits and capacities leading to vulnerability or resilience. Nevertheless, research and practice have increasingly indicated that most children and youth deal with displacement in quite normative ways, as they would in other developmental contexts (Daiute, 2010; Fernando & Ferrari, 2011). Beyond physical and psychological nurturance, the social and political integration of young people into the contexts where they live is also basic to their development. Food and shelter are, of course, essential to provide in emergencies, but human development cannot occur in the absence of social interaction. After all, displacement is a political phenomenon (Dawes, 2008), so the consequences do not occur primarily within individuals, but within purposeful activities in actual contexts. Because people's goals and strategies develop interactively, the sociopolitical life of communities that host refugees must include young people seeking asylum, if those communities are going to develop as well.

In this chapter, I therefore, argue that since human development is a mutual process of individuals and societies, resilience in displacement is a social phenomenon.

To build that argument, I review scholarly definitions of resilience among young people displaced by war and other forms of political violence[1] and offer an analysis of the nature of separations displaced peoples endure and the attendant losses and gains associated with resilience. I conclude by explaining that research from diverse theoretical perspectives behooves us to understand and examine resilience as a relational process. The chapter focuses on a variety of social relations identified in research, indicating that children's cognitive and emotional responses emerge in language and other means of interaction with family, community, and nation as they make sense of the world around them and how they fit. I illustrate this process with examples from my research with young people growing up during and after the wars of the 1990s in the former Yugoslavia (Daiute, 2010), and discuss how the study design and analysis advance theory, research, and practice during and after conflict-related displacement.

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[1]In this chapter, "political violence" refers to war, armed-conflicts involving insurgency groups, paramilitaries, politically motivated violent acts like forced displacements, recruitment into armed conflict, ethnic cleansing, racist rapes, deportations, consequences of violence like assisted and spontaneous fleeing during acute phases of violence, migration when violence has led to long-term poverty or chaos, return migration when situations allow, etc.

Defining "Resilience"

Resilience has been defined as "good outcomes in spite of serious threats to adaptation or development" (Masten, 2001, p. 228). More specifically, good outcomes are "desirable social outcomes and emotional adjustment, despite exposure to considerable risk" (Betancourt & Khan 2008, p. 317; Luthar, 1993; Rutter, 1985). Most research identifies resilience as a characteristic of the individual, with phrases such as "resilient child" (Betancourt & Khan 2008; Cortes & Buchanan, 2007; Fergusson & Horwood, 2003; Masten & Powell, 2003), "invulnerable child" (Anas, Regan, & Barrett, 2007), or "resilient personality type" (Masten et al., 1999). Research focused on resilience as an individual phenomenon tends to assume that the major effect of serious threats to well-being is psychopathology, measured with assessments of posttraumatic stress, depression, aggression, and other sorts of problems.

Interest in trauma and, in particular, PTSD (posttraumatic stress disorder) as a response to extreme events flourished after it was included as a disorder in the DSM[2]-III in 1980. Research defining resilience as an individual phenomenon identifies personal traits and/or profiles via assessments using measures of psychopathology with children affected by armed conflict and other catastrophes. Such measures of psychopathology include the ASEBA (Child Behavior Checklist and Youth Self-Report), State-Trait Anxiety Inventory, and Vineland Adaptive Behavior Scales and the Beck Depression Inventory. War-related trauma outcomes identified in research using such measures include sleep disruptions by nightmares of violent experiences and daytime disruptions by intrusive thoughts about inhuman cruelty (Bonanno, 2004; Weine, 2004). Other outcomes include aggressive, withdrawn, and depressed orientations to one's life and to others.

Results show, however, that many young people exposed to extreme risks do not respond in pathological ways, so some researchers "… address the growing evidence for the human capacity to thrive even after the most difficult of experiences [and] enumerate individual differences and contextual factors associated with a *resilient* outcome" (Mancini & Bonanno, 2009). Distinguishing resilience from recovery, Bonanno has, moreover, explained that "resilience is more common than often believed and that there are multiple and sometimes unexpected pathways to resilience" (2004, p. 20). While "*recovery* connotes a trajectory in which normal functioning temporarily gives way to … psychopathology (e.g., symptoms of depression or posttraumatic stress disorder [PTSD])… *resilience* reflects the ability to maintain a stable equilibrium" and "more than the simple absence of psychopathology" (p. 20).

Although scale-based measures most typically ask research participants to indicate which listed items they have experienced, scholars have also used naturalistic discourse like clinical interviews (Weine, 2004) and narratives (Cortes & Buchanan, 2007; Fernando & Ferrari, 2011) to distinguish pathological from healthy mental profiles. A study in Colombia, for example, involved analyzing narratives by six Colombian child soldiers who did not exhibit trauma-related symptoms after experiencing armed combat to understand how these "resilient children" managed the effects of war (Buchanan et al., this volume; Cortes & Buchanan, 2007). The researchers identified four themes that indicated "a wide repertoire of strengths and resources that seemed to facilitate the ability of these youths to overcome the trauma of war (1) a sense of agency, (2) social intelligence, empathy, and affect regulation, (3) shared experience, caregiving features, and community connection, and (4) a sense of future" (p. 319). Originally designed to identify these individuals' resilient traits, the study also revealed numerous social processes such as shared experiences, care giving, and community connection.

Consistent with such findings, researchers from an increasing range of disciplines including anthropology, children's studies, and developmental psychology have broadened their methods to include ethnography, observational studies,

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[2]DSM stands for 'Diagnostic and Statistical Manual of Mental Disorders'

narrative inquiry, and clinical interviews to consider social as well as individual dimensions of resilience. Prominent social sources of resilience include the family, the social group, and the political structure. One study reports, "There are … a myriad of *child*, family and society related factors and psycho-socio-physiological processes that protect *child* development and mental health. They include, e.g., loving and wisely guiding parenting, *children*'*s* flexible and high cognitive capacity, flexible and multiple coping strategies and narrative and symbolic nocturnal dreaming, as well as social support and good peer relations. Different models explain psychological distress and positive resources, including *child* resilience. Exposure to trauma is crucial in predicting distress, while familial and developmental issues are important in building resilience" (Punamaki et al., 2011).

Since biological families are not always intact during displacements, a familiar social group can also serve basic integrative functions: "recovery from trauma depends, for example, on both individual and group strengths and is highly influenced by supportive elements in the wider environment" (Boyden & Mann, 2005, p. 6). Acknowledging the importance of giving as well as receiving social support, researchers observe that resilience involves not only adults' support of children but also children's intentions and action to support others: "… children are capable of acting upon their circumstances and influencing the direction of their own lives and those of others" (Hart, 2008a, 2008b, p. 1). Such social definitions of resilience also imply a "critique of assumptions about victimhood that had previously underwritten many studies and the majority of organizational interventions" (Hart, p. 1), which has led to the fact that "'resilience' is steadily replacing 'trauma' as the focus of psychologically oriented enquiry" (Hart, p. 1).

When researchers notice that resilience is a social process, the complex nature of displacement comes into view. Displacement is not, for example, a one-way journey, nor the consequences of displacement necessarily consistent with a medical trajectory from disease/injury to recovery. Instead, individuals enact cognitive,

emotional, and social resources to interact with the range of material and symbolic systems relevant across locations where they have lived (Alinejad, 2011; Daiute, 2010). A study with 137 young people who experienced displacement in the 1990s wars across the former Yugoslavia revealed, for example, that these youths focused selectively on challenges and opportunities of their everyday present situations in the aftermath of war, and the participants' present subjective orientations drew selectively on the past and possible future (Daiute). That study involving participants in an intervention to write youth history for newsletters in community centers across the region offered consistent results indicating the interaction of participants' expressive activities and the kind of information they shared. For example, the young people used certain genres, such as autobiographical narratives, to focus on present circumstances and other genres, such as fictional narratives, to focus on past experiences. In addition, while the narrative genres were highly reflective, letters these young people wrote to public officials were relatively directive toward how they believed society should be organized to help them in their plight.

That resilience is a social process also becomes evident when displaced youth deal in nuanced ways with the multiple and sometimes contradictory sociopolitical situations they encounter. The following narrative by Krusko,[3] a 19-year-old refugee of the 1990s wars in the former Yugoslavia to the United States, foregrounds a present dilemma of having chosen opportunity with residual feelings of being "torn," feeling "guilty," and "regrets" for having chosen "too good an opportunity to miss."

> My mom and uncle had a conflict. My mom was inviting my uncle to move to America but he was torn because he had to leave his elderly parents. He ended up moving anyway but with much difficulty. My uncle felt that he was abandoning his parents and my mom felt guilty for being pushy, but she thought it was too good of an opportunity to miss. He moved here but he still regrets leaving his family, we all do.

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[3] Participant names are pseudonyms chosen by them.

When asked to comment on a conflict among people of diverse backgrounds in the United States, this same youth focused on past experiences with "Serbian people" that render her unable to do what she knows would provide the "best" and "most efficient" outcomes.

> Not all groups can get together and provide the best outcomes. Working together results in [the] most efficient outcome, however, for instance, I cannot work with any Serbian people because of our past experience.

While this young woman's cousins who remained in Sarajevo sound more like teens focused on peer relations as described in prior developmental research (Erikson, 1980), children and adolescents, like Krusko, who escaped at least some of the violence of war readily elicit sociopolitical relations interacting with specific problematic situations in their experience and opportunities for the future, even if seemingly slight to others. While conflicts with peers or parents have been reported as universal adolescent concerns, research methods grounded in situated activity, like the study described above, indicate a more realistic selective focus on threats and opportunities, which may or may not involve parents and peers. Seemingly working hard to make sense of having been (at least) twice a victim, Krusko, like others in our study, is torn between "our past experience" with Serbian people and the present, wherein she realizes that—as one of many minorities in the U.S.—people must get along. Consistent with such identification of problems and the social nature of those problems is the social nature of any supportive processes for such displaced youth.

Further analysis of the reflections of displaced children and youth indicates, moreover, that reasons for holding on to the past may be as resilient as they are problematic. For example, when young people express guilt for leaving their home country during war, even though they did not make the choice to do so, they may be reserving an option to return, thus minimizing their sense of loss. Seemingly contradictory remarks like Krusko's above, and many others, could function as narratives to explain frightening events (Smorti et al., 2011). In other words, holding on to resentment

of the aggressors, although clearly problematic in some ways, could, in the context of seemingly inconsistent arguments to get along with everyone, provide an important foundation for solidarity with a known community, as one attempts to make transitions to less familiar social communities. Displaced children and youth deal as best they can with psychosocial challenges wrought of conflicting realities, such as between violence done to their people, their positions as potential discriminators of others in culturally heterogeneous environments, their positions as discriminated against in their new homes, and expectations that newcomers will get along with each other as well as with mainstream youth. In the U.S. for example, Bosnians and Serbs are immigrants facing common discrimination, as indicated in the narrative by a Bosnian immigrant "American kids would always pick on" foreigners "telling that we get everything for free from government, we don't pay taxes" and other threats rather than enemies. Young people's integration of such dilemmas is, thus, resilient as it addresses multiple and diverse realities, including past conflicts and current opportunities.

This brief summary of research indicating the interaction of expressive mode, the context of problematic experiences (war, displacement, etc.), and the context of expression (such as narrations for different audiences) indicate young people's abilities to deal with the complexity of displacement as a social phenomenon (Daiute, 2010). It may be resilient to recount an experience as traumatic in one situation, while not in another, and it is worth considering such variation in our ongoing research on development and well-being in the aftermath of war. Having identified the need to account for social dimensions of resilience, we turn now to the separations caused by displacement and relatively unexamined social supports therein.

Separations

Political violence causes different kinds of separations. Many children born in the midst of war and its consequences have never known a

peaceful family life, harmonious extended community, or supportive social institutions. For children who have known such relationships even for a short time, political violence challenges their development by separating them from rights as well as relationships available at home. Such separations deny many young people official affiliations such as citizenship and the attendant rights to education, healthcare, and peer groups (Hart, 2008a, 2008b). Although differing in nature and effect, each social-relational sphere of activity plays a different important role in children's resilience.

During the 4-year siege of Sarajevo, for example, thousands of people—mostly women and children—fled in convoys, first to other parts of Europe and then to the United States and elsewhere. Fleeing from bombing attacks differs from forcible displacements by gun-wielding intruders or rapists, as experienced in villages across the former Yugoslavia, Rwanda, and elsewhere, in a process described as "ethnic cleansing" (Silber & Little, 1995). Millions of children in over thirty countries worldwide have had to flee their homes because of such political violence just in the past two decades. Although some families have relatives to stay with on safer ground, most people affected by such violence are poor, without means to pay for transportation or visa fees, even if they have relatives in safe havens, so they wind up in shelters or refugee camps, sometimes for extended periods of time. Children orphaned by these attacks may be moved en masse, left to fend for themselves and for siblings, kidnapped, or recruited to serve with the aggressors who caused their many difficulties. Often because political violence extends over long periods of time, instability leads to multiple waves of refugees, which eventually appear to be voluntary, even though their migration is due, at least in part, to political or economic instability.

Given the relatively recent acknowledgement that the time-space arc of political violence extends beyond acute violent events (Collier, 2003; Daiute, 2010; www.unhcr.org, 2010; 2011), any analysis of separation must be increasingly nuanced. Highlighting the widespread and durable nature of displacement, "UNHCR's [United Nations High Commissioner for Refugees] most recent annual report shows that the number of forcibly displaced people has risen, while those going home voluntarily fell last year" (www.unhcr.org, 2010). Most of the displaced are, moreover, under age 18. Even when young people find asylum in relatively stable countries, where they may have access to employment, schools, or other institutions, the path to citizenship in rich countries has become increasingly difficult.

The number of people forcibly displaced worldwide has risen to 43.3 million at the time of this report, the highest since the mid-1990s, exacerbated by the record low numbers of repatriations over the past 20 years (www.unhcr.org, 2010). For statistical purposes, the various status conditions of these displaced persons are refugee, asylum seeking, return refugee, internally displaced, and stateless people (www.unhcr.org). To illustrate the difficulty facing refugees even in the best circumstances, research indicates the protracted lack of formal resolution of displaced people's status in the country, which in many cases is stalled over many years. The UNHCR statistics confirm, for example, low rates of recognition of refugee status, in five of the six countries reporting the largest number of applications for asylum in 2009: South Africa (222,324), the United States (43,530), France (42,118), Malaysia (40,063), Canada (33,970), and Germany (27,649). The respective recognition rates for refugee status for these hundreds of thousands of individuals (a majority who are below the age of 18) are very low: In descending order of these "positive" acknowledgements of refugee status are Malaysia (97.3 %), Canada (53.2 %), the United States (43.7 %), Germany (36.5 %), France (11.1 %), and South Africa (9 %). Displacement can define entire childhoods, as evidenced also in policies like the D.R.E.A.M Act proposed by the United States Congress in 2001, still not passed at the time of this writing. This Act to ease the path to citizenship for young adults who had been brought to the U.S. illegally as young children, living here their entire lives, and completing college has been stalled, along

with the possibility for these youths to compete for legal jobs and thus create what for some may be the only social support they will have—creating their own families.

Detailed explanations of these circumstances are beyond the scope of the present discussion, but an extended refugee or illegal status means that displaced young people's fates are suspended in global and local politics. In summary, among myriad separations from family, community, and institutions experienced by displaced youth is the separation from certainty, the lack of a pathway to the future, which depends on a sense of what a good life can be, realistic opportunities, and means of achieving opportunities in the local situation. Even when refugees' new "homes" provide pathways to citizenship, there may be ongoing discrimination or resentment, which can take many years to overcome both objectively and subjectively (Suárez-Orozco et al., 2004). In the next section, we consider psychosocial effects of such exclusions.

Losses

The news was that the government didn't allow immigrants into the U.S. any more.
Everyone involved would be angry and sad because they might have been waiting for other family members (Jenny, 14, refugee to the U.S.).

Across diverse separations, children suffer in specific ways. Personal losses vary in relation to the nature and severity of their separations from homeland, family, familiar cultural and linguistic relations, and the attendant interactions with loved ones, neighbors, and familiar institutions. Separations may be beneficial in the short term if they remove children from bombings, shootings, explosions, rapes, and attendant harms, but research indicates that refugees, kidnapped and trafficked youth, and in some cases those who migrate during or after acute phases of conflict, suffer from isolation or exclusion. In addition to psychological problems are feelings of isolation due to sociopolitical problems like discrimination, alienation from mainstream values, activities, and influence.

When children are displaced, they lose the benefit of diverse kinds of relationships—most poignantly with family and friends—but also powerfully with multiple communities, including the mainstream society and interest groups, beyond. In many cases, multinational and state institutions fail to ensure children's rights promised in treaties like the Convention on the Rights of the Child and constitutions. Political violence robs children of the nurturance of shelter and food and, equally important, of family and others who offer emotional sustenance of love, understanding, familiar practices, shared goals, and language. Political negligence, such as the failure to pass legislation like the D.R.E.A.M Act, leaves young people in limbo subjecting them to further abuse. Since situations where violence has the most devastating effects often already include experiencing poverty, instability, and prior history of violence, family contexts may already have been disrupted. These separations limit secure relationships of various kinds which allow children to express themselves freely, critically, and creatively with little fear of retribution, while increasingly abandoning them to unfamiliar situations reducing open deliberation and debate, also necessary for development.

Complicating the sense of isolation, whether actual or imagined, is an often-frustrated longing for the people and environment of the homeland. In order to learn about the nature of resilience, researchers have broadened their methods to include information about contexts, social relations, and children's personal experiences. Ethnographic research (Boyden & Mann, 2005), interview studies (Barber, 2008; Weine, 2004), and practice-based research (Daiute, 2010) examining the interactions of individuals in society offer information about social relations and resilience. Such studies have offered findings about children's understandings of their experiences—from the perspectives of diverse others as well as from their own personal experiences. Discursive analyses of how young people express themselves offer information about context and relationships embedded in specific activities. That young people growing up during and after political violence

narrate personal experiences consistent with local norms and, in contrast, narrate fictional stories counter to those norms suggests the context-sensitive nature of expression and, moreover, the importance of future inquiry that merges form and content. Such findings lead to development of new theories to generate research questions and methods about the lives of displaced young people.

When open to responses other than automatic traumatic emotional reactions, we learn about a range of consequences, including children's sense of loss of mutual understanding, responsibility (Hart, 2008a, 2008b), yearning for safe spaces to play (Hyder, 2005), learn, and contribute to society (Daiute, 2010). Such losses are mentioned more than loss of food and shelter. Interestingly, the above story by a 14-year-old girl whose family fled Bosnia when she was a toddler implicates exclusionary U.S. politics, "The news was that the government didn't allow immigrants into the U.S. any more," the emotional life and goals of everyone involved who would be "angry and sad because they might have been waiting for other family members." What is also interesting is that Jenny offers this fictional story before it actually happened, indicating its presence in the discourse context, such as by her parents, and a dread of possible effects of such politics. Jenny and others may fear an ongoing discrimination if she remains in the U.S., extended separation from family and friends who remained in Bosnia, or some related possibility.

Children also bemoan the loss of stable institutions, not in those words, but in their understanding that there is no employment for their parents, older siblings, and eventually for themselves. In some situations, children understand that the most stable means of survival and development may be the institutions of violence, such as in child soldiering (Daiute & Botero, 2012; Sta Maria, 2006). Another major effect of the loss of family is premature responsibility. Orphaned children must care for siblings, a remaining parent, or even distant relatives (Mann, 2008). Social exclusion also limits mobility (Mann, 2008), as many report not leaving their neighborhoods for

fear of known and unknown dangers beyond. Some scholars have explained that societal exclusions result in a loss of identity or falsely imposed identity as indicated in the opening narrative "American kids tell us we get everything free from government," and echoed in reports of being told, "you're a refugee" (Mann, 2008, p. 44), resulting in a feeling of being in "hiding" (Mann, p. 44) or a "wandering soul" (Suárez-Orozco et al., 2004).

Those findings are consistent with an analysis of the central metaphors of narrative plots by Bosnian youth refugees and immigrants to the United States, which overwhelmingly focus on issues in the family and peer group at home, Bosnian institutions, or reported communications with Bosnians "back home." An analysis of "icons"—plot-central symbolic objects—in narratives by young Bosnians in the U.S. and peers in Sarajevo indicated, for example, a preference for intimate settings and characters by the U.S. group compared to the public settings of narratives by the Bosnian domicile group. While the U.S. group wrote narratives about conflicts in the family and among close friends, their peers in Bosnia and Herzegovina wrote narratives about conflicts in public squares and on public transportation (Daiute & Lucic, 2010). Given the psychosocial function of narrating, such a difference in imagery indicates a significant life focus, perhaps as a safe space for symbolic exploration.

Although offering but a sketch of the precarious nature of refugee lives in new homelands, these examples from qualitative studies of displaced youth indicate the stalled nature of refugees' comfort. Formal distinctions among "recognition" as a refugee compared to "pending" or "rejected" applications for "asylum" status suggest the extended nature of exclusion. A displaced child or teen may thus spend decades of formative life stalled in a limbo status even when recognized as a refugee, before patriation is even considered. That stories of wandering souls become increasingly pronounced in generations over time is a quite poignant result of research on successive generations of immigrants (Suárez-Orozco & Quin-Hillard, 2006).

Gains

> A major microprocessing company intended to build a multi-billion dollar facility in this area creating hundreds of high-paying jobs. Arguments between local businesses and townships/cities persuaded the company to start its operation in a different part of the state (20, male Bosnian refugee to the U.S.).

As expressed in this narrative by a 20-year-old male who left Bosnia during the 1990s war, another orientation of forcibly and voluntarily displaced youth is their recognition of possibility in their new lands (Daiute, 2010). These youths offer imagery about moving beyond difficulties, like the "local businesses and townships/cities persuaded the company to start its operation in a different part of the state." Such future orientation by displaced youth can interact with the nostalgia and dread expressed by Krusko and Jenny, but the absence of such an orientation is notable among Bosnian youth and others who remained in war-torn areas without economic prospects. Consistent with such observations elsewhere, researchers have begun to identify some positive responses, in particular when they acknowledge resilience.

No one advocates violence as a context for growing up, but environments that force responsibility, hypervigilance to dangers, and the need to adapt to unfamiliar people and circumstances also have effects that children speak about or researchers interpret as positive. Such positive effects expressed by displaced or kidnapped youth include gaining skills from serving as medics in the field of battle (Sta Maria, 2006), joining causes to demand that local revenue from oil deposits in Nigeria be returned to local people (Akinwumi, 2006), and gaining a sense of mastery from premature responsibility as parents as often occurs with young orphans who raise younger siblings in refugee camps (Mann, 2008). A sense of compassion rarely reported in research on adolescence emerges from conversations with young people burdened with major responsibilities. Although interwoven with frustrations, such reflections also seem to lead to clarification of goals, as in this narrative by 19-year-old Melissa, a Bosnian displaced to the United States.

> It was also in the 1st month of my arrival. I went to translate for my uncle, he had appointments in hospital he got so offended that he started shouting at her. They ended up calling cops, but we left and they just rescheduled his appointment. I want to have decent life. I'm not girl who dreams about money.

In summary, when open to consider the nature of violent contexts and young people's understandings of those contexts, we learn that young people can continue to use and to develop physical, cognitive, social, and emotional abilities, reflecting in complex ways on their situations. Children observe what is going on around them, interact with others about events and people, and monitor their own responses. Such sociocognitve processes may, moreover, come into play in order to satisfy needs for food and shelter, suggesting that needs are a system rather than a hierarchy with biological needs taking precedence over all others (Maslow, 1943). Research methods must be increasingly open to consider the complex nature of children's responses within contemporary geopolitical processes. Today, for example, children displaced by the war in Sri Lanka may be as likely to travel on foot, convoy, or airplane for rescue to very different situations, which could change again within the year. We need theories and methods appropriate for comparing the resilience processes of those children, because effects are defined within global systems that are neither one directional in location nor cause.

Explaining Resilience

The prior review of separations, losses, and gains experienced by displaced children and youth emerges across studies from a range of theoretical perspectives. Some scholars explaining resilience beyond individual traits have suggested that it is more normal than special and, in that sense, an adaptive process. "Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptation systems. If those systems are protected and in good working order, development is robust even

in the face of severe adversity" (Masten, 2001, p. 227). Building on analyses suggesting that resilience may be a norm, we can consider the nature of those adaptive processes, in particular, elucidating the social nature of the process. We ask, "How does this adaptation occur?"

One scholar referred to diverse approaches to studying the effects of conflict on child development as pre- and post-Machal, referring to the seminal 1996 United Nations commissioned report that drew attention to the plights of children growing up in the web of political violence and its consequences (Hart, 2008a, 2008b). The 1996 report highlighted the exploitation of children's vulnerability, specifically when recruited as child soldiers. When considered in relation to the Convention on the Rights of the Child (1989), interventions by nongovernmental organizations, and the increasing range of scholarly disciplines interested in children's role in geopolitical phenomena, researchers began to focus on children's lives and their rights. When acknowledging these rights as "living rights," a concept to disclose how children seize rights "as they actively engage with issues that confront them and establish the conditions for developing a common ground for action" (Hanson & Nieuwenjuys, 2013), researchers can broaden theoretical perspectives beyond those that focus on effects within the individual alone.

From a cultural-historical perspective, social interactions are foundational and catalytic in human development. When defining development in terms of the uniquely human capacities of meaning making—language and thought (Vygotsky, 1964)—we understand that children need to participate with others to create goals and strategies for dealing with their circumstances, as well as responding emotionally to challenges. As children interact with their environmental circumstances, they perceive and act on events and relationships in specific times and places. In situations of war and other dramatically changing circumstances like new neighborhoods, homes, families, and places where people speak unfamiliar languages where people find newcomers strange, the assumption that each generation socializes the next to its ways applies less than in situations of cultural stability. Instead, children develop in society via their uses of language and thought to deal with and improve their environments. This mutual interaction of individual and society requires an examination of young people's activities and meanings not only in terms of causes and effects but as mutual mediations of historical and geographic systems defining everyday lives.

Meaning in Activity Systems

A first step toward this developmental approach is to zoom back from the figure of the individual child defined in terms of self-contained capacities that flourish or fail and to examine the broader system of relations among individuals, groups, and institutions. If political violence is not the activity of isolated individuals, then research on resilience should focus on relations among individuals and manifestations of violence. Extending the original ideas of cultural-historical theory (Vygotsky, 1964), scholars working in that tradition have proposed that activity systems are contexts for meaning and change: "Activity theory is an integrated approach to the human sciences that … takes the object-oriented, artifact mediated collective activity system as the unit of analysis, thus bridging the gulf between the individual subject and the societal structure" (Engestrom et al., 1999). This means that studying individuals—their lives, their understandings of their lives, and the connection of individual lives to one another—involves examining activities in social relations in real time where meaning is created. These interdependent meanings are embodied in the symbol systems people invent and use to organize life. Just as human civilization has progressed from using writing to count livestock to using writing for persuasive, aesthetic, and other purposes, young people master symbol systems to make sense of their environments and their roles in those environments, especially when those environments are unfamiliar.

Phase in a Political-Violence System	Time-Years	Locations	Key Events-Agreed-upon	Displacements of child/youth cohorts to >>>
Period Before First Clear Violence				
Period when Tensions Build				
Violence in Region				
Provocations of Violence				
Acute Period of Violence				
Major Violent Events				
Displacements from - to				
Aftermath conditions – Political, economic, social prospects for youth				
Subsequent displacements/migrations				.
Economic Instability, Unemployment				

Fig. 11.1 Dimensions of an activity-meaning system to sample for understanding effects of displacement of war-affected youth

An example of an activity-meaning system for research on the effects of violence is a political violence system (Daiute, 2010). The former Yugoslavia is an example of a developmental system because the generation was born in the country of Yugoslavia, experienced wars that broke it apart, and now live across numerous countries, with some oriented toward Western Europe, others eastward toward Mecca, and still others positioned between old alliances to Russia and the European Union (EU). Young people who began life in Yugoslavia were raised by parents educated and employed in that socialist system, then passed childhood during a war, and are now approaching adulthood in countries transitioning to capitalist democracies in very different ways. The tensions that matter to young people across these situations are far from obvious.

A developmental researcher can create a framework of the political violence system relevant to the circumstances of displacement (and other consequences of interest). This framework is created from historical review of events leading up to displacement of a specific group, and the subsequent spatial and temporal trajectories of the group. Data for such a framework include historical, archival, and ethnographic documents as a basis for the design of an empirical study of meaningful activities, most importantly, to elicit young people's perspectives. The geopolitical system in my prior study was the former Yugoslavia, from creation in 1948 through 2007 when I collected data from the generation of young people who had grown up during and after the war (Daiute, 2010).

As shown in Fig. 11.1, a model includes the time, space, and activity dimensions relevant to displacement of this generation of youth. The relevant time periods of key political events (leading up to and away from acute periods of violence) anchor the chart on the left, the locations of those events is included in the next column,

with institutions, stake holders, and specific data collection events in the subsequent columns. In this way, we understand that a complex of factors leads to a complex of events leading to displacement. Relevant to that, for example, are various waves of displacement of children who began their lives during times of peace, conflict, or the aftermath and fled between different locations at different times. For example, as indicated with illustrations in this chapter, a group of Bosnian families fled their homeland during the siege of Sarajevo, while others with similar ethnic, religious, and socioeconomic backgrounds remained. Narratives and other discursive activities by both groups have offered important insights about experiences of displacement. Having defined such an activity-meaning system, a researcher can determine how to sample groups with different displacement histories, as we did when working with young Bosnians who had been displaced by the war and those who remained in Bosnia (Daiute & Lucic, 2010). Designing a political violence system requires historical and cultural knowledge of a myriad of relevant actors and events, and such a design offers a realistic and necessary backdrop for studying human development in contemporary globalization, where movements of information, people, and resources are the norm rather than aberrations. From the perspective of the individual, development interacts within the range of dimensions in Fig. 11.1, which future research can refine. We refer to this process of meaning making in context as mediation.

Mediation is a process of interaction between young people and the circumstances where they live to create and share meaning via symbolic tools: "a means by which human external activity is aimed at mastering, and triumphing over, nature" and the resulting "signs" or knowledge that is "a means of internal activity aimed at mastering oneself" (Vygotsky, 1978, p. 55). This developmental process posits that young people are especially attuned to their environments—the challenges and opportunities.

To explore such processes of development in context, an illustrative inquiry focuses on the cultural tool of storytelling in two contexts evocative of similarities and differences in the youth-environment relation. For this reason, young people sharing ethnic and religious traditions—like the Bosnian youth growing up during the Balkan wars—may narrate conflicts in terms of concerns and strategies. Drawing on theory that young people use narrative activities to make sense of their experience in specific time-space contexts, we invited youth growing up in the 1990s wars to share their experiences of conflict, as one piece of the broader social history of the former Yugoslavia.

Activities in a workshop "to create a social history of the former Yugoslavia from youth perspectives and to share these perspectives across contexts" included a range of narratives of conflict. Sixty-four youths between the ages of 13 and 24, 38 in Bosnia and Herzegovina and 26 in the U.S., wrote narratives of conflict from three perspectives designed to engage diverse social-relational stances (among other activities in a 5- to 6-hour workshop). These narrative activities varied in terms of suggested focal characters (peers, adults, hypothetical persons in the community) evocative of different historical periods (past, present, future) and implying different narrator—audience relations (more and less explicit exposure of the young narrator as a character in the narrative). Invitations for these diverse narratives conformed to the same general framework, with variations for focal characters (peer, adults, or community): *Write about a time when adults you know* (*or the "community"*) *had a conflict or disagreement. What happened? Who was involved? Where was it? How did those involved think and feel about the conflict? How did they* (*you*) *handle it? How did it all turn out?*

To examine how Bosnian youth living in Bosnia and Herzegovina (BiH) and in the U.S. perceived and interpreted conflict, a two-phase analysis drew also on previous cultural-historical, sociolinguistic research, and literary theory about specific features of narrative discourse that indicate the narrator's purpose. To illustrate the benefit of sampling across displaced and non-displaced groups in a political violence system, I focus on differences in analyses of the 46 narratives of conflict among adults produced by these

two groups (See Daiute, 2010; Daiute & Lucic, 2010, for more detailed reports).

The literary device of emplotment as a strategy narrators use to create a "concordance of discordances" or to "grasp" together the myriad elements in terms of the reason why they are recounting this narrative in this way (Ricoeur, 1984; 1995). In languages that mark time on verbs as well as with words like "before" and "after" (like those in this study), time has proved to be a powerful dimension narrators use, among other linguistic devices, to indicate how they are making sense of events. This sense making is indicated by the "icons," the symbolic center of narrative conflicts and "psychosocial dynamics," the device narrators use to indicate why narrators are telling this story in this way. Icons are, in brief, what narrators perceive as important and "psychosocial dynamics" their interpretations of those features.

The icon analysis identifies the specific social or physical object (activity) at the center of a narrative conflict—the peripeteia or trouble (Bruner, 2003). As a structural feature of narrative, icons are the center of a narrative conflict, an environmental object, a character, event, emotion, or some other real-life referent that is salient enough to motivate conflict. The icon in the following narrative is, for example, "a student brought a gun to school and threatened" as the material and symbolic center of the conflict.

> A student brought a gun to school and threatened another student asking from him a small amount of cannabis. Some students were appalled by the possession of weapons, others by cannabis, and some by both. As for myself, I was a bit disgusted by the gun but, at the same time, it could be expected from such persons.

The phase "a student brought a gun to school and threatened" is the icon because the plot revolves around it as the narrator offers the conclusion "As for myself, I was a bit disgusted by the gun…" indicating the central focus on the threatening gun rather than on cannabis, for example, not all participants who may have witnessed this fact of life chose to share a story about it and any narrator who deemed it worthy of sharing could have developed it in diverse ways.

Consistency in the kinds of icons by young people living in the same location is likely to be focused on threats, opportunities, or other salient features at the time, such as discrimination against immigrants in the U.S. or political-economic instability in BiH.

The icon analysis showed that young people whose families remained in BiH during and after the war narrated conflicts focused on tensions in public space, while those in the U.S. focused on conflicts in more private contexts. Icons in adult-focused narratives of conflict by participants in BiH tended to be tensions among unnamed individuals or "society" in public events, such as in transportation with "arguments on public transportation," "on the bus," and "drivers at a crossroad" and at sporting events, clubs, and dedications, with "a monument for children killed during the war." In contrast, icons in the adult-focused narratives by participants displaced to the U.S. tended to occur in the more intimate context of family and the neighborhood around relationships such as "my cousin's parents' house," "a fight with my parents," "inviting my uncle to move to American," and "two of my neighbors got in a fight."

With the icon as the focal point in the narrative employment, the psychosocial dynamic emerges as the narrator's reason for telling this story in this way. The psychosocial dynamic is the goal-directed way in which the narrator resolves the various elements of the story he or she chose to tell, reflecting on the recounted events and characters. Since real-time narrators, compared to experienced authors, tend to discover the purposes of their stories in the telling, often implicitly, they use their sociolinguistic knowledge rather than marking their purpose explicitly as one would with a moral or epilogue. The emplotment is expressed in Aida's sentence "I was a bit disgusted by the gun but, at the same time, it could be expected from such persons," where Aida makes her point by connecting events in the past to a hypothetical "at the same time" from her perspective as narrator in the time of telling. Compiling such temporal moments is relative to the overall narrative, which, in this case, is oriented primarily to the past. The psychosocial

Table 11.1 % Emplotments by youth in BiH and the U.S. expressing psychosocial dynamics narrating conflicts among adults

Psychosocial dynamic by Narr activity	in BiH	in U.S.
#Emplotments in adult-focused narratives	19	15
Uncertainty	42.1	26.7
Identify contradiction	36.8	13.3
Minimize/distance	15.8	13.3
Clarify affiliation/relationship	5.3	13.3
Clarify identity	5.3	0
Consider process	0	40
Consider moral issues	0	26.7
Suggest injustice	0	13.3
Express hope/desire	0	0

dynamic analysis indicated that beyond the different focal points of narrative icons, young people connected to their social and physical environments in very different ways. Of the nine different psychosocial dynamic categories identified across hundreds of narratives in the full database (narratives of conflict among adults, peers, and the community), narratives by displaced and non-displaced Bosnian youth differed by at least 5 % in seven categories.

Psychosocial dynamics accounting for all narrative emplotments in our database included (1) *clarify affiliation* (*relationship*), (2) *uncertainty/ongoing challenge*, (3) *identify contradiction/irony*, (4) *clarify identity*, (5) *suggest injustice/unfairness*, (6) *express hope/desire*, (7) *consider process*, (8) *consider moral/cultural issues*, *and* (9) *minimize/justify*. Table 11.1 presents the percentages of narrative emplotments expressing different psychosocial dynamics in the narratives of conflicts among adults by Bosnian youth in BiH and in the U.S. As indicated by these percentages, youth in BiH used adult conflict narratives more to identify contradictions (36.8 % compared to 13.3 % in US narratives) and to express uncertainty (42.1 % compared to 26.7 % in U.S. narratives). In contrast, Bosnian youth in the U.S. used the same narrative genre more to consider processes in the society (40 % compared to 0 among youth in BiH), to consider moral/cultural issues (26.7 % compared to 0 in BiH narratives), to suggest injustice (13.3 % compared to 0 in BiH narratives),

and to consider moral issues (26.7 % compared to 0 % in BiH narratives).

As shown in the following narrative, young Bosnians in the U.S. tended more to narrate around interpersonal issues in private life (in this case a couple with interpersonal differences also framed in terms of family and religion) and consider process (in this case figuring out how all those systems interact and the role of loved ones looking on, such as the young author). The narrator, 19-year-old Cinderella, ties together the various tensions among characters in this narrative by shifting to the present for her commentary, "I support her."

> There are two adults that had a conflict with each other. The husband wanted to get highlights in his hair (blond ones in dark hair) and wants to get a tattoo on his arm of their childs name written. She took this offensively to the religion that prohibits such acts and to their marriage, lack of communication, and trust. So she came to me and decided to get a divorce. There are many other things leading up to the divorce not just the hair dye and tattoo. I support her.

The following narrative of a conflict among adults by Nightwish emerged as typical by youth in BiH, revolving around tensions in public life and considering contradiction. The emplotment "This is why the old man got into conflicts many times with others and he always gets a 'shorter end of the stick'" expresses the contradiction that adults (the war generation) permeate the environment with tensions but then feel like victims.

> There is not enough place in our public transportation, and to make it even worse our retired senior citizens are getting up at 8 am and going as if they have to be someplace, while some people **must** go to school or work. Retired people are occupying most of our space in all public transportation…. there is one old man that is really primitive. Whenever he enters the trolley he rudely tells someone to get up so that he can sit, as if that is someone's duty and not just a show of good manners. This is why the old man got into conflicts many times with others, and he always gets a "shorter end of the stick." The conflict is never resolved.

The pattern of using narrating to consider processes and uncertainty by the U.S. participants is not a surprising orientation by young immigrants, who as newcomers must actively make sense of

an unfamiliar world. What emerges as surprising in the comparison of narrating across these contexts is that those who remained in the war zone with ongoing instability use narrating to consider personal identity and to distance from adults (indicated by their identifying contradictions), as one might expect from previous theories of adolescent development. When youth in BiH do focus on conflicts among adults, they distance themselves from those tensions, which are presented as petty and persistent, while those in the U.S. align with their elders to embody a shared alienation, as in the narrative above. Compare that relatively empathetic orientation by the displaced youth to the more judgmental attitude in the narrative by her cousin who remained in Bosnia.

The icon analysis indicates what attracts the young narrators' attention as they interact with the actual and imaged issues in the environment and, in brief, what is worthy of conflict in their environment. The psychosocial dynamic analysis indicates, moreover, how the narrator relates to that attention-worthy symbol, at least at the moment of narrating. By extending research on the nature of narrating as a symbolic process for connecting with the social and physical worlds to learn about how youth growing up diverse challenging situations understand their environments, we must also emphasize thought processes to complement emotional reactions like trauma common in prior research. More importantly for the present discussion, we offer this analysis as a way of defining culture not only in terms of past tradition but also in terms of the challenges and opportunities of daily life.

Toward Relational Resilience

Relational resilience is a process of ongoing development through discursive activity in social and political milieu. Relational resilience is a concept that includes many spheres of social connection, including interpersonal and societal, among various groupings of individuals, peoples, and institutions. In this way, the concept of relational resilience expands the focus of research from the psychological profiles of individuals to

an interactive orientation of people in systems of real spaces and times. Building on explanations of this process as "ordinary" adaptation via uses of symbolic thought to mediate harsh environments, researchers can seek a new set of terms consistent with this new scholarly narrative.

Based on previous research, the concept "relational resilience" is promising for guiding ongoing research and practice. Although diverse individuals and groups may have different values and goals, inclusion as a legitimate participant in interpersonal and public discourse seems central in the resilience process and, thus, worth ongoing inquiry. Given that language and genres like narrating are human tools akin to fire, narrating must be going on in all situations of displacement. Since many children are separated from loved ones and institutions like school early in life, their language skills would be more rudimentary than those presented above, but recounting events and sharing perceptions are likely to occur everywhere as these communicative acts assist with survival. Individuals create and use symbolic tools, like narrating, to make sense of their environments and how they fit. To the extent that these narratives interact with those around them, whether, ideally as valued, or at least as legitimate, the discursive process is a developmental one. Such individual and societal relation is, moreover, a two-way process, because just as individuals are unlikely to thrive in societies that exclude them, societies with alienated individuals are likely to develop pathologies.

The extended tradition of studying effects of political violence and displacement as an aberration akin to disease can give way to a new movement of studying the material and symbolic circumstances of human life—as imperfect as it is. Ongoing research to promote and understand relational resilience requires expanded research designs, including interventions that continue beyond the research period. Designing research to include perspectives across activity-meaning systems loosens assumptions that effects are contained—in individuals or in periods post-displacement. Instead, as illustrated in the example above, when we consider the orientations of refugees from Bosnia in relation to those of peers who

remained there, social and political inclusion emerges as important. Research in mainstream institutions like schools and nongovernmental organizations with diverse stakeholders is most likely to promote interaction, ongoing meaning making, and sustainability of social inclusion goals and activities. Rather than assuming a specific ideal life as the background for aberrations, like displacement, research can advance to consider the diversity of life circumstances. For children, dealing with the life where they find themselves is, after all, a living right (Hanson & Nieuwenhuys, 2013).

References

Alinejad, D. (2011). Mapping homelands through virtual spaces: Transnational embodiment and Iranian diaspora bloggers. *Global Networks, 11*(1), 1470–2266.

Akinwumi, O. (2006). Youth participation in violence in Nigeria since the 1980s. In C. Daiute, Z. Beykont, C. Higson-Smith, & L. Nucci (Eds.), *International perspectives on youth conflict and development* (pp. 73–85). New York: Oxford University Press.

Anas, A., Regan, J., & Barrett, D. (2007). The silent victims: Effects of war and terrorism on child development. *Psychiatric Annals, 37*(8), 586–589.

Barber, B. (2008). Contrasting portraits of war: Youths' varied experience with political violence in Bosnia and Palestine. *International Journal of Behavioral Development, 32*, 298–309.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328.

Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 3–26). Thousand Oaks, CA: Sage Publications.

Bruner, J. (2003). *Making stories: Law, literature, life*. Cambridge, MA: Harvard University Press.

Bonanno, G. (2004). Loss, trauma, and human resilience have we underestimated the human capacity to thrive after extremely aversive events? *The American Psychologist, 59*(1), 20–28.

Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations.

Buchanan, M.J., Al-Mashat, K., Cortes, L., Djukic, B., Jaghori, B., & Thompson, A. (this volume).

Bruner, J. S. (1986). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Collier, P. (2003). *Breaking the conflict trap: Civil war and development policy*. Washington, DC: The International Bank for Reconstruction and Development.

Cortes, L., & Buchanan, M. J. (2007). The experience of Columbian child soldiers from a resilience perspec-

tive. *International Journal for the Advancement of Counseling, 29*, 43–55.

Daiute, C. (2010). *Human development and political violence*. New York: Cambridge University Press.

Daiute, C., & Lucic, L. (2010). Situated cultural development among youth separated by war. *International Journal of Intercultural Relations, 34*(6), 615–628. doi:10.1016/j.ijintrel.2010.07.006.

Dawes, A. (2008). Political transition and youth violence in post-apartheid South Africa: In search of understanding. In J. Hart (Ed.), *Years of conflict: Adolescence, political violence, and displacement* (pp. 89–110). New York: Berghahn Books.

Daiute, C. & Botero, P. (2012, July). *Narrating displacement through Colombian community development dealing with violence*. Paper presented at the International Society for the Study of Behavioral Development (ISSBD), Edmonton, CA.

Engestrom, Y., Miettinen, R., & Punameki, R. L. (1999). *Perspectives on activity theory*. New York: Cambridge University Press.

Erikson, E. H. (1980). *Identity and the life cycle*. New York: W.W. Norton.

Fergusson, D. M., & Horwood, L. J. (2003). Resilience to childhood adversity: Results of a 21-year study. In R. J. Haggerty, L. R. Sherrod, N. Garmezy, & M. Rutter (Eds.), *Stress, risk and resilience in children and adolescents: Processes, mechanisms and intervention*. New York: Cambridge University Press.

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality in Mental Health, 13*, 1–26.

Hanson, K., & Nieuwenhuys, O. (2013). Living rights, social justice, translations. In K. Hanson & O. Nieuwenhuys (Eds.), *Reconceptualizing children's rights in international development* (pp. 3–28). New York: Cambridge University Press.

Hart, J. (Ed.). (2008a). *Years of conflict: Adolescence, political violence, and displacement*. New York: Berghahn Books.

Hart, J. (2008b). Introduction. In J. Hart (Ed.), *Years of conflict: Adolescence, political violence, and displacement* (pp. 1–20). New York: Berghahn Books.

Hyder, T. (2005). *War, conflict and play*. New York: Open University Press.

Luthar, S. (1993). Annotation: Methodological and conceptual issues in research on childhood resilience. *Journal of Child Psychology and Psychiatry, 34*(4), 441–453.

Mancini, A., & Bonanno, G. A. (2009). Predictors and parameters of resilience to loss: Toward an individual differences model. *Journal of Personality, 77*(6), 1805–1832.

Mann, J. (2008). Doing nothing and being good: Social relationships and networks of support among adolescent Congolese refugees in Dar es Salaam. In J. Hart (Ed.), *Years of conflict: Adolescence, political violence, and displacement* (pp. 38–57). New York: Berghahn Books.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370–396.

Masten, A. S. (2001). Ordinary magic: Resilience in development. *The American Psychologist, 56*, 227–238.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11*, 143–169.

Punamaki, R.-L., Qouta, S., Miller, T., & El-Sarraj, E. (2011). Who are the resilient children in conditions of military violence? Family- and child-related factors in a Palestinian community sample. *Peace and Conflict, 17*, 389–419.

Ricoeur, P., (1984) *Time and narrative* (Vols. 1 and 2). Chicago: University of Chicago Press.

Ricoeur, P. (1995). *Oneself as other*. Chicago, IL: University of Chicago Press.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry, 147*, 598–611.

Silber, L., & Little, A. (1995). *The death of Yugoslavia*. London: Penguin, BBC Books.

Smorti, A., Massetti, I., & Pasqualetti, E. (2011). *Narrative memories of stressful events*. Paper presented at the International Society of Cultural and Activity Research (ISCAR) Meetings, Rome, Italy.

Sta. Maria, M. (2006). Pathways to Filipino youth involvement in violent conflict. In C. Daiute, Z. Beykont, C. Higson-Smith, & L. Nucci (Eds.), *International perspectives on youth conflict and development* (pp. 29–42). New York: Oxford University Press.

Suárez-Orozco, C., Suárez-Orozco, M., & Todorova, I. (2004). Wandering souls: Adolescent immigrant interpersonal concerns. In G. DeVos & E. DeVos (Eds.), *Narrative analysis cross-culturally*. Lanham, MD: Rowman & Littlefield.

Suárez-Orozco, M., & Quin-Hillard, D. (2006). *Globalization: Culture and education in the New Millennium*. The Ross Institute, Berkely: UC Press.

United Nations Convention on the Rights of the Child (1989). Available at www.crin.org

Vygotsky, L. S. (1978). *Mind in society: The development of higher order thinking*. Cambridge, MA: Harvard University Press.

Vygotsky, L. S. (1964). *Thought and language*. Cambridge: MIT Press.

Weine, S. (2004). *When history is a nightmare*. New Haven, CT: Yale University Press.

Weine, S., Klebic, A., Celic, A., & Bicic, M. (2008). Tasting the world: Life after wartime for Bosnian teens in Chicago. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence* (pp. 255–280). New York: Oxford University Press.

www.unhcr.org (2010)

www.unhcr.org (2011)

Coping and Adaptation: A Narrative Analysis of Children and Youth from Zones of Conflict in Africa

12

Jacqueline McAdam

Introduction

In this chapter, narrative inquiry is used to research coping and adaptation of nine young people who have lived, as children, in situations of conflict in Africa. My study draws upon theories of resilience, the study of risks and opportunities, identified within the field of human development. This research adds to a growing body of knowledge that seeks to understand the role of culture, and the process of coping and adaptation for those in extreme adversity. To design culturally appropriate policies and practices for children of war, both the "emic" or culturally specific behavioral characteristic and "etic," more universally defined human characteristics, must be more clearly understood for this population (Poortinga, 1997).

Background research affirms the relevance of this study. The theoretical framework and the methodology are also expanded upon. The profiles of the participants that may have influenced the risks and opportunities are then discussed. Narrative excerpts are incorporated to enhance the readers' ability to understand the analysis of coping and adaptation. The discussion analyzes the pathways to resilience, their potential cultural relativity, and the application to policy and practice for children and youth in zones of conflict. Following limitations and areas of further research are identified.

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Background

Over the course of my career, I have become increasingly interested in the process of coping and adaptation that results in a positive outcome. Positive outcome refers to a state of mental health that enhances an individual's human potential, often referred to as resilience. The dichotomy between my experience working with at risk youth in Canada and that of youth in adversity in Kenya was puzzling. The extreme situations of economic poverty in which these youth lived were immediately apparent:

> However, despite the desperate situations that the youth from Kenya came from, they possessed a sense of hope, gratitude and resilience that seemed foreign to the youth with whom I had worked in Canada. Although lacking in material wealth, they were on the whole psychologically healthier. I wanted to know more about these differences in the relation to the cultural factors that enhance or hinder well-being and psychological health for children and youth. (McAdam-Crisp, 2006, p. 3)

My interests were both selfish and philanthropic. I wanted to learn more about the human condition, to incorporate this wisdom into my own process of self-discovery, and to enhance the lives of others. This interest peaked while working in Rwanda and Ethiopia:

> My previous child development courses had not provided a theoretical framework for understanding and addressing the effects of war on children. Most courses were provided from a western perspective. Where the vast majority of children are

not the victims of war, and virtually none are the victims of genocide. (McAdam-Crisp, 2006, p. 6)

What could theory tell me about the choices in the face of adversity that these individuals in Kenya, Rwanda, and Ethiopia had made, and how might culture shape this outcome?

Theoretical Framework

The challenge was finding a theoretical framework that could explicate the complex nature of coping and adaptation across cultures for children and youth in extreme adversity. I began by examining the research on children at risk. The work of Balwin and Balwin et al. (1990); Garmezy and Rutter (1983); Masten (2001); Rutter (1975); and Werner and Smith (1992) among others provided valuable information. Resilience theory (i.e., the study of the interplay between risks and opportunities) provided a point of departure. Masten (2001) notes that "Resilience models also underscored the importance of tracking progress in terms of positive development and achievements in expected developmental tasks, along with improvement in symptoms" (p.501). Risks, then, have the potential to derail normative or positive development. Comparatively, opportunities are defined as internal and external characteristics that help individuals to buffer risk, cope, and adapt. These include both biological and environmental factors, such as intelligence, physical health, temperament or disposition, support from individuals and family, economic situation, and living environment. That said, risks defined by the previous scholar as, for example, divorce, a mentally ill parent, poverty, and sexual or physical abuse primarily relate to those in the Western world were the minority of children live. This minority-world research infers knowledge based on the profiles of approximately 25 % of the world's children. Consequently, minority-world research and theories may be limited in their ability to define the pathways to resilience for those in extreme adversities, from different cultural contexts.

I am certainly not the first to recognize the potential limitations of minority-world theories for children in extreme adversity. Research on the cultural aspects of coping and adaptation for those in extreme adversity is in its infancy. In the late 1980s and early 1990s, academics and other researchers were also beginning to study the psychological health of young people in extreme adversity (Aptekar, 1988; Barker & Knaul, 1991; Blanc, 1994; Boyden & Gibbs, 1995; Garbarino, Kostelney, et al., 1991; Veale & Adefrisew, 1992). Cross-cultural models and theories of human develop were also being explored (Berry, Dasen, et al., 1997; Berry, Poortinga, et al., 1992, 1997; Gardiner & Kosmitzki, 2002; Super & Harkness, 1997).

This study utilizes three theories of human development. The *ecological model* developed by Bronfenbrenner (1979; Bronfrenbrenner & Morris, 2006), frequently used to understand resilience (Fraser, 1997), provides a systemic framework to examine the child as part of the whole. The *developmental niche* theory by Super and Harkness (1997) looks at cultural symbols. This theory is governed by two overriding principles that are relevant to this study:

> First, that a child's environment is organized in a non-arbitrary manner as part of a cultural system, including contingencies and variable flexibility, thematic repetitions, and systems of meaning: and second, that the child has an inborn disposition, including a particular constellation of temperament and skill potentials as well as species-specific potentials for growth, transformation, and the organization of experience into meaning. Both the environment and the individual are seen as open systems in the formal sense, that is, ones that participate in structured interchanges with the external systems.

This theory recognizes different cultural practice that influence a child's development, such as the physical and social setting, customs of child-rearing and care, and the psychology of the caretaker. Vygotsky's (Kozulin, 1990) *sociocultural* theory was employed as a mean of recognizing the historical nature of development within a defined context. These three theories provided a template within which the notion of risks and opportunities, as defined by theories of resilience, is examined. Narratives provide the data within which to analyze the cultural aspects of coping and adaptation for those in extreme adversity.

Studies and reports that support this inquiry draw on the work of scholars, such as Sack, Angell, et al. (1986); Aptekar and Boore (1990); Garbarino, Kostelney, et al. (1991); Tolfree (1995); Boothby (1996); Machel (1996); Aptekar and Stocklin (1997); Sack, Chanrithy, et al. (1999); Boyden and Mann (2000); Doná, Kalinganire, et al. (2001); Mann (2001); and Ungar (2011). These scholars helped to expand theory in relation to cultural aspects of coping and adaptation. For example, the ecological model and developmental niche theory recognize a child's need for attachment. Attachment theory identifies the importance of a child's attachment to the mother (Bowlby, 1969), yet children and youth across cultures have diverse family compositions. Mann (2001) discusses the importance of siblings in the context of the African family which is typically large:

> Sustained interdependence of siblings and cousins across the life span means that the responsibilities of child care can be shared within a large social network. Children in this context typically have multiple caregivers, and experience exclusive maternal care only in the first few months of life. (Mann, 2001, p. 19)

Large extended families that increase the adult-child ratio, regardless of maternal attachment, have also been shown to provide a psychological buffer (Perry, 2004). This example illustrates cultural nuances within the field of human development that begs further inquiry. The work of other scholars provided a context for understanding the multitude of factors contribute to the discussion of resilience across cultures.

Methodology: The Research Process

A qualitative methodology was utilized because it provides a vehicle for the social construction of knowledge, as opposed to a presupposed framework in which participants respond to defined areas of knowledge. Narrative research provides a voice for youth to share in accordance with their own personal style and needs, in a manner that is not voyeuristic but compassionate of the narrators story, within the confides of the ethical mandate of the research. This method also provides a tool for others to comprehend the situation without actually witnessing it themselves, with the hope that this awareness will inform the development of culturally appropriate strength-based practices.

The research process included an interview that was guided by the following questions. The first question, presented below, constituted the telling of the story.

> Question #1:
> I am interested in hearing the story of your life. You can start wherever you like along this line. I want to learn more about how you became the person you are today and the experiences and people you met along the way. There is no right way to tell this story. Time is not a concern. I also want you to know that you can stop at any time. Additionally, along the way I may ask you to clarify or expand on certain details. If you don't have any questions, please begin.

The second question was intended to help me identify the situations of adversity as defined by the participants.

> Question #2:
> How do you think these experiences have either added to or hindered your present situation?

Each interview was recorded and later transcribed for analysis. The analysis is shaped by theories of resilience, within the scope of human development. The following expands on the findings.

Participants

The profiles of each participant are analyzed in accordance with theories of human development that recognize the systemic interaction between various risks and opportunities. Explicating the circumstance and characteristics of the participants helps us understand and analyze the interplay between the risk and opportunities:

> Each participant is identified by a pseudonym, to ensure confidentiality. There are 9 participants in total. They include 6 males; Christian, Peter, Hassan, Gathia, Françoise, Roberto, and 3 females Lydia, Pauline and Julia. Certain specific information that could lead to their identification has also been generalized or changed. Information on the participant's

siblings is also included, where relevant, as a mean of illustrating a broader range of experiences that impact coping and adaptation for children and youth. (McAdam-Crisp, 2006, p. 74)

Based on the findings from this study, all of the participants were physically healthy at birth. They all identified themselves as being aligned with a spiritual belief. Three of the participants acknowledged their ethnic heritage as part of their identity. All of the participants spoke an ethic language; English or French was often their second or third language.

Theories of human development, specifically the ecological model, help to define other circumstances that impact risk and opportunities. For example, the macrosystems affirm the importance of examining the country of origin and the circumstances within the country of origin that might have impacted these young people lives. The developmental niche illustrates the importance of examining aspects of the living environment and family dynamics and examining the cultural meanings and symbols (Super & Harkness, 1997). Drawing on the social cultural theories, this analysis explores the individuals within these structures that helped these young people reach their zone of proximal development, a defined aspect of this theory.

The Country of Origin

All of the participants were born and raised in Africa, a criterion of the participant selection process. Countries of origins included Angola, Sierra Leone, Sudan, Democratic Republic of Congo (DRC), Burundi, Rwanda, and Uganda, each has been or is a zone of continual conflict and war. That said, the participants' relationship with the conflict was, of course, unique. Some were born into conflict whereas others had a period of stability prior to the conflict:

For instance, Roberto, Lydia, Christian, Githia, and Hassan, were all affected by conflict within the first year of life. Roberto, born in 1984, lived within the confines of the Angolan war for 10 years. Lydia's family fled from Burundi to Rwanda when she was only 5 months old. She identifies more with Rwanda than Burundi; however, technically she

and her family are considered to be Burundian refugees. She commented that prior to the outbreak of the Rwandan genocide, life was peaceful in Rwanda. Githia's family fled Sudan to Ethiopia where he lived on and off through his childhood. Hassan, also Sudanese, continued to live in Sudan until approximately the age of 8 years. Christian's family had the economic means to move to Kenya, and then relocate a number of years later, back to an area of Uganda, which was not affected by conflict. Comparatively, Julia and Pauline who are both from Sierra Leone were free of the adversities of conflict up until the age for 6 and 13 years consecutively. Then they lived within the context of war for the next 6–7 years. Françoise from the DRC lived in the midst of a low grade conflict until the age of approximately 19 years and Peter who is from Rwanda until the age of 7 years. (McAdam-Crisp, 2006, p. 75)

The age at which the conflict impacts these young people, the resulting losses, and the feelings of autonomy and choice within the midst of conflict influences the risk outcome.

Family Structure

The polygamist nature of the African family was identified in four of the narratives in which participants referred to a number of maternal figures. One participant spoke of how his uncle married his mother after his father died, a defined custom in many parts of Africa. Participants did not use terms such as "half-brother or half-sister" or "step-parents" the cultural norm is "all members" are family. This extended family structure, typical of more collectively based cultures, normalizes the expansive nature of supports these young people receive from others.

The structures that characterize a family are culturally defined, but the assumptions that families provide a place of support and belonging are universal. The loss of this structure is also universally defined as a risk. To this end, two of the participant's parents are both still alive.

Living Situation

Participants lived in both urban and rural environments. Seven of the participants lived in situations

considered to be middle to upper class, for example, they owned their own house and car, and were able to send their children to school prior to the war. Comparatively Lydia and Roberto lived in situations defined as impoverished, living rurally in mud hits, neither had access to school, and both worked alongside their parents. The degree of change to the participants living environment as a result of war helps to further understand the risks or opportunities. For instance, life in a refugee camp for those from impoverished situations provided access to resources that had been previously unavailable. Consequently, this change might be more accurately defined as a protective opportunity as opposed to a risk: for others, their quality of life decreased, for although it might not have impacted their physical health, they psychologically had to redefine and recreate their sense of identity. Change in social or economic status can either enhance risk or act as a protective factor.

Narratives

The narratives of these nine participants are more than the telling of their stories. Descriptive narratives in form and content provide a framework for understanding the risks, and the opportunities that enhanced these young people's ability to cope. The narratives of war and adversity often followed a defined pattern (see Fig. 12.1).

For those that had lost their parents, the story began with this loss. This also signified a journey to safety or a defined place of belonging that provided a sense of security. Many took years to find a place of belonging and safety and, for years, lived in situations of displacement or within the confines of a refugee camp, prior to finding a place of stability. Others lived within the context of war for many years. The majority of the narratives began with the loss of a parent. Many of the participants experienced similar risks; however, each was nested within the confines of a specific narrative in relation to their experiences of war and adversity. Frequently the cycle repeated itself when war broke out again. Lydia's story began with her family fleeing Burundi; however, due to the fact that she was only 4–5 months old at the
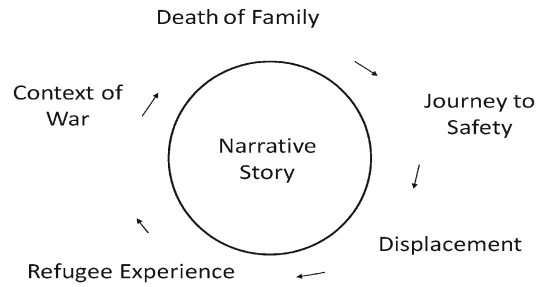
Fig. 12.1 Cycle of war and conflict

time, this journey was not the central focus of her story. Yet, the fact she was a Burundian refugee in Rwanda was a risk, due to ongoing strife between the two countries. Segments of the narratives illustrate various aspects of the journey and provide a context for the reader to understand the analysis.

A Beginning: The Death of a Parent

Five of the nine participants (Peter, Lydia, Roberto, Pauline, and Françoise) all lost their parents as a result of the conflict. Peter was the youngest when his parents were killed; his narrative describes this experience.

> Peter's narrative:
> I lived in Rwanda with my parents and my two sisters, my two young brothers; we are five children in the family. So, in 94 when the genocide happened, we had to leave. My dad said, "Ok I have to take my family away from this place," because we were living in the city. He put us in the car, all of us, everybody in the family, and he was trying to take us in a safe environment. But on our way we met the rebel soldiers. They stopped him because he was driving us. So my dad is stopped, and when he stopped the first question was "We want money," and then he said, "I don't have money in the car, so if you guys want money, let's go back to home maybe I'll get you money, but leave me." So he wanted to give them money so that they can save his life, but then something else happened and then he ended up dying like that.

The fact that Peter's father had died was only understood in hindsight. Over the course of what he describes as an hour, his mother and two sisters also left the car. Peter waits in the car with

his brother of 1 and 5 years. He expanded on his feeling of confusion regarding his desire to stay in the car, and the factors that influenced his decision to leave:

> So, from there we waited, the group that told us to follow them, we couldn't follow them because we had the hope that our parents would be back and our sisters would be back. So I stayed with my two young brothers and then, um, we stayed for another long time and then another group came, and then my younger brother who was 5 years said, "Ok, Peter, if you don't want to come with me, I'm leaving because, see now all of these people are leaving and we are going to stay here and hear all the sounds of guns and people dying and you are seeing, so let's go." So when he left, I followed him, but I couldn't leave the car, because of the young baby who was in the car and I couldn't hold the baby, to take the baby with me. So, I said, OK, maybe for meanwhile let me stay maybe my parents will be back and maybe they can drive us and then we go. We started following the group of people.

Peter's decision to leave the car is determined within a span of a number of hours. Lydia's unexpected loss of her father, and the death of her mother due to illness a number of years later, results in her caring for her three younger siblings and a journey to safety. Roberto's parents were killed over a span of 2 years. His journey from Angola starts following the death of his mother, who was killed while Roberto remained hiding in the bushes outside their small rural hut. These participants lost both of their parents before the age of 13 years. Comparatively, Pauline from Sierra Leone, raised by a single father, and Francoise from the DRC lost their significant parental figures in late adolescence. Gathia and Hassan, both from Sudan, lost their fathers as a result of war, but their mothers are still alive. Christian's and Julia's parents are both living, thus their narrative begin with a journey to safety.

The Journey to Safety

Risks along the journey included both physical and psychological hardships. For many the journey spanned a number of countries and continents before their arrival in Canada. Roberto and Peter were both children when their parents died, and are defined as unaccompanied minors in situations of conflict. These young people drew upon the support of their community and relatives to cope and survive; this did not necessarily result in safety or stability. Roberto ends up staying with a relative only to be scooped abducted by the rebel soldiers one afternoon while at school:

> They caught us, all of us in there, and they put us in the truck. We were heading to the camp. So they drove us a few miles away from the school and then they stopped, somewhere, at another village, to get more people. And that's where we got a chance, me and my friends, and we jumped out of the truck and started running. One of us were running in different direction as my friend. So then they start shooting at us but I was, like, I didn't get shot. Since then, after jumping the truck, I never turn back or looking back to my village. I kept running, running, running.

Roberto ended up in a nearby village after fleeing from the truck, and again meets someone who offers to take him to a safe place. Roberto story begins again after a 2 day journey to Zambia:

> He was a good man. We stayed there for like 2 weeks or so I guess, but he said, No, this is not a good place for you because the Angola government do send the military to come to Zambia because a lot of people run away from Angola, so they go way to Zambia or Zaire or Congo up there. So what if you got caught in different countries they send you back again, wherever you came from. He was worried maybe I might get caught in the city. He was like, OK, just I wait, I know where I'm going to take you, where you are going to stay. I was like, OK. He asked me to go to the tool box and drove away. Next thing I know he said, OK, this is South Africa, Port Elizabeth. And it's much better than where you came from. So good luck my man. And he gives me a few dollars. And I'm like, OK, you can survive here.

Roberto's narrative illustrates the ongoing risks. For those that lost their parents these risks are greater. Roberto remains displaced, begging to survive, on the streets of South Africa for the next 4 years.

Peter's narrative also illustrates the precariousness of his survival. Traveling with his brother of 5 years, he relays the following experience, at

the age of 7 years upon reaching a river that they must cross to arrive safely in Uganda:

> I tied my arms with the rope and then I went in the water, and then they pulled me. My brother stayed. Remember we left. We left the one young baby in the car. So, when my, after crossing, I started to crying because my brother was still in Rwanda. But the river, it wasn't too big. It wasn't like here in river Akagara, which is big. It wasn't wide. So it was like this. You are here and then you see some of this (the people on the other side). So my brother was there crying and I was here crying. There were so many people waiting to cross but they couldn't cross. And as you are waiting people are coming and they are shot they fall in the water. They jump in the water and then they die when you are seeing. So people were dying while you are seeing them who are still helping them still. Many people died and they knew how to swim
>
> So, when we crossed–when they crossed–in the not more than an hour, there was this, the wind came and the tree, the big tree had to fall down and it crossed that river from Rwanda to Uganda. But the tree was in Rwanda. So, I had like very many people, like 600 hundred people cross it using that tree. Like, the tree it crossed the whole river. And people crossed using that tree to cross. And my younger brother, the man from Uganda went in Rwanda using this same tree and brought my young brother.

Peter, similar to the others, completed his journey by entering a country of asylum, yet others experienced years of displacement and additional risks.

Displacement

An extensive period of displacement was a reality for Roberto, Lydia, and Pauline. Here is an excerpt of Lydia's narrative which expands on the circumstances of her displacement:

> When my mom got sick, a friend we use to stay in her living room, she said she can't take us anymore, yeah, she said we had to be out, so it was really really hard, you know during the genocide, people some people leave their place, and move to Zaire, to different place to a safe place, so there was the house, when people use to live in before 1994, so it is life in the bush, it didn't have any roof or door you just walk in and stay in, that's why probably my mom died, because she was get sick we were outside, because the cold the mosquitoes, and didn't have any blanket or anything else, I could say my mom died because the hungry and cold and not being treated well while she was sick…

Upon the death of her mother, Lydia was responsible for the care of her three siblings. A week later her youngest brother, who was just 2 years old, and was still nursing when his mother died, falls into a fire. Lydia expands on this event:

> When my younger brother fell down in the fire, I was talking to my friend, in the morning, my brother cannot move his body, he was so swollen, he was almost going to die, it was too serious. They were even going to remove his arm and so I talk to my friend about how my brother is very very sick, and he is going to die in a couple of days. She says your brother's fine leave him alone he will be fine. So I feel so sorry for my brother and I didn't want to lose my brother the same week as I lost my mom I just take him there (to the hospital) myself, yeah because I had no other choice. I took him into the hospital we didn't have money, we didn't have any identification to say we're Burundian or Rwandan to be able to enter the hospital so when I got there the doctor's like well "who you guys are?" I'm, like, just help me. My brother's really sick and I don't have any place to take him and then he just accepted him and started giving him some medication.

Upon leaving the hospital life continues to be difficult until they are finally placed in a refugee camp for Burundians, in Rwanda.

The Refugee Experience

Life in the refugee camp provided elements of security, food, and schooling, but there were also a number of difficulties. Hassan, a refugee from Sudan, shares his experience:

> So my life at the refugee camp in Kenya was really terrible. We would wait for the UNHCR to provide us with rations every month. We would go to a distribution centre where we received our ration. And you know, one has to go as early as possible, because there will be many other refugees waiting for food and you go, say, at about 6 (am). My mother was the one who did the walking. I don't know if, like, typical of African countries, it's like a man or, you know, a male doesn't want to associate himself with things that are belongs to the kitchen or things that are closer to the kitchen, so it is something that is there. But I mean, because we were in Sudan that mentality was challenged and sometimes we would go and bring the rations and my mother would tell me to go and get some water, like I belong to the kitchen, kind of. Which is what I disagree with.

Hassan's narrative illustrates difficulties regarding the food-ration system in the camp. Participants who resided in the camps with their parents were more likely to have access to the required resources. As with most family structures, parents, most frequently mothers, advocated and provided for their children. For instance, Peter was one of the youngest participants to enter the camp and his stay was also the longest. As an unaccompanied minor he and his young brother relied on others in the camp for support. Peter's narrative illustrates this phenomenon:

> Going to school in the camp was a problem for me. We have the primary schools in the settlement, where all the kids go to. But I couldn't go there like, if I go there, where will I get lunch? I didn't have anywhere to sleep. Like just sleeping in the bush. You know, when in the refugee camp. But at first it was hard and the only way I used to get my lunch and food for the living is just to go and see the rest of the families that has the kids and join other kids who have their parents. If they staying for lunch, if their parents, I don't know where they used to get food, maybe if they have worked for providing manual labour to the Nationals and they get maybe bananas or cassava or potatoes. If they cooked them to their kids, and then I go and join. I wasn't, I think, I am like what I am now because I wasn't shy. If I was shy I would have died because of hunger and in the camps the many many kids died because of cholera, malaria, like things were worse. The people who died in the camp, they were more like the people who died in the hillside still. So, very many people are dying but I don't consider myself to like, be blessed because I did not die. Like, many of my friends, the people I knew in the camp, like the kids after like spending 6 months in the camp. I got to know some few kids who were very close to me that we used to play games together. But some of them died.

The refugee experience can span months and years. The amount of time a young person spends in the camp and the nature of this experience are a point of inquiry regarding both risks and opportunities.

Living Within the Context of War

War results in individuals fleeing their countries of origins, being displaced or becoming a refugee in a country of asylum, or remaining in a context of war for extended periods of time. A number of the participants lived for years in the context of war before fleeing. Julia, from Sierra Leone, expands on how many of her family members were killed before they had time to flee. She states "my grandfather was killed by the rebels the first day they entered our village. He was the first person to be killed" (McAdam-Crisp, 2006, p. 105). This impacted the family structure as a result of his five wives moving in with her family. She also expands on the impact of the war on her brothers, one of whom is now dead:

> My older brother who is 24 years old, but he's already dead, he was a soldier. I remember him taking a knife, saying that he's going to kill everyone in the house. It was really hard for me and my mom and my brothers actually, and all the family. All of us, we are in the house; we never came out like for a day, because he was standing outside saying he's going kill us because he has been injected with what they call cocaine in Africa, that gives kids mind for their parent and their families. So it was kind of hard for us until my dad take a reaction and then they have to tie him, and after that we didn't saw him for more than three years

Her other brother was also recruited as a soldier, but due to his age, she adds "he only carried luggage; he did not fight he was too young" (McAdam-Crisp, 2006, p. 105).

Pathways to Resilience: Coping and Adaptation

Hardships were often couched within the subtleties of opportunities. The ability of these young people to draw upon internal and external opportunities acted as defined coping mechanisms and enhanced resilience. Highlighted for the purpose of this chapter are some of the characteristics within the individual, family, and community that helped these young people cope and adapt.

The Individual

The participants all spoke of the difficulties and the psychosocial impact on their sense of well-being. Many still grieve the loss of their family

members and the loss of cultural traditions. For instance, Lydia spoke of her regrets over not properly burying her mother. Many grieved the loss of those they had been separated from. Lydia, Peter, and Paulina were all separated from siblings and each longed for closure. Physical and psychological characteristics that seem to contribute to an individual's ability to cope and adapt are examined. Firstly, age and physical size were both protective opportunities. Masten (2011) supports the notion of age and states:

> Resilience research also suggests that developmental timing plays a role in resilience and must be considered in interventions. Young children and adolescence will have different experiences in war and disaster, different capacities and support for responding, and different responses to interventions (p. 502)

The fact the participants were over the age of 4 years at the time of the conflict and separation from their families meant that each had spent the early years of their life with their parents and family. The capacities of the brain to develop key structures within the neocortex and limbic system that facilitate coping and adaptation are highly dependent on the care and protection of a significant figure during this stage of development (Lewis, Amini, et al., 2001). Additionally the fact that the participants were old enough to control outbursts such as crying was also an asset. Babies are often abandoned due to the increased risk of soldiers identifying those in hiding due to the sound of the baby's cry. Small physical statures were also an asset as bullets were often directed above them.

Determination, self-efficacy, an intuitive sense of others, and the ability to show and share emotional distress were all identified coping mechanisms for the participants. These were not necessarily consciously employed, but illustrate characteristics of resilience that provide the opportunity to move from a state of adversity to a state defined as psychologically healthier. This was particularly relevant for those that had lost their parents. Lydia states, "Myself I used to be shy when I was young, but soon my parents past away and I see that no one was able to help me so, I just give up, and say, no more shy" (McAdam-Crisp, 2006, p. 113). These young people were also able to share their emotional state. Peter's narrative provides an illustration of a response from his teacher, as a result of his visual distress:

> And she said, ok, from now you will be getting food-- lunch at my place with your young brother after school. You will come study in the morning. Come to my place and have lunch, and then go to the refugee camp and stay.

Peter believes she helped him because he was doing well in school.

Experience also reinforced the personal schema of the participants. A personal schema is more reflective of one's values, beliefs and attitudes, and predisposition, as opposed to one's cognitive ability. Gilgun and Abrams (2005) note:

> Schemas can be thought of as mental representations or internalized working models that help people make sense of their experience through assimilation and accommodation. In assimilation, individuals fit in new experience into existing schemas, and in accommodation, they modify and transform their schemas to incorporate new information.

Resilient individuals are inclined to have an exaggerated optimistic personal schema. They are more likely to "see the cup half full." For instance, in the face of adversity, Peter and Lydia both refer to themselves as lucky. The following narratives illustrate this interplay.

> Lydia shares the following comment:
> I am the survivor. It was really tough. Even when after my Dad passed away, we lost my brother Bonaventure. We didn't see him for a year. We found him at the refugee camp. It was really tough this time. It became really, really hard. We are lucky we are together right now.

This refers to the fact that all four of her siblings survived, even though both her parents die.

Some experiences often seem like miracles in the face of such extreme adversity, and for some this helps them move forward. This is juxtaposed to the phenomenon of "survival guilt" in which one fixates on the injustice of their survival over another.

After being in a refugee camp for 2 years, Peter's narrative illustrates this point:

> I spend 2 years there and then my brother that I left in the car in Rwanda who was 1 year old, he came. Because the lady who knew us, was working with my mom, she told me that she saw our car parked somewhere and then she went to see if my parents were there, and then she founded him there. And then she took the baby from out of the car. She saved the baby. And then she reached in Uganda, reaching in Uganda she wasn't expecting to meet me, and my young brother. She came to Uganda. "Oh, you are here! This is your young brother." And I don't know what I really, really, I don't know right now, now that boy is 12 years and he is going to school in Uganda, my younger brother is also in Uganda. He goes to school there. But I called my young brother, like as in miracle. And then the lady said I'm not going to give you this young boy until he turns to 6 years. And when he turns to 6 years, she handed over him to me and the lady went, but I don't where she is now. (McAdam-Crisp, 2006, p. 117)

Peter, Lydia, and Pauline are all reunited with sibling that they had assumed to be dead. For some this affirmed their belief in a higher power, a defined protective factors, that reinforces their will to live. Just as risks that are beyond our realm of experience decrease our ability to cope, experiences of a positive nature that are beyond our realm of experience may increase our ability to cope.

The Family

Each participant was examined in the context of his or her family. Although it is hard to assess the importance of birth order, it was interesting to note that six of the nine participants were first-born children. That said, first-born children within a collective family structure have more responsibility, an opportunity that can increase self-assurance and confidence (Gardiner & Kosmitzki, 2002). Theory and common sense assert that families provide a forum within which relationships skills are shaped and formed. Positive relational experiences in our family enhance our ability to recreate these relationships in the future. Although many of the participants in this study lost their parents they did not lose the ability to remember the positive attributes of these relationships:

Participants shared the following comments about their parents and family. Lydia comments "my mother was very kind and very understanding. She helped us a lot. My dad got frustrated, he got fed up and beat us sometime, but I don't blame him, after they died I felt that way, it was too much work" She feels badly that she was not able to bury her mother properly. "I just want to go back to re-bury my mom, in the right place, so I want to go back and bury her properly, that's what I want to do" she adds. Roberto states that "I learned a lot from my mom, because she was a pretty strong person from what I can remember" she told him, "if you want to get along with people you don't do bad thing to them. Stay away from people that you know is not good people" Peter tells how his mother would take food to the Burundian refugees in his country. It is through his mother that he first learned about refugees. (McAdam-Crisp, 2006, p. 118)

Positive memories of the love of another human being help these young people move forward (Frankl, 1963).

The extensive nature of the African family in itself provides a network of support. For this reason bonds between relatives and siblings are significant. In fact, the need to care for one's younger siblings, in the case of Lydia and Peter, provides a purpose beyond self that can increase one's will to live. Many of the participants still had siblings and cousins that continue to provide a sense of family. Social networking sites such as Facebook and Skype have helped them maintain these connections.

Adults, often parents, who can advocate on behalf of a child, are one of the key elements of the family structure that provides for the care and protection of children. For instance, Christian speaks of the support he received from his grandfather and uncles in the absence of his father. This support for unaccompanied minors is severely compromised without an adult who can advocate on their behalf. Examples throughout the narratives affirm that children need advocates: people that believe in them and encourage their potential.

The Community

The community refers to the structures and individuals beyond the family. Both the ecological model and developmental niche stress the

importance of the interplay between the individual and the environment as a means of understanding the pathways of development and, in this case, resilience. Schools, churches, hospitals, and political structures impacted the communities in which each participant lived. The narrative stories refer continuously to the support these young people, especially those who were unaccompanied minors, received from the community in the form of friendship, housing, and medical services. This also reinforces the social cultural premise that it is through others that we are able to reach our zone of proximal development or more simply put our developmental potential. Being part of a community also affirms a sense of belonging. As noted by Camfield (2010), exclusion from activities that children define as important significantly reduced their sense of well-being. Mann (2010) findings of Congolese refugee children in Tanzania asserts that "it was the social exclusion, discrimination and harassment that they experienced on a daily basis and the insecurity and unpredictability of daily life that threatened to overwhelm them" (p. 268). Support from the community is an important protective factor. It is hard to define if this support is more forthcoming in collectively based cultures or if it is basic human nature to want to reach out to others in need. For instance, after the Rwandan genocide based on the large number of children that had lost parents, billboards with the slogan "one child one family" were used to campaign for foster families. Many families took in children. It is questionable if such a campaign slogan in the minority world where the birth rate is dropping, and many are choosing not to have children, in favor of careers, independence, and financial gain, would have the same results. Consequently the values enshrined in the collective culture provide opportunities that helped these young people cope.

Refugee camps, schools, military training, and contact with nongovernment organizations (NGOs) were also identified community structures that made a difference in the lives of the participants. Although the refugee camp was defined as difficult, it also provided an avenue for schooling and medical resources. Those who did not have consistent access to school spoke of how military training provided access to school and

structures in the midst of conflict. It should be noted that none of the participants revealed that they had actively participated in the conflict. Nonformal education programs offered by NGOs within the refugee camp environment were also helpful. Lydia expresses her delight in the following illustration:

> Like when I was in the refugee camp the difficulty was when I ran out of food but then by the other time I was kind of busy taking care of my stuff, my own responsibilities. But then being in PSI, I was so happy because it was my first time I could meet other people and sit down and talk and get more ideas, look at me I have never been at school, so like it was a good challenge, to be able to talk to people, to be able to know those stuff and then I can be able to get out, to present myself to others, it wasn't any difficult it was really good. (McAdam-Crisp, 2006, p. 123)

The participant's community also provided a venue for generating income. Lydia, Françoise, and Roberto were able to work in the informal economic hawking goods, selling vegetables, and providing services, such as carrying people's suitcases at a train station to support themselves and their siblings. Working or the act of generating income for oneself is a skill that allowed participants to increase feeling of efficacy and self-reliance in order to take care of themselves and those who were important to them.

It is the interplay between the individual, family and community that enhances and provides valuable opportunities that increase the potential for coping and adaptation. One cannot be defined in isolation from the other. For instance, individuals and families living in hostile environments if not impacted physically are affected psychologically. These young people encountered many risks. It is hard to fully isolate the dynamic nature of the psychological process that defined resilience; however, comparisons can be made to understand coping in regards to culture.

Discussion

Theories of resilience that are Western based address the experiences of those in the minority world where the vast majority of children and youth do not live in situations of war and adversity.

However, minority-world research provides a benchmark upon which information can be measured and compared. Comparisons help to determine the "etic" or universally defined norms, risk, and protective opportunities regardless of culture and those that are "emic" or dependent on a specific cultural context (Poortinga, 1997). Briefly, this study affirms the diverse nature of human development, specifically childhood and adolescence, across cultures and the dynamic nature of resilience (Ungar, 2011). Rutter (1983) expanded on the outcome of adolescent girls who have moved between an institutional setting and a disruptive home environment, and the probability of early motherhood. Although early motherhood in Africa would most likely be the norm, the stories of Lydia, Roberto, and Peter defy the dependent nature of these adolescent girls. At the age of 14 years, Lydia cared for her sick mother and provided for her three younger siblings following her mother's death. Peter was going to school and working to support his younger brothers and Roberto was working on the city streets in South Africa to support himself. These young people are social actors. They challenge the Western notion of adolescence as a dependent stage of development. Peter's journey with his brother to safety challenges the Western expectations of childhood.

The participants in this study also help us expand theories of attachment. The participants in this study were not deprived of parental attachment before the age of 4 years. Sroufe et al. (2005) support the importance of early attachments in the formation of resilient characteristics. However the siblings of the participants did not experience these same advantages with their parents. Risks were buffered by a sibling, in the case of Lydia's young brother who fell into the fire, and the support of another adult, in the case of Peter's young brother. Mann (2004) affirms the importance of sibling relations for those in situations of adversity in a cross-cultural context. Following the death of his parents, a friend of Peter's mother who had found his young brother in the car, cared for him until the age of 6 years. This fact is potentially significant in relation to this young boy's psychosocial health. Both Lydia and Peter speak with pride at the success of their

younger siblings and their lack of maladaptive coping. These findings support the fundamental importance of attachment and affirm that it is not merely defined in relation to the mother, as was first proposed by Bowlby (1969).

Werner and Smith (2001), Garmezy (1993), Rutter (1983), Masten (2011), and Balwin et al. (1990) provide examples of a deductive approach to the notion of risk and protective opportunities. This means that a certain number of risks (e.g., above 4) will have a higher probability of leading to a maladaptive outcome. This approach is also embedded in the diathesis stress model in which a combination of stressors result in a negative outcome (Butcher, Mineka, et al., 2010). Risks relate to those within the individual, family, and community and include such things as complications at birth, a mentally ill parent, family instability, and chronic poverty. How do these risks correlate to those who live in situations of war and adversity? Using a social constructionist approach, the various risks that the participants encountered and their cumulative effects were extracted from the interviews. The risks to which the participants in this study were exposed were different from those defined in the minority world. The only exception was chronic poverty, which is defined as a universal risk that has cumulative effects. In relation to the above studies, the risk factors defined in this research study might more aptly be defined as the death of both parents, the journey to safety, displacement, and chronic poverty. In summary, based on the finding of this study, it seems that an abundance of protective opportunities may be far more indicative of one's survival than the magnitude of the risks that were experienced. Risks that do not kill us weigh less heavily in the midst of protective opportunities that can enhance survival and personal well-being.

Limitations

Qualitative data has the unique ability to reveal a great deal of information about a select phenomenon, but in isolation this type of data only illustrates a slice of the truth. Identifying the

limitations provides an opportunity to explore other areas of research and reflect in more depth upon the need to know more. For instance the majority of young people in this study were first-born children. Research on birth order identifies first-born children as more ambitions and self-reliant (Paulhus, Trapnell, et al., 1999). However research on how this might or might not transfer across cultures is limited. The majority of the participants in this study were from urban areas of Africa. This is not representational of the general population of the continent—which is primarily rural—but might illustrate the availability of resources, such as schools and health centers, in urban centers that can enhance coping. Additionally this group, although they are all from Africa, are not homogenous. For instance, 41 years of war in a country, such as Angola, means that three to four generations have normalized and survived this adversity. Studies of holocaust survival have illustrated that three generations later the birth weight of babies of this lineage is still statistical lower (Hazani & Shasha, 2008). To fully understand the impact of war, a select group of individuals would have to be interviewed from Angola and compared to those that had not experienced the same historical adversity. Ethnic origin might also pose a similar limitation that could either enhance or deter an individual's coping abilities. For instance, Hassan described himself as a Dinka and spoke of pride of his cultural heritage. The cultural heritage of the other participants did not support their sense of identity in the same way.

As with any study, there are limitations that provide opportunities for future research and areas to reflect upon in regards to the analysis. This study, although expansive in content, drew upon an elite group of participants. This group was defined as elite because they had all survived horrific circumstances and ended up as unaccompanied minors or adults in Canada. The majority of unaccompanied minors in situations of conflict do not travel internationally. This study draws upon the experience of those that illustrated high levels of physical survival and psychological resilience. For this reason it cannot be assumed that these characteristics can be categorized or

generalized. Yet if these narratives represent the elite, what are the stories of the faceless children and youth that remain in situations of conflict?

This study has defined limitations, and areas for further inquiry, but it equally adds to a body of knowledge that seeks to develop and apply culturally ethical practices. So often we hesitate to act, as we need to know more; there is a worry about doing no harm, but I would offer, based on my experience working in war zones and the results of this research, that we know enough to strengthen both policies and practices for children and youth in war zones. This study reaffirms the vulnerabilities of those who have lost their parents, their need for mentorship, and advocacy for their basic needs. It provides support for non-formal educational programs that have the ability to reach young people who have been marginalized by war. Policies and practices that support the informal economy and the development of youth entrepreneurs are also needed to enhance the potential for these young people to overcome issues of poverty.

Conclusion

This study identifies patterns of survival that poses both risk and opportunities for young people in war zones. The study reinforces the systemic nature of coping and adaptation, a model that defies the Western individualistic model of psychotherapy for those in the majority world.

It allows us to understand and learn about the circumstances of those that lost their parents, the journey to safety, displacement, the refugee experience, and the hazards of living in war zones. Drawing on theories of resilience couched within three different models of human development, the risk and opportunities of those in the majority world that live in extreme adversity are defined within the cultural context of Africa. In the majority world young people are social actors; the notion of childhood and adolescence as a dependent state is challenged. The extensive nature of family and siblings provides supports that would not necessarily be available to those in the minority world. This study illustrates a multitude of

risks. This study is not deductive: it cannot tell us that those who experienced a certain number of risks survived because they were outweighed by a greater number of protective factors. That said, the experience of risks over an extended period of time, in the absence of any opportunities, may be a stronger indicator of maladaptive coping than the risks. Practices that can increase the abundance of protective factors for children of war enhance resilience regardless of the risk. The abundance of protective factors, in the midst of risks, seems to be a much stronger indicator of one's ability to survive and cope than measurements of risks. Protective opportunities more adequately allow us to defy the risks that life presents. Protective factors defined in relation to the individual in the context of the family and the community and the social capital in each must be abundant.

References

Aptekar, L. (1988). *Street children of Cali*. London: Duke University Press.

Aptekar, L., & Boore, J. (1990). The emotional effects of disaster on children: A review of the literature. *International Journal of Mental Health, 19*(3), 77–90.

Aptekar, L., & Stocklin, D. (1997). Children in particularly difficult circumstances. In J. W. Berry, P. R. Dasen, & T. S. Saraswathi (Eds.), *Handbook of cross cultural psychology* (Vol. 2, pp. 377–412). Needham Heights, MA: Allyn & Bacon.

Balwin, A., Balwin, C., & Coles, R. (1990). Stress-resistant families and stress-resistant children. In J. Rolf & N. Garmezy (Eds.), *Risk and protective factors in the development of psychopathology*. New York: Cambridge Press.

Barker, G., & Knaul, F. (1991). *Exploited entrepreneurs: Street and working children in developing countries*. W. Paper. New York, U.S.A., CHILDHOPE.

Berry, J. W., Dasen, P. R., et al. (1997). *Handbook of cross-cultural psychology volume 2 basic processes and human development*. Needham Heights, MA: Allyn & Bacon.

Berry, J. W., Poortinga, Y. H., Segal, M, & Dasen, P. R. (1992). *Cross-cultural psychology*. Cambridge: England, Cambridge University Press.

Berry, J. W., Poortinga, Y. H., et al. (1997). *Handbook of cross-cultural psychology: Vol 1. Theory and method*. Boston, MA: Allyn & Bacon.

Blanc, C. S. (1994). *Urban children in distress global predicaments and innovative strategies*. Florence, Italy: United Nations Children's Fund.

Boothby, N. (1996). Mobilizing communities to meet the psychosocial needs of children in war and refugee crisis. In R. J. Apfel & B. Simon (Eds.), *Mindfields in their hearts the mental health of children in war and communal violence*. London: Yale University Press.

Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.

Boyden, J., & Gibbs, S. (1995). *Children of war response to psycho-social distress in Cambodia*. Geneva: The United Nations Research Institute for Social Development.

Boyden, J., & Mann, G. (2000). *Children's risk, resilience and coping in extreme situations: Background paper to the consultation on children in adversity* (pp. 1–25). Oxford: Refugee studies and Centre for child-focused anthropological research.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bronfrenbrenner, U., & Morris, P. (2006). The bioecological model of human development. In R. M. Lerner & W. Damon (Eds.), *Theoretical models of human development: Handbook of child psychology* (Vol. 1, p. 793). New York: Wiley.

Butcher, J., Mineka, S., et al. (2010). *Abnormal psychology*. Toronto: Pearson.

Camfield, L. (2010). Stew without bread or bread without stew: Children's understanding of poverty in Ethiopia. *Children and Society, 4*, 271–281.

Doná, G., Kalinganire, C., et al. (2001). *My child is yours and ours—The Rwandan experience of foster care for separated children*. Kigali, Rwanda: UNICEF.

Frankl, V. E. (1963). *Man's search for meaning*. NY: Washington Square.

Fraser, M. W. (Ed.). (1997). *Risk and resilience in childhood an ecological perspective*. Washington, DC: National Association of Social Workers.

Garbarino, J., Kostelney, K., et al. (1991). *No place to be a child growing up in a war zone*. San Francisco: Jossey-Bass Inc.

Gardiner, H., & Kosmitzki, C. (2002). *Lives across cultures: Cross-cultural and human development*. Boston, MA: Allyn & Bacon.

Garmezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry, 56*, 127–136.

Garmezy, N., & Rutter, M. (1983). *Stress, coping and development in children*. New York: McGraw-Hill.

Gilgun, J., & Abrams, L. (2005). Gender adaptations, resilience, and the perpetration of violence. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 57–70). Thousand Oaks: Sage Publications.

Hazani, E., & Shasha, S. (2008). Effects of the holocaust on the physical health of the offspring of Survivors. *Israel Medical Association Journal, 10*(April), 251–255.

Kozulin, A. (1990). *Vygotsky's psychology*. Cambridge, MA: Harvard University Press.

Lewis, T., Amini, F., et al. (2001). *A general theory of love*. New York: Random House.

Machel, G. (1996). *Promotion and protection of the rights of children impact of armed conflict on children* (pp. 1–78). New York: United Nations Department for Policy Coordination and Sustainable Development (DPCSD).

Mann, G. (2001). *Networks of support: A literature review of care issues for separated children*. Stockholm: Save the Children Sweden.

Mann, G. (2004). Separated children: Care and support in context. In J. Boyden & J. de Berry (Eds.), *Children and youth on the front line: Ethnography, armed conflict and displacement*. New York: Berghahn Books.

Mann, G. (2010). 'Finding a life' among undocumented Congolese refugee children in Tanzania. *Children and Society, 24*(4), 261–270.

Masten, A. (2001). Ordinary magic: Resilience process in development. *American psychologist, 56*(3), 227–328.

Masten, A. (2011). Resilience in children threatened by extreme adversity: Framework for research, and practice, and translational synergy. *Development and Psychopathology, 23*, 493–506.

McAdam-Crisp, J. L. (2006). More than luck: A retrospective study of the cultural and developmental risks and opportunities of children and youth from zones of conflict in Africa. In *Human and social development* (pp. 161). Santa Barbara: Fielding Graduate University. Ph.D.

Paulhus, D., Trapnell, P., et al. (1999). Birth order effects on personality and achievement within families. *Psychological Science, 10*(6), 482–488.

Perry, B. (2004). *Maltreatment and attachment a neurodevelopmental perspective*. Early Years: Relationships, Vancouver, BC.

Poortinga, Y. H. (1997). Towards convergence? In J. W. Berry, Y. H. Poortinga, & J. Pandey (Eds.), *Handbook of cross-cultural psychology* (Vol. 1, pp. 347–387). Boston: Allyn & Bacon.

Rutter, M. (1975). *Helping troubled children*. New York: Plenum Press.

Rutter, M. (1983). Pathways from childhood to adult life. *Child Psychology and Psychiatry, 30*(1), 23–51.

Sack, W. H., Angell, R. H., Angell, R.H., & Manson, S., (1986). The psychiatric effects of massive trauma on Cambodian children: In the family, home, and the school. *Journal of American Academy of Child and Adolescent Psychiatry*, 25, 377–383.

Sack, W. H., Chanrithy, H., & Dickason, D., (1999). Twelve years of follow-up study of Khmer youths who suffered mas- sive war trauma as children. *Journal of American Academy of Child and Adolescent Psychiatry*, 38(9), 1173–1179.

Sroufe, L. A., Egeland, B., et al. (2005). *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. New York, NY: Guilford.

Super, C., & Harkness, S. (1997). The cultural structuring of child development. In J. W. Berry, P. R. Dasen, & T. S. Saraswathi (Eds.), *Handbook of cross-cultural psychology* (p. 2). Needham Heights, MA: Allyn & Bacon.

Tolfree, D. (1995). *Roofs and roots*. Arena: Aldershot.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1–17.

Veale, A., & Adefrisew, A. (1992). *Study of street children in four selected towns of Ethiopia*. Addis Abba, Ethiopia: Ministry of Labour and Social Affairs, Unicef, University College Cork.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Werner, E. E., & Smith, R. S. (2001). *Journey from childhood to midlife: Risk, resilience, and recovery*. Ithaca: Cornell University Press.

Pathways of Success Experiences Among the "Lost Boys" of Sudan: A Case Study Approach

13

Laura Bates, Deborah J. Johnson, and Meenal Rana

In recent years, changes in the nature of warfare have increased the risks for children. In the decade 1986–1996, UNICEF (1996) estimates that two million children were killed in wars and one million orphaned or separated from their parents. Statistics on the total number of children separated from their parents are lacking, but in 2003, 12,800 unaccompanied refugee children applied for asylum in developed countries—4 % of total asylum applicants (UNHCR, 2004). These children, living without the support and protection of adults, are a particularly vulnerable group (Hepburn, Williamson, & Wolfram, 2004). Occasionally, it is deemed in the best interest of children without adult support (known as separated or unaccompanied children) to resettle them in another country, especially when their parents are deceased or untraceable and they are unlikely to return to their own country because of continuing conflict. Such was the case for a group of youth known in the media as the "Lost Boys" of Sudan.

These refugee youth, mostly boys, were separated from their families as young children (typically between 4 and 12 years of age) during the Sudanese Civil War; they lived apart from their parents in refugee camps initially in Ethiopia (late 1980s to May 1991) and later in Kenya (June 1992 to 2001). After being expelled from Ethiopia due to a regime change in May 1991, they lived temporarily in displacement camps in Sudan before making the trek to Kenya (Bixler, 2005). During their flight they experienced multiple traumas, such as attacks by enemy soldiers and wild animals, witnessing the deaths of friends and family members, and suffering from chronic adversities such as lack of food, water, and medical care. In the camps they had limited access to adult support, education, or work opportunities (Bixler; Geltman et al., 2005). Most of these youth ended up in Kakuma refugee camp in Kenya, where they lived in peer groups with limited adult supervision for nearly a decade. In 2000–2001, the United Nations resettled a selected group of youth who were determined to be unlikely to be reunited with family in North America, Europe, and Australia. The rest remained in refugee camps until the peace agreement of 2005 ended the civil war in Southern Sudan.

Some 3,800 youth were recommended for resettlement in the United States (Bureau of Population, Refugees, and Migration, 2005). The majority of those resettled were members of the Dinka tribe, the largest tribe in Southern Sudan (Bixler, 2005). Those who were determined to be less than 18 years of age were resettled through the Unaccompanied Refugee Minor Program and placed with foster families. They received services such as casework, cultural orientation, financial aid, and tutoring until they were age 18 and assistance in attending college until the age of 21. The youth who were deemed to be at least

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18 years old were resettled as adults and received limited support. The adults, called "majors," received cultural orientation, volunteer mentors, and financial assistance for only a few months, after which they had to become self-supporting. They received assistance with job search skills for a few years but did not receive any support for continuing education.

This summative chapter will review findings from 8 years of research following this group's adjustment and adaptation to life in a very different culture. Several waves of data collection were conducted about their experiences, examining topics such as early adjustment, living in foster families, adaptation, and educational resilience. We also explored their experiences of separation from parents in Africa and coping with loss, as well as the eventual reconnection of some with their birth families. Data were collected in 2002, 2007, and 2008 (2, 7, and 8 years after their resettlement, respectively). We also investigated the challenges they faced and how they adapted from the perspective of agency caseworkers and foster parents.

In this chapter we review their adaptation over time and investigate the developmental pathways of four successful young men from our study 10 years after resettlement. Through case study analysis we will explore the following questions: (1) How do the Sudanese refugee men describe success 10 years after resettlement? (2) Are there specific life circumstances and resettlement contexts that may have contributed to greater or lesser success? (3) What challenges did they face and how did they cope with these challenges?

Theoretical Framework

Our research used a resilience framework to study the adaptation of these youth. Masten and Powell (2003, p.4) define resilience as "patterns of positive adaptation in the context of significant risk or adversity." A risk factor can be defined as a characteristic of the person or of the context that increases the likelihood of a negative developmental outcome (Werner & Smith, 2001). Clearly, the Sudanese refugee youth were exposed to multiple risks in Africa, including separation

from family and ambiguous loss, or not knowing the fate of their missing parents (Luster, Qin, et al., 2009), exposure to violence, and chronic adversity (Bixler, 2005; Duncan, 2001; Geltman et al., 2005; Luster, Qin, et al., 2008, 2009).

Masten and Powell (2003) proposed that competence be judged in terms of how well the child is mastering developmental tasks that are salient for people of a given age, society or context, and historical period. Research has established that many children manage to do well despite exposure to trauma or chronic adversity (Luthar, 2003). Studies of children exposed to risk have identified protective factors associated with resilience that fall into three categories: (a) individual characteristics, (b) relationships, and (c) community resources (Masten & Powell, 2003). Cultural factors may also play an important role in how separated youth cope with stressors (Mann, 2004). Duncan (2001) attributed the resilience that she observed in the Sudanese youth in the refugee camp primarily to three individual characteristics: (a) religious faith, (b) a strong desire for education, and (c) a desire to contribute in a positive way to rebuilding Sudan.

Research on Unaccompanied and Separated Children

Children exposed to high levels of trauma prior to resettlement are at high risk of adjustment problems, particularly among children who lack parental support (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007). Prior research on factors that influence the long-term adjustment of unaccompanied children following resettlement is limited; however, the available research studies suggest some important considerations for successful adaptation that fit within a risk and resilience theoretical framework.

These studies have identified positive personal attributes associated with successful adjustment among unaccompanied minors: intellectual ability, language skills, and a commitment to education (Maegusuku-Hewett, Dunkerley, Scourfield, & Smalley, 2007); future orientation and optimism (Maegusuku-Hewett et al.); and personal

traits appealing to adults (Moskovitz, 1983). Relationships are also critical for children separated from their parents, including foster parents (Hek, 2007; Moskovitz) and adult members of the youth's own ethnic community (Legarretta, 1984). Community resources, such as school support for educational success (Kia-Keating & Ellis, 2007) and support from the resettlement agency (Hek, 2007), also contribute to positive adjustment.

Research on Resettled Sudanese Refugee Youth

Since 2002 our research team has been following the adjustment of Sudanese refugee youth resettled in our area. Between 2002 and 2008 there have been three rounds of data collection focusing on three general areas: (1) early adjustment of young adults and unaccompanied minors; (2) retrospective reflections on their experiences of separation, loss, and reconnection with birth families; and (3) the experience of foster care for the unaccompanied minors. Using the risk/resilience framework, we have studied the successes and challenges of the youth and how they adapted to their new environment from their own perspective as well as from the perspectives of others involved in their care.

First, we examined their adjustment in the first few years after resettlement from multiple perspectives. Seventy youth—24 major males, 41 minor males, and 5 minor females—completed measures of posttraumatic stress, behavioral adjustment, education, employment, and sources of support. Forty-nine youth participated in 9 focus groups and 10 foster parents participated in 2 focus groups. Five agency caseworkers were interviewed.

The challenges in early adjustment for all youth involved learning to negotiate in a new culture and deal with the effects of trauma. Table 13.1 summarizes the key findings on their early adjustment. Minor youth had a great advantage over the major youth because of the resources available to them through the foster care system. Overall, in the first 2 years both majors and minors were functioning well in work, school, and personal relationships, despite the fact that some youth reported significant symptoms of posttraumatic stress. A high percentage of both groups reported having supportive relationships.

Our second substudy explored their experiences of separation and loss; Table 13.2 summarizes our findings. The sample for this study included ten young men (mean age 25.8 years), seven majors and three minors, who participated in semi-structured interviews 7 years after resettlement.

Table 13.1 Early adjustment to life in the United States for Sudanese refugee youth

Risks	Protective factors	Key findings
Psychological	Personal attributes	Education a primary goal for most
Posttraumatic stress and other	Sociability	Most majors working, half in school
effects of trauma	Adaptability	Most minors in school, some working
Survivor's guilt	Spirituality	Had to learn new conceptualizations
Basic needs	Relationships	of race in America
Becoming self-supporting	Cultural brokers—foster parents, mentors	Many found missing families after
(majors)	Sudanese peers	peace agreement (2005)
Relationships	Reconnection w/ lost family members	
Negotiating relations with	(post 2005)	
foster parents (minors)	Community resources	
Learning about school,	Resettlement agencies, caseworkers	
American peer culture	New educational opportunities	
(minors)		
Cultural		
Negotiating a new culture		
Prejudice based on race and		
immigrant status		

Data sources: Bates et al. (2005); Luster, Bates, and Johnson (2006); Luster, Johnson, et al. (2008); Luster, Qin, et al. (2008)

Table 13.2 Experiences in Africa

Risks	Protective factors	Key findings

Psychological
  Multiple traumatic events, such as witness to death, attacks by wild animals, and bombing
  Early separation for parents
  Ambiguous loss, not knowing fate of parents and family members
Basic needs
  Chronic adversity, including lack of food, water, and medical care
  Lack of educational opportunity
Relationships
  Limited support from adults
	Personal attributes
	  Spirituality, sociability
	  Resourcefulness, persistence
	  Future orientation
	  Commitment to education
	  Self-efficacy
	Relationships
	  Peers
	  Tribal elders, teachers, and caretakers in camps
	  Temporary families
	  Psychological presence of parents
	Community
	  Camp activities
	  Churches
	  School
	Culture
	  Cultural events in camps
	  Cultural values, experience w/ self-reliance, and alternate family forms
		Most significant stressors were living without adult support and coping with ambiguous loss
		Hope for reunification brought "strength"
		Elders provided contact w/ culture and suggested coping strategies
		Psychological presence of parents important through remembered advice and moral stories
		Cultural notions of mastery helped them accept things that can't be controlled

Data sources: Bates, Luster, Johnson, Qin, and Rana (In press); Luster, Qin, et al. (2008, 2009)

They remembered experiencing multiple traumatic events and adversity due to lack of adult support and resources to meet basic needs. The most significant stressor they described was living without support and coping with ambiguous loss, which Boss (2006) defines as not knowing if a loved one is living or dead. Boss identifies ambiguous loss as particularly stressful for survivors because the loved one remains psychologically present although physically absent. The youth identified several factors that helped them to cope. They considered a future orientation and maintaining hope to be essential to survival. Many expressed the view that those who dwelt on their lost past became depressed and even died (Luster, Qin, et al., 2008). The youth described relationships with other adults, particularly tribal elders, that gave them support and guidance. The youth also mentioned cultural values, such as respect for elders, close peer relationships, and an emphasis on early self-reliance as helpful in coping. After 2005, many youth were able to reconnect with parents and other

family members still in Africa, which relieved some of the stress that youth experienced, although they took on added responsibility for family members.

Our third substudy examined the foster care experience retrospectively from the perspectives of the minor youth and their foster parents 8 years after resettlement, at which time most, but not all, youth had left their foster homes. Nineteen youth and 15 foster parents participated in semi-structure interviews. Table 13.3 summarizes the findings.

Parent and youth perspectives differed in several key aspects (Luster et al., 2010). While youth emphasized personal agency and the influence of peers as factors in success, parents tended to focus on developmental history. Some parents promoted rapid acculturation, while youth emphasized bicultural competence. In the current round of data collection, we returned to four males who had participated in earlier studies to examine their perspectives on success as young men who have reached adulthood.

Table 13.3 Unaccompanied minor youth's experiences in foster care

Group	Risks	Protective factors	Key findings

Youth perspective	Psychological
	  Mental health issues
	  Alcohol use/abuse
	  Acculturation stress
	Family relationships
	  Conflicts w/ foster parents
	  reautonomy and trust
	  Cultural differences
	  Early parenthood for a few
	Education
	  Lack of educational preparation
	  Limited English language skills
	  Problems with peers in schools
	  School policies
	  Financial constraints
		Individual attributes
		  Motivation, hard work
		  Educational aptitude
		  Focus on education
		  Immigrant optimism
		  Avoidance of alcohol
		Relationships
		  Foster parents
		  American and Sudanese peers
		  Teachers and counselors
		  Psychological presence of parents
		Community resources
		  Churches
		  Foster care agency
		Culture
		  Memories of "where we come from"
		  Bicultural facility
			Education a primary goal of resettlement
			Focused on helping those left behind
			Changes in foster care placements led to better fit overall
			Successful youth combined best aspects of both cultures through selective acculturation
			Successful youth willing to seek help from others

Foster parent perspective	Psychological
	  Mental health issues
	  Alcohol abuse
	  Acculturation stress
	  Needs of family members in Africa
	Educational
	  Lack of basic skills
	  Lack of resources for ESL, low expectations of teachers
	Culture
	  Involvement in negative aspects of American youth culture
		Individual attributes
		  Sociability
		  Adaptability
		Relationships
		  Parental support
		  Connections to Sudanese peers
		  Positive American peer relationships
		Community
		  Involvement in school activities
		Culture
		  Maintaining connections to native culture
			Differing definitions of "success"
			Parents focused on rapid acculturation; youth emphasized bicultural competence
			Parental commitment exceeded agency expectations
			Parents retained strong attachment to youth 7 years after placement

Data sources: Bates et al. (under revision); Luster, Qin, Bates, Rana, and Lee (2010); Luster, Saltarelli, et al. (2009); Qin et al. (Revisions pending); Rana, Qin, Bates, Luster, and Saltarelli (2011)

Method

We used purposive sampling by selecting youth based on our prior knowledge of their successes from our earlier studies. We conducted in-depth interviews with four youth: two who came to the United States as minors and lived in a foster family and two who came as young adults and lived independently. Two men were interviewed face to face and two by telephone. Ninety-minute semi-structured interviews explored the complexities of personal attributes and contexts that led to successes of these youth. The interview protocol included several topics, including accomplishments and challenges, factors contributing to their success, relationships, and future goals.

We used case study methodology, appropriate to understanding the experiences of Sudanese youth in great depth (Yin, 1994). The unit of analysis was individuals (Yin). Where available, we used the data from earlier interviews to place their experiences in a longitudinal context. The other purpose of examining the earlier data was to triangulate the recent data, a process described as chain of evidence by Yin.

We used the following steps in the data analysis (Yin, 1994): (1) the first author arranged the data in arrays, categorizing them under themes, such as success, challenges, disappointments, and adjustment/coping, including the evidence for each case; (2) the third author reviewed the categories in each array to confirm the accuracy of the data; (3) the team agreed upon the commonalities and differences among the four cases.

In the next section, we present each case followed by a summary of the men's perspectives on factors that contributed to their success and that of other Sudanese refugees who resettled with them.

Findings

Case Study Descriptions

In describing the cases, we have used pseudonyms and omitted potential identifying data to protect the confidentiality of the participants. For each case study we first describe the young man's current situation, including his personal and family circumstances, education, and employment. Then we describe his perceptions about his accomplishments, challenges and disappointments, and strategies he used to cope with challenges. Finally, we present his goals and hopes for the future. Demographic information about the four men are presented in Table 13.4.

Case Study 1: *Angelo*. Angelo is 27 years old and entered the United States as an unaccompanied minor; he lived with a foster family for 2 years. He is an American citizen who lives in a small Midwest town, where he moved for a job opportunity. There are not many immigrants in the area. He works full time in a field related to his B.Sc. degree. Angelo came to the United States relatively well prepared educationally; while in the refugee camp, he attended a private school for 2 years on a UNICEF scholarship. He has a master's degree in business from an online university and is working on a Ph.D. in organizational management. He lives alone, with the nearest Sudanese community about 50 miles away. He is not married or engaged and has no children. He identifies as a Catholic. He is a member of a smaller tribe in Southern Sudan but is related by marriage to the Dinka tribe.

Angelo believes that his education is his most significant accomplishment, "…because knowledge is something that once you acquire it, it's very hard for somebody to take it away from you. You can lose money in no time [laughs] so…continuing to go to school is the most significant accomplishment so far." His greatest disappointment was also education-related: not qualifying to go to medical school.

Another challenge for Angelo has been the social isolation that he feels in American culture. This feeling has been exacerbated by moving away from the state in which he resettled for better job opportunities. In Africa, he said, people are more social and help others, even if they are strangers. He sees Americans as busy people who don't take time to socialize and are sometimes reluctant to help others over safety concerns. Angelo reconnected with lost family members in Africa and has returned to Sudan several times since then. He maintains a friendly relationship with his foster mother but does not talk with her often because, like his fellow Americans, he is "busy."

Success can be bolstered or emerge from how challenges are managed. When asked how he coped with challenges, the first thing he mentioned was his ability to seek and use help from others: "Always being reminded to seek for help is something that is always very important. Because nobody is an island and you need other people to realize your goal." He also stated that adaptability is important because life can't always be controlled, "…of course, life, you have to deal with it [laughs]." He feels that the opportunity

Table 13.4 Overview of case study participants

Name	Age	Major or minor	Education	Employment	Marital status	Children
Angelo	27	Minor	MA, PhD in process	Yes, full time	Single	No
John	25	Minor	MPH, starting PhD	No	Married	No
Mangok	29	Major	BA	Yes, full time	Single	No
Jafar	33	Major	Less than high school	Yes, full time	Engaged	Yes

to get an education was a great resource. He overcame his initial disappointment at not going to medical school, because "I still work in the health care field and there are many other things I can do with other degrees."

His goals for the future include completing his Ph.D. and getting a job working overseas in an international agency using his human resource and business skills. He would like to get married and start a family, but has no immediate plans. Long term, he thinks about starting an online college in Africa and possibly teaching and doing business: "When you get older you like to have something where you like to do [sic]. When you build a school, you always have people who like to go to school."

Case Study 2: *John*. John is 25 years old and entered the United States as an unaccompanied minor. He lived for 3 years in a foster home while completing high school. He has bachelor's and master's degrees in public health. He recently relocated out of state to pursue a Ph.D. and is not currently employed. This year he married another Sudanese refugee but they have no children; both are US citizens. He belongs to the Dinka tribe and has reconnected with family in Sudan.

John named several major accomplishments. First is completing his master's degree and being accepted into a Ph.D. program. He has also been awarded a Foreign Language and Area Studies Fellowship to study Arabic. A second milestone was his marriage. His third accomplishment was starting a nongovernmental organization (NGO) with friends to raise money for a health clinic in their home village. He has spoken about Sudanese issues throughout the country and at the United Nations where he met First Lady Laura Bush. John attributes all his successes to the will of God: "So it's been accomplishments through the grace of God, so I thank God for that…."

John has experienced disappointments. His initial goal was to go to medical school, but he was not accepted. He has also experienced social isolation living with a white foster family in a community that was almost all white. He was subjected to racial and anti-immigrant prejudice from students in his high school, where he was

called names such as "monkey" and accused of coming to take jobs from Americans. On the other hand, after living with a white family he was perceived by some of his fellow refugee youth to be "too white":

> All these prejudice I'm not saying it's just only American….it's the same thing because those people [other Lost Boys] have been brainwashed into it is ok to do this and hip hop and all this stuff…. Well me, I don't want to be like them….

He also feels stress from having too much to do, trying to help those left behind while also continuing his education and speaking about Sudanese issues.

John names a number of personal attributes that have helped him to overcome life's challenges: goal orientation, adaptability, sociability, and the capacity to make good decisions. His description of how a refugee must adapt is telling: "…if you are a refugee you have to be flexible, like a chameleon you have to adapt quickly, otherwise it's very hard to survive in many, many societies because really that's the key…."

Religion has been most the powerful support in his life. He believes that God showed him the plan for his life:

> My life story has taught me not to mess myself up in America none of this time, my Lord, Jesus Christ brought me [i.e., didn't bring me] out of all these atrocities just to blow the opportunity of [by] not going to college and waste my time with drinking and partying.

Among the supports that God brought to him was his foster mother, who helped him make good decisions about school, professors who acted as mentors, and his family in Sudan, who helped him with his dowry. He maintains ties with his foster mother, who attended his wedding and sits on the board of his NGO.

In the future he would like to finish his Ph.D. and find a way to help those left behind. He would like to find a job working in Sudan, perhaps helping them to build the new nation's health care system. He also plans to continue his efforts to grow his NGO and find ways to fund and staff it. In the future, he would like to have children, and he and his wife are both very committed to helping Sudan.

Case Study 3: *Mangok*. Mangok is 29 years old and lives in the area where he was resettled 10 years ago. He entered the United States as a "major," so he did not receive educational or family support and had to become self-supporting quickly. However, he did have several American mentors with whom he maintains contact. He is currently living with American friends in the area. When he arrived in the United States, he had a tenth grade education. He completed his B.A. in December from a local university. He is employed in a job that is not related to his degree. He is single and has no children. He is a member of the Dinka tribe and has reconnected with lost family members in Sudan. He made a short visit to his home village 2 years ago. When he became a United States citizen, he decided to return to his African name instead of the name given to him when he converted to Christianity.

In Mangok's mind, getting his university degree is his greatest accomplishment. He completed his General Equivalency Degree (GED) by studying on his own and then earned associate's and bachelor's degrees:

> It is a dream I have been dreaming since I was in the refugee camp. Except that in the refugee camp I cannot imagine coming to America…..I thought maybe the end of my education would be the 12th grade, which was offered by the United Nations.

He continued to support himself while in school, and after 2005 he took on responsibility for the medical care and education of his family in Sudan. His second major accomplishment was working with John and others to build a health clinic in Sudan.

The major challenges in Mangok's life have concerned the stress of having to work while also going to school and dealing with the financial strains of meeting his family and school responsibilities. He had to schedule classes around work and struggled to find the time and energy to study. Because family members in Sudan did not count as dependents in qualifying for financial aid, he ended up with less aid and more loans. His responsibilities to his family were a major worry: "So my mother and my sister and my uncle… they were part of the responsibility that I was talking about. I was able to let them go see a doctor and pay a lot of money for their treatment."

He attributed his ability to overcome these challenges to his determination and eagerness to get an education. He was also motivated by views he remembered hearing expressed by his parents and elders in the village that the Southern Sudanese were oppressed because they lacked education. As he gained experience, he observed on his own that people who had education were better off. He had mentors and friends in America who gave him support and guidance. He said that the schools in the refugee camps were an important resource for him: "Actually if the United Nations has not decided to provide basic education to the refugees, yes, I should have had a dream without a school."

Someday he would like to have a job with an agency working in Sudan. In the near future, if he does well on the aptitude exams, he may apply to law school, because his father was on the village court and he thinks law would be a good career. He would like to return to Sudan soon for a longer visit with his family and plans to continue raising money to sustain the health clinic. He may marry someday if he finds the right girl. Moreover, he hopes to return to Sudan to live some day: "I'd love to live in Sudan. It is home. I know there are a lot of challenges, but it's worth it. It's a good place to live."

Case Study 4: *Jafar*. Jafar is 33 years old and came to the United States as a major. He lives in the city where he resettled with some of his friends who arrived with him. He still has the first job he got after resettlement, working in the warehouse of a local retail chain. He has not finished high school, but has passed several parts of the GED exam. He received only 1 year of schooling in Sudan before the war broke out and was 14 years old before he had the chance to resume schooling in the refugee camp, so he was far behind other children of his age. He is a member of one of the smaller tribes of Southern Sudan, as are his housemates. He is a US citizen. He and his fiancé, who is also a Sudanese refugee, have a 2-year-old son; they live in another city, where his fiancé has a job. He has also found his mother and other family members living in Sudan and visited them in 2008. He is a member of a local Christian church and received a Christian name, but has returned to using his African name.

Jafar considers the birth of his son to be his major accomplishment: "First of all, what I really want to mention here is the most accomplishment that I'm really happy about it is me having a baby boy." He is also proud of his work history, as he has worked continuously with the same employer since he arrived without any breaks in employment. He is pleased that his employment has enabled him to support his family here as well as to help relatives in Sudan. He feels that getting along well in the community where he lives, and avoiding any trouble with the law, are also accomplishments.

One of his major challenges has been trying to make educational progress while simultaneously working to support family. When his father died in Sudan in 2005, he deferred study and worked extra hours to save money for a visit. The visit allowed him to form a closer relationship with his mother, which has relieved some of the stress he was feeling about their well-being. However, maintaining a strong connection to his fiancé and child in another city and helping to support his son leave little time to pursue his educational goals.

He deals with his disappointments and challenges by taking things one step at a time, maintaining a positive outlook, and remaining flexible:

I'm a kind of person, I always don't stress myself about anything that is going wrong in my life or bad that can disturb me…. So sometimes you don't plan for something that might come up. So they just happen at their own time and you have to find a way to deal with them. And I've been good in that.

Although supporting both of his families is a source of stress, those relationships are also a principal source of strength for him in dealing with life. He maintains close relationships with the men he lives with, who he considers a second family. His American mentors also live close by and make themselves available to help if needed.

In the future, Jafar would like to live with his fiancé and son, either in his home city or in theirs. He feels that being with his family will help him to achieve his educational goals:

That will help me much better to concentrate on other stuff that I'm doing whether at school or in life-wise. And because my son is getting bigger

too, so I don't want him to live on with his mom without me in his life. That will not be okay for me.

He sees education as a means to provide for his family, so his son will have educational opportunities that he missed. His other goal is to build a school for his home village. Since returning from his visit, he has organized a group at his church to start fund raising:

So when I get to the village I find children in the village they don't have any school. And the few elders who came and visit me, all they were talking about was the school… So that gives me some thought that maybe if I come back here I can be able to ask people around who are willing to help me so that I can build school for these children who are going without school so that they can build better future.

Factors Contributing to Success for All Youth

The young men interviewed had varying definitions of success. Education was an important goal for all, but family formation, a good work history, and efforts to take responsibility for family or for Sudan in general were also considered successful adaptations. However, not taking advantage of opportunities, not striving, was considered unacceptable. John expressed this perspective. "…calling someone successful is a little bit complicated…. because successful is not necessarily going to school, it could be you are working, you know. My frustration goes to those Lost Boys that…were doing nothing."

When asked why some Sudanese youth were more successful than others in adapting to life after resettlement, the men articulated some common themes. First, three of the men mentioned lack of educational aptitude and opportunity to go to school as major barriers. As Mangok put it, "People are different. There are those who can understand education better and those who cannot….. Some didn't understand it very well and others didn't have as good a start in education." He mentioned some youth who took ESL classes for which they had to pay, and got discouraged after failing repeatedly. John talked about the

lack of resources "majors" faced often in reaching their goals, "Those people who were 18 and above, it was hard for them. Good luck living in America, you have to find a job, you have to go to school, you have to do everything on your own."

Another overall theme was personal choices that youth made. Angelo talked of how some youth didn't use their time effectively, choosing to focus on work and recreation, rather than continuing their education. John and Mangok talked of youth who became involved in negative aspects of American youth culture, "forgot where they came from," and became distracted from their goals.

Three of the men talked of emotional vulnerabilities or temperamental characteristics that impeded progress for some of them. John mentioned that some youth suffered from posttraumatic stress, while Mangok attributed drinking problems for some men to frustration about their educational failure. Jafar believed that some people react to frustration by getting into trouble:

> Because some of these young men…have been separated from their partners for so long, or from their family…and coming here they find the life even becomes more difficult because the life we find here is completely something different for us from where we came from. So it makes some people to be really frustrated and they don't know… how to deal with this kind of life. So as a result, some of them become pretty wild and they get in trouble easily that way.

Discussion

Review of the early data and the current case studies reveal a number of key pathways to successful adaptation for Sudanese refugee youth over time. Mainstays in their adjustment have been personal characteristics of faith, flexibility, sociability, and a positive outlook toward life. Their faith helped them to make meaning of their experience, the "unfolding design" of what is "meant to be." This belief is at the core of their flexibility and an outlook that allows one to "rise above" as well as maintain a strong sense of purpose. They also have a sense of personal agency that their personal choices make a difference. From this perspective, the young men face challenges that might appear daunting to others, such as blocked pathways to opportunity, prejudice, and even mental health difficulties.

Their success "toolkit" includes how they define success in life as well as their varied strategies for achieving their core goals. Consistent coping strategies seen throughout their development include a focus on education, keeping cultural values, maintaining relationships, helping those who have been left behind, and looking toward the future. Even the meaning-making is part of the "toolkit." Newer additions to their success toolkit include: transitioning to family, actualizing aid systems to family and community in Sudan, coping with isolation and racialized or immigrant-based prejudices, and adjusting their meanings of success to the realities of context and opportunity. The focus on education is evident throughout our research, even among those, like Jafar, who have not made much educational progress. The purpose of education is not only to be self-supporting but also to assist those left behind.

It is noteworthy that these separated youth have had supportive relationships across contexts with peers, adults in refugee camps, American mentors, and foster parents. Reconnection with family in Sudan has brought a greater sense of belonging, but also more responsibility. There is a selflessness in how they go about family relationships, focusing on their responsibilities.

The factors they have identified as contributing to their success are consistent with a resilience framework of individual characteristics, relationships, and resources or opportunities (Masten & Powell, 2003). Consistent with previous research (Mann, 2004), cultural beliefs and values have been an important adjustment tool for this group, who resettled as adolescents. Largely absent from youth's perceptions of the risks they faced are mental health issues related to their traumatic experiences. Although foster parents and caseworkers viewed mental health as a major factor in who was successful (Luster et al., 2010), youth emphasized how each adapted to their common experience in Africa. What is most remarkable about them is that, whatever the challenges, each continued to strive toward their larger dream. These young men have not been

turned back by what they have faced, but continue ever forward, adapting the plan as the road reveals itself.

Observing their progress over the past 10 years, we have come to believe that their response after trauma goes beyond resilience or the ability to cope with stress. Calhoun and Tedeschi (2006) describe a transformative process they have called posttraumatic growth, which appears similar to what we have observed in these individuals. Based on clinical research, they propose that, although trauma results in many negative outcomes, some people eventually experience a positive sense of personal growth. They describe a growth process that encompasses three general transformations: (1) a changed perception of the self, including awareness of one's vulnerability but also of one's strength; (2) a greater sense of connectedness to others and heightened compassion for those who suffer; and (3) a greater sense of purpose and meaning in life, sometimes rooted in deep spirituality. The concepts and measurement of posttraumatic growth are still in development, and the application of the model to children is in the earliest stages (Kilmer, 2006). Nevertheless, we believe this model presents a promising approach to research into the mechanisms of adaptation among children who have been exposed to war.

There are several limitations to our study. These case examples were chosen from a group of youth who were largely successful, and reflect the perspectives of the most successful among them. For ethical reasons, we were unable to interview the five youth whom we know from foster parent interviews were in prison or suffered serious mental problems. While this calls for some caution, most males that we have been able to track in the minor group have completed high school degrees, are pursuing broader educational and career goals, and forming adult relationships.[1] The major youth are more difficult to track so our evidence is anecdotal on this group. However, since some of the of the youth we have interviewed over time have experienced challenges such as drinking and problems with the law, we believe that the definitions of success among the less successful would not differ dramatically from those highlighted in these case studies. Second, our studies do not address the unique issues of unaccompanied refugee females, because the small sample available did not allow us to develop themes related to their adjustment pathways.[2]

Implications for Policy and Practice

Our research has several implications for policy and practice. First, educational success is a key strategy, and support for refugee youth who lack basic educational skills may be critical to their successful adaptation. Second, these youth who resettled without family support benefited greatly from ongoing relationships with mentors from the new culture, even years after resettlement. Although resettlement agencies tend to view mentors and even foster families as temporary support, we found that the most successful youth used relationships with supportive older adults some 10 years after their arrival. Third, these youth, who entered the culture as adolescents maintained strong ties to their home culture. Thus, strategies to promote successful adaptation should emphasize developing bicultural competence over assimilation. Finally, services to those experiencing mental health problems must be culturally acceptable and build upon the inherent strengths that all of these youth have demonstrated just by surviving.

[1] Of the 89 minors resettled in our area, over 80 % had completed high school by the time they left the support of the foster care agency. Of the 19 youth interviewed in 2007, 100 % had completed high school, and 84 % were pursuing higher education.

[2] Of the youth resettled in Lansing, less than 10 % were female, and all were resettled minors. Five females participated in our data collection about early adjustment and three were interviewed about their experiences in foster care.

References

Bates, L., Baird, D., Johnson, D. J., Lee, R. E., Luster, T., & Rehagen, C. (2005). Sudanese refugee youth in foster care: The "Lost Boys" in America. *Child Welfare, 84*(5), 631–648.

Bates, L., Johnson, D. J., Rana, M., Luster, T., Qin, D. B., & Saltarelli, A. (under revision). Fostering Sudanese refugee youth: Parent perspectives. In S. Chuang & U. Gielen (Eds.), *Perspectives on family dynamics in immigrant families in a global context*. New York: Springer Science Business Media.

Bates, L., Luster, T., Johnson, D. J., Qin, D. B., & Rana, M. (In press). Sudanese refugee youth: Resilience among undefended children. In D. J. Johnson, D. Agbenyiga, & R. Hitchcock (Eds.), *Vulnerable children*: *Global challenges in education*, *health*, *and child rights*. New York: Springer.

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., & Spinhoven, P. (2007). Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents. *The Journal of Nervous and Mental Disease, 195*(4), 288–297.

Bixler, M. (2005). *The Lost Boys of Sudan: An American story of the refugee experience*. Athens: University of Georgia Press.

Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: W.W. Norton & Company.

Bureau of Population, Refugees, and Migration. (2005). Support for unaccompanied minors. *U.S. Refugee Program News, 3*(4), 1. Retrieved April 18, 2008 from: http://www.state.gov/g/prm/rls/45960.htm

Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of posttraumatic growth: An expanded framework. In L. Calhoun & R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 1–23). Mahwah, NJ: Erlbaum.

Duncan, J. (2001, May). *Sudanese "Lost Boys" in the United States: Adjustment after six months*. Paper presented at the United States Catholic Conference, Washington, DC.

Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., et al. (2005). The "Lost Boys" of Sudan: Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatric and Adolescent Medicine, 159*, 585–591.

Hek, R. (2007). Using foster placements for the care and resettlement of unaccompanied children. In R. K. S. Kohli & F. Mitchell (Eds.), *Working with unaccompanied asylum seeking children: Issues for policy and practice* (pp. 109–24). Basingstoke: Palgrave Macmillan.

Hepburn, A., Williamson, J., & Wolfram, T. (2004). *Separated children*: *Care and protection of children in emergencies*. Westport, CT: Save the Children Federation, Inc. Retrieved 8/1/08 from: http://www.savethechildren.org/publications/technical-resources/child-survival/SEPARATED_CHILDREN_CONTENTS.pdf

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychological adjustment. *Clinical Child Psychology and Psychiatry, 12*(1), 29–43.

Kilmer, R. P. (2006). Resilience and posttraumatic growth in children. In L. Calhoun & R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 264–287). Mahwah, NJ: Erlbaum.

Legarretta, D. (1984). *The Guernica generation: Basque refugee children of the Spanish Civil War*. Reno: University of Nevada Press.

Luster, T., Bates, L., & Johnson, D. J. (2006). Risk and resilience. In F. A. Villarruel & T. Luster (Eds.), *The crisis in youth mental health* (Vol. 2, pp. 27–52). Westport: Praeger Publishers.

Luster, T., Qin, D., Bates, L., Johnson, D. J., & Rana, M. (2008). The Lost Boys of Sudan: Ambiguous loss, search for family, and reestablishing relationships with family members. *Family Relations, 57*, 444–456.

Luster, T., Qin, D., Bates, L., Johnson, D. J., & Rana, M. (2009). The Lost Boys of Sudan: Coping with ambiguous loss and separation from parents. *American Journal of Orthopsychiatry, 79*(2), 203–211.

Luster, T., Qin, D. B., Bates, L., Rana, M., & Lee, J. A. (2010). Successful adaptation among Sudanese unaccompanied minors: Perspectives of youth and foster parents. *Childhood, 17*, 197–211.

Luster, T., Saltarelli, A. J., Rana, M., Qin, D. B., Bates, L., Burdick, K., et al. (2009). The experiences of Sudanese unaccompanied minors in foster care. *Journal of Family Psychology, 23*(3), 386–395.

Luthar, S. S. (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. New York: Cambridge University Press.

Maegusuku-Hewett, M. T., Dunkerley, D., Scourfield, J., & Smalley, N. (2007). Refugee children in Wales: Adaptation in the face of adversity. *Children and Society, 21*(4), 309–21.

Mann, G. (2004). Separated children: Care and support in context. In J. Boyden & J. de Berry (Eds.), *Children and youth on the frontline: Ethnography, armed conflict and displacement* (pp. 3–22). New York: Berghahn Books.

Masten, A. A., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerabilities: Adaptation in the context of childhood adversities* (pp. 1–25). New York: Cambridge University Press.

Moskovitz, S. (1983). *Love despite hate: Child survivors of the holocaust and their adult lives*. New York: Schocken Books.

Qin, D. B., Saltarelli, A. J., Bates, L., Rana, M., Lee, J. A., Johnson, D. J., et al. (Revisions pending). "My culture makes me make good decisions": Cultural appropriation and adaptation of Sudanese refugee youth. *Journal of Adolescent Research*.

Rana, M., Qin, D. B., Bates, L., Luster, T., & Saltarelli, A. J. (2011). Factors related to educational resilience among Sudanese unaccompanied minors. *Teachers College Record, 113*(9), 2080–2114.

UNHCR. (2004). *Trends in unaccompanied and separated children seeking asylum in industrialized countries, 2001–2003*. Retrieved 9/20/06 from: http://www.unhcr.org/statistics

UNICEF. (1996). *The state of the world's children.* Retrieved 4/20/07 from: http://www.unicef.org/sowc96/

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.

Yin, R. K. (1994). *Case study research: Design and methods* (2nd ed.). Thousands Oak: Sage Publications.

No Place Like Home: Resilience Among Adolescent Refugees Resettled in Australia

14

Julie Ann Robinson

There is nothing that brings out genuine human endeavour and courage more than the refugee experience. There is nothing like having to cling to every bare breath, to see life reduced to a scarce trickle… Very rarely do we get to see human nature stripped of all that it depends on to learn that human nature is itself enough.
Hai-Van Nguyen, Australian citizen, former child refuge from Vietnam

(Nguyen, 2004, p. 203)

Refugees

Due to the difficulties inherent in conducting research in conflict zones, much of what we know about the effects of war on children and adolescents has been gained from research on refugees. Children and adolescents are strongly represented among the world's refugees. In 2011, 45 % of refugees were below 18 years of age (United Nations High Commissioner for Refugees, 2012).

Definition of Refugee

The United Nations' (UN) *Convention and Protocol on the Status of Refugees* defines a refugee as a person who

owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself

of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (United Nations High Commissioner for Refugees, 2007b, p.16).

However, refugee status is awarded only if a specific legal process, a "refugee status determination", demonstrates that the person's claims and evidence meet this definition. Until this legal process has been completed, the person is an "asylum seeker" (United Nations High Commissioner for Refugees, 2005). At the end of 2011, the UNHCR estimated that there were 15.2 million refugees and 895,000 asylum seekers whose applications had not yet been adjudicated (United Nations High Commissioner for Refugees, 2012).

Although the UN convention allows for refugee status to be awarded to people who have not been affected by armed conflict, in practice, the vast majority of refugees result from "conflict-generated forced displacement" (United Nations High Commissioner for Refugees, 2010). This is the joint result of high prevalence and selection resulting from legal requirements: armed conflict is the most common context for persecution that leads to flight from one's homeland, and evidence that one's fears are "well-founded" is most readily available in contexts of armed conflict.

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Durable Solutions

The UNHCR recognizes three durable solutions for refugees: (1) repatriation to their country of origin, (2) "local" integration into their country of asylum and (3) resettlement in another country. Resettlement is the least common durable solution. It is proposed by the UNHCR only when it judges that the refugee cannot return home or remain in the host country (United Nations High Commissioner for Refugees, 2003) and is possible only when resettlement places are available.

For many years, there has been a marked shortfall in resettlement places. For example, the UNHCR estimated that 800,000 people needed to be resettled in 2011. The total available resettlement places could meet just over 10 % of this demand (United Nations High Commissioner for Refugees, 2012). Due to this shortfall and the prolonged nature of conflicts, many refugees experience a "protracted refugee situation". Thus, most refugees have survived both armed conflict in their homeland and also many years of living "in limbo" in refugee camps or urban centres in countries of asylum. At the end of 2011, about 7.1 million refugees hosted in 26 countries had been living in exile for at least 5 years (United Nations High Commissioner for Refugees, 2012). In many cases, the wait is far longer. For example, Lhotsampa refugees from Bhutan have been warehoused in camps in eastern Nepal for about 20 years (Lama, 2008). Not surprisingly, many refugees outstay their welcome in places of asylum:

> To keep going was like living on bleakness. It was impossible to stay where we were coming from, for we were unwanted. Nor was it possible to keep going, for we were unwelcome wherever we would go.
>   Bojana Bokan, Australian citizen, former child refugee from Croatia
>
>   (Bokan, 2004, p. 55)

Most research has been conducted with children who reach a country of resettlement, even though these represent a minority of all child refugees.

Countries of Resettlement

A small number of nations participate in UNHCR resettlement programmes by offering to accept an annual quota of refugees. However, there is a mismatch between demand for placements and their availability in both their total number and their number for specific countries of origin. In 2011, only 62,000 refugees were resettled with UNHCR's assistance (United Nations High Commissioner for Refugees, 2012). In addition, although Afghani refugees were by far the most numerous single group (2.6 million) in 2011, they were not among the four main beneficiaries of the UNHCR resettlement programme, which is largely determined by the preferences of receiving countries (United Nations High Commissioner for Refugees, 2012).

A small additional number of refugees are resettled outside UNHCR programmes. As a result, statistics from countries of resettlement suggest that a total of 79,800 refugees were resettled across 26 countries during 2011. The main country of resettlement was the USA (over 51,000 refugees). Three countries, the USA, Canada and Australia, accounted for 92 % of opportunities for resettlement for refugees (United Nations High Commissioner for Refugees, 2012).

Example of a Country of Resettlement: Australia

Australia provides humanitarian visas in three categories: refugees accepted as part of the UNHCR resettlement programme, refugees and other displaced people who have been the victim of gross human rights violations and who have a sponsor in Australia; and individuals who enter Australia, claim asylum and are subsequently judged to meet the UNHCR definition of a refugee (Karlsen, 2011).

Although the number of humanitarian visas provided by Australia in 2010–2011 was large by international standards (13,750), it was small in the context of its total migration programme

(168,700) (Karlsen, 2011). Australia has a long history as a "country of migration". At the 2011 census 43.1 % of all Australians reported that they were born overseas or had at least one parent who was born overseas (Australian Bureau of Statistics, 2012). Therefore, the context in which refugees are resettled in Australia is very different from that in many European countries of resettlement, where permanent in-migration has a shorter history and a smaller scale. For example, in 2010, most immigrants to Norway had been residents for less than 6 years, and immigrants and Norwegian-born persons with immigrant parents represented only 11.4 % of the population (Statistics Norway, 2010).

A sizeable proportion of humanitarian entrants to Australia are under 18 years of age (30 % females; 33 % males between 2004 and 2009) (Refugee Council of Australia, 2009). No systematic data is collected on these children's exposure to armed conflict. However, most come from countries in which active warfare is taking place.

Ways in Which Armed Conflict Affects Child Refugees

Armed conflict can affect child refugees "at home", during internal displacement in their country of origin (e.g. Sudan, Afghanistan), while in countries of asylum (e.g. Egypt, Pakistan), after repatriation to their country of origin, and following resettlement in another country (e.g. Australia, Sweden) (Lustig et al., 2004).

Homeland

In their country of origin, refugees anticipate and then cope with devastating events and daily hassles that are the direct and indirect results of armed conflict (Miller & Rasmussen, 2010). "At home" direct effects include the experience or threat of death and injury, conscription into the armed forces, destruction of possessions and/or means of sustenance, being witness to violence directed towards others, and loss of significant

people in one's social network (Machel, 2001). The indirect effects of armed conflict on refugees are often mediated through social upheaval and increasing chaos in their region. Indirect effects include the loss of a sense of security and predictability, the lack of structure in daily life, the shattering of family and community support networks, and the loss of the infrastructure that supports positive child development (e.g. when schools or water, sanitation or medical services are damaged or destroyed) (Machel, 2001; Stichick, 2001) and disrupted access to surviving services (Shemyakina, 2011). Children bear a disproportionate burden of the direct and indirect effects of armed conflict (Pearn, 2003). Thus, before they depart from their homeland, most child refugees experience both danger and the widespread impoverishment of their social ecology as a result of armed conflict (Betancourt & Khan, 2008). But children may also play an active role in this conflict. Through participation in armed forces or through resistance to these, some child refugees have been perpetrators as well as victims of the negative effects of armed conflict (Warf, Eisenstein, & Stahl, 2009).

During internal displacement within their home country, children fleeing war have an increased risk of mortality (Avogo & Agadjanian, 2010), encounter many daily stressors (Mels, Derluyn, Broekaert, & Rosseel, 2010), are particularly vulnerable to armed conflict and are often at the mercy of armies, police forces and militias who control their access to basic needs and determine when and where routes of escape and places of rest are available (Holmes, 2010). They are often subject to human rights violations (e.g. Internal Displacement Monitoring Centre, 2010). Because the process of displacement is chaotic, separation from family members, including separation of children from caregivers, is common (e.g. Bean, Eurelings-Bontekoe, & Spinhoven, 2007):

> You can only be happy if you know where they are, your brothers and sisters and parents, and if they can be with you. If my mum and brothers and cousins can be here with me, I'd be a citizen for real.
> Kuet, Australian citizen, former child refugee from Sudan
> (Elia, Deng, & Jok, 2005, p.112)

Country of Asylum

Even once they reach a country of asylum, conflict in their homelands and local violence continue to exert direct and indirect affects on child refugees (United Nations High Commissioner for Refugees, 2007a). One mechanism for this is the bidirectional relationship between concentrations of displaced people and conflict. Armed conflict often follows refugees as they cross into a country of asylum. Refugee camps and urban centres hosting refugees usually contain individuals with conflicting allegiances, their populations can be targets for conscription (Achvarina & Reich, 2006), and the presence of refugees adds to pre-existing tensions: "In some cases, such as the conflicts in Rwanda and the Democratic Republic of the Congo, protracted refugee situations may have been the principal source or catalyst for conflict, rather than a mere consequence" (Loescher, Milner, Newman, & Troeller, 2008, p. 5).

In addition, it is common for refugees to be housed in areas in which even the host population has limited security and in which refugees compete with the host population for scarce resources (Martin, 2005). There are also ample opportunities for cultural differences to contribute to conflict between refugees and host populations:

> The locals thought that due to the Afghan people their country was going backward, that drugs were being spread in their country due to Afghans, and God knows, many things more. They looked at us like *shouther* (the Untouchables of the Hindu religion).
>   Ghulam-e-Ali, Australian citizen, former Afghan refugee
>
>   (Ghulam-e-Ali, 2004)

The indirect affects of armed conflict on child refugees in countries of asylum include disruption of parenting and inability to meet basic needs. Armed conflict can disrupt the relationship between parents and children in many ways, including reducing parents' attention to their children (Pynoos, Steinberg, & Wraith, 1995), impairing the quality of parenting (Hammen, Shih, & Brennan, 2004) or contributing to emotional abuse or neglect (Yehoda, Halligan, &

Grossman, 2001).In addition, life in exile is typified by high levels of daily hassles (Paardekooper, De Jong, & Hermanns, 1999; Rasmussen et al., 2010) and difficulty in meeting basic needs (Corbett & Oman, 2006; Lustig et al., 2004). In several countries of asylum, including Australia and the UK, children seeking asylum are also at risk of immigration detention until their refugee status determination has been finalized (Lorek et al., 2009; Silove, Austin, & Steel, 2007).

Repatriation

Past conflict continues to cast a shadow over refugees who are eventually repatriated to their homeland after violent conflict is perceived to have ended (Fu & van Landingham, 2010). They return to countries where basic community infrastructure needs to be reconstructed, there are often ongoing security issues, conflict has changed relationships between social groups, and the social meanings of processes, places and people have been transformed (Eastmond, 2006a, 2006b). However, little is known about the experiences of adolescents (Farwell, 2001; Loughry & Flouri, 2001) who have been repatriated, and even less is known about younger child refugees who have been repatriated (Pantic & Kraljevic, 2003).

Resettlement

The small percentage of child refugees who resettle in Western countries usually do so while the conflict in their homeland is ongoing. Past and present conflict continues to cast a long shadow even over these children. Past experience of conflict is kept in memory through stories about the family's history (Bek-Pedersen & Montgomery, 2006):

> My memories are few and far between, but my parents remember it with vivid accuracy… Having told their story, they have embedded themselves in history.
>   Hai-Van Nguyen, Australian citizen, former child refugee from Vietnam
>
>   (Nguyen, 2004, p. 199–204)

Ongoing conflict in their home country or in countries of asylum also often has psychological and financial consequences for resettled refugees and limits opportunities for family reunion (McDonald-Wilmsen & Gifford, 2009). Other indirect influences of ongoing conflict on child refugees include "cultural bereavement" (Lustig et al., 2004) and the perseveration of strategies for adaptation to armed conflict in contexts where these are no longer adaptive:

> When I arrived in America, though I had left the war physically far behind, in my mind, the soldiers were still chasing to kill me, my stomach was always hungry, and my fear and distrust kept me from opening up to new friendships.
>
> Loung Ung, author of *Lucky child* and *First they killed my father*
>
> (Ung, 2010)

Children Born in Exile

While some child refugees have vivid memories of the armed conflict in their homeland, others were born in countries of asylum or resettlement and have never seen their "homeland". This does not mean that they are unaffected by the events that led to their parents' flight. Children of exile are exposed to past armed conflict through stories about the family's history (Bek-Pedersen & Montgomery, 2006), and past and present conflict "at home" may deprive children of their cultural heritage, disempower their caregivers (Guribye, 2010), contribute to impoverished rearing conditions and create uncertainty about the future. For example, hearing narratives about their parents' past experience of torture has been shown to predict child refugees' levels of anxiety (Montgomery, 1998) and the violent death of a grandparent predicts child refugees' sleep disturbances, even when the torture and death occurred before the child was born (Montgomery & Foldspang, 2001).

Cumulative Stress

Although each single stressful event may be of limited duration, the accumulated experience of physical and psychological adversity "at home", during displacement, in countries of first asylum and in countries of resettlement may have long-term effects on child refugees' developmental trajectories by undermining core systems (e.g. Feder, Nestler, & Charney, 2009; Yehoda et al., 2001).

Mental Health of Child Refugees

Psychopathology

There have been a large number of recent reviews of research concerning the mental health of child refugees including those by Rousseau (1995), Keyes (2000), Lustig et al. (2004), Fazel, Wheeler, and Danesh (2005), Ehntholt and Yule (2006), Crowley (2009) and Montgomery (2011). These conclude that, as a group, child refugees show elevated levels of emotional and behavioural problems. Most of these reviews are restricted to the mental health of resettled refugees.

The authors of these reviews and others have criticized the existing research literature on a number of grounds. In particular, researchers have focused on a narrow range of mental health problems. For example, although recent research has focused on post-traumatic stress disorder (PTSD), a long history of research suggests that child refugees may show a spectrum of concurrent psychological symptoms, including depressed affect, anxiety, fear of recurrence, guilt, worry and grief (Espié et al., 2009; Nielsen et al., 2008; Richman, 1993). Additional shortcomings in the literature include the imposition of Western constructions of mental health onto these symptoms, reliance on Western measures, ignoring refugees' own perceptions of their needs and downplaying child refugees' resilience and strengths (Betancourt & Khan, 2008; Hollifield et al., 2002; Summerfield, 2000; Watters, 2001). Indeed, child refugees often show good adaptation, even while reporting symptoms of mental health problems (Sack et al., 1993; Slodnjak, 2002; Geltman et al., 2005). There is often no statistical association between child refugee's mental health problems and measures of wider adaptation, such as academic achievement (e.g. Fox, Burns, Popovich, Belknap, & Frank-Stromborg, 2004).

A Resilience Approach

Most studies that have assessed positive adaptation among child refugees have adopted a resilience approach. Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000). Murphy (1962) differentiated between two dimensions of adaptation. External domains involve adaptation to the environment (e.g. school achievement and acceptance by peers). Internal domains of adaptation reflect maintenance of internal integration (e.g. mental health).

Most resilience research attempts not only to document positive adaptation but also to identify factors or processes that influence positive adaptation during periods of adversity or recovery (Masten & Osofsky, 2010). Such factors and processes may be described as "promotive" (show a positive main effect), "protective" (show a positive interaction effect), "risk" (show a negative main effect) or "vulnerability" (show a negative interaction effect). Research shows that some factors and processes are associated with several domains of adaptation. This is consistent with the notion that similar adaptive systems underlie a variety of positive and negative outcomes in human development. A large number of resources with the potential to support resilience have been identified. However, it is unclear whether these are effective among children exposed to armed conflict. Previous research shows that many factors and processes that influence individual differences in adaptation in the context of relatively benign life circumstances lose their potency in the context of extreme external stressors (Luthar et al., 2000).

Methodological Issues in the Study of the Effects of Armed Conflict on Child Refugees

Comparison Groups

Research seeking to determine whether adaptation among resettled child refugees is impaired or enhanced faces the difficulty of selecting the most appropriate comparison group. Research has variously used matched samples from the general population living in the same community (e.g. Fazel & Stein, 2003), matched samples from other minority groups living in the same community (e.g. Fazel & Stein), large samples from the general population in the host country (e.g. Vaage et al., 2009) and children receiving clinical care in countries of resettlement (e.g. Mollica, Poole, Son, Murray, & Tor, 1997).

One shortcoming shared by all these comparison groups is the difficulties they pose in identifying the sources that contribute to any elevated prevalence in positive or negative adaptation that is found. Child refugees differ from these groups not only in experiences of armed conflict but also in many other factors, including migration stress and acculturative stress.

Migration is a source of stress because it entails substantial social and economic costs without a guarantee of benefit (Beiser, 1999). Stress may result from anticipation of change, experience of change during migration, and post-migration readjustment. Even among voluntary migrants, relocation may be associated with increased mental health problems (e.g. Bhugra, 2004) although this is not always the case (Stillman, McKenzie, & Gibson, 2006).

Acculturation is a developmental process towards adaptation that includes gaining competence within more than one cultural setting (Sam & Oppedal, 2002). It is prompted by continuous, first-hand contact between two distinct cultural groups. This intercultural contact holds the potential for both growth and conflict. When conflict occurs, individuals may encounter acculturative stress if they cannot easily change their repertoire of behaviours and attitudes (Berry & Sam, 1997):

> Leaving your country… means a break with all that one knows about living—how to earn a livelihood, how to fit in to (sic) a society, how to respond to a landscape, how to touch, smell and taste… Even if the change to a new way of life is successfully managed, the shock of loss remains.
> Najeeba Wazefadost, Australian citizen, former child refugee from Afghanistan
>
> (Wazefadost, 2005, p.68)

Linking Outcomes to Direct and Indirect Effects of Armed Conflict

Impaired adaptation among resettled child refugees has often been attributed to their earlier exposure to armed conflict. The main grounds for this are positive correlations between retrospective measures of exposure to conflict-related traumatic events and measures of current problems in adjustment. Such associations have been found for a range of negative outcomes, including post-traumatic stress symptoms (Almqvist & Broberg, 1999; Heptinstall, Sethna, & Taylor, 2004; Hodes, Jagdev, Chandra, & Cunniff, 2008), internalizing and externalizing problems (Bean et al., 2007) and sleep disturbances (Montgomery & Foldspang, 2001).

However, this approach has a number of shortcomings. First, it is unclear how exposure to war trauma is best assessed: total number of traumatic events experienced, the range of different types of events, the duration of exposure, its intensity (e.g. personal experience/witness) or some other metric. Second, measures that require children (or their parents) to recall exposure to traumatic events and situations raise ethical dilemmas. Third, retrospective measures often have poor validity. Fourth, focusing on exposure to discrete traumatic events ignores the many other direct (Allwood, Bell-Dolan, & Husain, 2002; Smith, Perrin, Yule, Hacam, & Stuvland, 2002) and indirect effects of armed conflict on child refugees. These are difficult to quantify and rarely assessed.

An alternative approach is to use a research design in which the effects of exposure to direct and indirect effects of armed conflict are inferred by comparing the adaptation of child refugees with that of child voluntary migrants who also have limited or no knowledge of the host community's language and who are attending the same school. Like child refugees, child voluntary migrants have experienced migration stress and acculturative stress. Unlike child refugees they usually have not experienced forced migration as a result of armed conflict.

This alternative design has the potential to capture the diversity of effects of armed conflict. However, it too has a number of shortcomings.

First, voluntary migrants rarely encounter hardships of the types that typify child refugees' lives in their homelands and countries of asylum. Only some of these hardships are attributable to armed conflict (United Nations High Commissioner for Refugees, 2007a). Second, voluntary migrants rarely come from the same cultural backgrounds as forced migrants and, in general, forced migrants have a greater "cultural distance" (Hofstede, 2001) to travel. Third, persons awarded voluntary migration and humanitarian visas are selected by different criteria. These criteria may favour high levels of adaptation among voluntary migrants (Sam, Vedder, Ward, & Horenczyk, 2006) although the "healthy migrant" phenomenon has not always been found among children (Stevens & Vollebergh, 2007), perhaps because migrant selection processes focus on attributes of adult family members. Fourth, the current living circumstances of resettled forced and voluntary migrants may differ. Some of these differences between voluntary and forced migrants may also influence the adaptive systems that underlie human development.

Sampling

Almost without exception, research about resettled refugees focuses on a single country of resettlement. Within this constraint, most studies of child refugees adopt one of three sampling strategies. Some studies focus on refugees from a single country of origin (e.g. Rousseau & Drapeau, 2003; Vaage et al., 2009) or single geographic region of origin (e.g. Montgomery & Foldspang, 2007), regardless of their length of tenure in their host country or their status. Other studies focus on refugees with a specific status, such as "unaccompanied minors" or "women at risk", regardless of the country of origin or length of tenure in the host country (e.g. Bean et al., 2007; Hodes et al., 2008). Other studies focus on a specific period during resettlement, regardless of refugees' country of origin or specific status (e.g. Almqvist & Broberg, 1999).

Like most other studies of adaptation among child refugees, this study focused on adolescents,

since self-report measures of emotional and behavioural problems that have high cross-cultural validity are available for this age group.

The Current Study

This study examines adaptation among child humanitarian entrants who were newly arrived in Australia. Humanitarian entrants to Australia have access to a specialist resettlement programme in addition to the services made available to other immigrants. Most services in the specialist programme are limited to the first 6 months after arrival. They provide on-arrival reception and assistance, accommodation services, information and referrals, case coordination, and short-term torture and trauma counselling services (Department of Immigration and Citizenship, 2012). The additional services that are available to both refugees and other immigrants include migrant health services, migration resource centres and English language classes for children and adults. In particular, all newly arrived child migrants who are not fluent in English are eligible for up to 24 months in a specialist orientation programme that provides intensive English language instruction and an introduction to schooling in Australia. Most child and adolescent refugees entering Australia attend these programmes, one of which was the recruitment site for participants in the current study.

Following Masten, Best, and Garmezy (1990), children who maintained positive adaptation (i.e. functioning that was within the normal range or better) despite significant adversity were judged to be resilient. The study measured a broad range of symptoms of emotional and behavioural problems and included measures of positive adaptation. Such positive adaptation was judged to reflect resilience, since it was assumed that all child refugees had experienced significant adversity. Following Masten and Powell (2003), the study focused on two external domains of adaptation that reflect competence in age-salient developmental tasks: school achievement and acceptance by peers. It also focused on one aspect of internal integration: mental health.

The study inferred the effect of armed conflict by comparing adaptation among child refugees with that among child voluntary migrants. In order to understand the extent to which differences in adaptation identified in this study could be attributed to factors associated with past and present effects of armed conflict, this study also examined the contribution of four aspects of adolescents' current life circumstances, only some of which are likely to have been shaped by armed conflict. These included one factor (social support) that has a promotive function for several domains of adaptation (e.g. Davidson & Demaray, 2007; Decker, 2007), and three factors (perceived discrimination, conflict in supportive relationships, marginalization acculturation style) that have a risk function for several domains of adaptation (e.g. Berry & Sam, 1997; Choi, He, & Harachi, 2008; Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009). Discrimination is a particularly salient factor for many refugees:

> Being a refugee… will guarantee you racism no matter what race you come from….
>   Lual Makuei Deng, Australian citizen and former child refugee from Sudan
>
>   (Deng, 2005, p. 148)

The four variables relating to adolescents' current life circumstances could serve risk and promotive and/or vulnerability and protective functions. The current study focuses on their risk and promotive functions (i.e. main effects) rather than their role as moderators of stressors because main effects are likely to be more robust than interactive effects in variable-focused analyses in which positive adaptation is measured on a continuum (Luthar et al., 2000). The study also includes person-oriented analyses. Previous research on resilience shows that person-oriented and variable-oriented approaches often yield substantively different sets of insights and conclusions (Luthar et al.).

The study had three aims:
1. To determine whether students with exposure to armed conflict (forced migrants) differ from other newly arrived adolescents (voluntary migrants) with respect to two dimensions of external adaptation (academic progress and

peer acceptance) and one dimension of internal integration (mental health), as assessed by (1) the prevalence of emotional and behavioural problems and (2) the most common types of emotional and behavioural problems

2. To identify current life circumstances that may also contribute to individual differences in emotional and behavioural problems, academic progress and peer acceptance, focusing on one potential promotive factor (social support) and three potential risk factors (perceived discrimination, conflict in supportive relationships, marginalization acculturation style)

3. To identify patterns among these outcomes among adolescents with a refugee background

Method

Participants

The sample included 73 adolescents holding permanent humanitarian visas ("forced migrants"; mean age 14.7 years; 38 (52.7 %) females) and 43 adolescents holding permanent family or skilled migration visas ("voluntary migrants"; mean age 15.2 years; 23 (53.4 %) females). All students had arrived in Australia between 6 and 24 months before taking part in the study and had been judged to have insufficient literacy in English to allow placement in a mainstream school. All were enrolled at same specialist high school, which provides intensive English language instruction and orientation to schooling in Australia to all "new arrivals" in the state of South Australia.

Measures

Current Life Circumstances
Social support and conflict within social support networks. Students reported on four types of social support (emotional, instrumental, informational and companionship support) received from adults at school, peers and family members using 15 items derived from the Vaux Social Support Record (Vaux, 1988). They also reported on interpersonal conflict with these agents. Each

item was rated using a 3-point scale. An example item assessing support is "At school there are adults I can talk to who give good suggestions and advice about my problems". An example item assessing conflict is "There are people in my family who I get upset with or angry at (even if I don't show it)". This study used the total support (alpha=0.84) and total conflict scores (inter-item correlations above 0.40).

Perceived discrimination. Students reported on discrimination directed towards themselves and other members of their group using a 6-item scale adapted from Verkuten and Thijs (2002). Each item was rated using a 5-point scale. An example item is, "How much have you been called names or teased at school because of your X background?" This study used the total score (alpha=0.79).

Marginalization acculturation style. Students reported on their acculturation style using the Acculturation Attitude Scale (Sam, 1995). This study focused on the marginalization subscale, which contained 4 items (alpha=0.72).

Adaptation
Peer acceptance and academic progress. Students' homeroom teachers rated their acceptance by peers and their rate of academic progress over the previous 2 months using single-item 7-point Likert scales. For academic progress, teachers responded to the question, "Compared with other students in the New Arrivals Program, what is the rate of progress for this student over the last 2 months?" For peer acceptance, teachers responded to the question, "Compared with other children, how popular is this child with his/her peers?"

Emotional and behavioural problems. The *Youth Self-Report* (YSR, Achenbach & Rescorla, 2001) was used to assess a broad range of self-reported emotional and behavioural problems. The 2001 version of the YSR was based on data from Australia, England and the United States. Responses to the 112 items are recorded on a three-point Likert-type scale ("Not True", "Somewhat or Sometimes True", "Very True or

Often True"). Sample items include, "I worry a lot" and "I physically attack people". T-scores for total problems that are above 64 are "in the clinical range" for Western samples. The structure of the scale and the summative scores it yields have good cross-cultural validity, including in Australia and in several refugee source countries (Achenbach et al., 2008; Ivanova et al., 2007). This study focused on the total problems score (alpha=0.95).

Procedure

Translated letters of introduction and consent forms were distributed to parents and students. Students for whom consent was obtained were withdrawn from their classes in language groups so that they could complete the above measures. A variety of aids were available to support students' completion of the questionnaires in English, including (1) English-speaking research assistants, (2) simultaneous translation by Bilingual School Support Officers and (3) structural supports, more specifically, (i) replacement of numerals on numerical rating scales with visual analogues (drawings of jars filled to different levels), (ii) concrete examples of the visual analogues (jars filled to these different levels) available for manipulation, (iii) use of rulers as aids for correct placement of answers, (iv) horizontal lines between items to clearly separate them and (v) items numbered on both left and right margins

Results

Preliminary Analyses

Associations between measures of adjustment. A preliminary analysis showed that none of the three measures of adjustment were redundant for adolescent forced or voluntary migrants. The strongest associations accounted for less than 45 % of the variance. The three outcome measures showed similar patterns of association among students who were forced migrants and those who were voluntary migrants. There was a moderate, positive correlation between teacher-rated academic progress and teacher-rated acceptance by peers (forced migrants: $r(58)=0.66$, $p<0.001$; voluntary migrants: $r(29)=0.41$, $p<0.05$). The two groups differed in the association between self-reported emotional and behavioural problems and measures of adaptive behaviour. There were weak negative associations for forced migrants (academic progress: $r(63)=-0.30, p<0.05$; acceptance by peers: $r(60)=-0.30$, $p<0.05$), but no associations for voluntary migrants (academic progress: $r(29)=-0.05$, n.s.; acceptance by peers: $r(29)=-0.33$, n.s.).

Evidence of resilience among adolescents holding humanitarian visas. A little over three quarters (76.6 %) of forced migrants showed emotional and behavioural problems within the normal range for Western populations (Table 14.1). Moreover, about half of these students showed

Table 14.1 Descriptive statistics for three outcome variables for adolescent forced and voluntary migrants who had recently been resettled in Australia

Measures	Adolescents					
	Voluntary migrants ($n=43$)			Forced migrants ($n=83$)		
	%	Mean	(SD)	%	Mean	(SD)
Current circumstances						
Social support		2.4	(0.5)		1.7	(0.6)
Perceived discrimination		1.6	(0.7)		1.9	(0.8)
Conflict in supportive relationships		1.6	(0.4)		1.0	(0.7)
Adaptation						
Teacher-rated academic progress		4.4	(0.9)		3.5	(1.1)
Teacher-rated peer acceptance		4.4	(1.0)		3.5	(1.1)
Total emotional and behavioural problems within the clinical range for Western samples	16.3			23.4		

Table 14.2 Relationship between five predictor variables and three outcome variables among adolescent forced and voluntary migrants who had recently been resettled in Australia ($n = 117$)

| Predictor variable | Outcome variable | | | | | |
| | Teacher-rated academic progress | | Teacher-rated peer acceptance | | Self-reported total emotional and behavioural problems | |
	Standardized beta	t	Standardized beta	t	Standardized beta	t
Visa category	−0.271	−2.4*	−0.310	−2.6*	−0.243	−2.7**
Perceived discrimination	−0.295	−2.7**	−0.159	1.4	0.362	4.0**
Social support	−0.043	−0.4	−0.030	−0.2	−0.116	−1.2
Conflict in supportive relationships	−0.022	−0.2	−0.044	−0.4	0.211	2.4*
Marginalization acculturation style	−0.69	−0.6	−0.071	−0.6	0.171	1.8
Model (above)	Adjusted $R^2 = 0.158$		Adjusted $R^2 = 0.105$		Adjusted $R^2 = 0.301$	
	$F_{(5,73)} = 3.9, p < 0.01$		$F_{(5,70)} = 2.8, p = 0.02$		$F_{(5,73)} = 3.9, p < 0.01$	

[a]* $p < 0.05$
** $p < 0.01$

average or above average academic progress (50.8 %) and levels of acceptance by peers (51.7 %).

Variable-Centred Analyses

Inferring the Effect of Exposure to Armed Conflict on Newly Resettled Adolescents

The type of visa that was held by students accounted for variance in all measures of adjustment (see Table 14.2). Despite evidence of resilience among humanitarian entrants (above), on average they had poorer outcomes than their peers who were voluntary migrants. Holding a humanitarian visa was negatively associated with external adaptation (teacher-rated school progress and peer acceptance) and positively associated with problems in internal integration (total emotional and behavioural problems).

For the two measures of external adaptation, the effect of visa status was further quantified using a MANOVA. One might infer a "cost of exposure to armed conflict" from the lower mean scores for academic progress and peer acceptance among forced migrants than among voluntary migrants (Table 14.1, $F_{(1)} = 13.8$, $p < 0.001$, eta$^2 = 0.141$ and $F_{(1)} = 13.7, p < 0.001$, eta$^2 = 0.140$,

respectively). However, surprisingly, there was no difference between forced migrants and voluntary migrants in the prevalence of scores for total emotional and behavioural problems within the clinical range for Western populations (X^2 (1) = 0.9, $p > 0.05$) (Table 14.1). That is, although visa type contributed to individual differences in scores for emotional and behavioural problems (Table 14.2), most of these scores were within the normal range. The everyday importance of the "cost of exposure to armed conflict" on mental health identified in the regression analysis is, therefore, unclear (Table 14.2).

Visa type also appeared to influence the nature of emotional and behavioural problems that students reported. Only one of the five most prevalent emotional and behavioural problems reported by the two groups of students showed overlap (Table 14.3). It is also interesting to note that only one of the five most prevalent problems reported by forced migrants was a symptom of PTSD ("feels too guilty").

Current Life Circumstances Associated with Outcomes

The two measures of external adaptation showed associations with few variables, other than visa status (Table 14.2). Peer acceptance was not associated with any of the four current life

circumstances assessed in this study. Academic progress was associated with only one current circumstance, perceived discrimination. In both cases, the regression model including visa type and current circumstances accounted for 10–16 % of the variance in adaptation.

In contrast, emotional and behavioural problems were associated not only with visa status but also with both perceived discrimination and conflict in supportive relationships. The regression model including visa type and current circumstances accounted for over 30 % of the variance in emotional and behavioural problems (Table 14.2).

Two of the variables that were related to many outcomes in previous research (social support and marginalization acculturation style) were not associated with any measure of adjustment assessed in this study.

Table 14.3 Five most prevalent self-reported emotional and behavioural problems among adolescent forced and voluntary migrants who had recently been resettled in Australia

Adolescents	
Voluntary migrants ($n=43$)	Forced migrants ($n=83$)
Secretive	Must be perfect
Demands attention	Demands attention
Withdrawn	Enjoys little
Dependent	Fears doing bad
Lonely	Feels too guilty

Person-Centred Analysis

Patterns of Outcomes Among Adolescent Forced Migrants

A person-focused approach was used to aggregate students holding humanitarian visas into clusters based on their patterns of adaptation. A cluster analysis identified three clusters of students (Table 14.4). The largest cluster contained students who showed both good external adaptation and good internal integration ("resilient"). The mean scores for students in this cluster were very similar to those for voluntary migrant students without exposure to the effects of armed conflict (Table 14.1). The other two clusters were of equal size and showed either poor external adaptation ("struggling at school") or poor internal integration ("mental health concerns"). No students were identified who showed both poor external adaptation and poor internal integration.

Two risk factors associated with current circumstances differentiated the three clusters: perceived discrimination and conflict in supportive social relationships ($F_{(2)}=5.6, p<0.01$ and $F_{(2)}=9.3$, $p<0.01$, respectively). Students in the resilient cluster reported less discrimination ($M=9.0$) than students in either the "struggling at school" or "mental health concerns" clusters ($M=13.1$ and $M=12.9$, respectively), and reported less conflict in supportive relationships ($M=1.1$) than students in the "mental health concerns" cluster ($M=2.5$).

Table 14.4 Three patterns of adaptation identified among adolescent forced and voluntary migrants who had recently been resettled in Australia ($n=55$)

Cluster name	n	Domain	Characteristics
Struggling at school	15	External	Slow academic progress ($M=2.3$) Low peer acceptance ($M=2.4$)
		Internal	Total emotional and behaviours problems within the normal range ($M=56.4$[a])
Mental health concerns	15	External	Average or above average academic progress ($M=3.5$) Average or above average peer acceptance ($M=3.8$)
		Internal	Total emotional and behavioural problems within the clinical range for Western samples ($M=67.2$[a])
Resilient	25	External	Above average academic progress ($M=4.4$) Above average peer acceptance ($M=4.2$)
		Internal	Total emotional and behaviours problems within the normal range ($M=47.3$[a])

[a]The cut score for the clinical range in Western samples is 64

Discussion

Risk

The present study sought to infer some of the developmental costs of exposure to armed conflict by examining the extent to which visa type (humanitarian/voluntary migrant) influenced adaptation among adolescents. Holding a humanitarian visa was associated with poorer competence in two age-salient developmental tasks, school achievement and acceptance by peers, and in one aspect of internal integration, mental health. No measure of current life circumstances showed a similar pervasive influence on adaptation. The two visa groups also reported different symptoms of poor mental health.

The person-focused analyses confirmed Luthar et al.'s (2000) conclusion that no single dimension of adaptation is a good index of resilience, due to how often profiles of adaptation show unevenness. For each of the dimensions of adaptation considered, some adolescents who met the criterion for positive adaptation belonged to clusters with more favourable outcomes (resilient) while others belonged to clusters with less favourable outcomes ("struggling at school" or "mental health problems"). This is consistent with Cicchetti's (1993) proposition that many outcomes are included in within normal, abnormal *and* resilient developmental trajectories.

Resilience

These findings regarding the developmental cost of exposure to armed conflict need to be interpreted in context. Most adolescents in both visa groups showed average or above average academic progress and peer acceptance and relatively few emotional and behavioural problems. In addition, no adolescents holding humanitarian visas showed poor adaptation on more than two out of the three dimensions of adaptation assessed in this study. Indeed, almost half these students showed good adaptation on all three dimensions. These dimensions were chosen to encompass a variety of stage-salient tasks (Masten et al., 1995), and

therefore students in the resilient cluster can be judged to have met several of Western societies' expectations for competence during adolescence (Masten & Coatsworth, 1998). Given their exposure to past and present effects of armed conflict and given the stresses associated with resettlement, this is no small accomplishment.

It should be noted that individual differences in adaptation among students holding humanitarian visas may not reflect differences in resilience. That is, they may not primarily be due to differences in adolescents' deployment of internal resources and their access to external resources. Individual differences in adaptation may instead reflect differences in exposure to adversity. It is likely that adolescent forced migrants differ in the number, types, intensity and duration of exposure to direct and indirect effects of armed conflict, but no data are available to demonstrate this. However, data do show that adolescents in the "resilient" cluster reported less current adversity, lower levels of perceived discrimination and/ or lower levels of interpersonal conflict, than their peers in other clusters. That is, some adolescents who appear more resilient than their peers may simply have faced lower proximal risk (Luthar et al., 2000).

Prevention

This study identified a large group of adolescent forced migrants who showed positive outcomes on all three dimensions of adaptation that were assessed. Despite this, previous research warns that "there are no invulnerable children" (Masten & Obradovic, 2007, p. 23). Adaptation is a developmental process in which new vulnerabilities and strengths emerge with changes in developmental potential and developmental context (e.g. Werner & Smith, 1982). In our enthusiasm to celebrate their resilience, it is important to remember that armed conflict is preventable. Maintaining peace can be costly, but probably less costly than waging war and addressing its consequences for multiple generations. This study shows that some of the costs of violent conflict continue to be paid by those who are removed to safety on the other side of the world.

Moreover, the present study did not assess all of the developmental costs of forced migration documented in previous research, such as cultural bereavement (Lustig et al., 2004):

> It is here that my true personality blossomed. I finally understood the meaning of life… And yet I still do not think of Australia as the country that I can call home.
>
> Zina Romanov, Australian citizen, former child refugee from Ukraine
>
> (Romanov, 2004, p. 186)

In countries of resettlement, children fleeing armed conflict face additional sources of adversity that are also preventable. In particular, results from both variable-focused and person-focused analyses confirmed previous evidence that the experience of discrimination is a particularly important stressor in resettlement for adolescent refugees (e.g. Liebkind, Jasinskaja-Lahti, & Solheim, 2004; Montgomery & Foldspang, 2007). In this study, it was associated with both poorer external adaptation (academic progress) and poorer internal integration (mental health).

Conclusion

The review of prior research and the empirical study reported in this chapter suggest some of the diverse ways in which exposure to armed conflict may influence the development of child refugees. The pattern of findings suggests that exposure to the effects of armed conflict can act both as a direct influence on child refugees' developmental trajectories and outcomes (e.g. injuries) and as a risk marker. Risk markers do not cause individual differences in developmental trajectories. Instead they serve as markers of disruptions in underlying processes (e.g. loss of meaning in life, disruption of social support networks) that do causally affect developmental trajectories (Luthar et al., 2000). In some cases, variables that are risk markers may contribute to the disruptions in underlying processes (e.g. armed conflict may cause the death of members of a

child's attachment network) while in other cases they simply identify contexts in which the proximal causes of disruptions in developmental trajectories have an increased prevalence (e.g. armed conflict is a context in which there is an increased prevalence of malnutrition, resettlement is a context in which there is an increased prevalence of discrimination).

The cumulative risk posed by these disruptions has a measurable developmental cost for child refugees. However, in at least some contexts, it is also possible to document widespread evidence of resilience despite these costs. Recognition of this resilience can itself be a powerful tool by which child refugees can make meaning of their experiences:

> We are stronger and more resilient than we ever knew. We survived, that should be enough but it isn't. We must work hard to become whole again …to live the life that was intended for us before it was disrupted by war and horrors… I believed this is the ultimate triumph, to not just survive wars but to thrive in peace… And in the end, we would not only win over the war, …but we will be left stronger for it.
>
> Loung Ung, author of *Lucky child* and *First they killed my father* (Ung, 2010)

References

Achenbach, T., Becker, A., Doepfner, M., Heiervang, E., Roessner, V., Steinhausen, H.-C., et al. (2008). Multicultural assessment of child and adolescent psychopathology with ASEBA and SDQ instruments: Research findings, applications, and future directions. *Journal of Child Psychology and Psychiatry, 49*, 251–275.

Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA school-age forms & profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Achvarina, V., & Reich, S. F. (2006). No place to hide: Refugees, displaced persons, and the recruitment of child soldiers. *International Security, 31*, 127–164.

Allwood, M. A., Bell-Dolan, D., & Husain, S. A. (2002). Children's trauma and adjustment reactions to violent and nonviolent war experiences. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 450–457.

Almqvist, K., & Broberg, A. G. (1999). Mental health and social adjustment in young refugee children 3 ½ years after their arrival in Sweden. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 723–730.

Australian Bureau of Statistics. (2012). *2011 Census reveals one in four Australians is born overseas*. Media release 21 June, 2012. http://abs.gov.au/websitedbs/censushome.nsf/home/CO-59.

Avogo, W. A., & Agadjanian, V. (2010). Forced migration and child health and mortality in Angola. *Social Science & Medicine, 70*, 53–60.

Bean, T., Eurelings-Bontekoe, E., & Spinhoven, P. (2007). Course and predictors of mental health of unaccompanied minors in the Netherlands: One year follow-up. *Social Science & Medicine, 64*, 1204–1215.

Beiser, M. (1999). *Strangers at the gate: The "boat people's" first ten years in Canada*. Toronto: University of Toronto Press.

Bek-Pedersen, K., & Montgomery, E. (2006). Narratives of the past and present: Young refugees' construction of a family identity in exile. *Journal of Refugee Studies, 19*, 94–112.

Berry, J., & Sam, D. (1997). Acculturation and adaptation. In J. W. Berry, Y. H. Pootinga, M. H. Segall, J. Pandey, & C. Kagitcibasi (Eds.), *Handbook of cross-cultural psychology: Social behavior and applications* (2nd ed., pp. 291–326). Boston: Allyn & Bacon.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*, 317–328.

Bhugra, D. (2004). Migration and mental health. *Acta Psychiatrica Scandinavica, 109*, 243–258.

Bokan, B. (2004). To be someone…. In S. Dechian, H. Millar, & E. Sallia (Eds.), *Dark dreams: Australian refugee stories* (pp. 53–56). Kent Town, SA: Wakefield Press.

Choi, Y., He, M., & Harachi, T. (2008). Intergenerational cultural dissonance, parent–child conflict and bonding, and youth problem behaviors among Vietnamese and Cambodian immigrant families. *Journal of Youth and Adolescence, 37*, 85–96.

Cicchetti, D. (1993). Developmental psychopathology: Reactions, reflections, projections. *Developmental Review, 13*, 471–502.

Corbett, M., & Oman, A. (2006). *Acute malnutrition in protracted refugee situations*: *A global strategy*. Geneva: United Nations High Commissioner for Refugees and World Food Program. http://www.unhcr.org/publ/PUBL/469b6b0c2.pdf.

Crowley, C. (2009). The mental health needs of refugee children: A review of literature and implications for nurse practitioners. *Journal of the American Academy of Nurse Practitioners, 21*, 322–331.

Davidson, L. M., & Demaray, M. K. (2007). Social support as a moderator between victimization and internalizing-externalizing distress from bullying. *School Psychology Review, 36*, 383–405.

Decker, C. L. (2007). Social support and adolescent cancer survivors: A review of the literature. *Psycho-Oncology, 16*, 1–11.

Deng, L. M. (2005). My experience as a refugee. In S. Dechian, J. Deveraux, & E. Sallia (Eds.), *No place like home: Australian stories* (pp. 145–148). Kent Town, SA: Wakefield Press.

Department of Immigration and Citizenship. (2012). *Fact Sheet 66–Humanitariam Settlement Services*. Canberra: Commonwealth of Australia. http://www.immigov.au/media/fact-sheets/66hss.htm.

Eastmond, M. (2006a). Transnational returns and reconstruction in post-war Bosnia and Herzegovina. *International Migration, 44*, 5–166.

Eastmond, M. (2006b). Transnational returns and reconstruction in post-warBosnia and Herzegovina. *International Migration, 44*, 141–166.

Ehntholt, K., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry, 47*, 1197–1210.

Elia, D., Deng, K., & Jok, A. (2005). We are now in this one place. In S. Dechian, J. Deveraux, & E. Sallia (Eds.), *No place like home: Australian stories* (pp. 107–112). Kent Town, SA: Wakefield Press.

Espié, E., Gaboulaud, V., Baubet, T., Casas, G., Mouchenik, Y., Yun, O., et al. (2009). Trauma-related psychological disorders among Palestinian children and adults in Gaza and West Bank, 2005–2008. *International Journal of Mental Health Systems*, *3*, 21. http://www.ijmhs.com/content/3/1/21.

Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee youth returning to Eritrea from Sudan. *Journal of Refugee Studies, 14*, 1–69.

Fazel, M., & Stein, A. (2003). Mental health of refugee children: Comparative study. *British Medical Journal, 327*, 134.

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *Lancet, 365*, 1309–1314.

Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *Nature Reviews Neuroscience, 10*, 446–457.

Fox, P., Burns, K., Popovich, J., Belknap, R., & Frank-Stromborg, M. (2004). Southeast Asian refugee children: Self-estern as a predictor of depression and scholastic achievement in the U.S. *International Journal of Psychiatric Nursing Research, 9*, 1063–1072.

Fu, H., & van Landingham, M. J. (2010). Mental and physical health consequences of repatriation for

Vietnamese returnees: A natural experiment approach. *Journal of Refugee Studies, 23*, 160–180.

Geltman, P., Grant-Knight, W., Mehta, S., Lloyd-Travaglini, C., Lustig, S., Landgraf, J., et al. (2005). The "lost boys of Sudan": Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatrics & Adolescent Medicine, 159*, 585–591.

Ghulam-e-Ali. (2004). Life. In S. Dechian, H. Millar, & E. Sallia (Eds.), *Dark dreams: Australian refugee stories* (pp. 133–138). Kent Town, SA: Wakefield Press.

Guribye, E. (2010). *Breakdown in coping resources among Tamil refugees in Norway*. 21st Biennial Conference of the International Society for the Study of Behavioral Development, Lusaka, Zambia, 18–22 July, 2010.

Hammen, C., Shih, J. H., & Brennan, P. A. (2004). Intergenerational transmission of depression: Test of an interpersonal stress model in a community sample. *Journal of Consulting and Clinical Psychology, 72*, 511–522.

Heptinstall, E., Sethna, V., & Taylor, E. (2004). PTSD and depression in refugee children: Association with pre-migration trauma and post-migration stress. *European Child & Adolescent Psychiatry, 13*, 373–380.

Hodes, M., Jagdev, D., Chandra, N., & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry, 49*, 723–732.

Hofstede, G. (2001). *Culture's Consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, CA: Sage.

Hollifield, M., Warner, T. D., Lian, N., Krakow, B., Jenkins, J. H., Kesler, J., et al. (2002). Measuring trauma and health status in refugees: A critical review. *Journal of the American Medical Association, 288*, 611–621.

Holmes, J. (2010). A scandal that needs to end. *Forced Migration Review, 36*, 4–6.

Internal Displacement Monitoring Centre. (2010). *Still at risk: Internally displaced children's rights in North-West Pakistan*. Geneva: Internal Displacement Monitoring Centre.

Ivanova, M. Y., Achenbach, T. M., Rescorla, L. A., Dumenci, L., Almqvist, F., Bilenberg, N., et al. (2007). The generalizability of the Youth Self-Report syndrome structure in 23 societies. *Journal of Consulting and Clinical Psychology, 75*, 729–738.

Karlsen, E. (2011). *Refugee resettlement to Australia*: *What are the facts*? Canberra: Parliamentary Library, Department of Parliamentary Services, Commonwealth of Australia. http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1276913/upload_binary/1276913.pdf;fileType=application/pdf#search=%22background%20note%20(parliamentary%20library,%20australia)%22.

Keyes, E. F. (2000). Mental health status in refugees: An integrative review of current research. *Issues in Mental Health Nursing, 21*, 397–410.

Lama, M. P. (2008). Bhutanese refugees in Nepal. In G. Loescher, J. Milner, E. Newman, & G. Troeller (Eds.), *Protracted refugee situations: Political, human rights and security implications* (pp. 277–302). New York: United Nations University Press.

Liebkind, K., Jasinskaja-Lahti, I., & Solheim, E. (2004). Cultural identity, perceived discrimination, and parental support as determinants of immigrants' school adjustments: Vietnamese youth in Finland. *Journal of Adolescent Research, 19*, 635–656.

Loescher, G., Milner, J., Newman, E., & Troeller, G. (2008). Introduction. In G. Loescher, J. Milner, E. Newman, & G. Troeller (Eds.), *Protracted refugee situations: Political, human rights and security implications* (pp. 3–19). New York: United Nations University Press.

Lorek, A., Ehntholt, K., Nesbitt, A., Wey, E., Githinji, C., Rossor, E., et al. (2009). The mental and physical health difficulties of children held within a British immigration detention center: A pilot study. *Child Abuse & Neglect, 33*, 573–585.

Loughry, M., & Flouri, E. (2001). The behavioral and emotional problems of former unaccompanied refugee children 3–4 years after their return to Vietnam. *Child Abuse & Neglect, 25*, 249–263.

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, D. J., et al. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*, 24–36.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543–562.

Machel, G. (2001). *The impact of war on children*. London: Hurst & Company.

Martin, A. (2005). Environmental conflict between refugee and host communities. *Journal of Peace Research, 42*, 329–346.

Masten, A., Best, K., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425–444.

Masten, A., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*, 205–220.

Masten, A., Coatsworth, J. D., Neemann, J., Gest, S., Tellegen, A., & Garmezy, N. (1995). The structure and coherence of competence from childhood through adolescence. *Child Development, 66*, 1635–1659.

Masten, A. S., & Obradovic, J. (2007). Competence and resilience in development. *Annals of the New York Academy of Science, 1094*, 13–27.

Masten, A. S., & Osofsky, J. D. (2010). Disasters and their impact on child development: Introduction to the special section. *Child Development, 81*, 1029–1039.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the*

context of childhood adversities (pp. 1–25). New York: Cambridge University Press.

McDonald-Wilmsen, B., & Gifford, S. M. (2009). *Refugee resettlement, family separation and Australia's humanitarian programme*. Research Paper No. 178, PDES Working Papers. http://www.unhcr.org/4b167ae59.html.

Mels, C., Derluyn, I., Broekaert, E., & Rosseel, Y. (2010). The psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents affected by war. *Journal of Child Psychology and Psychiatry*, *51*, 1096–1104.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*, 7–16.

Mollica, R. F., Poole, C., Son, L., Murray, C. C., & Tor, S. (1997). Effects of war trauma on Cambodian refugee adolescents' functional health and mental health status. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 1098–1106.

Montgomery, E. (2011). Trauma, exile and mental health in young refugees. *Acta Psychiatrica Scandinavica. Supplementum, 124*(Suppl 440), 1–46.

Montgomery, E. (1998). Refugee children from the Middle East. *Scandinaviam Journal of Social Medicine, Suppl. 54*:1–152.

Montgomery, E., & Foldspang, A. (2001). Traumatic experiences and sleep disturbance in refugee children from the Middle East. *European Journal of Public Health, 11*, 146–153.

Montgomery, E., & Foldspang, A. (2007). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health, 18*, 156–161.

Murphy, L. B. (1962). *The widening world of childhood: Paths toward mastery*. New York: Basic Books.

Nguyen, H.-V. (2004). Journey to freedom. In S. Dechian, H. Millar, & E. Sallia (Eds.), *Dark dreams: Australian refugee stories* (pp. 198–204). Kent Town, SA: Wakefield Press.

Nielsen, S. S., Norredam, M., Christiansen, K. L., Obel, C., Hilden, J., & Krasnik, A. (2008). Mental health among children seeking asylum in Denmark—The effect of length of stay and number of relocations: A cross-sectional study. *BMC Public Health*, 8, 293. http://www.biomedcentral.com/1471-2458/8/293.

Paardekooper, B., De Jong, J. T. V. M., & Hermanns, J. M. A. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An Exploratory Study. *Journal of Child Psychology and Psychiatry, 40*, 529–536.

Pantic, Z., & Kraljevic, R. (2003). How we understood the repatriation process: Story about return told through several pictures done by children. In Z. Pantic (Ed.), *Repatriation as a part of reconstructive process in torture survivors (interpersonal and intrapersonal process)* (pp. 25–31). Zagreb, Croatia: International Rehabilitation Centre for Torture Victims.

Pearn, J. (2003). Children and war. *Journal of Paediatrics and Child Health, 39*, 166–172.

Pynoos, R. S., Steinberg, A. M., & Wraith, R. (1995). A developmental model of childhood traumatic stress. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Vol. 2. Risk, disorder, and adaptation* (pp. 72–95). Oxford: Wiley.

Rasmussen, A., Nguyen, L., Wilkinson, J., Vundla, S., Raghavan, S., Miller, K. E., et al. (2010). Rates and impact of trauma and current stressors among Darfuri refugees in Eastern Chad. *The American Journal of Orthopsychiatry, 80*, 227–236.

Refugee Council of Australia. (2009). *Refugees in Australia 2004–09: Useful statistics.* Sydney: Refugee Council of Australia. http://www.refugeecouncil.org.au/docs/refugeeweek/2009/Refugee_stats_04-09.pdf.

Richman, N. (1993). Annotation: Children in situations of political violence. *Journal of Child Psychology and Psychiatry, 34*, 1286–1302.

Romanov, Z. (2004). Zina's story. In S. Dechian, H. Millar, & E. Sallia (Eds.), *Dark dreams: Australian refugee stories* (pp. 183–186). Kent Town, SA: Wakefield Press.

Rousseau, C. (1995). The mental health of refugee children. *Transcultural Psychiatric Research Review, 32*, 299–331.

Rousseau, C., & Drapeau, A. (2003). Are refugee children an at-risk group? A longitudinal study of Cambodian adolescents. *Journal of Refugee Studies, 16*, 67–81.

Sack, W., Clarke, G., Him, C., Dickason, D., Goff, B., Lanham, K., et al. (1993). A 6-year follow-up study of Cambodian refugee adolescents traumatized as children. *Journal of the American Academy of Child & Adolescents Psychiatry, 32*, 431–437.

Sam, D. L. (1995). Acculturation attitude among immigrants as a function of perceived parental attitudes toward cultural change. *Journal of Early Adolescence, 15*, 238–258.

Sam, D. L., & Oppedal, B. (2002). Acculturation as a developmental pathway. In W. J. Lonner, D. L. Dinnel, S. A. Hayes, & D. N. Sattler (Eds.), *Online readings in psychology and culture* (Vol. 8). Washington, USA: Center for Cross-Cultural Research.

Sam, D. L., Vedder, P., Ward, C., & Horenczyk, G. (2006). Psychological and sociocultural adaptation of immigrant youth. In J. W. Berry, J. S. Phinney, D. L. Sam, & P. Vedder (Eds.), *Immigrant youth in cultural transition. Acculturation, identity, and adaptation across national contexts* (pp. 117–142). NJ: Lawrence Erlbaum Associates.

Sanders-Phillips, K., Settles-Reaves, B., Walker, D., & Brownlow, J. (2009). Social inequality and racial discrimination: Risk factors for health disparities in children of color. *Pediatrics, 124*, S176–S186.

Shemyakina, O. (2011). The effect of armed conflict on accumulation of schooling: Results from Tajikistan. *Journal of Development Economics, 95*, 186–200. doi:10.1016/j.jdeveco.2010.05.002.

Silove, D., Austin, P., & Steel, Z. (2007). No refuge from terror: The impact of detention on the mental health of

trauma-affected refugees seeking asylum in Australia. *Transcultural Psychiatry, 44*, 359–393.

Slodnjak, V., Kos, A. & Yule, W. (2002). Depression and parasuicide in refugee and Slovenian adolescents. *Criss, 23*, 127–132.

Smith, P., Perrin, S., Yule, W., Hacam, B., & Stuvland, R. (2002). War exposure among children from Bosnia-Hercegovina: Psychological adjustment in a community setting. *Journal of Traumatic Stress, 15*, 147–156.

Statistics Norway. (2010). *National overviews*. http://www.ssb.no/innvandring_en/. Accessed 22 August, 2010.

Stevens, G. W. J. M., & Vollebergh, W. A. M. (2007). Mental health in migrant children. *Journal of Child Psychology and Psychiatry, 49*, 276–294.

Stichick, T. (2001). The psychosocial impact of armed conflict on children: Rethinking traditional paradigms in research and intervention. *Child and Adolescent Psychiatric Clinics of North America, 10*, 797–814.

Stillman, S., McKenzie, D., & Gibson, J. (2006). *Migration and mental health: Evidence from a natural experiment*. Working Papers in Economics 06/04, University of Waikato, Department of Economics. http://ideas.repec.org/p/wai/econwp/06-04.html.

Summerfield, D. (2000). Childhood, war, refugeedom and "trauma": Three core questions for mental health professionals. *Transcultural Psychiatry, 37*, 417–433.

Ung, L. (2010). Loung Ung on *Lucky Child*. http://www.harpercollins.com/author/authorExtra.aspx?authorID=13997&isbn13=9780060733957&displayType=bookinterview. Accessed 21 September, 2010.

United Nations High Commissioner for Refugees. (2003). *Framework for durable solutions for refugees and persons of concern*. Geneva: United Nations High Commissioner for Refugees. http://www.unhcr.org/refworld/docid/4124b6a04.html. Accessed 21 September, 2010.

United Nations High Commissioner for Refugees. (2005). *Refugee status determination*. Geneva: United Nations High Commissioner for Refugees. http://www.unhcr.ie/pdf/43144dc52.pdf.

United Nations High Commissioner for Refugees. (2007a). *Through the eyes of a child: Refugee children speak about violence—A report on participatory assessments carried out with refugee and returnee children in Southern Africa, 2005–2007*. Geneva: United Nations High Commissioner for Refugees.

United Nations High Commissioner for Refugees. (2007b). *UN convention and protocol on the status of refugees*. Geneva: UNHCR Media Relations and Public Information Service. http://www.unhcr.org/3b66c2aa10.html.

United Nations High Commissioner for Refugees. (2010). *2009 Global trends: Refugees, asylum-seekers, returnees, internally displaced and stateless persons*. Geneva: United Nations High Commissioner for Refugees. http://www.unhcr.org/4c11f0be9.html.

United Nations High Commissioner for Refugees. (2012). *UNHCR global trends 2011*. http://unhcr.org/4fd9e6266.html.

Vaage, A. B., Tingvold, L., Hauff, E., Ta, T. V., Wentzel-Larsen, T., Clench-Aas, J., et al. (2009). Better mental health in children of Vietnamese refugees compared with their Norwegian peers—A matter of cultural difference? *Child and Adolescent Psychiatry and Mental Health, 3*, 34. http://www.capmh.com/content/3/1/34.

Vaux, A. (1988). *Social support: Theory, research and intervention*. New York: Praeger.

Verkuten, M., & Thijs, J. (2002). School satisfaction of elementary school children: The role of performance, peer relations, ethnicity and gender. *Social Indicators Research, 59*, 203–208.

Warf, C., Eisenstein, E., & Stahl, C. (2009). Children, adolescents and war: The systematic engagement of youth in collective violence. *Adolescent Medicine State of the Art Review, 20*, 949–960.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science & Medicine, 52*, 1709–1718.

Wazefadost, N. (2005). Journey to freedom. In S. Dechian, J. Deveraux, & E. Sallia (Eds.), *No place like home: Australian stories* (pp. 68–73). Kent Town, SA: Wakefield Press.

Werner, E., & Smith, R. (1982). *Vulnerable but invincible: A study of resilient children*. New York: McGraw-Hill.

Yehoda, R., Halligan, S. L., & Grossman, R. (2001). Childhood trauma and risk for PTSD: Relationship to intergenerational effects of trauma, parental PTSD, and cortisol excretion. *Development and Psychopathology, 13*, 733–753.

Pathways to Resilience: The Role of Education in War-Zone Immigrant and Refugee Student Success

15

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Introduction to War and Youth

The past decade has seen an escalation of wars, military conflicts and civil destabilization throughout the globe. The United Nations estimates that more than 23 million people have been killed in 149 major wars throughout the world since 1945 (Sivard, 1993). This has affected and continues to affect both indigenous populations within war-zone areas and the migration of people from almost every continent across the globe. While military conflicts and wars impact all people, including both civilians and combatants, the effects on children and youth are particularly harsh. In a comprehensive review of war and children, Goldson (1996) states that in comparison to all victims, children suffer the most severe effects when exposed to conditions of war. As an exceptionally vulnerable group, children are disproportionately affected by displacement and separation from families, abduction and kidnapping, injury and death. It is estimated that in the past several decades, over two million children have been killed or died directly from conflict in war zones, many more have been injured or

became disabled, and over one million were separated from families or orphaned (UNICEF, 1996). Estimates of homelessness among children in conflict zones range from 12 million to a staggering 200 million (UNICEF, 1996). In addition to the disruption of domicile, family composition and cohesion, schooling, health care and social services, a child's sense of safety, security and control can be markedly altered through a war experience (Goldson, 1996).

The Effects of War on Youth

Besides the immediate and largely overt effects of war on children, other long-term or less-visible effects are noted. Exposure to trauma associated with war and military combat may be particularly damaging and insidious for youth (e.g. Charron & Ness, 1981; Sack, 1996). Among the serious effects of trauma exposure are the high rates of both developmental and posttraumatic stress disorder (PTSD) documented in studies of youth exposed to war zones (e.g. Catani et al., 2010; Sack, 1996). In addition to stress disorders, symptoms of depression and anxiety are common and can lead to nightmares, difficulty in concentrating, depression and a sense of hopelessness about the future.

The sequelae of traumatic exposure in young individuals can include specific age-related disruptions in various areas of development (Green et al., 1991; Kendall-Tackett, 2002). Changes in socio-emotional development resulting from

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trauma in childhood, for example, may include the construction of internal working models of the world as dangerous and of the self as hopeless and helpless (Kendall-Tackett, 2002). Biological abnormalities, dysregulation of neurochemical systems, poor tolerance for arousal and difficulty modulating affect (Van Der Kolk, 1988) can also be symptoms associated with trauma exposure. Traumatic exposure may interfere with the central processes of attention, memory and motivation that affect youth and can result in a young person's inability to concentrate, learn new material and attend to appropriate stimuli. Resultant emotional and behavioural disturbances (Kolb & Whishaw, 1984; Mellman & Davis, 1985; Vasterling & Brewin, 2005) can all have implications for various aspects of youth development and functioning, including how youth with histories of trauma perform in schools and academic settings. In this chapter, we focus on the educational outcomes and issues facing youth who have histories of trauma, in particular those from war zones or areas of military combat.

Trauma and Learning

In addition to the biological and social-emotional effects of traumatic stress, studies of trauma-exposed youth focus also on cognitive functioning related to learning. In order to understand this fully, it is important to examine how learning processes for children and youth who have been exposed to war zone and other forms of trauma may be affected by their experiences and how these youth perform within schools. As noted above, many of the casualties of war and migration are children, and the identification of their educational needs and academic performance is of great importance.

Educators, researchers and clinicians have documented various effects that trauma exposure may have on an individual's learning or ability to function well within educational environments. These studies examine the effects of war trauma as well as various forms of early trauma exposure, most notably child maltreatment. Watts-English, Fortson, Gibler, Hooper, and De Bellis

(2006), for example, report that childhood maltreatment may result in changes that can impair cognitive, language and academic skills. Bremner et al.'s (1995) work with survivors of childhood abuse found that immediate and delayed recall as well as verbal short-term memory may be impaired for survivors in adulthood. Cook, Ciorciari, Varker, and Devilly (2009) demonstrated that adults with childhood trauma had higher EEG coherence, suggesting the trauma had a lasting impact on neural connectivity. In a study of various forms of abuse, DePrince, Weinzierl, and Combs (2009) found that executive function performance involving working memory, inhibition, auditory attention and processing speed tasks was negatively impacted in community samples of children experiencing either familial or nonfamilial trauma.

Studies examining specifically war-related trauma exposure among youth suggest that similar problems related to learning may exist. Punamaki (2001), for example, found that Chilean child refugees whose family had been subject to political imprisonment, execution, disappearance or expulsion from the country had difficulty with learning. In an extensive review of the neuropsychological effects of starvation, torture, beatings, imprisonment and other head injury experiences in refugee populations, Weinstein, Fucetola, and Mollica (2001) report on the significant extent of neurological impairment and traumatic brain injury among victims of mass violence and war-related trauma.

Relationship Between Mental Health Symptomology and Learning Outcomes

In addition to the above-mentioned challenges to learning potential, the emotional and psychological distress of trauma exposure may also lead to academic problems. In a Canadian study of Central American and Southeast Asian refugee students, learning difficulties were significantly associated with hyperactivity, social isolation and somatization for Central American students, while for Southeast Asian students academic problems

were significantly associated with somatization, aggression and depression (Rousseau, Drapeau, & Corin, 1996). Sri Lankan children who had lived under conditions of extreme ethnic conflict for considerable periods of time demonstrated a number of behavioural disturbances associated with lower academic performance, particularly for boys (Prior, Virasinghe, & Smart, 2005).

Similarly, in a study of Central American and Cambodian seventh and eighth graders, traumatic family experiences occurring in the adolescent's lifetime were associated with greater academic problems for both groups, and particularly for older Central American males (Rousseau & Drapeau, 2000). Overall, however, there was no association between academic failure and mental health difficulties (Rousseau & Drapeau). Berthold's (2000) study of 144 Khmer adolescents who moved to the United States as children found that they reported considerable emotional difficulties, with one-third meeting criteria for PTSD and almost two-thirds endorsing depressive symptoms. Thirty per cent had been reprimanded for behaviour problems at school during the past year, including disobeying rules, disruptive or lewd behaviour, truancy, weapons-related issues and threats or violence (Berthold, 2000). Higher academic achievement among this group of Khmer adolescents was associated with experiencing lower levels of exposure to violence over their lifetime and having fewer reported behaviour problems at the present time (Berthold, 2000)

In a study of refugee children living in Australia, Driver and Beltran (1998) found that the majority of children interviewed experienced disturbing psychological symptoms, including nightmares, intrusive memories and somatic complaints, as well as difficulties with concentration, attention and motor coordination. These children exhibited a number of academic difficulties, including problems with reading, mathematics, handwriting and homework completion, which the authors attribute at least in part to premigration experiences and ongoing difficulties with cognitive and sensory motor processes (Driver & Beltran, 1998).

Traumatic experiences and psychological distress may also influence one's sense of belonging,

as well as perceived efficacy. For example, Kia-Keating and Ellis (2007) conducted a study with 76 adolescent Somali refugees who had experienced a number of adversities prior to resettling in the United States. The results indicated that increased exposure to war, violence and displacement was associated with higher levels of depression and PTSD symptoms, as well as a lower sense of self-efficacy. Conversely, higher levels of a sense of school belonging were associated with a lower degree of PTSD and depression symptoms (Kia-Keating & Ellis, 2007).

The symptoms of PTSD reported by many survivors of trauma, such as intrusive thoughts, memory and attention difficulties, and sleep impairment, can also affect scholastic performance. In a comprehensive review of PTSD and memory, Isaac, Cushway, and Jones (2006) found evidence that individuals who suffer from PTSD have deficits in episodic memory above and beyond those resulting from impaired attention from depression or anxiety. Others (e.g. Cook et al., 2009; Saigh, Mroueh, & Bremner, 1997) suggest also that there has been some evidence to implicate PTSD as the cause of poor academic performance. For example, Saigh et al. (1997) found that traumatized Lebanese adolescents with PTSD had learning difficulties evidenced by lower scores on achievement assessments. A later study by Bremner, Vermetten, Afzal, and Vythilingam (2004) further confirmed that women with histories of early childhood abuse trauma who had met criteria for PTSD had deficits in verbal declarative memory.

Potential Challenges in Academic Environments

Studies examining the educational experiences and academic achievements of war-zone immigrant and refugee youth identify a number of other relevant issues that may also impact a student's academic abilities and success. When entering a new and unfamiliar school system—particularly in situations where premigration academic experiences were limited, unstable or interrupted—the initial postmigration assessment

and placement process can be challenging and requires the sensitive and appropriate determination of appropriate grade level, as well as an assessment of any learning disabilities or psychological difficulties (Kapreilian-Churchill, 1996). Even when placed in appropriate courses, it can be challenging for students and their families to adapt to the structure, curriculum and learning expectations of the new school system, as well as to potentially different values and attitudes regarding discipline, authority and the value of extracurricular activities (Cole, 1998; Driver & Beltran, 1998; Kapreilian-Churchill, 1996).

For many, the challenge of learning a new language poses an additional barrier to adjustment, academic advancement and the development of social relationships (Cole, 1998; Driver & Beltran, 1998; Kapreilian-Churchill, 1996). In a 2000 study of Southeast Asian refugee youth living in Canada, participants commonly reported having difficulty adjusting to school due in part to stress, insecurity and academic difficulties associated with limited English fluency (Hyman, Vu, & Beiser, 2000). These same participants also described having difficulty adjusting to unfamiliar cultural values in the school system, such as different approaches used by teachers, greater expectation for class participation and emphasis on opinion questions as opposed to fact memorization (Hyman et al., 2000).

The adjustment to an unfamiliar school system can also be challenging for parents and families. For example, parents may find it difficult to communicate with school personnel due to language or cultural barriers, and may feel uninformed about the workings of the system or unable to assist their children in completing academic assignments (Cole, 1998; Driver & Beltran, 1998). In a qualitative study of African refugee and immigrant youth, Baffoe (2007) found that a small sample of eight parents and four community leaders complained about the lack of formal orientation and support programmes available to assist them in integrating into the new school system.

Finally, although school may represent a safe place for many (Kapreilian-Churchill, 1996), some refugee youth, particularly those from visible minority groups, may experience racism, discrimination and differential treatment from peers, as well as teachers and school personnel, that may impact their academic experiences (Baffoe, 2007; Fantino & Colak, 2001; Kapreilian-Churchill, 1996).

Academic Success Among Immigrant and Refugee Youth

The School Environment

While migration and adaptation to a new country presents various challenges for immigrant and refugee youth, educators and researchers point to optimal pathways to successful posttraumatic adjustment. Among the factors consistently identified as important in facilitating positive outcome for trauma-exposed youth is the availability of schooling and the school environment.

In a study of Cambodian survivors of terror, West (2000) found that 'optimism, social support, self-reliance, and access to education' were associated with resilience and stress-related growth. Lin, Suyemoto, and Kiang (2009) also point to the positive role of education in healing from personal and familial experiences with trauma through facilitated communication. Hones (2007) notes how a 'pedagogy of engagement' within schools that includes critical teaching and a focus on multiple intelligences is beneficial to students with trauma histories. Mireles (2010) reviews the efficacy of the *Trauma Sensitive Schools Program* in the US as a specialized model of hope and recovery for trauma-exposed students. Others (e.g. Perrier & Nsengiyumva, 2003) identify specific aspects of curriculum that are inquiry-based and hands-on (such as science activities) as contributing to the recovery process for war-traumatized students. Researchers suggest that interventions can be helpful when they are culturally appropriate (Perrier & Nsengiyumva, 2003) and facilitate the development of effective coping strategies (Punamaki, 2001; West, 2000).

Previous research by Stermac, Brazeau, and Kelly (2008) found that war-zone immigrants who participated in community-based educational programmes spoke of positive educational

experiences which may have contributed to their sense of well-being. In this study, both male and female participants stated that the social and community connections made through attendance in educational programmes resulted in receiving additional supports and experiencing a greater sense of belonging. Abel and Friedman's (2009) study in Israel found that when displaced children with trauma symptoms engaged in regular activities, such as school, an improved outcome was facilitated. Klingman (2001) notes the value of the school environment in allowing students to experience 'unified grief' when exposed to a collective trauma. Overall, there is a general consensus within this literature that schools are an appropriate site for prevention and intervention for trauma-exposed youth to take place (Abel & Friedman, 2009; West, 2000).

Factors Associated with Academic Success

Despite the identified risk factors associated with trauma exposure, research suggests that many war-zone and other immigrant and refugee youth are able to succeed academically postmigration and, in many cases, overcome obstacles throughout their academic careers. A number of studies point to factors related to the positive educational experiences and academic achievements of these students. For example, in an international study of 110 Soviet refugee adolescents attending high school in the United States, those with higher levels of acculturation to American culture had higher grades, a stronger sense of school belonging and fewer disciplinary issues (Trickett & Birman, 2005). While English language ability was initially hypothesized to contribute to academic success, this study found that, in fact, it was their sense of American identity, not English skills, which predicted positive school outcomes such as higher GPA (Trickett & Birman, 2005). A study of eighth-grade refugee students from Bosnia and Herzegovina and their Slovenian non-refugee peers found that both groups were comparable in terms of academic achievement, and that PTSD symptomology did not negatively impact their

school accomplishments. In fact, refugee students with higher achievement reported greater PTSD symptoms than those with low achievement; these findings challenge the idea that those who experience war trauma automatically suffer devastating consequences academically, and raise questions as to what contributes to their resilience (Slodnjak, Kos, & Yule, 2002).

Similar findings are reported in studies examining the academic achievements of refugee students in Canadian schools. A study of 91 refugee youth in Alberta found that over half (53 %) were 'on track' to attend postsecondary school, while approximately 27 % were likely to complete high school but unlikely to proceed on to postsecondary education. The remaining 20 % were deemed to be 'behind', either having dropped out of school or were in a grade below that appropriate for their age (Wilkinson, 2002). Women, youth with healthier parents, those who had been in Canada for longer, those living in larger urban centres and those who believed they were placed in an appropriate grade after their arrival in Canada were more likely to be on track. Refugees from former Yugoslavia were also more likely to be on track for postsecondary education, perhaps because of greater similarity in ethnic and cultural background compared to the Canadian majority (Wilkinson, 2002).

Likewise, a study of Central American and Cambodian seventh and eighth graders attending school in Montreal found that refugee adolescents achieved similar academic results compared to their classmates (Rousseau & Drapeau, 2000). Acculturation was linked to avoiding academic failure for Central American girls, while length of time in Canada was associated with academic success for Central American boys (Rousseau & Drapeau, 2000).

A series of recent Canadian studies conducted by Stermac, Elgie, Dunlap, and Kelly (2010) and Stermac, Elgie, Clarke, and Dunlap (2012) investigated the educational experiences and academic achievements of immigrant youth from war-zone areas in Africa, Asia, Central America, Europe and the Middle East. Their findings for 15-year-old high school students indicated that these youth performed at comparable—and in some

cases, superior—levels as Canadian-born and non-war-zone immigrant students (Stermac et al., 2010). Specifically, youth from war-zone countries had similar marks in language and science as students born in Canada or non-war-zone countries, as well as significantly higher mathematics marks relative to Canadian-born youth. In addition, war-zone youth reported higher levels of academic engagement and self-efficacy than Canadian-born youth and comparable levels of social engagement. War-zone students saw themselves as identifying with and participating in their academic programmes, and held positive attitudes towards learning, schoolwork, teacher relationships and their own abilities. Preliminary findings from a study of older high school students indicated similar results (Stermac et al., 2012). This research supports the finding that immigrant youth from war-torn countries are achieving academic success within the Canadian school system.

Are War-Zone Youth Resilient?

The above review highlights a number of important findings in the broad area of educational outcomes for trauma-exposed immigrant and refugee students. The transition to a new and often unfamiliar culture and learning environment can be difficult for any individual and may be particularly challenging for youth with a history of trauma, adversity and displacement. While not all refugee youth suffer or require specialized attention, many individuals may face additional developmental and academic challenges above those experienced by Canadian-born and non-refugee immigrant youth due to their displacement and traumatic events experienced prior to migration (Cole, 1998; Kapreilian-Churchill, 1996).

Studies of the long-term psychological effects of traumatic stressors present mixed results with respect to the enduring effects of trauma. For some individuals, these effects may persist for significant periods of time following the initial war-trauma exposure such as those reported among Croatian children (Kuterovac-Jagodic,

2003), Iranian child refugees (Almqvist & Brandell-Forsberg, 1997) and some Cambodian adolescent refugees in the US (Kinzie, Sack, Angell, Manson, & Rath, 1986). Other research, however, demonstrates that some individuals report no significant long-term problems even following exposure to the extreme conditions of war or military conflicts, or that they recover soon afterwards.

For example, Stermac et al.'s (2008) work in this area found that individuals reporting severe distress and negative effects of extended war-trauma exposure in premigration environments did not report enduring symptoms postmigration. Posttraumatic stress symptoms of re-experiencing, avoidance or numbing, and arousal associated with previous trauma and reported at high levels in the premigration environment were not reported at significant levels in the new environment. Studies of youth in Rwanda who had suffered extreme violence and destruction in the genocide of 1995 demonstrated that many of the children denied posttraumatic stress symptoms (UNICEF, 1996). Older survivors of war in Nicaragua stated that they continued to function in the face of ongoing adverse conditions (Summerfield & Toser, 1991). In their study of refugee children living in Australia, Driver and Beltran (1998) assert that not all children were impacted in the same negative way by their traumatic past and identify a number of factors as contributing to healthy adaptation, including the provision of postmigration practical, financial and emotional support for the family. In a study of Chilean child survivors of military-based trauma in Chile, Punamaki (2001) found that early and substantial psychosocial assistance was associated with the facilitation of effective coping and good mental health in adulthood.

These findings suggest that stressors associated with war, civil unrest and forced migration are not synonymous with the development of disorders, and that traumatic stress does not necessarily render individuals unable to cope or thrive. This work indicates also that some youth are able to develop positive strategies that promote adaptation and resilience in the face of trauma and

upheaval associated with war. In a review article examining positive change following trauma and adversity, Linley and Joseph (2004) identify five sets of variables including cognitive/affective, sociodemographic, personality, coping, religion and social support that are associated with adaptive adjustment or what has been termed as 'posttraumatic growth'.

The identification of personal, sociocultural, economic or other variables critical to the development of resilience and good academic performance for youth who have suffered war-related trauma is a newly emerging and important area of investigation. Researchers and educators have identified various coping skills and factors associated with resilience among immigrant youth who have experienced war and civil unrest. For example, *ideological commitment* has been associated with lower levels of distress among children exposed to political violence (Punamaki, 1996). An increase in *prosocial behaviour* was observed among Lebanese children who were separated from their parents or had witnessed people killed during the civil unrest of the late 1970s and 1980s (Macksoud & Aber, 1996). *Adaptive coping strategies* have been noted among Palestinian children exposed to political strife over the past decade, as compared to non-refugee children (Punamaki & Suleiman, 1990). *Distraction* has been identified as a coping strategy used by Sudanese children living in camps (Paardekooper, de Jong, & Hermanns, 1999). Tibetan refugee children who migrated to India in the past 20 years reported using religion, community and identification with the struggle for independence to cope successfully with traumatic stress (Servan-Schreiber, Lin, & Birmaher, 1998).

What Helps Foster Resilience and Strong Academic Performance?

Factors associated with enhancing the academic performance of youth who have suffered traumatic experiences are only beginning to be recognized. Perrier and Nsengiyumva (2003) comment on the difficulty of implementing Western psychological programmes within warzone and conflict areas and warn that the Western perceptions of trauma and healing may not be universal. Therefore, they argue that it is necessary to understand this through a cultural lens and call for interventions that are community- and group-based, and self-sustainable. Similarly, West (2000) found that healing was facilitated when cultural context was integrated into all sites of intervention, such as community programmes, social resources and health services in Cambodia. In Israel, interventions in schools are based on crisis intervention as needed within that environment (Abel & Friedman, 2009). This further emphasizes the need to understand the culture in which one is attempting to facilitate healing.

Punamaki (2001) noted also the importance of early psychosocial interventions when responding to trauma. The author found that cohesive families with low-level conflict were best able to support their children during a time of conflict. Abel and Friedman (2009) also reported that family cohesion was related to the child's display of trauma symptoms and that parent symptomology and response affected young children. Punamaki's (2001) study concluded that children with effective coping strategies had more positive learning experiences and less mental health difficulties. West (2000) also emphasizes the importance of coping skills and noted that Cambodian participants stated that their coping skills allowed them to survive and later allowed them to reconceptualize their losses and difficulties into strengths. Therefore, interventions should be initiated early, reconnect individuals with their natural world, support the family and help children develop effective coping skills within their cultural context.

Our previous research examining the educational transitions of war-zone immigrant and refugee students suggests also that a number of variables may be important in determining optimal educational outcomes among students with histories of trauma exposure (Stermac et al., 2008). Our work with students who performed well academically indicates that factors related to language facility, pedagogy, curriculum inclusiveness and support services may be critical to

their development of self-confidence and academic success. Students noted that acknowledging and recognizing their cultural background, developing language proficiency and the availability of individual and community educational supports were critical to their positive experiences and achievements (Stermac et al., 2008). Results from our studies, based on large data sets, revealed also that students performing well developed a number of teacher-facilitated competencies, including perceptions of academic self-efficacy, that potentially contributed to greater engagement, and hence success, with academic aspects of the school (Stermac et al., 2010). Student perceptions of the extent to which they saw their instructors as strong and interested in them and the extent to which they felt they were made to feel like a number were related to the development of their self-confidence and competence.

Conclusion

Despite decades of migration from global conflict zones, limited knowledge of the sequelae of traumatic stress on the learning needs of immigrant and refugee students has restricted the development of guidelines and 'best practices' for this group of students. The accumulating work in this area both nationally and internationally suggests that a number of contextual factors may have an important role in successful educational adaptation and academic achievement among immigrant and refugee students from war-zone areas. These factors include aspects of language acquisition opportunities, institutional supports, instructional practices and teacher–student engagement strategies. Our previous research suggests that the presence of these critical contextual factors may enhance student confidence and resiliency and presents the most optimal pathway to educational and academic achievement and success. The presence and engagement with these factors may be described as 'best practices' in supporting the development of academic success among immigrant and refugee students with histories of war-trauma exposure. However, research in this area remains preliminary.

References

Abel, R. M., & Friedman, H. A. (2009). Israeli school and community response to war trauma: A review of selected literature. *School Psychology International, 30*(3), 265–281.

Almqvist, K., & Brandell-Forsberg, M. (1997). Refugee children in Sweden: Post-traumatic stress disorder in Iranian preschool children exposed to organized violence. *Child Abuse & Neglect, 21*(4), 351–366.

Baffoe, M. (2007). Navigating two worlds: Culture and cultural adaptation of immigrant and refugee youth in a Quebec (Canadian) educational context. *Dissertation Abstracts International: Section A. Humanities and Social Sciences, 68*(5-A), 2168.

Berthold, S. M. (2000). War traumas and community violence: Psychological, behavioral, and academic outcomes among Khmer refugee adolescents. *Journal of Multicultural Social Work, 8*(1–2), 15–46.

Bremner, J. D., Randall, P., Scott, T. M., Capelli, S., Delaney, R., McCarthy, G., et al. (1995). Deficits in short-term memory in adult survivors of childhood abuse. *Psychiatry Research, 59*, 97–107.

Bremner, J. D., Vermetten, E., Afzal, N., & Vythilingam, M. (2004). Deficits in verbal declarative memory function in women with childhood sexual abuse-related posttraumatic stress disorder. *The Journal of Nervous and Mental Disease, 192*, 643–649.

Catani, C., Gewirtz, A. H., Wieling, E., Schauer, E., Elbert, T., & Neuner, F. (2010). Tsunami, war, and cumulative risk in the lives of Sri Lankan schoolchildren. *Child Development, 81*(4), 1176–1191.

Charron, D. W., & Ness, R. C. (1981). Emotional distress among Vietnamese adolescents: A statewide survey. *Journal of Refugee Resettlement, 1*(3), 7–15.

Cole, E. (1998). Immigrant and refugee children: Challenges and opportunities for education and mental health services. *Canadian Journal of School Psychology, 14*(1), 36–50.

Cook, F., Ciorciari, J., Varker, T., & Devilly, G. J. (2009). Changes in long term neural connectivity following psychological trauma. *Clinical Neurophysiology, 120*(2), 309–314.

DePrince, A. P., Weinzierl, K. M., & Combs, M. D. (2009). Executive function performance and trauma exposure in a community sample of children. *Child Abuse & Neglect, 33*(6), 353–361.

Driver, C., & Beltran, R. O. (1998). Impact of refugee trauma on children's occupational role as school students. *Australian Occupational Therapy Journal, 45*(1), 23–38.

Fantino, A. M., & Colak, A. (2001). Refugee children in Canada: Searching for identity. *Child Welfare, 80*(5), 587–596.

Goldson, E. (1996). The effect of war on children. *Child Abuse & Neglect, 20*(9), 809–819.

Green, B. L., Korol, M. S., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C., et al. (1991). Children and disaster: Age, gender, and parental effects on

PTSD symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry, 30*(6), 945–951.

Hones, D. F. (2007). "A meeting place for us": Milpera, a newcomer high school. *Multicultural Education, 14*(4), 8–15.

Hyman, I., Vu, N., & Beiser, M. (2000). Post-migration stresses among Southeast Asian refugee youth in Canada: A research note. *Journal of Comparative Family Studies, 31*, 281–293.

Isaac, C. L., Cushway, D., & Jones, G. V. (2006). Is posttraumatic stress disorder associated with specific deficits in episodic memory? *Clinical Psychology Review, 26*(8), 939–955.

Kapreilian-Churchill, I. (1996). Refugees and education in the Canadian schools. *International Review of Education, 42*, 349–365.

Kendall-Tackett, K. (2002). The health effects of childhood abuse: Four pathways by which abuse can influence health. *Child Abuse & Neglect, 26*, 715–729.

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry, 12*(1), 29–43.

Kinzie, J. D., Sack, W. H., Angell, R. H., Manson, S. M., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children: I, the children. *Journal of the American Academy of Child Psychiatry, 25*(3), 370–376.

Klingman, A. (2001). Israeli children's reactions to the assassination of the prime minister. *Death Studies, 25*, 33–49.

Kolb, B., & Whishaw, I. Q. (1984). Neonatal parietal lesions in rats: A model for cerebral crowding, epilepsy and learning disabilities. *Behavioural Brain Research, 12*(2), 203–204.

Kuterovac-Jagodic, G. (2003). Posttraumatic stress symptoms in Croatian children exposed to war: A prospective study. *Journal of Clinical Psychology, 59*(1), 9–25.

Lin, N., Suyemoto, K., & Kiang, P. (2009). Education as catalyst for intergenerational refugee family communication about war and trauma. *Communication Disorders Quarterly, 30*(4), 195–207.

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11–21.

Macksoud, M. S., & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development, 67*(1), 70–88.

Mellman, T. A., & Davis, G. C. (1985). Combat-related flashbacks in posttraumatic stress disorder: Phenomenology and similarity to panic attacks. *The Journal of Clinical Psychiatry, 46*(9), 379–382.

Mireles, T. (2010). From coping to thriving: Hope and the role of education in trauma recovery. PhD dissertation, Brandeis University, The Heller School for Social Policy and Management, United States—Massachusetts. Retrieved February 8, 2011, from dissertations & theses: Full text. (Publication No. AAT 3404451).

Paardekooper, B., de Jong, J. T. V. M., & Hermanns, J. M. A. (1999). The Psychological impact of war and the refugee situation on south Sudanese children in refugee camps in northern Uganda: An exploratory study. *Journal of Child Psychology and Psychiatry, 40*(4), 529–536.

Perrier, F., & Nsengiyumva, J. (2003). Active science as a contribution to the trauma recovery process: Preliminary indications with orphans from the 1994 genocide in Rwanda. *International Journal of Science Education, 25*(9), 1111–1128.

Prior, M., Virasinghe, S., & Smart, D. (2005). Behavioural problems in Sri Lankan schoolchildren: Associations with socio-economic status, age, gender, academic progress, ethnicity and religion. *Social Psychiatry and Psychiatric Epidemiology, 40*(8), 654–662.

Punamaki, R. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development, 67*(1), 55–69.

Punamaki, R. (2001). From childhood trauma to adult well-being through psychosocial assistance of Chilean families. *Journal of Community Psychology, 29*(3), 281–303.

Punamaki, R., & Suleiman, R. (1990). Predictors and effectiveness of coping with political violence among Palestinian children. *British Journal of Social Psychology, 29*(1), 67–77.

Rousseau, C., & Drapeau, A. (2000). Scholastic achievement of adolescent refugees from Cambodia and Central America. *Adolescence, 35*(138), 243–258.

Rousseau, C., Drapeau, A., & Corin, E. (1996). School performance and emotional problems in refugee children. *The American Journal of Orthopsychiatry, 66*, 239–251.

Sack, W. H. (1996). Multiple forms of stress in Cambodian adolescent refugees. *Child Development, 67*, 107–116.

Saigh, P. A., Mroueh, M., & Bremner, D. (1997). Scholastic impairments among traumatized adolescents. *Behaviour Research and Therapy, 35*(5), 429–436.

Servan-Schreiber, D., Lin, B. L., & Birmaher, B. (1998). Prevalence of posttraumatic stress disorder and major depressive disorder in Tibetan refugee children. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*(8), 874–879.

Sivard, R. L. (1993). *World military and social expenditures 1993* (p. 20). Washington, DC: World Priorities Inc.

Slodnjak, V., Kos, A., & Yule, W. (2002). Depression and parasuicide in refugee and Slovenian adolescents. *Crisis, 23*(3), 127–132.

Stermac, L., Brazeau, P., & Kelly, T. C. (2008). Traumatic stress and mental health among war-zone immigrants in Toronto. *International Journal of Health Promotion and Education, 46*(2), 57–64.

Stermac, L., Elgie, S., Clarke, A. K., & Dunlap, H. (2012). Academic experiences of war-zone students in canada. *Journal of Youth Studies, 15*(3), 311–328.

Stermac, L., Elgie, S., Dunlap, H., & Kelly, T. (2010). Educational experiences and achievements of war-zone immigrant students in Canada. *Vulnerable Children and Youth Studies, 5*(2), 97–107.

Summerfield, D. A., & Toser, L. (1991). 'Low intensity' war and mental trauma in Nicaragua: A study in a rural community. *Medicine and War, 7*(2), 84–99.

Trickett, E. J., & Birman, D. (2005). Acculturation, school context, and school outcomes: Adaptation of refugee adolescents from the former Soviet Union. *Psychology in the Schools, 42*(1), 27–38.

UNICEF. (1996). *The state of the world's children 1996*. Retrieved April 29, 2012 from UNICEF website: http://www.unicef.org/sowc96/cover.htm

Van Der Kolk, B. A. (1988). The biological response to psychic trauma. In F. M. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 25–38). New York: Brunner/Mazel.

Vasterling, J. J., & Brewin, C. R. (2005). *Neuropsychology of PTSD: Biological, cognitive, and clinical perspectives*. New York: Guilford Press.

Watts-English, T., Fortson, B. L., Gibler, N., Hooper, S. R., & De Bellis, M. D. (2006). The psychobiology of maltreatment in childhood. *Journal of Social Issues, 62*(4), 717–736.

Weinstein, C. S., Fucetola, R., & Mollica, R. (2001). Neuropsychological issues in the assessment of refugees and victims of mass violence. *Neuropsychology Review, 11*(3), 131–141.

West, C. D. (2000). *Pathways of thriving and resilience: Growth responses to adversity and trauma in two Cambodian communities: A comparative study between Lowell, Massachusetts and Phnom Penh, Cambodia*. MA thesis, University of Massachusetts Lowell.

Wilkinson, L. (2002). Factors influencing the academic success of refugee youth in Canada. *Journal of Youth Studies, 5*, 173–193.

Part V

Extending Our Understanding of the Effects of War on Children: Theory and Practice

Political Violence, Identity and Psychological Adjustment in Children

16

Orla T. Muldoon

The Psychological Sequelae of Political Violence

Concern for children growing up in situations of political violence is not new. Cairns (1996) in his comprehensive review of the available literature tracks the development of research in this area, from early studies of children in the UK during World War II through to more recent literature. His analysis points to the host of individual (e.g. temperament), familial (maternal psychological health) and societal level variables (e.g. dominant group position) that impact on children's adaptation to the stress of war and conflict. He also details the methodological and practical difficulties facing researchers in this area. Despite these, a considerable body of evidence now describes the reactions of children and young people who have experienced political violence. Not surprisingly, the psychological cost of war can be high. Though they can be considered as conceptually distinct (Pine & Cohen, 2002), a range of short-term and long-term consequences have been documented (Muldoon, 2004; Udwin, 1993). In this chapter, our analysis is concerned with the consequences of war for individual psychological resilience on the one hand, and the wider social risk associated with exposure to

conflict which may socialise young people into engaging with and maintaining the conflict.

Turning first to short-term reactions, the type of anxiety manifested will be related to the child's developmental level, as well as the trauma experienced (Grant et al., 2003). Acute stress reactions include nightmares, exaggerated startle reactions, somatic complaints and sleep disturbance. It is worth noting, however, that anxiety is considered a normal reaction to highly stressful experiences. Empirical evidence supports this point. In one of the few longitudinal studies available, Milgram and Milgram (1976) assessed levels of anxiety in 10- to 11-year-old children 4 months prior to, and subsequently during, the Yom Kippur War of 1973. Though children's anxiety levels were comparable to US norms prior to the war, this was not the case after the onset of the violence, as anxiety levels had risen significantly.

Klingman (1992) studied the acute stress reactions in Israeli students over the first and fourth week of the Gulf War. Over this time, self-reported levels of psychological disturbance decreased significantly. Similarly, Gidron, Gal, and Zahavi (1999) in their study of Israeli bus commuters found that commuting frequency was negatively related to anxiety about terrorist attacks, which the authors interpreted as a desensitisation effect. In Northern Ireland, a longitudinal study by McIvor (1981) again emphasises the role of habituation and desensitisation. She asked recently arrived students about their first impressions of Northern Ireland on arrival and 1 year later.

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Reference to the political violence were prevalent in the accounts received following arrival but not 1 year later, again leading the author to conclude that these students had habituated to the conflict.

The conflicts of recent decades have been unlike many that have preceded them. Many have been, or continue to be, both long running and intractable, (e.g. Israel-Palestine, Northern Ireland, Sri Lanka, Basque region). Even when political agreement is reached, intermittent and ongoing violence continues, and leads to an 'uneasy peace' (MacGinty, Muldoon, & Ferguson, 2007). It is perhaps because of this intractability that the process of habituation can be seen as adaptive in terms of psychological health (Bar-Tal, 2007). Indeed habituation to a backdrop of political violence, as evidenced by Gidron et al. (1999) and McIvor (1981) (outlined above), is one of the explanations most often offered for the finding that young people appeared to display few psychological symptoms as a result of 'the troubles' in Northern Ireland. During the most violent years of the conflict, a wide variety of psychological constructs were studied in Northern Ireland. Joseph, Cairns, and McCollam (1993) found no difference in the level of depressive symptomatology reported by two groups of 11-year-olds, one group living in an area characterised by high levels of violence and the other living in an area of low violence. Similarly, Donnelly (1995) reporting on a sample of 887 adolescents found no evidence of elevated rates of depression in Northern Ireland. Murray and Clifford (1988) found that the level of anxiety reported by 15- to 16-year-olds in Northern Ireland was equivalent to norms obtained from young people living in the comparatively peace of North America, and self-esteem profiles of Northern Irish young people have been found to be similar to the profiles of UK and US comparators (Muldoon, 2000; Muldoon & Trew, 2000).

On the other hand, the observed incidence of post-traumatic stress (PTS) symptoms as a result of exposure to political violence is highly variable, and controversy persists with regard to the designation of PTS as a disorder, i.e. PTSD (post-traumatic stress disorder; see Muldoon and Lowe, 2012). Dawes, Tredoux, and Feinstein (1989) estimated rates of PTSD at 7% in 7- to 17-year-olds who had been exposed to 6 weeks of episodic violence during the apartheid era in South Africa. Sack, Clarke, and Seeley (1995) in a study of adults that survived Pol Pot's regime as children and resettled in the US found a high level of psychopathology. The group had witnessed severe trauma including execution of their families and work camps and a high proportion manifested PTSD across time (32%), and a small but significant proportion (7%) had co-morbid depression and PTSD.

Other strategies that may be employed to cope with ongoing conflict situations are denial and/or distancing. In line with the previous studies which suggest that levels of anxiety was related to impact of conflict, Cairns and Wilson (1984) demonstrated that psychological denial and distancing can be effective in reducing the impact of the threat of political violence. Using a design that matched two towns that differed only in terms of their levels of violence (the first with high levels of violence, and the second, relatively low levels), they examined mental health and perceptions of levels of violence. Whilst overall levels of psychopathology appeared to be higher in the high-violence town, individuals living in the high-violence town, who perceived the area, inaccurately, to have little or no violence, had better mental health. In effect, denying the existence of the conflict can facilitate psychological well-being. Similarly, other studies have supported the contention that denial and distancing may be useful strategies for coping with the stress of political conflict. In a study of Israeli young people living in a violence-prone border town and a more peaceful area, Rofe and Lewin (1982) found that the group living in the border town scored higher on a repression scale, fell asleep earlier and had fewer dreams with violent themes than their counterparts in the more peaceful area. The authors concluded that the residents of the border town, having experienced more political violence, have developed strategies to avoid thinking or ruminating about violent events.

The experience of political violence has also been related to aggressive and delinquent behaviour and concerns about lower levels of moral behaviour in children and young people. An increase in juvenile crime during wartime was first documented in World War I (Leeson, 1917) and a similar increase again in World War II (Titmus, 1950). This has been variously attributed to increased thrill-seeking behaviour, excitement attached to the notion of conflict, decreased parental supervision during times of violence/stress, normalisation of violence, social modelling, as well as the anxiety and loss of control experienced by young people as a result of the conflict (Muldoon & Cairns, 1999).

Support for this position comes from a number of studies that have used standardised psychometric measures as indices of externalising behaviour problems (Fee, 1980) as well as indices of juvenile crime (Shoham, 1994). In a large-scale study, McWhirter (1984) found that Northern Irish 9- to 10-year-old children scored higher on measures of psychoticism than a UK comparison group. Additionally, children from more violent areas in Northern Ireland had higher scores then those from peaceful regions. Eysenck and Kay (1986) replicated this finding in 12- to 14-year-old children. Fee (1980) found evidence that the incidence of antisocial disturbance in Northern Irish children, particularly boys who had the greatest experience of violence, was higher than would be expected. More recently, Muldoon and Trew (2000) demonstrated that children's self-assessment of their behaviour, and not their global self-esteem, was related to their experience of violence, though not other stressors. Importantly, experience of violence was also related to socio-economic status in this large-scale study of 8- to 11-year-old children. Ferguson and Cairns (2002) have described lower levels of moral development in children from a number of conflict-affected areas (2002). Taken together these findings do appear to suggest that indices of aggressive or acting out behaviours are linked to experience of political violence.

From this review there are a number of points worthy of restatement. First, anxious reactions to the experience of political violence are normal.

Second, in many instances, and in particular where the conflict is ongoing or intractable, children and young people appear to be capable of habituating or distancing themselves to the violence which they live through. Habituation or distancing is less likely where the degree of threat is high, not least because it is not adaptive. PTS appears to be relatively low in populations affected by conflict, though its incidence appears higher when assessed out of the original war context. Finally, there appears to be evidence of acting out or aggressive reactions in response to political violence.

Issues Arising from the Research

A focus on psychopathological consequences of political violence in children has dominated the research in this area for many years. This can variously be attributed to a range of causes. First, developmental psychopathology has predominated as a paradigm in this area over the last two decades. Second, there is a tacit assumption throughout the literature that experiences in childhood and adolescence exert substantial influence in later life. Third, a focus on psychopathology facilitates the construction of war and political violence as aberrant.

Taking each of these issues in turn, the domain of developmental psychopathology has now evolved into a rich and deeply complex area that encourages a research focus across the various domains of children's lives (McMahon, Grant, Compas, Thurm, & Ey, 2003). To focus exclusively on psychopathology or subjective well-being effectively reduces the possibility of identifying developmental sequelae that operate across social, educational and psychological domains. Second, in relation to the influence of childhood experience on later life, there is now considerable evidence to suggest that experiences across life, not just childhood and adolescence, can be represented as series of gains and losses (Baltes, Reuter-Lorenz, & Rolser, 2006). Indeed the current emphasis on lifespan development effectively emphasises the need to widen developmental lenses to include all stages of life, not just early life.

Third, the focus on psychopathology constructs political violence as aberrant and atypical. Based on the statistics above, it is fair to say that political violence is both an endemic and recurrent global phenomena. However political violence affects the most vulnerable. It is widely acknowledged that many of those most severely affected by war and political violence are resident in the poorest regions of the world. In the past decade estimates are that over two million children have been killed in armed conflicts, another six million have been permanently disabled, and more than 250,000 children continue to be exploited as child soldiers (United Nations, 2007). Worldwide, the rate of mortality associated with political violence varied from 1 per 100,000 population in high-income countries to 6.2 per 100,000 population in low- and middle-income countries (WHO, 2002). Further the highest rates of fatalities due to war were in African countries, with approximately 32 fatalities per 100,000 of the population (WHO, 2002). Besides the many thousands who are killed each year, huge numbers are injured, including some who are permanently disabled. Others are raped, tortured, or suffer disease and famine. Again, available evidence suggests that those at highest risk of these experiences are those living in the least affluent nations of the world (Cairns, 1996; WHO, 2002).

Similarly, conflict experiences themselves are not evenly distributed within the population (Bryce, Walker, Ghorayeb, & Kan, 1989; Cairns, 1996; McAuley, 1988; McGrath & Wilson, 1985; Muldoon & Trew, 2000; Simpson, 1993; Smyth, 1998). Within Northern Ireland, which is a relatively affluent area globally but one of the most disadvantaged in the UK and EU, there is considerable evidence that violent experiences have not been and continue to be unevenly distributed across the population. In line with findings from other regions (Bryce et al., 1989; Simpson, 1993), evidence suggests that young people from deprived backgrounds generally report greater experience of political violence than their middle-class counterparts: boys experience more than girls, and minority or subordinate group members experience more than those from the dominant or majority group (Muldoon & Trew, 2000; Muldoon, Trew, & McWhirter, 1998). In effect the asymmetry in power relations between groups is evidenced in terms of those who are most and least affected by the violence in any given conflict (Pratto, Sidanius, & Levin, 2006).

Social Identity as an Interpretative Framework

Reviewing this evidence therefore it is clear that much of the literature in this area is essentially Western and individualistic in orientation. This is despite the fact that there is ample evidence that group-level variables are essential to our understanding of political violence. This argument can be made on a number of related dimensions. First, exposure to political violence is related to group membership (as above). Second, intractable political conflict has a strong collective or group component (Bar-Tal, 2007; Kelman, 1999). In situations of intractable political conflicts—such as the Israeli-Palestinian conflict, the conflict in the Basque region and that in Northern Ireland—a struggle over territory, power or resources prevails that is resistant to change (Rouhana & Bar-Tal, 1998). Generally the struggle over power or resources is linked to group memberships (e.g. Catholic and Protestant or Arab and Jew), group memberships in which people are heavily invested. Thirdly and most importantly, social or collective identities, crucial components of the self, are derived from shared and valued group memberships.

Collective identification is widely acknowledged as playing a pivotal role in intractable political conflict (Bar-Tal, 2007; Kelman, 2001). Identity, essentially a social construct, affects behaviour, affect and cognition at the individual and societal level (Tajfel, 1982). Though markers of identity may be based on nationality, religion or ethnicity, these differences are frequently recreated and underlined by social groups and in everyday practice (Stevenson & Muldoon, 2010; Hammack, 2010). The recreation of these boundaries is facilitated by cultural practices,

language and history. Until recently, the role of social identity in the stress process was very much seen as a secondary issue. This however would seem to be problematic in situations of political violence where much of the stress experienced is fundamentally related to group memberships and social identities (Hammack, 2010; Muldoon, Schmid, & Downes, 2009).

The integrated social identity model of stress (ISIS) (Haslam, 2004; Haslam & Reicher, 2006) therefore is a welcome development arguing as it does that social identity is critical to understanding the stress process, not least because stress has important social dimensions. The ISIS differs fundamentally from the transactional model of stress (Lazarus & Folkman, 1984). The transactional model argues that social identities may play an important role in buffering stress reactions but fundamentally sees the stress process as a transaction at the level of the individual. On the other hand, ISIS sees groups as being integral to the experience and perception of stress, as collective resources that can alter the meaning and experience of stress as well as adaptive social and psychological supports. This theoretical position is certainly consistent with research undertaken in the Middle East (Hammack, 2006; Barber 2001) and Northern Ireland (Muldoon, McLaughlin, Rougier, & Trew, 2008).

By placing social identities at the centre of the stress process, how valued group memberships structure adaptation to stress can be considered. This provides a powerful explanatory framework for interpreting the available evidence. For example the experience of discrimination at the hands of an out-group has been repeatedly demonstrated to consolidate in-group identification and increase negative attitudes to that out-group (Jetten, Branscombe, Schmitt, & Spears, 2001). Whilst ethical constraints mean that the same experimental evidence is not available to causally link experience of violence to identification, it is reasonable to assume that the same psychological processes are triggered as a consequence of violence experienced at the hands of the out-group. Certainly, both qualitative and survey evidence suggest that levels of identification with one's

own group is related to self-reported experience of violence (Bryce et al., 1989; Hammack, 2010; Lowe & Muldoon, 2010).

Two important consequences flow from increased identification with one's own group. First, increased social identification has consequences for social attitudes. Indeed social identity theory was originally developed as an explanatory framework to understand intergroup discrimination and hostility. Developed in the aftermath of the Second World War and the associated pogroms, academics were concerned about the potential for cruelty and inhumanity that had developed during this time. Effectively it was this interest that gave rise to the development of social psychology and the subdiscipline of intergroup relations.

Increased identification with one's own group effectively gives rise to in-group bias. Academics have hotly contested whether this increased bias towards one's own group necessarily results in out-group derogation. Much of this debate has been fuelled by experimental research undertaken in laboratory settings. What it is not attuned to is the reality of many real-world situations and in particular patterns of identification that tend to be associated with intractable conflict. In such situations, identities are often constructed as oppositional, and these identities are pervasive, easily accessible and unquestioned (Hammack, 2006; Muldoon, McLaughlin, & Trew, 2007; Muldoon, Trew, Todd, McLaughlin, & Rougier, 2007). These oppositional identities also tend to be negatively interdependent, and as a result relations between the groups are constructed as zero sum games (Bar-Tal, 2007; Kelman, 2001). In this identity context, then, bias towards one's own group may be fundamentally related to negative attitudes to the out-group.

Certainly available data supports this contention, though limited studies on the effects of conflict experiences on attitudinal factors have been undertaken. One study by Crawford (1993) undertaken in the Basque region suggests that identity strength, ethnocentrism and rigidity are significantly higher in those who approve of violence compared to those who do not. Further, those in favour of independence from Spain (the

ideological aim of the Basque region) were significantly more pro-violence than those who favoured the status quo. In a similar vein, research on intergroup forgiveness in Northern Ireland suggests that those with the greatest experience of conflict have the lowest propensity to forgive (McLernon, Cairns, Hewstone, & Smith, 2004). In another study of Northern Irish adolescents, Muldoon and Wilson (2001) in a survey of adolescents found that young people were more likely to accept political violence and even see it as having a use, where they had both prior experience of the political violence and a strong identification to their own group.

The second important consequence of increased identification with one's own group is that identification appears to play a protective role in terms of psychological well-being. In-group bias facilitates the development of positively valued distinctiveness, and this sense of positive identification with the group can act as a social and psychological resource to deal with adversity. Available research evidence supports this view. Muldoon, Schmid, and Downes (2009) demonstrated in a large-scale study in Northern Ireland that national identity mediated the relationship between experience of violence and psychological well-being. There, evidence suggested that identities structured experience and adaptation to experience of violence. Similarly Kellezi, Reicher, and Cassidy's (2009) study of Kosovo Albanians, who had survived the armed conflict in 1999, found lower levels of depressive mood and anxiety and higher levels of self-efficacy in respondents who felt that their national or religious identity was consolidated by their wartime experience. The authors go on to describe the role of social support from close others in negotiating the traumas of war. They outline particular problems faced by those who suffered stigmatising trauma such as rape during the conflict and the problems that arose in families and communities where the needs of victims were either ignored or the victims themselves ostracised. Effectively, families and communities, through their responses, could be seen to act as facilitators and/or barriers in accessing important support networks and resources.

Conclusions

The importance of social identity to the experience of conflict can be demonstrated both theoretically and empirically. Research evidence, such as that reviewed in this chapter, emphasises the importance of the context within which war experiences occur. Available studies suggest that short-term stress reactions in response to political violence are normal, yet long-term exposure is associated with habituation which can facilitate individual psychological resilience and making it easier for children and young people to get on with the day-to-day business of life. Habituation appears to be particularly likely where experiences encountered are less threatening (Muldoon et al., 1998). This habituation or desensitisation explains, in part, why young people appear to be resilient at least in terms of psychological well-being in many situations of conflict. Effectively then the conflict or war experiences evolve into banal or background experiences of the conflict—the abnormal becomes normal.

The way in which conflict embeds into the background of life can evolve very differently as a consequence of social identities and group memberships such as gender, socio-economic status and group position. The quality and quantity of political violence encountered is very highly related to the groups to which people are affiliated and differs in relation to ethnicity and group status. These different negative experiences mean that identities become consolidated around the conflict. The often radically different experiences of the conflict linked to group membership, together with the identity consolidation brought about by the negative experiences of war, can mean that groups have very different and very blinkered perspectives on the same conflict. This inability to see beyond the injustices of one's own group or to understand the anxieties can act to perpetuate and maintain hostile relations.

Available evidence that we have reviewed suggests that standard psychometric indicators of psychoticism and antisocial behaviour are comparatively higher in young people living in conflict-affected areas. Such findings raise a

number of issues that merit consideration. Interestingly, though young people score comparatively higher scores on these psychological measures in Northern Ireland, there is no evidence of altered levels of delinquency or truancy (Muldoon et al., 2000). Indeed within regions and neighbourhoods affected by endemic violence, tough-mindedness, rejection of standard moral codes and acting out behaviours may represent functional psychological acquisitions that are imperative for those who believe that they must protect or advance the legitimate interests of their group. This of course is consistent with the clear evidence that child soldiers and decoys are commonplace during conflicts and often young people are keen and committed protagonists to the conflict (Cairns, 1996; Hammack, 2010). Indeed young people seeking to effect social change in the face of systemic injustice and adversity may well require a toughness that is neither functional nor desirable in peaceful contexts.

Finally, and again, consistent with the contention that social identities are central to conflict experiences, those who show the highest level of resilience tend to be those with the strongest ideological commitment or identification with their own group. Social identities are also fundamentally related to exposure to political violence, and those with the strongest identities tend to be those with the most experience of adversity and of course the most hostile attitudes to the traditional 'enemy'. So whilst social identities can be seen as a psychological resource for dealing with the conflict, they can also be seen as the psychological substrate that maintains the conflict. It is perhaps because of this that young people with strong national or religious identities are often pathologised in conflict situations and political violence (Stevenson & Muldoon, 2010). On the one hand this distances those with the least experience of the conflict from taking ownership of the conflict and being part of the solution. On the other it serves to ostracise those most affected by the conflict further and effectively consolidating a continuing sense of injustice.

A number of lessons can be learned from this analysis and applied to support both children and young people affected by conflict and conflict resolution efforts. First, those affected by conflict are heavily invested in the identities that underpin the conflict. Young people displaced as a consequence of the conflict are best served by remaining embedded within families and communities that enact and support their existing social identities. Within conflicted regions, efforts at resolution and mutual understanding must acknowledge the value of all identities not only in terms of psychological well-being but also in terms of their social value. This is the basis for reconciliation. Because of the extent of the investment in these often oppositional identities, appeals based on the plight of the out-group are unlikely to be able to stop aggressive or hostile actions. Appeals that emphasise the need for in-group, in which so much is invested, to act humanely and morally are much likely to reap reward. Ultimately the best interests of all—social, political and psychological resilience—are promoted by interfering with the creation of social identities that are enmeshed in violence and breaking the cycle of violence.

References

Baltes, P. B., Reuter-Lorenz, P. A., & Rolser, F. (2006). *Life-span development and the brain: The perspective of biological co-constructivism*. London: Cambridge University Press.

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*(3), 259–280.

Bar-Tal, D. (2007). Sociopsychological foundations of intractable foundations. *American Behavioral Scientist, 50*(11), 1430–1453.

Bryce, J. W., Walker, N., Ghorayeb, F., & Kan, J. M. (1989). Life events, response styles and mental health among mothers and children in Beirut, Lebanon. *Social Science and Medicine, 28*(7), 685–695.

Cairns, E. (1996). *Children and political violence*. Oxford: Blackwell.

Cairns, E., & Wilson, R. (1984). The impact of political violence on mild psychiatric morbidity in Northern Ireland. *The British Journal of Psychiatry, 145*, 631.

Crawford, C. J. (1993). Basque attitude towards political violence: Its correlation with personality variables, other sociopolitical attitudes, and political party vote. *Aggressive Behavior, 19*(5), 325–346.

Dawes, A., Tredoux, C., & Feinstein, A. (1989). Political violence in South Africa: Some effects on children of

the violent destruction of their community. *International Journal of Mental Health, 18*, 16–43.

Donnelly, M. (1995). Depression among adolescents in Northern Ireland. *Adolescence, 30*(118), 339–350.

Eysenck, S. B. G., & Kay, w. (1986). A cross cultural study of Northern Ireland and English children. *Irish Journal of Psychology, 7*, 98–105.

Fee, F. (1980). Responses to a behavioural questionnaire of a group of Belfast children. In J. Harbison & J. Harbison (Eds.), *A society under stress: Children and young people in Northern Ireland* (pp. 31–42). Somerset: Open Books.

Ferguson, N., & Cairns, E. (2002). The impact of political conflict on moral maturity: A cross-national perspective. *Journal of Adolescence, 25*(5), 441–451.

Gidron, Y., Gal, R., & Zahavi, S. (1999). Bus commuters coping strategies and anxiety from terrorism: An example of the Israeli experience. *Journal of Traumatic Stress, 12*(1), 185–192.

Grant, K. E., Compas, B. E., Stuhlmacher, A. F., Thurm, A. E., McMahon, S. D., & Halpert, J. A. (2003). Stressors and child and adolescent psychopathology: Moving from markers to mechanisms of risk. *Psychological Bulletin, 129*(3), 447.

Hammack, P. L. (2006). Identity, conflict, and coexistence life stories of Israeli and Palestinian adolescents. *Journal of Adolescent Research, 21*(4), 323–369.

Hammack, P. L. (2010). Identity as burden or benefit? Youth, historical narrative and the legacy of political conflict. *Human Development, 53*, 173–201.

Haslam, S. A. (2004). *Psychology in organisations: The social identity approach*. London: Sage.

Haslam, S. A., & Reicher, S. (2006). Stressing the group: Social identity and the unfolding dynamics of responses to stress. *Journal of Applied Psychology, 91*, 1037–1052.

Jetten, J., Branscombe, N. R., Schmitt, M. T., & Spears, R. (2001). Rebels with a cause: Group identification as a response to perceived discrimination from the mainstream. *Personality and Social Psychology Bulletin, 27*(9), 1204–1213.

Joseph, S., Cairns, E., & McCollam, P. (1993). Political violence, coping and depressive symptomatology in Northern Irish children. *Personality and Individual Differences, 15*(4), 471–473.

Kellezi, B., Reicher, S., & Cassidy, C. (2009). Surviving the Kosovo conflict: A study of social identity, appraisal of extreme events, and mental well-being. *Applied Psychology, 58*(1), 59–83.

Kelman, H. (1999). The interdependence of Israeli and Palestinian national identities: The role of the other in existential conflicts. *Journal of Social Issues, 55*, 581–600.

Kelman, H. C. (2001). *The role of national identity in conflict resolution: Experiences from Israeli–Palestinian problem-solving workshops*. Oxford: Oxford University Press.

Klingman, A. (1992). Stress reactions of Israeli youth during the Gulf War: A quantitative study. *Professional Psychology: Research and Practice, 23*(6), 521–527.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. NY: Springer.

Leeson, C. (1917). *The child and the war: Being notes on juvenile delinquency*. London: PS King & Son.

Lowe, R. D., & Muldoon, O. T. (2010). Religious and ethnonational identification and political violence. *Ethnopolitics, 9*(1), 71–83.

MacGinty, R., Muldoon, O. T., & Ferguson, N. (2007). No war, no peace: Northern Ireland after the agreement. *Political Psychology, 28*(1), 1–11.

McAuley, P. M. (1988). *On the fringes of society: Adults and children in a disadvantaged Belfast community* (Doctoral dissertation, Queen's University of Belfast, 1988).

McGrath, A., & Wilson, R. (1985). Factors which influence the prevalence and variation of psychological problems in children in Northern Ireland. In *Annual Conference of the Developmental Section of the British Psychological Society, Belfast*.

McIvor, M. (1981). *Northern Ireland: A preliminary look at environmental awareness*. Paper presented to the Beiennial Conference of the International Society of Behavioural Development. Toronto, Canada.

McLernon, F., Cairns, E., Hewstone, M., & Smith, R. (2004). The development of intergroup forgiveness in Northern Ireland. *Journal of Social Issues, 60*(3), 587–601.

McMahon, S. D., Grant, K. E., Compas, B. E., Thurm, E. E., & Ey, S. (2003). Stress and psychopathology in children and adolescents: Is there evidence of specificity? *Journal of Child Psychology and Psychiatry, 44*, 1,107–133.

McWhirter, L. (1984, May). *Is getting caught in a riot more stressful than seeing a scary movie or moving to a new school*. Paper presented to the Annual Conference of the Northern Ireland Branch of the British Psychological Society, Northern Ireland.

Milgram, R. M., & Milgram, N. A. (1976). The effect of the Yom Kippur war on anxiety level in Israeli children. *The Journal of psychology, 94*(1), 107–113.

Muldoon, O. T. (2000). Social group membership and self-perceptions in Northern Irish children: A longitudinal study. *British Journal of Developmental Psychology, 18*(1), 65–80.

Muldoon, O. T. (2004). Children of the troubles: The impact of political violence in Northern Ireland. *Journal of Social Issues, 60*, 453–468.

Muldoon, O., & Cairns, E. (1999). Children, young people and war: Learning to cope. In E. Frydenburg (Ed.), *Learning to cope* (pp. 322–337). Oxford: Oxford University Press.

Muldoon, O. T., Trew, K., & Kilpatrick, R. (2000). The legacy of the troubles on the young people's psychological and social development and their school life. *Youth and Society, 32*(1), 6–28.

Muldoon, O. T., & Lowe, R. D. (2012). Social identity, groups and post-traumatic stress disorder. *Political Psychology., 33*, 259–273.

Muldoon, O. T., McLaughlin, K., Rougier, N., & Trew, K. (2008). Adolescents explanations of paramilitary

involvement. *Journal of Peace Research, 45*(5), 681–695.

Muldoon, O. T., McLaughlin, K., & Trew, K. (2007). Adolescents' perceptions of national identification and socialisation: A grounded analysis. *British Journal of Developmental Psychology, 25*, 579–594.

Muldoon, O. T., Schmid, K., & Downes, C. (2009). Political violence and psychological well-being: The role of social identity. *Applied Psychology, 58*(1), 129–145.

Muldoon, O. T., & Trew, K. (2000). Children's experience and adjustment to conflict related events in Northern Ireland. *Peace & Conflict: The Journal of Peace Psychology, 6*, 157–176.

Muldoon, O. T., Trew, K., & McWhirter, L. (1998). Perceptions of stressful life events in ten year old Northern Irish children: A ten year comparison. *European Child & Adolescent Psychiatry, 7*, 36–48.

Muldoon, O. T., Trew, K., Todd, J., McLaughlin, K., & Rougier, N. (2007). The nature and meaning of identity in Northern Ireland after the Good Friday Agreement. *Political Psychology, 28*, 89–103.

Muldoon, O. T., & Wilson, K. (2001). Ideological commitment, experience of conflict and adjustment in Northern Irish adolescents. *Medicine, Conflict & Survival, 17*, 112–124.

Murray, M., & Clifford, S. (1988). Anxiety and aspects of health behaviour adolescents in Northern Ireland. *Adolescence, 23*, 661–666.

Pine, D. S., & Cohen, J. A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequelae. *Biological Psychiatry, 51*(7), 519–531.

Pratto, F., Sidanius, J., & Levin, S. (2006). Social dominance theory and the dynamics of intergroup relations: Taking stock and looking forward. *European Review of Social Psychology, 17*(1), 271–320.

Rofe, Y., & Lewin, I. (1982). The effect of war envirww-wonment on dreams and sleep habits. In N. A. Milgram (Ed.), *Stress and anxiety* (Vol. 8). NY: Hemisphere.

Rouhana, N. N., & Bar-Tal, D. (1998). Psychological dynamics of intractable ethnonational conflicts: The Israeli–Palestinian case. *American Psychologist, 53*(7), 761.

Sack, W. H., Clarke, G. N., & Seeley, M. S. (1995). Posttraumatic stress disorder across two generations of Cambodian refugees. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(9), 1160–1166.

Shoham, E. (1994). Family characteristics of delinquent youth in time of war. *International Journal of Offender Therapy and Comparative Criminology, 38*(3), 247–258.

Simpson, M. A. (1993). Bitter waters: Effects on children of the stress of unrest and oppression. In J. P. Wilson & B. Raphael (Eds.), *International handbook of traumatic stress syndromes* (pp. 994–1006). New York: Plenum.

Smyth, M. (1998). *Half the battle: Understanding the impact of the troubles on children and young people*. Derry: INCORE.

Stevenson, C., & Muldoon, O. T. (2010). Socio-political context and accounts of national identity in adolescence. *British Journal of Social Psychology, 49*(3), 583–599.

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology, 33*, 1–39.

Titmus, R. (1950). *Problems of social policy. History of the second world war, United Kingdom Civil Series*. London: HMSO and Longmans.

Udwin, O. (1993). Children's reactions to traumatic events. *Journal of Child Psychology and Psychiatry, 34*(2), 115–127.

United Nations (2007). http://www.un.org/children/conflict/english/index.html.

World Health Organisation. (2002). *Reducing risks: Promoting healthy life*. World health report 2002.

How Can a Majority Be Resilient? Critiquing the Utility of the Construct of Resilience Through a Focus on Youth in Contexts of Political Conflict

17

Brian K. Barber and Samuel Benjamin Doty

Introduction

One of the fundamental limitations to the current understanding of the construct of "resilience" is the concern that in testing for the prevalence of resilient functioning (and thereby trying to validate the salience of the construct), researchers have not investigated populations at high enough risk to adequately establish a real test of whether the functioning they observe can properly be considered resilient (Vanderbilt-Adriance & Shaw, 2008). Given the dramatic and sustained adversity that accompanies war, the study of functioning within contexts of political conflict would seem a suitable, if not ideal, remedy for this limitation. That is, because the adversity of political conflict is so obvious, extreme, and often extended, assessing the functioning of youth in such acute and often chronic conditions should provide a rather clearer and more straightforward indication of how many, if any, function in a manner that should be considered resilient. In turn, thereby, the construct of

resilience would be understood with more defined parameters.

Ironically, rather than providing the expected clarity as to resilience and its prevalence, examination of the literatures on conflict youth raises fundamental challenges to the utility of the construct itself. In short, the consensus conclusion from reviews of the literatures is that *majorities* of youth exposed to or involved in political conflict *do not* manifest notable dysfunction. This finding appears to directly contradict the expectation from much of the writing on resilience, namely, that only a small *minority* of youths would be able to functioning well in such severe contexts.

The chapter begins by clarifying presumptions about some fundamental features of resilience and follows with a brief review of the paradoxical findings from the conflict literatures. It then discusses reasons why the expectation of widespread dysfunction in conflict youth is inapt. Finally, it acknowledges several limitations of the research literature on conflict youth and outlines how rectification of those limitations might inform on the viability of the construct of resilience. The overall conclusion from all of these discussions is that the construct of resilience—depending, of course, on how it is construed—might well be fitting as an adjective defining the basic human capacity of dealing with adversity, but that is not useful if referring to a set of individuals who appear to be uniquely adaptive in contexts as severe as political conflict (see Barber 2013 for an elaboration of these ideas).

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Defining Resilience

Resilience is a problematic construct. It is used widely, but disparately, both inside and outside of social science. Within the social sciences its usage is particularly ambiguous. For example, Layne, Warren, Watson, and Shalev (2007) identify at least eight different definitions of resilience used in the trauma literatures. They, along with others (e.g., Luthar, Cicchetti, & Becker, 2000; Richardson, 2002), recommend that any discussion of resilience be overtly clear as to how the construct is being considered or defined in any given study and that, overall, progress needs to be made at more clearly defining its parameters. Considering resilience in the context of political conflict is particularly appropriate for such a clarification because that context typically involves both sustained adversity and exposure to multiple, acute events, which are the respective domains of two main literatures that explore resilience: developmental psychopathology and trauma studies. As noted by Layne et al. (2007), both of those literatures employ the construct inconsistently and vaguely.

In our own effort to be clear conceptually, we ground our analysis of resilience in a set of pre-suppositions about the construct that the varied literatures appear to share: (1) *resilience requires risk*; (2) *resilient functioning is uncommon*; and (3) *political conflict can entail such extreme adversity that resilience would be even rarer*.

Resilience Requires Risk

There have been many challenges to the viability of the construct of resilience based on conceptual and methodological pitfalls, as well as questionable scientific value (e.g., Luthar et al., 2000; Vanderbilt-Adriance & Shaw, 2008; see Doty, 2010 for a recent review of the complexities of the construct). In part as defense in the face of those challenges, some resilience researchers have clarified that what distinguishes resilient functioning from more general competent functioning is that it occurs in the context of risk or threat. Thus, for example, Fergus and Zimmerman (2005) note

that *risk is required*[1] to distinguish resilience from the positive adjustment that some youths manifest without significant risk exposure, and from competence that is seen as an asset or individual-level promotive component of the resilience process. Similarly, Masten and Reed (2002) note that children who exhibit good outcomes can be thought of as competent and well adjusted, but to be considered resilient, children must have *overcome a threat or hazard* to adaptation. Rutter (2006) adds that while both social competence and positive mental health are important concepts, they refer to something different than resilience, which he defines as relatively positive (psychological) functioning when *combined with serious risk* experiences.

At the same time, however, the various resilience literatures are not of one mind on the distinctiveness of resilience from general adjustment. Despite being conceptualized as adaptation to extraordinary challenge, some resilience scholars are not sure that it differs from adaptation to more ordinary challenges (Sameroff & Rosenblum, 2006), and see it as an extension of the study of normal development, rather than a qualitatively distinct field (see Layne et al., 2007 for a discussion). Relatedly, others note that it is also not clear if the many protective factors that have been found to be correlates of the process of resilience are in fact uniquely related to resilient functioning or, rather, protective of positive functioning regardless of risk (Masten & Coatsworth, 1998; Masten & Curtis, 2000; Masten & Reed, 2002). For that reason and others, the findings relative to resilience do not offer insight into which individuals will end up experiencing difficulty or not (Unger, 2004)—a seemingly fundamental requirement of an effort that intends to identify uniquely functioning individuals (i.e., those who are "resilient").

In sum, it appears in much of the literature that the construct of resilience is defined and justified by its distinction from normative adaptation. That resilient functioning could only be evident in contexts of risk and adversity suggests that these conditions demand a different level or type of adaptation. Others who study resilience are not sure that the distinction is clear or valid.

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[1] Unless otherwise noted, italicization is ours for emphasis.

Resilient Functioning Is Uncommon

In distinguishing resilient functioning from normative adaptation, the implication is made that such functioning is uncommon. Thus, resilient children or youth (who, as above, have necessarily been exposed to risk) are those who exhibit behavior that *defies* or *is better than expectations* (Aisenberg & Herrenkohl, 2008; Cicchetti, 1996; Luthar, 1991; Luthar et al., 2000; Masten & Curtis, 2000; Masten & Powell, 2003). Though phrased somewhat differently, Rutter (2006, 2007) makes essentially the same point when indicating that the term resilience refers to those individuals who function relatively well *despite* suffering adversity or stress of a type or severity that *would be expected* to cause serious consequences. Similarly, Luthar et al. (2000) describe resilient children as those who *don't succumb* to risk-induced negative outcomes.

Another line of reasoning that can be read to support this view of resilience as extraordinary is the debate about whether resilience should be considered as resistance or recovery. Thus, rather than revealing competent adjustment to or mastery of life's challenges, for some the construct describes a distinctive response in the face of challenge or risk. As examples, Rutter (2006) notes that resilience implies relative *resistance* to risk and Wexler, DiFluvio, and Burke (2009) write of resilient youth as those who *escape* risk. Hoge, Austin, and Pollack (2007) conclude that resilience reveals a *decreased vulnerability* to stress in reaction to traumatic experiences, such that resilience demonstrates a *heightened ability* to handle stress (i.e., as opposed, e.g., to having recovered from injury). Similarly, Westphal and Bonanno (2007) characterize resilient individuals as those who *do not struggle* to the same extent as those who are more traumatized (in part, perhaps, because of their *greater flexibility or behavioral elasticity*; Bonanno, 2005).

Otherwise, Layne et al. (2007) explicitly separate resistance from resilience. For them, resistance (consistent with the above) refers to the ability of individuals to maintain functioning under stressful conditions, whereas resilience describes those who relatively quickly and fully recover from a significant decrement in functioning occasioned by an exposure to stress. Such a recovery view of resilience is consistent with that of others (e.g., Bonanno, 2005, 2008; Carver, 1998; Masten, 2001). Finally, the literatures on thriving or posttraumatic growth make a similar claim of uniqueness. Carver (1998), for example, notes that thriving in the face of adversity is distinctive from other forms of growth in that it occurs in circumstances in which growth is *unexpected*.

In sum, a further essential feature of the thinking on resilience appears to be that such functioning (i.e., adaptive functioning in the context of risk) is not ordinary. That is, certain individuals function effectively in the face of risk and they do so *unexpectedly* and *remarkably* (Layne et al., 2007; Vanderbilt-Adriance & Shaw, 2008). Veteran readers of resilience literatures will be immediately aware that this construal of resilience as extraordinary is inconsistent with a contrasting rendering in the resilience literatures that suggests that it is more *ordinary* than it is unusual (e.g., Bonanno, 2004; Masten, 2001). More will be said about this later in the chapter. Suffice it for the moment to make the point that careful analysis of many conceptualizations of resilience (particularly, resistance) can lead to the expectation that it reflects an *uncommon imperviousness* to the *expected* injury of stress, trauma, or adversity, or an *unusual* ability to recover quickly from any decrement in functioning.

Political Conflict as the Ultimate Challenge to Resilience

The third presumption of the conceptual foundation of resilience relevant to the purposes of this chapter has specifically to do with the uniqueness of contexts of political conflict to defining resilience. First, before treating that explicit context, it should be noted that more generally many who write about resilience logically contend that resilience will be *lower* in contexts of high risk; that children have *low odds of success* in such contexts; and, that if that risk is sustained, children *cannot sustain resilience* (see Vanderbilt-Adriance & Shaw, 2008 for a recent review). Others suggest

that maladjustment is *inevitable* in the face of marked adversity (e.g., Luthar, 1991).

As to political conflict as a context, there is proportionally less research attention to it in the vast literatures on resilience (as compared to other contexts, such as poverty, health emergencies, and grief). Nevertheless, reference to war as illustrative of an ultimately risky context appears regularly in writings on resilience. Thus, for example, Masten and Reed (2002) refer to the *massive trauma of war* and Luthar and Cicchetti (2000) to the *serious life adversities* it contains. Moreover, characterizations of the extremity of war's risk and trauma are such that a revised standard for determining resilient functioning in such contexts has been recommended. Specifically, rather than concluding resilience based on evidence of positive functioning in the face of stress (as is typically done when determining resilient functioning), some suggest that contexts such as war are so extreme that the *mere absence* of psychopathology or maladjustment would be sufficient to signal resilience (Luthar & Cicchetti, 2000; Luthar et al., 2000; Vanderbilt-Adriance & Shaw, 2008). Such a downgrading of the standard for determining resilience implies that virtually all—or certainly the majority—of young people facing these extreme circumstances would be seriously impacted psychologically, and those who are faring best among them would be those who have somehow escaped psychopathology.

Summary

To summarize, in preparing to analyze the validity of the construct of resilience via a focus on the extreme contexts of war or other forms of political conflict, we have identified three fundamental presumptions that the varied resilience literatures appear to make. In short, they suggest that resilience, by definition, refers to a unique, nonnormative type of functioning that is exhibited in the face of adversity. And, because of the debilitating effects of adversity, such resilient functioning is unexpected. Further, it would be especially uncommon in contexts of severe adversity, such as war, where

the best that one could expect would be that some young people would escape severe psychological problems.

The Paradox of the Competence of Conflict Youth

Rather than support these expectations, the literatures on youth functioning in the context of political conflict paradoxically contest them. Thus, despite the obvious destructiveness that often characterizes political conflict, there is in fact no support in the substantial literatures for widespread maladaptive functioning in these populations. To the contrary, commentaries and reviews on the topic regularly conclude that majorities of young people *do not* manifest notable dysfunction. This determination is made broadly: via anecdotal reports, a variety of research studies, and extensive reviews of them (e.g., Almedom, 2005; Almedom & Glandon, 2007; Barenbaum, Ruchkin, & Schwab-Stone, 2004; Boyden, 2003; Cairns, 1996; Cairns & Dawes, 1996; Daiute, 2006; Doty, 2010; Gilligan, 2009; Layne et al., 2007; Miller & Rasmussen, 2010; Panter-Brick, 2010; Sagi-Schwartz, 2008). Moreover, the conclusion appears to apply to all major categories of youth involvement (i.e., coerced involvement as child soldiers, passive victimization, and voluntary activism; e.g., Annan, Blattman, Carlson, & Mazurana, 2008; Annan, Blattman, & Horton, 2006; Barber & Schluterman, 2009; Blattman & Annan, 2007; Wessells, 2006; Wessells & Kostelny, 2009).

To be clear, there is certainly evidence of positive correlations between war exposure and negative functioning. However, those correlations are typically weak, and in as many as 20 % of the studies, the correlation is either not significant or it is negative (i.e., the higher the exposure, the lower the problem behavior score; see Barber & Schluterman, 2009 for a review). Thus, there are, actually, two related challenges that these findings make to the resilience presumptions: first, the absence of widespread dysfunction and, second, the presence in some youth of growth as a function of conflict exposure.

Paradoxically, therefore, instead of confirming the viability of the construct of resilience (by revealing that only a limited set of individuals survive the adversities of war), the literatures challenge it (in showing that most adapt effectively). Presuming for the moment that this conclusion of majority adaptive functioning among youth populations in zones of political conflict is valid, it begs the fundamental question of how it is possible for a majority to be resilient. That is, if resilience defines a unique group of individuals—a group that would be of even smaller size because of the severity of the risks it is exposed to—then it is logically untenable for the group to also be characterized a majority. This reveals, in other words, a dissonance that requires some resolution. Below, we will address some of the key limitations of the research literature on youth and political conflict with an eye to whether rectification of them would help resolve this contradiction. First, however, it is important to expand on the contradiction mentioned above regarding the degree to which resilience is ordinary or extraordinary.

As explained above, much of the writing supporting the validity of the resilience construct suggests that it is not ordinary (hence, the need to study it because it is different from normative functioning). For some, however, evolution in the study of resilience reveals that it is actually more ordinary than extraordinary (e.g., Bonanno, 2004, 2008; Masten, 2001) and that this is so even in contexts of severe adversity (Masten, 2001). Instead of resilient functioning being unique or unexpected, they write of it as a *basic defining feature of humans* and other living things (Richardson, 2002); as a fundamental characteristic of *normal coping skills*, not a sign of exceptional strength (Bonanno, 2008); of an *intrinsic recovery* process (Bonanno) by which humans recover *normal rhythms* of daily life (Summerfield, 2002); and that majorities of people exposed to potentially traumatic events exhibit *stable*, *healthy functioning* (Hoge et al., 2007; Westpahl & Bonanno, 2007).

The findings from the research literatures on youth and political conflict are actually very much in sync with this latter construal of resilience. Indeed, they offer perhaps the strongest evidence for the view of resilience as normative—emanating as they do from research on the type of high-risk populations that have heretofore not informed debates about resilience (see chapter opening). In so supporting this normative view of resilient functioning, the findings appear to challenge all three of the features of resilience outlined above. That is, majority adaptive functioning in such contexts directly contradicts the opposite expectation of minority adaptation (and the associated anticipation of high prevalence of psychological dysfunction). In so doing, it also reinforces the skepticism about the uniqueness of resilience from normative functioning, to the extent that resilient functioning is distinguished only by its evidence in the context of risk.

Critiquing the Conceptualization of Risk and Trauma

The conceptual ambiguities within the resilience literatures aside, the paradox between expectations (that few would be "resilient") and the findings (that most are "resilient") deserves attention. Emphatically, explanation of this paradoxical finding could *not* be made by asserting that contexts of political conflict are without substantial risk. That is, the dissonance could not be resolved by reconceptualizing the nature of war and conflict as not dangerous, such that there would be no reason to question normative functioning. Such settings are unambiguously risky, given the very high exposure that young people have to harsh, often brutal circumstances that cause injury and death and trigger major disruptions to essential services, as well as inflict real damage to infrastructure, social networks, and social ecology (Barber, 2001, 2008; Betancourt & Khan, 2008). The picture becomes all the more severe when considering conscripted youth who beyond witnessing the harshness of violence are often coerced to perpetrate it (Wessells, 2006; Wessells & Kostelny, 2009). In order to resolve the dissonance, one is left, therefore, to question the presumptions underlying the expectation that more or most young people in these contexts would evidence maladaptive functioning.

The Presumed Inevitability of Dysfunction

The expectation that resilience in the face of political conflict would be remarkable hinges on conceptions of risk and trauma. Inspection of the resilience, risk, and trauma literatures reveals at least two standards for conceptualizing and determining risk or trauma, both of which warrant thoughtful challenge: the "universality" of risk and trauma, and the statistical determination of risk and trauma.

The "Universality" of Risk and Trauma

To the degree that definitions of risk and trauma are provided by researchers, many share the essential criterion that the riskiness or traumatic nature of events or circumstances of concern are experienced *universally*. In order for an event to qualify as a risk or as adversity, for example, the experience would need to be considered a stressor to *most people* (Betancourt & Khan, 2008). Likewise, trauma associated with PTSD (the most commonly studied outcome in research on the impact of war and conflict) is formally defined as a stressor that "would evoke significant symptoms of distress in *most people*" or "would be markedly distressing to *almost anyone*" (Criterion A for *DSM-III* and *DSM-III-R*, respectively; Weathers & Keane, 2007).

A fundamental problem with this expectation is the inherent presumption that events are understood and processed similarly across individuals and cultures. It is worth noting that, once again, there is equivocation within the resilience writings even regarding this point. Some resilience scholars, for example, note a substantial heterogeneity in child response to adversity at the individual level (e.g., Rutter, 2006; Unger, 2004). Others note that culture plays a defining role as to what constitutes risk (Betancourt & Khan, 2008; Eggerman & Panter-Brick, 2010; Gilligan, 2009). Nevertheless, as Wexler et al. (2009) have recently criticized, overall the resilience literature appears to largely ignore the value that people and communities place on various experiences of their lives.

Consistent with classic stress and coping theory that asserts that an event is stressful to the degree that it is perceived as such (e.g., Lazarus, 1998, 2001; Lazarus & Folkman, 1984), the subjective experience of individuals (and cultures) is critical in defining the perception and impact of an event or experience. This is particularly salient in the context of political conflicts that typically surround national, cultural, or ethnic identity, which infuse events or aspects of conflict with ideals and values that can impart essential meaning relative to the legitimacy, urgency, and morality of conflict. Such differential meaning can literally determine what about conflict is or is not stressful, as perceived by youth themselves (e.g., Barber, 2009a; Hammack, 2011; Jones, 2002; Punamäki, 1996) or on the part of caregivers (Betancourt & Khan, 2008).

Barber found, for example, that depending on the historical and political circumstances informing the conflict, the identity-relevant narratives of youths from differing conflicts read very differently. In quantitative data from large samples, majorities of youths from Gaza and Bosnia (both of whom had experienced several years of sustained political conflict) reported several years later to have grown from experiences with their respective conflicts (Barber, 2008). Nevertheless, in-depth interview data from individuals suggested notable differences in how they processed their respective experiences. Because of the clarity of the meaning of their particular conflict (i.e., that it was a continuation of an historical struggle for basic rights and self-determination), Palestinian youths interpreted the conflict as enhancing. Despite extensive exposure to and participation in political violence (see Barber & Olsen, 2009), they did not focus on trauma and injury, rather on qualities of national pride, social cohesion, and the clear and enhancing role for themselves as youths in the conflict. Bosnian youths, on the other hand, were plagued by the irrationality or lack of meaning of the war they endured. In stark contrast to the Gazans, their narratives were saturated with memory and discourse on confusion, pain, and suffering (Barber, 1999, 2009a; see also Jones, 2002). Thus, the degree to which youth are able to find coherent meaning to their experiences, at social and personal levels, will impact their adaptation to it,

specifically regarding their identities (Gibson, 1989; Hammack, 2010; Jones, 2002).

These findings are consistent with other work that has highlighted the salient role of political ideology in how youths process their conflict experiences and their adaptation to it (e.g., Hoge et al., 2007; Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Punamäki, 1996; Punamäki, Qouta, & El-Sarraj, 2001; Slone & Shoshani, 2008). They are consistent also with assertions about youth functioning outside the realm of political conflict. Wexler et al. (2009), for example, when commenting on their research on indigenous and sexual minority youths, noted the role of group affiliation in helping young people view personal difficulty as collective struggle and the role of ideological commitment and resistance to oppression in predicting positive functioning.

In this discussion of the particularity of youth functioning in contexts of political conflict, it is important to recognize also that part of this differential has to do with the fact that conflicts are themselves not homogenous. Wars and other politically driven conflicts are not uniform and, therefore, it is not reasonable to presume that those experiencing different instances of them would themselves function uniformly in response. Political conflicts, in fact, vary substantially in their structure (i.e., the degree, proximity, and type of violence that characterize them) and opportunity for youth involvement (Barber, 2008), and also in the plausible scenarios for conflict resolution (e.g., whether or not the conflicting peoples remain living together; Cairns & Darby, 1998; Gallagher, 2004; Jones, 2002).

This challenge to the universally distressful nature of political conflict is consistent with concerns of social scientists and psychiatrists about the tendency to exaggerate the prevalence of posttraumatic stress disorder. Collectively, they note the Western orientation to individual psychology and its tendency to pathologize normative stress (Barenbaum et al., 2004; Becker, 1995; Boothby, Strang, & Wessells, 2006; Boyden, 2003; Friedman, Resick, & Keane, 2007; Gilligan, 2009; Kleinman, Das, & Lock, 1997; Layne et al., 2007, 2009a; Pupavac, 2004; Summerfield, 2000, 2003; Unger, 2004).

Finally, a further challenge to the universality of distress in the face of adversity is the empirical findings of competent functioning in extreme contexts (such as social and parental health adversities, environmental stress, and severe personal grief, stress, or trauma). Scholars characterize such adaptation variably as "resilience," "hardiness," "fortitude," "strength," and "posttraumatic growth" (see Almedom, 2005; Barber, 2009b; Westpahl & Bonanno, 2007 for reviews of these literatures). Regarding the latter, Tedeschi and Calhoun (2004) explicitly distinguish *posttraumatic growth* from *resilience* (which they characterize as an ability to go on after hardship) in that posttraumatic growth extends beyond resistance or avoidance of damage. For them, rather, it signals a qualitative change in functioning that reflects transformative growth past pre-trauma levels of adaptation. There is debate about posttraumatic growth—surrounding, for example, the degree to which it reflects self-enhancing bias (and whether that would actually be adaptive) (Westpahl & Bonanno, 2007) or that it requires concrete behavioral manifestations before actual growth could be considered (e.g., Hobfoll et al., 2007)—but the fact that a substantial number of individuals profess to have grown signals a notable diversity in response to risk and adversity.

The Statistical Determination of Risk and Trauma

The expectation of widespread disability is even less tenable when considering that risk researchers do not typically hold to this standard of the universality of impact of risk and trauma (i.e., resilience research rarely tests prevalence and, when so, it employs questionably informative populations: Vanderbilt-Adriance & Shaw, 2008). Instead, most of the work relies on statistical correlations to define risk. For example, Johnson (2007) notes that only a few studies of risk actually define the construct, and those that do suggest that an event is considered a risk if it is *correlated* with a negative outcome (e.g., Gutman, Sameroff, & Cole, 2003) or *increases the probability* of developmental or adjustment problems (e.g., Gerard & Buehler, 2004; Ladd & Burgess, 2001).

Apart from the fact that a variable that is correlated with a negative outcome is not necessarily causally related to that outcome—and thus could be considered a risk *marker* and not a risk *factor* (Kraemer, Stice, Kazdin, Offord, & Kupfer, 2001)—a correlation, even if causal, gives no real indication as to the proportion of a population that might suffer the negative consequence of the risk. Hence, using statistically significant correlates of negative outcomes to determine risk would not justify the expectation under discussion here that most youth experiencing the risks of war would be suffering substantially from them. As Kraemer (2003) clarifies, if a standard of a nonzero correlation is used to establish risk, almost any variable could qualify if samples were large enough. She recommends, rather, that before risk can be concluded, some indication of the potency should be offered. Similarly, Roisman (2005) admonishes for distinguishing statistical risk from genuine adversity when determining resilience.

The best that one can say from such empirical findings is that, on average, there is some possibility of negative functioning in the face political violence. To point, Luthar and Cicchetti (2000) acknowledge that much of the resilience literature has focused on factors that have statistical associations with adjustment difficulty, and, consistent with the review of empirical findings offered above, Rutter (2000) has noted that these associations between individual risk factors and negative outcomes are typically small.

Summary

In summary, challenges to the expectation that the risk and trauma of war has widespread impact on youth can be made on both logical and statistical grounds. Such an expectation is illogical unless one ignores the substantial variability in how individuals and cultures conceive and respond to events and circumstances in their lives. This is a particularly salient concern for understanding the impact of political conflict given its ideological grounding. The expectation is also unwarranted from an empirical point of view

in that the determination of what is risky and traumatic is often based on statistical correlations that do not suggest or imply widespread consequences within a population. Given the inconsistency in how conflicts manifest themselves and the variability in how youth perceive and cope within them, it would be more appropriate perhaps to refer to experiences in conflict settings as *potentially* disruptive or traumatic (e.g., Bonanno, 2005; Westpahl & Bonanno, 2007) rather than to a priori designate them as such.

Needed Improvements in Conflict Research Related to Resilience

To this point, the discussion has presumed that the general conclusion from the conflict youth literatures of majority adaptive functioning is valid. Although those research findings, as noted above, are consistent across a range of research approaches, conflicts, and populations, the research base nevertheless has substantial limitations. It is possible, therefore, that the general conclusion is inadequate or premature. In this section, we address some of the research limitations with an eye to whether and how rectification of those limitations might inform on the discussion at hand. A full set of recommendations for how the research could be improved is offered in Barber (2009c; see also Panter-Brick, 2010). Three are particularly relevant to the present discussion because they implicate issues that have been addressed in the resilience literatures: (1) *specifying conflict exposure*, (2) *specifying domains of youth functioning*, and (3) *assessing functioning over the long term*.

Specifying Exposure

One of the main limitations of the research on youth and political conflict is the general failure to distinguish types of exposure, as opposed to calculating aggregated risk or trauma scores. Even though virtually all discussions and indexes of war trauma or political life events include some attention to a diversity of difficulty that war

presents to children and youth (e.g., violence exposure, loss, deprivation; e.g., Allwood, Bell-Dolan, & Husain, 2002; Colletta & Cullen, 2000; Macksoud & Aber, 1996; Mollica, McDonald, Massagli, & Silove, 2004; Slone, 2009), most studies aggregate such diverse experiences in an overall trauma index (often because sample size does not permit otherwise). Further, since much or most of the items comprising such indices refer to violence exposure, the tendency is to conclude or imply, therefore, that the essential risk to youth of political conflict is the aggregate, or cumulative, amount of *violence* they witness or participate in.

Such a conclusion would be short-sighted—not alone because the averaged scores in fact include exposure types that are not exclusively or explicitly related to violence but also because it is likely that such "nonviolent" exposures are where the more acute or lasting injuries from war lie. While violence exposure most certainly is a consequence of war for many young people, political conflict generates other conditions that pose direct and powerful risks to development, which, if left unmeasured or inadequately measured, foreclose an assessment of the real impact of political conflict on young people. Some studies have found, for example, that disruptions in access to resources in the social domain (e.g., loss of life, displacement, separation, loss of social support, reduction in social networks) and economic domain (e.g., economic self-sufficiency, ability to buy certain types of food, hunger, breakdown of basic services, cuts in electricity, demolition of homes, access to health care, imprisonment) are significantly related to greater difficulty among youth and adults, and often more so than exposure to violence (e.g., Al-Krenawi, Graham, & Sehwail, 2001–2002; Betancourt, 2004; Colletta & Cullen, 2000; Eggerman & Panter-Brick, 2010; Farhood et al., 1993; Giacaman, Husseini, Gordon, & Awartani, 2004; Jones & Kafetsios, 2005; Kuterovac-Jagodic, 2003; Mollica et al., 2004; Punamäki, Muhammed, & Abdulraham, 2004; Salo, Punamäki, & Qouta, 2005).

This need to distinguish types of conflict exposure mirrors that in research on nonpolitical, community violence. As both Aisenberg and Herrenkohl (2008) and Barbarin, Richter, and de Wet (2001) have reviewed (each citing work by Trickett: e.g., Trickett, Durán, & Horn, 2003), violence can be experienced variously: directly, indirectly, vicariously, by witnessing, or differentially by domain (i.e., in the family or in the community). In the realm of political violence, Layne et al. (2010) have admonished for the same precision, reiterating the logic of distinguishing between direct and witnessed political violence and also recommending attention to such experiences as life threat; traumatic death; loss and displacement; and threat or harm to, or loss of, loved ones.

Regarding violence per se, Panter-Brick, Goodman, Tol, and Eggerman (2011) recently found that family violence, more so than political violence, impacted the well-being of Afghani youth. In our own work, we have begun to address this issue by comparing models that tested aggregated exposure (17 items) against models that clustered those exposures according to *type* (assault, intimidation, loss) or *domain* (personal, family, and community). In samples of Bosnian and Palestinian youths, aggregated exposure explained the *least* amount of variance in a variety of measures of youth psycho-/social/civic functioning compared to both the type or domain configurations of exposure. Type of exposure, on the other hand, explained the most variance. Moreover, the long-term effect of the specific types of exposure was different. That is, when analyzed in relation to numerous dimensions of psychosocial functioning several years after the (retrospectively) reported conflict, it was apparent in both samples that exposure to *intimidation* was correlated with later *positive* functioning (or lower levels of negative functioning) but that exposure to *loss* was generally associated with later *negative* functioning. Findings for assault were mixed (Barber, Olsen, & Spellings, 2011).

This trend toward specification in the research on conflict youth actually runs opposite to a movement in risk and resilience research, wherein it is cumulative exposure that has become the focus. For example, resilience researchers have noted a relationship between the likelihood of problem behaviors and the *number* of risk factors

(Canavan, 2008), as tallied by summing the number of risk factors or negative life events in the child's life (Masten & Reed, 2002). Recognizing that many youth are exposed to multiple risk factors, this shift has been a corrective to the resilience field's previous focus on single risk factors or the implication that risk factors act independently of each other (Aisenberg & Herrenkohl, 2008; Fergus & Zimmerman, 2005; Rutter, 2000; Sameroff & Rosenblum, 2006).

In sum, at least at its present stage of development, the research on the impact of political conflict on youth would benefit substantially by greater specialization as to types of exposure. Doing so runs contrary to the recommendation in the resilience literatures to aggregate exposure, but it would provide clarifying detail as to the relative challenges that discrete types of exposure pose to young people. It would assist, therefore, in knowing more surely if there are specific elements of political conflict involvement or exposure that do compromise large proportions of youth populations.

Specifying Youth Functioning

One area in which the resilience and conflict youth literatures are united is the encouragement for measuring functioning broadly—even though the two bodies of literature appear to have come to the recommendation in different ways. As for the research on the effects of political conflict, the vast majority of studies have focused on negative psychological outcomes as the sole or prime indicator of youth well-being (see Barber & Schluterman, 2009 for a review, and for continuing illustrations of the restricted focus, see, e.g., Cummings et al., 2012; Dubow et al., 2012; Hobfoll, Mancini, Hall, Canetti, & Bonanno, 2011). Not only is a singular focus too narrow to capture the holistic complexity of youth experience, but the admonition to assess it more broadly has been stimulated also from a cultural perspective. Among many culture-based concerns are pathologizing normative stress (e.g., Honwana, 2006; Kleinman & Desjarlais, 1995) and the artificial isolation of individual functioning from

social functioning that such a narrow focus encourages (e.g., Barber, 2009b; Dawes & Cairns, 1998; Summerfield, 2000, 2003). Relatedly, Nguyen-Gillham et al. (2008) note that concentrating on individual psychopathology when studying political conflict implies that the sickness of war resides in the individual—who is to recover from it as if from an illness. It encourages, in other words, a distracting focus on individual capacity instead of recognizing and studying the failures of the ecology at providing adequate resources and meaning for youth to function.

In short, the motivation in the conflict literatures to seek more broadly within the realms of youth functioning is to more effectively or precisely discern the impact of conflict, recognizing that the traditional focus on psychopathology cannot have adequately captured the impact, from either holistic or cultural perspectives (Bracken, Giller, & Summerfield, 1995; Summerfield, 1999). Many have recommended the establishment of culturally relevant measures of functioning (e.g., Ager, 2002; Betancourt et al., 2009; Bolton, 2001; Giacaman et al., 2007; Mataria et al., 2009; Miller et al., 2006; Panter-Brick et al., 2009; Stark, Wessells, & Boothby, 2009). Thus, in addition to assessing psychological functioning, a more culturally appropriate assessment of well-being would be to focus on social relationships and social isolation (Boyden, 2003; Layne et al., 2009b; Wessells & Kostelny, 2009); socioeconomic conditions, such as employment and education (e.g., Boothby, Crawford, & Agostinho, 2009); civic involvement; developing a collective identity (e.g., Ashmore, Deaux, & Mclaughlin-Volpe, 2004); the on-time achievement of culturally sanctioned statuses such as marriage and having children (Hogan, 1978); self-esteem/efficacy (e.g., Earls & Carlson, 2001); and future orientations, particularly regarding conflict and peace (e.g., Cairns, Hewstone, Niens, & Tams, 2005; Dawes & Finchilescu, 2002; Lavi & Solomon, 2005; McLernon & Cairns, 2006). Finally, and most relevant to context of political conflict itself, recent work is beginning to acknowledge the uniquely political domains of well-being and

functioning characteristic of populations who live under chronic political constraints (Barber, McNeely, & Spellings, 2012; Giacaman et al., 2007, 2011; Giacaman, Rabaia, & Nguyen-Gillham, 2010; Mataria et al., 2009).

As for the resilience literatures, the recommendation to study multiple dimensions of functioning has emanated from the empirical evidence that resilience—however measured—does not manifest itself across multiple domains (e.g., Luthar et al., 2000). This is to say that resilience is not continuous, even, or steady across realms of functioning (Bonanno, 2008; Canavan, 2008; Luthar et al., 2000; Wexler et al., 2009). As Herrenkohl, Herrenkohl, and Egolf (1994) noted some time ago, positive functioning in the academic sphere, for example, does not ensure healthy functioning in other realms (e.g., the emotional-interpersonal sphere). Therefore, one must study functioning broadly before concluding resilience. Indeed, resilience researchers are cautioned (by some proponents of the resilience construct) to not discuss resilience in a general or global way but rather to restrict it to discreet domains of functioning (e.g., academic; antisocial behavior) (Vanderbilt-Adriance & Shaw, 2008).

Interestingly, they note that restricting the conceptualization of resilience to one or a limited number of domains might actually call into question the viability of the construct—i.e., how can it be resilience if it is not generalized (Luthar et al., 2000; Vanderbilt-Adriance & Shaw, 2008)? They conclude in favor of retaining the construct, albeit a domain-specific one (Layne et al., 2007). It is unclear, then, where the resilience field lies, that is, whether the recommendation is to downsize resilience to a domain-specific phenomenon or to restrict its application to only those that manifest it broadly, as in Masten and Reed's (2002) suggestion that resilience is configural. In that construal, resilient functioning would be concluded if the individual is doing well in multiple ways, or cumulatively across settings (Aisenberg & Herrenkohl, 2008).

That definitional issue aside, when it comes to the recommendation to assess functioning more holistically for individuals who face adversity, the conflict and resilience literatures are united in recommending that assessments be made of both negative and positive functioning (i.e., not simply multiple measures of problematic functioning; Barber, 2009b; Bonanno, 2008). For their part, resilience researchers have recommended expanding the scope of inquiry to include a two-factor understanding of health (Unger, 2004), integrating the pathogenic and salutogenic approaches to functioning (Almedom & Glandon, 2007), and distress plus functioning (Luthar, 1991). Conflict researchers have similarly noted the need to study positive outcomes as well as pathology (Barber, 2009b; Betancourt & Khan, 2008; Nguyen-Gillham et al., 2008; Slone & Shoshani, 2008).

The few studies that have studied both positive and negative functioning in populations of youths in conflict zones have found both to be predicted by conflict exposure (see Barber & Schluterman, 2009, for a review). In one recent effort to do so, we found that it was the frequency of youths' own *activism* in conflict (as compared to their exposure to conflict) that was predictive of later positive functioning (personally, socially, and civically; Barber & Olsen, 2009). Youths' own involvement in political activism is too rarely measured when assessing the impact of political conflict. Rectifying this deficiency would be another way to specify conflict exposure (as recommended above) while at the same time illustrating the complex—sometimes positive—effects of exposure. Such a focus on activism would be particularly timely given the ongoing wave of youth civil disobedience and protest in the Middle East (Barber & Youniss, 2012; Youniss, Barber, & Billen, 2012).

In sum, the limited scope of inquiry within the research on the effects of political conflict qualifies the general conclusion of majority competent functioning reviewed above. Given that this conclusion has been made by looking at a very narrow window of functioning (negative psychological functioning), it is conceivable that a different conclusion would be made if a more comprehensive and culturally sensitive approach to youths' lives was pursued. The nature of that conclusion is unclear, however. By expanding studies to assess more holistic representations of

youth functioning, it is possible that we will discern domains of functioning that reflect notable injury from conflict exposures, but equally possible that other domains will evidence adaptive functioning.

Studying Youth Over the Longer Term

The third area of needed improvement in the research on youth and political conflict relevant to the discussion of resilience is the need to view the longer-term functioning of young people who are exposed to or involved in political conflict. Although some short-term longitudinal studies are emerging (e.g., Panter-Brick et al., 2011), the majority of studies of effects of political conflict are cross-sectional. One exception is the research on the youths of the US civil rights movement of the 1960s that shows them to be "ideal citizens" 25 years following their experiences of being beaten and jailed (Fendrich, 1993; Whalen & Flacks, 1989). Given the focus on stress and trauma of most work on conflict youth, and the humanitarian crises generated during bursts of intense conflict, it is understandable that assessments of functioning are made during or shortly after conflict in order to quickly intervene.

However, proximal-to-conflict assessments provide a restricted view into the (perhaps temporary) effects of political conflict on young people. Thus, a guiding motive in the political conflict literatures to look more long term is to continue to answer the basic question of how, and to what degree, conflicts affect young people. A particular advantage of shifting to the longer-term functioning of young people who are exposed to or involved in political conflict is that it encourages and facilitates the broadening of the scope of functioning described above. In other words, the preoccupation with psychic stress that is characteristic of proximal-to-conflict assessments should give way to a more holistic assessment of young people's lives.

Apart from the problems related to applying stress and trauma models across populations discussed earlier, more purchase on the durable impact of political conflict might be gained by

assessing if and how experience with political conflict complicates their forward progress, particularly as they become adults, form families, and participate in the support and governance of their societies. Moreover, in conflicts in which political autonomy is limited and tensions and episodic conflict persist, understanding how youths' past and current experiences with conflict shape attitudes toward conflict (its acceptability, willingness to participate in it again, etc.), peace, acceptable resolutions, types of governmental systems, etc. becomes an important part of the assessment of the impact of political conflict.

The further advantage of charting the longer-term course of young people's lives is the ability to assess the *relative* impact of conflict exposure, i.e., to better situate it with other key social, economic, and political developments and/or conditions at work in post- or continuing-conflict societies. To this end, important recent work has begun to focus explicitly on the role—indeed, the commanding influence of—economic and political conditions in the lives of individuals in conflict zones (Eggerman & Panter-Brick, 2010; Giacaman et al., 2007; Mataria et al., 2008; Miller & Rasmussen, 2010).

In the resilience literatures, temporal concerns are commonly discussed and are nuanced. Again, in the effort to more precisely define what "resilience" is, scholars have regularly raised issues of time. Beyond general calls to look to the long term (e.g., Rutter, 2006), relevant ideas range from the possibility that the real impact(s) of exposure to potentially traumatic events may take time to become evident (as in Bonnano's (2005) query as to whether long-term costs may outweigh shorter-term coping); individuals have trajectories of symptom or growth development over time (Layne et al., 2007); and the related notion that adjustment is a process wherein risks and/or resources develop overtime in "cascades" (Luthar, Sawyer, & Brown, 2006) or "caravans" (Hobfoll, 2001) that synergistically determine one's overall quality of functioning. Beyond these issues of longevity and the processes that accompany it, scholars interested in the construct of resilience have repeatedly suggested that

resilient functioning may not be stable, noting, for example, that resilient functioning is not a steady state (Wexler et al., 2009), fluid (Herrenkohl et al., 1994), or static, but rather episodic (Nguyen-Gillham et al., 2008) or interspersed with setbacks (Luthar, 1991).

This is to say, therefore, that while linear time may reveal some impacts, it may not adequately capture the complexity of functioning since that functioning is itself in flux. To draw it out one step further, it might be the case that even long-term views on the functioning of a population of young people may distort the picture. Thus, regardless of how distal to the moments of exposure a longer-term assessment might be, if it is still a one-time measurement, it will have missed the fluctuations that may have occurred prior to the assessment (and that might well follow the assessment). Only regular tracking over time would reveal the flux of functioning. Acknowledging and mapping this potential instability is especially critical in contexts that themselves are unstable, such as areas of political conflict where economic and political dynamics change substantially and regularly over time and thereby provide shifting narratives that challenge or compel changes to young people's identities (Barber, 2010; Hammack, 2011).

In sum, because of the cross-sectional limitations to most of the research on the effects of political conflict, it is possible that the conclusion of majority adaptive functioning among youths in such contexts could be premature or certainly incomplete. Although (as Punamaki (2001) has reviewed) various studies of child functioning after exposure to political violence (and natural disaster) show, in fact, an overtime *reduction* in symptoms, there is enough variability among studies and inconsistency in their findings to leave the question of long-term impact not clearly answered. Regarding resilience, while such temporal tracking of functioning will certainly add useful data to demonstrate the relative stability of the construct, it is not clear that it would necessarily alter the expectation as to what proportions of the populations could be considered "resilient."

Summary

This section sought to acknowledge limitations of the research on the impact of political conflict on youth and contemplate if rectification of those limitations might bear on reconciling the discrepancy between expected dysfunction in youth experiencing the adversities of political conflict and the general finding that most do not. The research base is limited in at least three fundamental ways: lack of specification of exposure types, a very narrow focus on psychopathology when considering effects, and an absence of longer-term evidence for functioning. It is not clear, however, that remedying these deficiencies would meaningfully temper any overall conclusion about the prevalence of adaptive functioning. Rather, addressing the limitations would provide more (and needed) specificity to the findings.

Thus, it is possible that when modeling the diverse types of exposures that war presents young people, it will be discerned that the proportion of youth experiencing specific forms of conflict exposure might be more challenged than those who experience others. Similarly, by moving to a more holistic assessment of youth functioning in conflict zones, we are likely to specify the effects even further, potentially learning that in certain domains of life, conflict youth may struggle, sometimes substantially, but in others they have adapted effectively. Finally, while it is ostensibly possible that longer-term views of functioning would reveal the expected widespread dysfunction, there is no evidence that would support such an eventuality.

Conclusion

This chapter was framed around a concern in the resilience literatures that the prevalence of resilience is unclear, and perhaps even inflated, because investigations have not assessed children or youth who live in very high-risk contexts. In focusing on what is known about the functioning of young people in the contexts of political conflict (i.e., contexts that include extreme adversity), we sought to address this specific issue and,

thereby, the broader question of the utility of the construct of resilience for understanding conflict youth. As part of this analysis, we also inspected the research literatures on functioning in contexts of political conflict for limitations that might bear on a conclusion about the usefulness of the construct of resilience to understanding these populations.

Overall our conclusion from this exercise is that the construct of resilience (depending on how it is defined) is not particularly useful for understanding young people's experience with political conflict. Most generally, the problem lies with the stark contrast between (a) the findings that most people, including children and youths, do not manifest notable dysfunction as a consequence of their experiences with political conflict and (b) the expectations that would be drawn from guiding principles of the construct about widespread dysfunction. In short, grounding definitions of resilience describe it as effective functioning in adverse environments (i.e., distinguished from other construals of effective functioning in less adverse environments), that such functioning is unexpected (because of the severity of risk), and that it would be particularly so for war contexts given their gravity of adversity and potentially traumatic conditions. One would expect, therefore, that of all places, it would be in these most challenging of circumstances that the prevalence of resilience would be found. That the majority appears to function effectively poses real challenges for these conceptualizations.

As many have noted there are numerous conceptual difficulties within the various renderings of resilience (Vanderbilt-Adriance & Shaw, 2008). For us, one of the most fundamental appears to surround an essential feature of the construct. That is, asserting that resilient functioning is qualitatively different than positive functioning, development, or coping necessarily implies that such advanced functioning is unique: both because it cannot be explained by normative processes and it would be less prevalent (due to the adversity). Thus, this uniqueness or extraordinariness of resilience appears inherent in the

definition of the construct. As such, not only is it inconsistent with the empirical evidence, it is also discordant conceptually with the line of reasoning within resilience thinking itself that has been recommending that adaptive functioning is normative, even under adversity (Bonanno, 2005; Masten, 2001). Other difficulties that accompany the task of identifying a level or type of functioning that would be called resilient are the need to distinguish it from related or relevant constructs (e.g., resistance, recovery) and to define its parameters, such as how stable or generalized (i.e., across domains) adaptive functioning must be before it qualifies as resilience. In other words, it seems very unclear what resilience actually means.

In order to avoid the implication that resilience is a personal characteristic (i.e., that some individuals possess it and others do not), resilience theorists clarified long ago that it is a process or an interaction between individual and context (e.g., Luthar et al., 2000). This appropriate attention to context has, however, included an insufficiently critical perspective toward adversity, that is, presuming that adverse experiences are invariably traumatic or debilitating. Thus the disjuncture between expectations that relatively few would survive the adversities of war and the contradictory findings lies in the expectation itself. The premature definition of events as debilitating does not acknowledge the following: first, that contexts of political conflict vary significantly from each other; second, that individuals and cultures define, perceive, and respond to challenging and adverse events differently; and third, that this heterogeneity of perception and response would be particularly salient in contexts of political conflict given the subjective (i.e., ideological) basis for them.

In short, to the degree that resilience would be used to help define the impressive capacity of humans to move forward when challenged and injured, it would seem that evidence from the conflict literatures offers meaningful, confirming evidence. But then, the value added to understanding normative processes of the construct is unclear. To the extent that it is used to suggest

that there would be an unexpected or remarkable subpopulation which functions effectively, it seems unhelpful and inappropriate. Most importantly, that construal encourages the continued imposition of theoretical models and designs that presume inaccurately that events or conditions are inherently risky or traumatic and use significant correlations of low magnitude to tautologically reinforce those presuppositions.

There are meaningful implications of this distinction. Apart from the important academic issues of clarifying conceptualization and theory and the increase in knowledge it would facilitate through more refined hypotheses (Layne et al., 2007), and the risk of harm to individuals participating in trauma-targeted clinical interventions that may exacerbate trauma by interfering with natural recovering (Bonanno, 2008), there are also valuable implications for research design and its relevance to programming. First, presuming competent functioning in the face of adversity instead of expecting widespread trauma would encourage a more deliberate and careful analysis of the strengths that define the effective functioning of youths in these circumstances. Unless one takes a "resistance" perspective (which we do not favor simply because the adversities of political conflict are clearly severe enough to require adaptation), competent functioning in these contexts does not mean that youths are impervious to adversity, but rather, that they have faced and endured it and have found ways to move forward nevertheless (e.g., Masten & Reed, 2002). This is not something that they do on their own, of course. Research would do well, therefore, to better identify and map this resourcefulness at all levels: socially, culturally, economically, politically, and psychologically (e.g., Unger, 2004). This matrix of resources would likely vary across conflicts and shift across time, especially for those conflicts that persist (Barber, 2010).

Importantly, such a focus would also encourage more attention to the perspectives of youths themselves. Surprisingly, there is still relatively little consultation with young people as to the nature of their experiences (in favor of models that presume to know what about them should be studied). Given the evidence that when consulted young people are able to articulate with sophistication their complex experiences with political conflict (Barber, 2009a; Hammack, 2011), there is every reason to believe that an understanding of how the majority of young people move forward with their lives in these extreme contexts without substantial dysfunction would be facilitated by careful, thoughtful, and thorough consultations with youths themselves.

Finally, the recognition that human resiliency is evident even in highly adverse conditions encourages a more targeted effort at determining which of these populations of youth actually do end up suffering substantially. Even if majorities piece together the resources to move forward, that still leaves alarming numbers of young people who struggle and suffer, sometimes severely. Thus, far from encouraging a laissez-faire or dismissive attitude toward the awfulness of war (Betancourt & Khan, 2008), such a shift in focus would actually heighten and sharpen attention to its tragic casualties and more effectively understand and meet their needs (Bonanno, 2005; Kraemer, 2003). Given what seems to be known about human capacity to adapt to adversity, such a search would seek diligently to identify the conspiracy of conditions and circumstances that effectively compromise that capacity. To that end, while it must certainly be true that individual characteristics interact with contextual factors (e.g., Dumont, Widom, & Czaja, 2007; Hobfoll, 2001), the research across disciplines is abundantly clear that such a search should focus strongly on the (compromised) availability of social, economic, educational, cultural, and political resources that all individuals, youths in particular, need to move forward with their lives (Betancourt & Khan, 2008; Giacaman et al., 2004; Hobfoll, 2001; Masten, 2001; Panter-Brick, 2010; Unger, 2004).

References

Ager, A. (2002). Psychosocial needs in complex emergencies. *Lancet, 360*(Suppl.), s43–s44.

Aisenberg, E., & Herrenkohl, T. (2008). Community violence in context. *Journal of Interpersonal Violence, 23*(3), 296–315.

Al-Krenawi, A., Graham, J. R., & Sehwail, M. A. (2001–2002). Bereavement responses among Palestinian widows, daughters and sons following the Hebron massacre. *OMEGA—Journal of Death and Dying, 44*, 241–255.

Allwood, M. A., Bell-Dolan, D., & Husain, S. E. (2002). Children's trauma and adjustment reactions to violent and nonviolent war experiences. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 450–457.

Almedom, A. M. (2005). Resilience, hardiness, sense of coherence, and posttraumatic growth: All paths leading to the "light at the end of the tunnel"? *Journal of Loss and Trauma, 10*, 253–265.

Almedom, A. M., & Glandon, D. (2007). Resilience is not the absence of PTSD any more than health is the absence of disease. *Journal of Loss and Trauma, 12*, 127–143.

Annan, J., Blattman, C., Carlson, K., & Mazurana, D. (2008). *The state of female youth in Northern Uganda: Findings from the Survey of War Affected Youth (SWAY)*. A report for UNICEF Uganda. www.sway-uganda.org.

Annan, J., Blattman, C., & Horton, R. (2006). *The state of youth and youth protection in Northern Uganda: Findings from the Survey of War Affected youth (SWAY)*. A report for UNICEF Uganda. www.sway-uganda.org.

Ashmore, R. D., Deaux, K., & Mclaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin, 130*, 80–114.

Barbarin, O. A., Richter, L., & de Wet, T. (2001). Exposure to violence, coping resources, and psychological adjustment of South African children. *The American Journal of Orthopsychiatry, 71*(1), 16–25.

Barber, B. K. (1999). Youth experience in the Palestinian intifada: Intensity, complexity, paradox, and competence. In M. Yates & J. Youniss (Eds.), *Roots of civic identity: International perspectives on community service and activism in youth*. New York: Cambridge University Press.

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*, 259–280.

Barber, B. K. (2008). Contrasting portraits of war: Youths' varied experiences with political violence in Bosnia and Palestine. *International Journal of Behavioral Development, 32*(4), 298–309.

Barber, B. K. (2009a). Making sense and no sense of war: Issues of identity and meaning in adolescents' experience with political conflict. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Barber, B. K. (2009b). Viewing the complexity of adolescents' experience with political violence. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Barber, B. K. (2009c). Moving forward with research on youth and political violence. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Barber, B. K. (2010). The shifting complex of identity: Issues of individual and contextual change informing the narrative identities of conflict youth: Commentary on Hammack. *Human Development, 53*, 202–207.

Barber, B. K. (2013). Annual research review: The experience of youth with political conflict: Challenging notions of resilience and encouraging research refinement. *Journal of Child Psychology and Psychiatry*. doi:10.1111/jcpp.12056.

Barber, B. K., McNeely, C., & Spellings, C. R. (2012). Role of political factors in wellbeing and quality of life during long-term constraints and conflict. *Lancet, 380*.

Barber, B. K., McNeely, C., & Spellings, C. (2012). Role of political factors in wellbeing and quality of life during long-term constraints and conflict: An initial study. *Lancet*. Retrieved October 8, 2012, from http://www.thelancet.com/health-in-the-occupiedpalestinian-territory-2012

Barber, B. K., & Olsen, J. A. (2009). Positive and negative psychosocial functioning after political conflict: Examining adolescents of the first Palestinian Intifada. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Barber, B. K., Olsen, J. A., & Spellings, C. R. (2011, April). *War and youth: Assessing multiple contexts of conflict exposure and domains of functioning*. Presented at the Society for Research on Child Development Biennial meeting, Montreal, Canada.

Barber, B. K., & Schluterman, J. M. (2009). An overview of the empirical literatures on adolescents and political violence. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Barber, B. K., & Youniss, J. (2012, Fall). Egyptian youth make history. *Harvard International Review*.

Barber, B. K., & Youniss, J. (2012). Egyptian youth make history. *Harvard International Review*. Retrieved November 29, 2012, from http://hir.harvard.edu/youth-on-fire/egyptian-youth-make-history

Barenbaum, J., Ruchkin, V., & Schwab-Stone, M. (2004). The psychosocial aspects of children exposed to war: Practice and policy initiatives. *Journal of Child Psychology and Psychiatry, 45*, 41–62.

Becker, D. (1995). The deficiency of the concept of posttraumatic stress disorder when dealing with victims of human rights violations. In R. J. Kleber, C. R. Figley, & P. R. Gersons (Eds.), *Beyond trauma: Cultural and societal dynamics* (pp. 99–110). New York: Plenum Press.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychology, 20*(3), 317–328.

Blattman, C., & Annan, J. (2007). *The consequences of child soldiering*. HICN Working paper, 22.

Bolton, P. (2001). Cross-cultural validity and reliability testing of a standard psychiatric assessment instrument without a gold standard. *The Journal of Nervous and Mental Disease, 189*, 238–242.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20–28.

Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science, 14*(3), 135–138.

Bonanno, G. A. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics, 121*(2), 369–375.

Boothby, N., Crawford, J., & Agostinho, M. (2009). Mozambican child soldier life outcome study. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. New York: Oxford University Press.

Boothby, N., Strang, A., & Wessells, M. (2006). *A world turned upside down: Social ecological approaches to children in war zones*. Bloomfield, CT: Kumarian Press.

Boyden, J. (2003). Children under fire: Challenging assumptions about children's resilience. *Children, Youth and Environments, 13*(1). Retrieved July 2, 2006, from http://www.colorado.edu/journals/cye/13_1/index.htm

Bracken, P. J., Giller, J. E., & Summerfield, D. (1995). Psychological responses to war and atrocity: The limitations of current concepts. *Social Science & Medicine, 40*, 1073–1082.

Cairns, E. (1996). *Children and political violence*. Oxford: Blackwell.

Cairns, E., & Darby, J. (1998). The conflict in Northern Ireland: Causes, consequences, and controls. *American Psychologist, 53*, 754–760.

Cairns, E., & Dawes, A. (1996). Children: Ethnic and political violence—A commentary. *Child Development, 67*, 129–139.

Cairns, E., Hewstone, M., Niens, U., & Tams, T. (2005). Intergroup forgiveness and intergroup conflict: Northern Ireland, a case study. In E. Worthington (Ed.), *Handbook of forgiveness* (pp. 461–476). New York: Routledge.

Canavan, J. (2008). Resilience: Cautiously welcoming a contested concept. *Child Care in Practice, 14*(1), 1–7.

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*, 245–266.

Cicchetti, D. (1996). Developmental theory: Lessons from the study of risk and psychopathology. In S. Matthysse, D. Levy, J. Kagan, & F. Benes (Eds.), *Psychopathology: The evolving science of mental disorder* (pp. 253–254). New York: Cambridge University Press.

Colletta, N. J., & Cullen, M. L. (2000). *The nexus between violent conflict, social capital, and social cohesion: Case studies from Cambodia and Rwanda*. Washington, DC: World Bank.

Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2012). Political violence and child adjustment: Longitudinal tests of sectarian antisocial behavior, family conflict, and insecurity as explanatory pathways. *Child Development, 83*(2), 461–468. doi:10.1111/j.1467-8624.2011.01720.x.

Daiute, C. (2006). General introduction: The problem of society in youth conflict. In C. Daiute, Z. F. Beykont, C. Higson-Smith, & L. Nucci (Eds.), *International perspectives on youth conflict and development* (pp. 3–22). New York: Oxford University Press.

Dawes, A., & Cairns, E. (1998). The Machel Study: Dilemmas of cultural sensitivity and universal rights of children. *Peace and Conflict: Journal of Peace Psychology, 4*(4), 335–348.

Dawes, A., & Finchilescu, G. (2002). What's changed? The racial orientations of South African adolescents during rapid political change. In *Childhood*. London: Sage.

Doty, B. (2010). The construct of resilience and its application to the context of political violence. *Pursuit—The Journal of Undergraduate Research at the University of Tennessee, 1*(1), Article 11.

Dubow, E. F., Huesmann, L. R., Boxer, P., Landau, S., Dvir, S., Shikaki, K., et al. (2012). Exposure to political conflict and violence and posttraumatic stress in middle East youth: Protective factors. *Journal of Clinical Child and Adolescent Psychology, 41*(4), 402–416. doi:10.1080/15374416.2012.684274.

Dumont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect, 31*, 255–274.

Earls, F., & Carlson, M. (2001). The social ecology of child health and well-being. *Annual Review of Public Health, 22*, 143–166.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 70*, 1–13.

Farhood, L., Zurayk, H., Chaya, M., Saadeh, F., Meshefedjian, G., & Sedani, T. (1993). The impact of war on the physical and mental health of the family: The Lebanese experience. *Social Science & Medicine, 36*, 1555–1567.

Fendrich, J. M. (1993). *Ideal citizens: The legacy of the civil rights movement*. Albany: State University of New York Press.

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419.

Friedman, M. J., Resick, P. A., & Keane, T. M. (2007). Key questions and an agenda for future research. In M. J. Friedman, T. M. Keane, & P. A. Resick (Eds.), *Handbook of PTSD: Science and practice* (pp. 540–561). New York: Guilford.

Gallagher, T. (2004). After the war comes peace? An examination of the impact of the Northern Ireland conflict on young people. *Journal of Social Issues, 60*, 629–642.

Gerard, J. M., & Buehler, C. (2004). Cumulative environmental risk and youth maladjustment: The role of youth attributes. *Child Development, 75*, 1832–1849.

Giacaman, R., Husseini, A., Gordon, N. H., & Awartani, F. (2004). Imprints on the consciousness: The impact on Palestinian civilians of the Israeli Army invasion of West Bank towns. *European Journal of Public Health, 14*(3), 286–290.

Giacaman, R., Mataria, A., Nguyen-Gillham, V., Safieh, R. A., Stefanini, A., & Chatterji, S. (2007). Quality of life in the Palestinian context: An inquiry in war-like conditions. *Health Policy, 81*, 68–74.

Giacaman, R., Rabaia, Y., & Nguyen-Gillham, V. (2010). Domestic and political violence: The Palestinian predicament. *Lancet, 375*(9711), 259–260. doi:10.1016/S0140-6736(09)62005-5.

Giacaman, R., Rabaia, Y., Nguyen-Gillham, V., Batniji, R., Punamaki, R.-L., & Summerfield, D. (2011). Mental health, social distress and political oppression: The case of the occupied Palestinian territory. *Global Public Health: An International Journal for Research, Policy, and Practice, 65*, 547–559. doi:ht.tR.:l.Ldx.doi.org/10.1080/17441692.2010 528443.

Gibson, K. (1989). Children in political violence. *Social Science & Medicine, 28*(7), 659–667.

Gilligan, C. (2009). 'Highly vulnerable'? Political violence and the social construction of traumatized children. *Journal of Peace Research, 46*(1), 119–134.

Gutman, L. M., Sameroff, A. J., & Cole, R. (2003). Academic growth curve trajectories from 1st grade to 12th grade: Effects of multiple social risk factors and preschool child factors. *Developmental Psychology, 39*, 777–790.

Hammack, P. L. (2010). Identity as burden or benefit? Youth, historical narrative, and the legacy of political conflict. *Human Development, 53*, 173–201.

Hammack, P. L. (2011). *Narrative and the politics of identity*. New York: Oxford University Press.

Herrenkohl, E. C., Herrenkohl, R. R., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *The American Journal of Orthopsychiatry, 64*, 301–309.

Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review, 50*, 337–370.

Hobfoll, S. E., Hall, B. J., Canetti-Nisim, D., Galea, S., Johnson, R. J., & Palmieri, P. A. (2007). Refining our understanding of traumatic growth in the face of terrorism: Moving from meaning cognitions to doing what is meaningful. *Applied Psychology: An International Review, 56*, 345–366.

Hobfoll, S. E., Mancini, A. D., Hall, B. J., Canetti, D., & Bonanno, G. A. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science & Medicine, 72*(8), 1400–1408. doi:10.1016/j.socscimed.2011.02.022.

Hogan, D. P. (1978). The variable order of events in the life course. *American Sociological Review, 43*, 573–586.

Hoge, E. A., Austin, E. D., & Pollack, M. H. (2007). Resilience: Research evidence and conceptual considerations for posttraumatic stress disorder. *Depression and Anxiety, 24*, 139–152.

Honwana, A. (2006). Child soldiers: Community healing and rituals in Mozambique and Angola. In C. Daiute, Z. F. Beykont, C. Higson-Smith, & L. Nucci (Eds.), *International perspectives on youth conflict and development* (pp. 177–192). New York: Oxford University Press.

Johnson, E. I. (2007). Capturing context: Conceptual and statistical representations of ecological risk. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 67*(10-B), 6097.

Jones, L. (2002). Adolescent understandings of political violence and psychological well-being: A qualitative study from Bosnia Herzegovina. *Social Science & Medicine, 55*, 1351–1371.

Jones, L., & Kafetsios, K. (2005). Exposure to political violence and psychological well-being in Bosnian adolescents: A mixed method approach. *Clinical Child Psychology and Psychiatry, 10*, 157–176.

Kleinman, A., Das, V., & Lock, M. (1997). *Social suffering*. Berkeley: University of California Press.

Kleinman, A., & Desjarlais, R. (1995). Violence, culture, and the politics of trauma. In A. Kleinman (Ed.), *Writing at the margin: Discourse between anthropology and medicine* (pp. 173–191). Berkeley: University of California Press.

Kraemer, H. C. (2003). Current concepts of risk in psychiatric disorders. *Current Opinion in Psychiatry, 16*, 421–430.

Kraemer, H., Stice, E., Kazdin, A., Offord, D., & Kupfer, D. (2001). How do risk factors work together? Mediators, moderators, and independent, overlapping, and proxy factors. *The American Journal of Psychiatry, 158*, 848–856.

Kuterovac-Jagodic, G. (2003). Posttraumatic stress symptoms on Croatian children exposed to war: A prospective study. *Journal of Clinical Psychology, 59*(1), 9–25.

Ladd, G. W., & Burgess, K. B. (2001). Do relational risks and protective factors moderate the linkages between childhood aggression and early psychological and school adjustment. *Child Development, 72*, 1579–1601.

Lavi, T., & Solomon, Z. (2005). Palestinian youth of the intifada: PTSD and future orientation. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*(11), 1176–1183.

Layne, C. M., Beck, C. J., Rimmasch, H., Southwick, J. S., Moreno, M. A., & Hobfoll, S. E. (2009). Promoting "resilient" posttraumatic adjustment in childhood and

beyond: Unpacking life events, adjustment trajectories, resources, and interventions. In D. Brom, R. Pat-Horenczyk, & J. Ford (Eds.), *Treating traumatized children: Risk, resilience, and recovery*. New York: Routledge.

Layne, C. M., Olsen, J. A., Baker, A., Legerski, J.-P., Isakson, B., Pašalić, A., et al. (2010). Unpacking trauma exposure risk factors and differential pathways of influence: Predicting postwar mental distress in Bosnian adolescents. *Child Development, 81*, 1053–1076. doi:10.1111/j.1467-8624.2010.01454.x.

Layne, C. M., Warren, J. S., Hilton, S., Lin, D., Pasalic, A., Fulton, J., et al. (2009). Measuring adolescent perceived support amidst war and disaster. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence* (pp. 145–176). New York: Oxford University Press.

Layne, C. M., Warren, J. S., Watson, P., & Shalev, A. (2007). Risk, vulnerability, resistance, and resilience: Towards an integrative model of posttraumatic adaptation. In M. J. Friedman, T. M. Kean, & P. A. Resick (Eds.), *PTSD: Science & practice—A comprehensive handbook* (pp. 497–520). New York: Guilford.

Lazarus, R. S. (1998). *Fifty years of the research and theory of R.S. Lazarus*. Mahwah, NJ: Erlbaum.

Lazarus, R. S. (2001). Conservation of Resources Theory (COR): Little more than words masquerading as a new theory. *Applied Psychology: An International Review, 50*, 381–391.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62*(3), 600–616.

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*, 857–885.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

Luthar, S. S., Sawyer, J. A., & Brown, P. J. (2006). Conceptual issues in studies of resilience: Past, present, and future research. *Annals of the New York Academy of Sciences, 1094*, 105–115.

Macksoud, M. S., & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development, 67*, 70–88.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist, 53*, 205–220.

Masten, A. S., & Curtis, W. J. (2000). Integrating competence and psychopathology: Pathways toward a comprehensive science of adaptation in development. *Development and Psychopathology, 12*, 529–550.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1–25). New York, NY: Cambridge University Press.

Masten, A. S., & Reed, J. M.-G. (2002). Resilience in development (Ch. 6). In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74–88). New York: Oxford University Press.

Mataria, A., Giacaman, R., Stefanini, A., Naidoo, N., Kowal, P., & Chatterji, S. (2009). The quality of life of Palestinians living in chronic conflict: Assessment and determinants. *The European Journal of Health Economics, 10*, 93–101.

McLernon, F., & Cairns, E. (2006). Children's attitudes toward war and peace: When a peace agreement means war. *International Journal of Behavioral Development, 30*(3), 272–279.

Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., et al. (2006). The Afghan symptom checklist: A culturally grounded approach to mental health assessment in a conflict zone. *The American Journal of Orthopsychiatry, 76*, 423–433.

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*, 7–16.

Mollica, R. F., McDonald, L., Massagli, M., & Silove, D. (2004). *Measuring trauma, measuring torture. Instructions and guidance on the utilization of the Harvard Program in Refugee Trauma's Versions of the Hopkins Symptom Checklist-25 (HSCL-25) & The Harvard Trauma Questionnaire (HTQ)*. Cambridge, MA: Harvard Program in Refugee Studies.

Nguyen-Gillham, V., Giacaman, R., Naser, G., & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health & Social Care in the Community, 16*(3), 291–298.

Panter-Brick, C. (2010). Introduction: Conflict, violence, and health: Setting a new interdisciplinary agenda. *Social Science & Medicine, 70*, 1–6.

Panter-Brick, C., Eggerman, M., Gonzalez, V., & Safdar, S. (2009). Violence, suffering, and mental health in Afghanistan: A school-based survey. *Lancet, 374*(9692), 807–816.

Panter-Brick, C., Goodman, A., Tol, W. A., & Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*, 349–363.

Punamäki, R. L. (1996). Can ideological commitment protect children's psychosocial well being in situations of political violence? *Child Development, 67*, 55–69.

Punamäki, R. L., Muhammed, A. H., & Abdulraham, H. A. (2004). Impact of traumatic events on coping strategies and their effectiveness among Kurdish children. *International Journal of Behavioral Development, 28*(1), 59–70.

Punamäki, R. L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*, 256–267.

Pupavac, V. (2004). Psychosocial interventions and the demoralization of humanitarianism. *Journal of Biosocial Science, 36*, 491–504.

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307–321.

Roisman, G. I. (2005). Conceptual clarifications in the study of resilience. *American Psychologist, 60*, 264–265.

Rutter, M. (2000). Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 651–682). New York, NY: Cambridge University Press.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*, 1–12.

Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse & Neglect, 31*, 205–209.

Sagi-Schwartz, A. (2008). The well being of children living in chronic war zones: The Palestinian-Israeli case. *International Journal of Behavioral Development, 32*, 322–336.

Salo, J., Punamäki, R. L., & Qouta, S. (2005). The role of adult attachment in the association between experiences and post-traumatic growth among former political prisoners. *Anxiety, Stress and Coping, 18*, 361–378.

Sameroff, A. J., & Rosenblum, K. L. (2006). Psychosocial constraints on the development of resilience. *Annals of the New York Academy of Sciences, 1094*, 116–124.

Slone, M. (2009). Growing up in Israel: Lessons on understanding the effects of political violence on children. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence* (pp. 81–104). New York: Oxford University Press.

Slone, M., & Shoshani, A. (2008). Efficacy of a school-based primary prevention program for coping with exposure to political violence. *International Journal of Behavioral Development, 32*, 348–358.

Stark, L., Ager, A., Wessells, M., & Boothby, N. (2009). Developing culturally relevant indicators of reintegration for girls, formerly associated with armed groups, in Sierra Leone using a participative ranking methodology. *Intervention, 7*, 4–16.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected countries. *Social Science & Medicine, 48*, 1449–1462.

Summerfield, D. (2000). Conflict and health: War and mental health: A brief overview. *British Medical Journal, 321*, 232–235.

Summerfield, D. (2002). Effects of war: Moral knowledge, revenge, reconciliation, and medicalised concepts of 'recovery'. *British Medical Journal, 325*, 1105–1107.

Summerfield, D. (2003). Mental health of refugees. *The British Journal of Psychiatry, 183*, 459–460.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*, 1–18.

Trickett, P. K., Durán, L., & Horn, J. L. (2003). Community violence as it affects child development: Issues of definition. *Clinical Child and Family Psychology Review, 6*, 223–236.

Unger, M. (2004). A constructionists discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society, 35*(3), 341–365.

Vanderbilt-Adriance, E., & Shaw, D. S. (2008). Conceptualizing and re-evaluating resilience across levels of risk, time, and domains of competence. *Clinical Child and Family Psychological Review, 11*, 30–58.

Weathers, F. W., & Keane, T. M. (2007). The Criterion A problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress, 20*, 107–121.

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M., & Kostelny, K. (2009). Youth soldiering: An integrated framework for understanding psychosocial impact. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence* (pp. 105–122). New York: Oxford University Press.

Westpahl, M., & Bonanno, G. A. (2007). Posttraumatic growth and resilience to trauma: Different sides of the same coin of different coins. *Applied Psychology: An International Review, 56*(3), 417–427.

Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine, 69*, 565–570.

Whalen, J., & Flacks, R. (1989). *Beyond the barricades: The sixties generation grows up*. Philadelphia, PA: Temple University Press.

Youniss, J., Barber, B. K., & Billen, R. M. (2012). *Children in the garden of democracy: The meaning of civic engagement in today's Egypt*. Takaful: American University in Cairo.

Resilience in the Lives of Children of War

James Garbarino and Edmund Bruyere

A developmental analysis of "children of war" ought to be simple: "war is bad for children." However true this statement may be, it is insufficient for anything more than a moral judgment. In this chapter we provide a developmental analysis of the lives of children who experience war from the perspective of resilience in the face of trauma. Our approach grows out of an understanding of the role of trauma in the emotional and spiritual life of youth immersed in the public social violence of war (as opposed to the "private" violence of conventional domestic abuse and community crime). Our core thesis is that the experience of trauma is so powerfully implicated in the dynamics of public social violence—as cause and effect—that no efforts to prevent and ameliorate its effects will be effective if they do not address this core issue. While no recipe or algorithm for program and policy development is possible, we can provide a series of conceptual "tools" that professionals and policy makers addressing the impact of war on children and youth can use in this effort. We begin with the concept of trauma.

The word "trauma" has entered into common usage around the world. But the real substance of

"trauma" is greater and deeper than casual references would allow. Trauma is first and foremost the experience of profound psychological threat. Herman (1992), a clinical researcher who specializes in sexual abuse cases, recognized that to be traumatized is to come face-to-face with human vulnerability in the natural world and with the capacity for evil in human nature. Perhaps the most powerful simple characterization is "an event from which you never fully recover." To use more conventionally psychological terms (Garbarino, 2008; Terr, 1995), trauma is the simultaneous experience of extremely powerful negative feelings (overwhelming arousal) coupled with thoughts that are beyond normal ideas of human reality (overwhelming cognitions).

Trauma arises when a child cannot give meaning to overwhelmingly frightening experiences. This orientation is contained in the American Psychiatric Association's definition of posttraumatic stress disorder in its Diagnostic and Statistical Manual (DSM-IV), which refers to threatening experiences outside the realm of normal experience that exceed the individual's capacity to cope without dramatic distress (2000). It is echoed repeatedly in first-person accounts of war by children and youth—most notably child soldiers (e.g., Ishmael Beah's (2008) autobiographic account of war in Sierra Leone, *A Long Way Gone*).

A traumatic experience that is cognitively and emotionally overwhelming may stimulate conditions in which the process required to "understand" these experiences itself has pathogenic side effects. That is, in coping with a traumatic event, the child may be forced into patterns of

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behavior, thought, and affect that are themselves "abnormal" when contrasted with patterns prior to the event as well as when compared with patterns characterized by the untraumatized child.

Chronic traumatic danger imposes a requirement for developmental adjustment (Garbarino, 2008). According to Piagetian theory, these developmental adjustments result from the inability of the child to assimilate traumatic experiences into existing schema (conceptual frameworks). By definition (e.g., the APA definition), trauma is outside the normal "schema" or conceptual frameworks of children. Thus, traumatic experiences require the child to alter existing concepts to permit the new experiential information to be integrated. This involves what Piaget termed accommodation. In the case of chronic danger, children must accommodate their psychic realities so that they allow for the processing of life's atrocities. Put simply, children must adopt a negative view of the world. From a Piagetian perspective, they have only their own emotional and intellectual resources to bring to bear on this task. This increases the odds that how they accommodate to trauma will produce values and patterns of behavior that are not optimal either from the child's perspective or from the perspective of the larger society. Neo-Piagetian approaches, e.g., Fischer and Bidell's "skill theory" (1998), extend this to consider how coping with trauma disrupts and changes the neurological systems of the brain as they shape adaptive behavior.

Lev Vygotsky's model of development provides additional dimensions to this analysis. By focusing on the intrinsically social nature of development, this approach highlights the role of adults in mediating the child's experience of trauma. The key is the concept of "zone of proximal development," which posits that the child is capable of one level of functioning on its own, but a higher level of functioning in relationships with the "teacher," who guides the child towards enhanced development by offering responses that are emotionally validating and developmentally challenging. Fischer and Bidell (2007) have explored how brain development incorporates this process to differentiate between "functional" competence and "optimal" competence. This provides a developmental grounding for understanding the "natural" therapeutic efforts of adults (as parents) and for the "programmatic" efforts of professionals (as teachers and therapists). How do child accommodations to traumatic events manifest? Without effective adult "teaching" (in the Vygotskian sense), they are likely to include posttraumatic stress, alterations of personality, value shifts, and major changes in patterns of behavior.

One way to conceptualize these effects is to consider their impact of children's emerging narratives. From the perspective of theorists who focus on the role of narrative in child development (e.g., Bruner, 1986; Hammack, 2008; McAdams, 2001), chronic traumatic danger demands that children rewrite their stories as well as redirect their behavior. These accommodations are likely to be especially pronounced when that danger derives from violent overthrow of day-to-day social reality, when communities are substantially altered, when displacement occurs, or when children lose important members of their families and social networks. In the case of children exposed to the chronic horrors of Pol Pot's Khmer Rouge regime in Cambodia in the 1970s, 50% of children exhibited persistent symptoms of PTSD 8 years after exposure (Sack et al., 1993). According to Van der Kolk, McFarlane, and Weisaeth (1996), explosive outbursts of anger, flashbacks, nightmares, hypervigilance, psychic numbing, constriction of affect, impaired social functioning, and the loss of control over one's life are all characteristic of the traumatized child, particularly those who have not been "taught" to find alternative, positive meanings in their lives.

No single variable can be isolated as the leading cause of the developmental damage that is so common among children living in war zones due to political violence—such as conventional war or insurgency. The same holds for those living amidst civilian community violence, e.g., that linked to gang activity (particularly in countries such as El Salvador), where chronic civilian violence linked to gangs has its historical roots in political violence. Rather, it is the interplay of several social and developmental variables that dictates the course and severity of the child's

maladaptation. Some children in war zones thrive, while others deteriorate. There are many factors that contribute to the range of outcomes, factors that provide clues to the sources and dynamics of resilience.

War is one of the most important sources of trauma for children and youth because it forces youngsters to come face-to-face with the dark side of human experience and, in so doing, evokes overwhelming negative arousal and overwhelming negative cognitions. In our view, trauma related to war exposes children and youth to three of the "darkest secrets" of the human universe (Garbarino, 2008):

*Despite the comforting belief that we are physically strong, the fact of the matter is that the human body can easily be maimed or destroyed by acts of physical violence. Images of graphic violence demonstrate the reality of this to children and youth.

*The social fabric is as vulnerable as the physical body; despite all their power and authority adults cannot necessarily keep youngsters safe when an enemy wishes them harm. Experiences in which parents, teachers, and other adults are present but unable to protect children effectively reveal this.

*Anything is possible when it comes to violence; there are no limits to human savagery. Any form of violence that can be imagined can be committed.

Three scenes from a 2011 film based upon the real life experiences of Sam Childers ("the Machine Gun Preacher") illustrate these three "dark secrets."

In the first scene, Sam makes his first visit to a remote village in Southern Sudan. Upon arrival he is confronted with the reality of the civil war—the inhabitants of the village had been slaughtered by LRA (Lord's Resistance Army) rebels the previous night. Because of this children come face-to-face with the brutal deaths of their family members (some of the people had been burned alive). A young boy, who is obviously traumatized by the brutality, runs into a grassy area outside of the village. Moments later there is an explosion. Sam runs to see if the boy is alright, only to find that the boy's lower body has been blown off by a land mine. Sam comes face-to-face with the first dark secret: That is, despite the comforting belief that we are physically strong,

the fact of the matter is that the human body can easily be maimed or destroyed by acts of physical violence. The day-to-day reality of many children living with realities of civil war in the Sudan demonstrates this reality.

In another scene Sam watches as hundreds of children arrive at night to a camp ran by the Sudanese People's Liberation Army, a refuge of safety for these kids. Sam inquires about why so many of these kids have come to the camp at night. He is informed that these children, as well as their parents, have learned the second dark secret; despite all their power and authority adults cannot necessarily keep youngsters safe when an enemy (e.g., LRA) wishes them harm. Experiences in which parents, teachers, and other adults are present but unable to protect children effectively reveal this.

In the final scene, LRA rebels enter a village in the middle of the night, killing the men and women and setting fire to the village. They round up the children. One boy is brought before his mother (who is kneeling) by the rebels. He is handed a club (clap) and told that if he and his brother want to live he must execute his mother. Initially, the young boy refuses, but knowing the life of his brother is in jeopardy, he strikes his mother in the head with the lethal weapon. Tragically, this boy learned the third dark secret: Anything is possible when it comes to violence; there are no limits to human savagery. Any form of violence that can be imagined can be committed.

As we shall see, learning these secrets can drive children and youth to shut down emotionally and/or engage in hedonistic self-destruction and antisocial behavior.

Historically, the origins of war-related trauma have generally been limited to first hand encounters with horror (Garbarino, 2008). But things have changed. The media technologies that emerged in the twentieth century added a new, unprecedented dimension to the psychology of terror by exposing children to trauma induced by the vicarious experience of horror in full spectrum imagery and sounds. One of the important elements of living in the current age is the growing recognition that modern mass media permit the conveying of traumatic experiences

beyond those who are in-person witnesses to the mass audience who are exposed to vivid visual and auditory representations of horror via videotaped records and through the simulations in video games.

For example, this was observed in post-occupation Kuwait in the early 1990s, when videotapes of Iraqi atrocities were sufficient to elicit traumatic responses in children who identified with the victims as their countrymen (Nader & Pynoos, 1993). This is evident in the emerging body of research on the effects of violent video war games. This research that demonstrates the power of such media to induce desensitization and increase violent fantasies, beliefs, and behavior, much the way that violence on television increases aggressive behavior in children (Anderson et al., 2003).

Psychological connection to the immediate victims of horror is capable of transmitting trauma to children and youth secondhand. Add to this the fact that trauma research reports that one of the elements in predicting whether or not a terrible event will produce long lasting psychological symptoms of trauma is the degree of connection between the immediate victim and the remote-observing child who witnesses the event via media representation. This emergent definition of trauma and the role of secondhand victimization via exposure to visual and auditory images of people with whom one has a psychological connection provide the first step in understanding how youth react to war.

The second step comes when we recognize the difference between single incidents of trauma ("acute" trauma) and repeated patterns of trauma ("chronic" trauma) (Garbarino, 2008). In the first case, children experience emotional disruption but generally respond well to adult efforts to restore a sense of safety. There is a well-developed set of techniques for achieving this return to emotional equilibrium. They involve processing child questions and concerns with accurate information to dispel rumors and myths, offering emotional reassurance through return to comforting routines, and age-appropriate memorials and life celebrations (National Child Traumatic Stress Network, 2013). However, when a child experiences repeated trauma, the effects are likely to be both more emotionally disruptive and to include effects beyond the immediate emotional response, issues about the very meaning of life, spiritual, and philosophical issues (Garbarino, 2008).

Another key to understanding the dynamics of chronic trauma is to discriminate between the experience of trauma as "immunizing" vs. "sensitizing" (Garbarino, 2008). Childhood immunization is the process by which a child develops resistance to an "infectious agent" as the result of being exposed to something that is derived from or similar to that infectious agent in order to allow the child's immune system to prevent future illness when it subsequently encounters the infectious agent in question. We are all familiar with this model. You bring your child for an injection that prevents the child from getting the mumps or polio in the future. The validity of this immunization model in psychological matters is a matter of debate.

In the case of sensitizing, the first exposure leads not to immunity in the future but to greater vulnerability. For example, consider what happens when children are hospitalized without parental presence. The psychological effects of one hospitalization on children are usually relatively minor. It is the *second and subsequent* hospitalization that really causes problems because rather than immunizing the child against separation anxiety the first hospitalization sensitizes the child to future separations (Rutter, 1989). This is true in many aspects of child development, particularly those having to do with mental health problems. Thus, for example, infants who are separated from their parents become more, not less, likely to have problems with attachment if they experience disruptions of parenting in the future. If an infant forms a strong attachment bond, the child is prepared to bond anew if transferred to a new parental figure. In contrast, an infant who has been already been subject to deprivation of the parent figure is a candidate for serious emotional problems if the second placement becomes a third and a fourth (Rutter).

One model involves habituation, "getting used to" the disruptive event. The other model involves "kindling." Kindling means that repeated exposure

results in the need for less and less exposure to cause an effect (Kramer, 1997). Depression seems to work like this, for example. It usually takes a major negative life event to precipitate a first depressive period. But it takes less negative stimulation to set off a second, and still less to set off a third, just as once a fire has been burning in a stove, it takes less and less kindling to reignite the fire because the coals endure. In the case of kindling depression, the brain begins to adapt to the process of repeated stress in a way that makes it more and more vulnerable to arousal when challenging stimuli occur (Kramer).

So which is it in the case of war-related trauma, immunization, or sensitization? The preponderance of the evidence tells us the answer is sensitization, but with a twist (Pynoos, 1994). In one sense, the sensitization model is clear in the research on the effects of chronic trauma on child development. "Prior experience of trauma" pops up repeatedly when researchers ask which children are more likely to be exhibiting distress 6 or 12 months after a potentially traumatic event (Van der Kolk et al., 1996). The twist is that one of the common consequences of chronic trauma often has the effect of making youth *seem* unaffected by future traumas.

A study in World War II asked, "what percent of regular soldiers become psychiatric casualties from the traumatic stress of war after 6 months of constant combat experience?" The answer was "98%." Who were the 2% who did not become emotionally disabled by chronic combat? They were not the most emotionally robust and psychologically healthy individuals. They were the psychopaths who experience neither the emotional nor the moral stress of combat. Their emotional systems were locked in the "off" position, and they had no moral trouble with killing. But the "normal" soldiers collapsed as the psychological and moral toll of combat exhausted their emotional resources. The good news is that most of these soldiers recovered when given sufficient rest, therapy, and the moral support of their friends, family, and fellow soldiers.

The researchers concluded that people with psychopathic personalities were stress-resistant because they did not experience the same degree of arousal in the face of threat that others did; further, they did not have difficulty violating moral prohibitions with regard to killing human beings. Insofar as people with psychopathic personalities were hostile, emotionally impoverished, and detached, they did not become symptomatic.

The possible implications of this finding for child development in situations of war are equally chilling, but once again "with a twist." In one sense, Grossman and Siddle's finding would suggest that the children best able to survive functionally are those who have the least to lose morally and psychologically. In James Gilligan's terms (1997), such children are already emotionally and spiritual "dead," and thus experience no fear or inhibition. They view the world as having neither emotional barriers nor moral terrain. Our own interviews of youth incarcerated for murder and other acts of severe violence expand this view (Garbarino, 1999). Some of the most violent youths construct elaborate defense mechanisms against anxiety, fear, and abandonment; these defense mechanisms culminate in the persona of the cold-blooded "gangster."

But how do "normal" soldiers cope with repeated trauma? Until the point of breakdown, they usually adopt a guise of numbness, coolness, and detachment. They do this whether they are military personnel in the national or insurgent army or "soldiers" on the mean streets of violent neighborhoods. That's why the youth who live in chronic war situations often appear to be "cool" (in the sense of affectively bland and/or nonchalant). Mostly they are not psychopaths (although some are). Mostly they are chronic trauma cases that have not yet reached the point of collapse. And this is where the "twist" arises: children and youth exposed to war (including child soldiers) can demonstrate resilience if they have the social, cultural, and psychological resources commensurate with the challenges they face Wessells, 2007).

But marshalling these resources requires an understanding of how trauma-related challenges can present themselves in the lives of children and youth who have experienced war. Where does their trauma go, if not into the kind of overt

disturbance and upset that is so common for first-time trauma victims in the immediate aftermath of their horrible experience? It may go inside in the form of nightmares. It may go into the abuse of substances as a form of "self-medicating." It may get displaced into rage that diverts energy from sadness. It may alter the way their brain functions when aroused, attached to fears that deflect attention from the primary fear. It may manifest as self-mutilation.

All this is particularly important for our concerns, because it would seem that children are particularly vulnerable to trauma. For example, Fletcher (2007) reports that 27% of teenagers, 33% of middle schoolers, and 39% of younger children exhibit symptoms of PTSD when they actually encounter traumatic events. Davidson and Smith (1990) found that when exposed to comparable potentially traumatic events, 56% of children 10 years of age or younger experienced PTSD symptoms compared with 18% of those 11 years of age and older. And, a study conducted on the effects of the Buffalo Creek disaster—a flash flood that demolished an entire town in West Virginia in the 1972—reported that the group most vulnerable were the children between 6 and 11 years of age (Newman, 1976). This is just what you would expect in the real world in which parents try to protect children from trauma. In that world, younger children are more willing and able to be protected, teenagers are more able to protect themselves, and the children between these two groups are in the most vulnerable position of all, aware but relatively defenseless.

But this vulnerability related to age and development is not the whole story. Some children are more vulnerable than others—even within the same age. Why? Mental health professionals are coming to terms with the issues posed by the reality that some individuals are more affected by traumatic events than others, and that individuals experience the effects of trauma differently. On the first matter, it seems clear that some people approach traumatic events with what has been called "hardiness," a kind of stress-resistance that protects individuals in a healthy way from the

damage of being in difficult situations in which trauma is likely.

For example, research by psychologist George Bonanno and his colleagues (2004) find that soldiers who are rated high on hardiness before they go off to war are less likely to suffer PTSD or serious depression when they go through combat. Others resist the effects of traumatic experiences by developing unrealistically positive views of themselves, by repressing memories of the events to avoid confronting them, and by practicing positive emotions to displace sadness, grief, and anger. In moderation, all of these may contribute to successful coping, but hardiness seems to be the most promising avenue because it is more than simply refusing to confront traumatic experiences through self-delusion or repression; it is a matter of coping with adversity through positive strength.

What are the elements of hardiness? One is commitment rather than alienation (Bonanno, 2004). People who do not withdraw socially and philosophically show greater resistance to the effects of experiencing traumatic events. In the face of the war or community violence, one child says, "No matter what happens I still believe there is goodness in the world," while a second child responds with, "I think all you can do is get as far away as you can and just forget about it."

A second element of hardiness is feeling in control rather than feeling powerless, but there are costs to this strategy (Bonanno, 2004). It is understandable that if people feel totally out of control they are more likely to succumb to the psychological and philosophical effects of traumatic events. One child responds, "There are things I can do to stay safe," while another says, "I am completely at the mercy of the terrorists; there's nothing I can do about it."

A third element of hardiness is seeing the world in terms of challenge rather than threat (Bonanno, 2004). One child says, "We can find ways to make things more peaceful and I can be a part of those efforts," while another says, "All I feel is fear; fear that it will happen again and there is nothing I can do about it." Building upon these findings, psychologist Salvatore Maddi has developed a training program to enhance hardiness—the

"HardiTraining Program"—(Maddi, 2005) involving exercises designed to stimulate and reinforce the three elements of hardiness identified by Bonanno.

The caution is that we must be careful not to assume that kids who are coping well with trauma in their day-to-day activities ("functional resilience") are necessarily at peace inside ("existential resilience") (Garbarino, 2008). Some traumatized individuals who are very competent and successful on the outside are tormented on the inside. Related to this point is the fact that it is not enough to look at the effects of trauma in the short run: some individuals are functionally resilient for long periods—perhaps throughout their adult lives—while falling prey to existential despair later in life. A study of Dutch resistance fighters who were involved in the struggle against the occupying Nazi forces during World War II revealed that eventually *all* of them showed some effects of their traumatic experiences, although in some cases it was not until decades later (Van der Kolk et al., 1996)! Trauma changes you forever, but it may take a long time for that change to become apparent.

All this provides a basis for a set of principles to understand resilience in the lives of children in war, principles that are based upon the goal of increasing emotional self-regulation and empathy in the lives of children and youth traumatized by exposure to war. These principles are intelligent empathy, caregiver projection of confidence and competence, and compassion in the circle of caring (Garbarino, 2008).

Two of the key terms in adult responsiveness to traumatized children and youth are "empathy" (being able to feel what the child is feeling) and "developmental perspective" (understanding that children are not just short adults). The blending of these two elements together produces what we call "intelligent empathy" (Garbarino & Bedard, 2001). It is the foundation for responsiveness because it joins together an appreciation for what the child is feeling and a capacity to respond to those feelings in ways that are appropriate to the developmental status of the child.

Where intelligent empathy is lacking, adults are not attuned and responsive to the emotions children experience, and thus may miss opportunities to stimulate and nurture resilience. For example, they may ignore the child's distress because as adults they don't share that distress. They don't engage in the important process of mirroring back what children are feeling as a way of validating and clarifying the child's emotions. For example, they may punish children for their responses to trauma such as regression to earlier forms of behavior (like wetting the bed and thumb sucking) and sleep disturbances (like nightmares and wanting to sleep with parents), rather than see them as indications of the child's struggle to cope with underlying stress and tension. We have witnessed all of these in the lives of children and youth coping with war (Garbarino, Dubrow, & Kostelny, 1991).

What are the barriers to an adult's intelligent empathy? They may flow from the adult's personality—notably self-absorption (narcissism). But they may also arise through adult emotional unavailability precipitated by crisis in the adult's life. Research with Palestinian children demonstrated that in conditions of threat and terror children do best when they face these threats in the context of warm and supportive families (Garbarino & Kostelny, 1996). These are families in which parents listen to their children and permit them to enter into a positive dialogue about the meaning of political events, rather than silencing them or punishing them for their fears and anxieties. Studies from around the world and in North America document that adults who are able to see and hear the feelings of children and respond respectfully and warmly to these feelings are most likely to produce emotionally healthy children. Whatever its origins, empathic adult treatment of children is particularly important when children are facing difficult life circumstances like the trauma of living with the reality of war.

Children look to key adults in their lives for cues and clues about what to make of powerful events that come to them via the mass media and even directly from their observation of events in their immediate environment. This is one of the most important influences parents and teachers have on the children they care for and educate.

The child's understanding of the world is very concrete. For a child, the most powerful question is "how is my world?" How is my house, my parents, my sisters, my brothers, my grandmother, my grandfather, my aunts, my uncles, my cousins, my toys, my pets, and my school? If that much remains intact, the child is rich in the most important ways in which a child can be rich, and has access to some of the important foundations for resilience in the face of war zone experiences (Garbarino, 2008). This is not a matter of children being selfish, so much as it is the way children think, concretely. In fact, they can extend their caring to other beings, but it is mostly a matter of them making an emotional connection with those beings first so that they are added to the list of "my" attachments. For example, many children connect emotionally with animals, so it should come as no surprise that surveys done during the Gulf War in 1991, revealed that the most upsetting media image for many young children was that of the water birds of Kuwait drowning in a sea of oil caused by the efforts of the feeling Iraqi forces to sabotage the Kuwaiti oil fields (Garbarino).

In perhaps the earliest research on the topic of how children cope with living in a war zone, Freud and Burlingham (1943) reported on children in World War II. She found that if parents could maintain day-to-day care routines and project high morale, their children had a foundation of basic trust from which to build as they sought to cope with the stresses of war time life around them.

The third principle underlying a complete response to children and youth affected by war is compassion in the circle of caring. The Dali Lama teaches that compassion is more than a feeling dependent upon the sympathetic nature of the other. It is the ability to remain fixed on caring for the other person regardless of what that person does, not just out of sympathy for the other person but from the recognition that it is best for ourselves to live in a state of compassion rather than hatred. One of the Dalai Lama's most important lessons is that true compassion is not just an emotional response but a firm commitment founded on reason (2011). It is easy to feel hatred for our enemies and sympathy of the victims of violence—human decency seems to demand it.

But though it is much more difficult to feel true compassion for our enemies it is essential to achieve a lasting and just peace in the aftermath of military success. It is quite one thing to talk in public about "bringing the perpetrators to justice" and quite another to speak of exacting our revenge.

This does not mean simply ignoring evil, violence, and sin. It means that even in the face of human behavior that is evil, violent, and violates basic human rights (what those of us who approach these issues from a religious perspective would call "sin"), we still care for the offender, even as we seek to control that person's dangerous behavior and protect ourselves and the community. Indeed the crucial concept for those who seek to live by compassion not just sentimentality is "the circle of caring." The circle of caring describes the area of one's life in which moral values apply; outside that circle the issues are not so much moral as logistical. In the 1977 film "Seven Years in Tibet," a European friend of the young Dali Lama begins work on a building. He arranges for workmen to dig a trench as the start of building a foundation. As they begin work monks approach them and ask them to stop the digging because they are killing the worms. For them, the circle of caring includes even the lowly worm. None of God's creatures is excluded and each creature deserves care and concern.

Every culture struggles with this issue of who is "in" and who is "out" of the circle of caring, particularly in times and places of war. Some of the fiercest warriors in armies throughout history have matched their blood-thirsty ruthlessness on the field of battle with a soft caring for friends and family. Even some of the most monstrous killers may have a small circle of beings for whom they care in a morally elevated fashion. Hitler had his well cared for dog, and Nazi Germany had some of the most humane animal protection laws in Europe in the 1930s (Arluke & Sanders, 1996).

Conversely, even some of the kindest law-abiding citizens have holes in their circle of caring. We personally have encountered a loving father and good neighbor who attends Ku Klux Klan rallies where he applauds speakers who

incite race hatred and bigotry. A friend in Germany tells of her loving father who for decades sensitively ministered to the needs of his patients but to his dying day maintained that if Hitler had succeeded in killing all the Jews the world would be a better place. Human experience is complex and rarely one-dimensional (Garbarino, 2008).

As we see it, the circle of caring must be as big as we can tolerate—and then bigger still. After the attacks of 9/11, some wrote that even as we seek to stop terrorism by healing the wounds that spawn it and immobilizing those who would commit it, we must not allow ourselves to dehumanize our enemies but rather have compassion for them, indeed our spiritual teachers would tell us we must love them. Love the terrorist? Isn't that exactly the message? (Garbarino, 2008). Thus, compassion is not just a "value" in the ethical sense; it is a valuable component in the psychological foundations of inner harmony and well-being, and ultimately for resilience.

One of the hypotheses derived from observing societies coping with terror and fear originating in political crisis is that efforts to reassure children in the short term can easily poison their consciousness for the future, making settling conflicts and reconciling the parties more difficult in the long run (Garbarino et al., 1991). For example, in the Middle East we encountered a mental health specialist who works with parents presenting a case study of her efforts to help parents help their young children cope with the deployment of their father to the war zone front lines. Here are her words: "Remind the child of the time when there was a wasp in the house and his father squashed it with his shoe. Tell the child that there are bad people who want to hurt us and they are like the wasp, and your father has gone out to squash them."

The impulse to demonize and dehumanize the enemy is an understandable response to the challenge of reassuring children in the midst of political conflict and violence. However, it does not come without unfortunate side effects in the long run. For example, our experiences with the Israeli-Palestinian conflict suggested that while emotionally reassuring in the short run, this approach can impede the process of reconciliation and healing once the political crisis is solved (Garbarino et al., 1991). What is more, it deprives the child of the moral comfort afforded by the world's great *spiritual* teachings, which at their offer the wisdom of believing in compassion, universal dignity and reconciliation, regardless of whether someone is friend and foe (Armstrong, 2009). Of course, *religious* traditions are not so simply described in these terms. Armstrong recognizes that once the silent profundity of spiritual awareness is translated into specific theological and cultural terms, it can be transformed into something as imperfect as any human enterprise, compromised by unconscious dark forces and ego-driven behavior. An excellent illustration of this is to be found in Gibbs (2005) analysis of the dark side of the three Abrahamic religions (Islam, Christianity, and Judaism). Indeed, as Cavanaugh's (2009) wide ranging historical analysis reveals it is "idolatry" whether it be religious or secular in nature that gives rise to the dehumanization of "the other" that is at the root of societal violence. This is evident in the two faces of martyrdom (Field, 2004), one involving self-sacrificial violence and, the other sacrifice of the ego on behalf of caring for the other.

Compassion is our principal resource in this struggle to maintain our spiritual integrity in the face of worldly temptations to hate and dehumanize our enemies (Armstrong, 2010). The perpetrators of trauma linked to war typically are caught up in their own scenarios of revenge and retaliation. Often they have experienced personal suffering or family loss, or historical victimization, and are seeking a way to give meaning to that suffering through acts of violent revenge. Mostly, they are individuals who are offered a political or ideological interpretation for their situation by their leaders, or cultural support for aggression against "the other" (Hoffman, 2006).

Sometimes these leaders are pathologically calculating and cold in their exploitation of their followers. Sometimes these leaders themselves are plotting revenge for what they have experienced as victims of oppression. For them, the acts they commit are not unprovoked assaults, but rather are their own, sometimes warped version

of bringing the perpetrators to justice. As we see it, we must not fear this understanding. We must not reject those who ask for understanding. We must remember the wisdom captured by the slogan that teaches "if you want peace work for justice," "what Gandhi taught when he said," "you must be the change you wish to see in the world." As we see it, here lies the path of profound resilience for the children of war (Garbarino, 2008).

How adults handle the intense emotions and moral dilemmas associated with war, family violence, and criminal assault in the community will teach children and youth a great deal about justice, compassion, and revenge. Our goal should be to teach them at least two lessons: First, compassion and understanding are founded in strength not weakness. Let us celebrate the helpers and those who speak and act for justice and due process rather than for blood revenge. Second, protecting the stigmatized from scapegoating and "guilt by association" is an important goal of public institutions in a time of national crisis. Dehumanization is the enemy. Each individual has a story to tell, a human story.

The great psychiatrist Harry Stack Sullivan (1953) wrote that "Man is more simply human than otherwise." Despite the dated use of the masculine pronoun as the generic human reference, he meant two things of great importance. First, that whatever differences we may observe between humans we are all collectively and fundamentally the same. Second, that we must always seek a human explanation for the way people behave, no matter how irrational, demented, or monstrous it seems at first glance. This is an excruciatingly difficult task when the behavior in question is war. But we believe it is essential that we do so for very practical as well as very noble reasons.

The second lesson is that the experience of injustice offers spiritual opportunities just as it offers moral challenges. What determines whether we seize and profit spiritually from these experiences or allow them to feed the dark side of human selves, our needs to be powerful, in control, and angry? We find guidance in the work of psychotherapist Dave Richo (1999). Richo has looked closely and with unblinking eyes at how

the needs of our egos can push us away from the spiritual opportunities posed by trauma towards the darkness that comes with revenge, anger, and retaliation. He writes, "Injustice leads to rightful indignation, attempts to repair the abuse, and grief about the loss. Grief is scary mainly because it seems to equal powerlessness. Its alternative, revenge, is resistance to grief, since it substitutes retribution for sadness. It grants a false send of power because it is power over others, not power for resolving unfairness or transforming human beings" (p. 90).

How does this translate in the world? Richo (1999) sees one of its manifestations in the application of the death penalty. "Capital punishment is an example of a historically legitimized form of revenge. It is rationalized as deterrence. Our wounded ego engages the state to assure we can get even and not have to grieve so ardently or be so much at the mercy of life's conditions. Once we let go of ego, love gains precedence in our hearts and we cannot be satisfied with punishment. We want the transformation of the offender, restitution to us or the community, or the offenders' heartfelt restoration to humanity." He is speaking of "common" criminals, but perhaps the same can be said of terrorists and others who would make war on or with children and youth. In this he is echoing the wisdom gained by Sister Helen Prejean (1994) in her work with individuals on death row.

But what are we called to do in response to those who hurt and despise us? Richo (1999) defines it as "utter reconcilability." By that he means that we must not allow our hurt egos and our dark sides to use the opportunity presented by traumatic events to liberate and validate our rage. Rather, we must seek out the greater wisdom of making peace with all and everyone. Every religious tradition and every spiritual path offers guidance on this matter. The Christian recipe for divesting ourselves of ego violence and retaliation is in the Sermon on the Mount. There we find the unpalatable recommendations that we turn the other cheek, bless those who hurt us, love those who hate us. In short, reverse every automatic reaction of ego. Richo sees this same impulse in other religious traditions—Buddhism,

Judaism, Hinduism, Islam—recognizing (as was illuminated by) that these traditions have other voices within them as well.

One of the central facts about human development is that it occurs "in context" (Bronfenbrenner, 1970; Garbarino, 2008). Rarely does a cause-effect relationship work the same way from setting to setting, as defined by gender, social class, ethnicity, temperament, community, family, school, and culture. Thus, if we ask "does X cause Y?" the best scientific answer is almost always, "it depends." This is the core principle of an ecological perspective on human development and it is essential in developing an understanding of resilience in children and youth affected by and involved in war. It is essential to understand that resilience operates in context, in the sense that it functions within what Bronfenbrenner termed the organismic, micro-, meso-, exo-, and macro-systems of human experience. This means it can arise from features of temperament and individual intelligence, relationships with parents and teachers, the degree to which the various contexts of a child's life provide positive synergy, the degree to which policy makers outside the child's immediate social experience make decisions that are child-focused, and the nature of the broader culture with respect to nurturing, healing, and protecting children in times of war and political conflict.

Promoting resilience refers to ways in which adults can enhance the ability of kids to deal with trauma constructively and successfully. A crucial component of this resilience is confidence in the future. In the television age in which kids live, trauma is brought into their lives in historically unprecedented ways, and this trauma threatens kids' foundations for hope and future orientation, and in extreme cases replaces future orientation with "terminal thinking" (Garbarino, 2001).

In a review of the literature, Apfel and Simon (1996) posit several factors that collectively contribute to successful childhood coping and adaptive adult functioning that characterizes war's most resilient children. We find their conclusions compelling and their reasoning from the available evidence persuasive.

- Resourcefulness. The hallmark of this attribute is the ability to seek out and take advantage of the limited emotional resources available in an impoverished social environment. With diminished social support (particularly parental support), the resilient child will cling to any warmth and affirmation that is attainable. This requires children to be perceptive and sensitive to subtle changes in their environment as war is a time when parental attention and availability are limited. The inability to seize these scarce opportunities is costly to the child living in a war zone. Also, resourceful children are more likely to solicit necessary care and approval from adults other than their parents. This allows these children to have their developmental and social needs met by means that are unavailable to less resourceful children.

- Curiosity and the ability to conceptualize. Together, these factors afford the child living in a war zone the knowledge and perspective that are necessary to frame the war experience most adaptively. The curious child is one who actively pursues a deep understanding of life events. As active agents in their environment, children explore ideas and collect information about the crisis through whatever resources are available. The impact of this knowledge allows children to accurately and adaptively conceptualize the adversity in their lives. Additionally, it allows them to process the war experience as a community—or often as a national epidemic—instead of as one that is experienced in seclusion. This insight works against the feeling of isolation, as it compels children to become aware of the effect of the war on other people.

- Altruism. Children who help others are aware of their ability to affect situations around them. This process of giving and helping often protects children from being overcome by feelings of helplessness. As actions are seen as having power and influence, coping becomes self-initiated and deliberate.

- Commitment to survival. The commitment to survive often coexists with a sense of purposefulness and meaning. Children who regard

their lives as serving a higher purpose will be more apt to persevere in the face of trauma and have a greater insight into their vulnerabilities. Children with goals are likely to have this sense of internal purpose. Being told to look after the family residence or to accompany a sibling to a combat-free territory can supply a child with the psychic energy and sense of purpose to endure the atrocity and trauma that lies ahead.

• Command of affect and ability to recall positive images. A resilient child will be able to "compartmentalize" pain and anxiety and delay the expression of affect for the good of survival. There are many instances in which the overt expression of emotion is dysfunctional. For example, in order to avoid becoming incapacitated, Bosnian children often had to postpone grieving until after evacuation was complete, and there was a safe environment in which to express their sadness. The same is true for victims of torture, who must await either a change of regime or resettlement in a safer country before beginning to process the traumatic experience. The result is not suppression or repression of appropriate affect, but rather postponement of affect until the child is in a context that is safe. In addition to the importance of suspending present psychic reality, it is equally important that children be able to recall a more positive reality.

As we see it, the ability to remember the former strengths of a now diminished social map is crucial to resiliency. This process of "glorified recall" protects children from over-internalizing the aspects of their present situation by allowing them to conceptualize and interpret adversity as temporary and specific rather than stable and global. Thus, we are concerned about the conclusions about the world contained in a youth's social map. We can conceptualize these issues in terms of a series of alternative conclusions that children and youth exposed to war may reach. Will it be "Adults are to be trusted because they know what they are doing," "People will generally treat you well and meet your needs," "I am a valued member of my society," and "The future looks bright to me?" Or, will it be "Strangers are

dangerous," "School is dangerous place," "I feel all alone," and "All I see in my future is more disappointment and failure?"

What does this understanding of the social maps of children suggest as principles for encouraging resilience in war-affected children and youth? We see four guiding principles for programmatic action:

Emotional regulation issues for traumatized youth: Self-medication in the form of illicit drug use (including alcohol) is a significant issue for many such youth around the world (Duncan & Gold, 1982; Khantzian, 1999). This "need" cannot be ignored or simply punished. Traumatized youth need alternative tactics and strategies for dealing with the arousal issues associated with trauma. We believe that the use of consciousness-orienting approaches such as meditation should be part of any comprehensive program (perhaps in some cases in combination with psychiatric use of psychoactive drugs to permit the youth to stabilize emotions while processing trauma). Techniques such as trauma-focused cognitive behavioral therapy that permit processing of traumatic memories without debilitating emotional "flooding" can be part of this effort (Cohen, Mannarino, Berliner, & Deblinger, 2000). These efforts provide the psychological "space" to process memories and yet protect the youth from being overwhelmed by reexperiencing the symptoms of posttraumatic stress disorder.

Building meaning: The various crises in "meaningfulness" experienced by war-traumatized youth require special attention (Garbarino et al., 1991). Cooperative, pro-social projects can assist in this (and have the additional benefit of allowing violent youth to be seen as engaged in restorative justice efforts that advantage the community and the youth). Spiritual development activities (e.g., insight meditation and prayer groups) can also be useful in this effort. Efforts to involve traumatized and violent youth in caregiving (e.g., with plants, animals, and other dependent beings) can enhance a sense of meaningfulness (but of course must be undertaken with adequate adult supervision to prevent harm to the dependent

beings involved in the project). These efforts stand in contrast to "get tough" approaches exemplified in the "Boot Camp" militaristic model, which led one such alternative effort to be called "From Boot Camp to Monastery" (Garbarino, 1999).

Careful management of peer process: Efforts to rehabilitate "delinquent" youth can be counterproductive if they fall into one or both of the following "traps." First, if they rely on peer process for influence and change in groups in which a significant minority (perhaps 30%) are exhibiting antisocial beliefs, rhetoric, and behavior, the net effect is likely to be a worsening of the less delinquent youth (rather than an improvement in the most delinquent youth) because the youth process models and validates negative images (Dishion, McCord, & Poulin, 1999). The principal antidote to this problem is some mixture of powerful control of group process and language by pro-social adults, and systematic group composition that limits the disproportionate involvement of the most delinquent youth. Although developed in work with violent delinquents, we assume this model applies to children of war as well. Second, intervention can be counterproductive if it focuses on "lecture" models, particularly when these lectures involve emotionally intense and threatening rhetoric. A prime example is the "Scared Straight" program in the United States which employs "hard-core" adult criminals to lecture delinquent and "predelinquent" youth (often accompanied by threatening language and gestures). Research reveals this approach may indeed "scare" more pro-social and sensitive youth (who are not at risk for long-term patterns of serious delinquent behavior) but serves to *increase* the severity of antisocial behavior of youth already involved in delinquent behavior—and thus at heightened risk for more serious delinquent behavior (Lilienfeld, Lynn, Ruscio, & Beyerstein, 2010). These youth tend to interpret the intense messages from the adult criminals not as "I am scared of the consequences of my current activities so that I will curtail my delinquent behavior," but rather as "I am going to have to be even more tough to survive in prison."

In conclusion, there are no universal formulae or recipes for rehabilitating violent and traumatized youth and promoting resilience in the context of war. Every programmatic effort must be looked at in its social and cultural context. But the principles and concepts laid out in this chapter can provide the guidance necessary to sort through program elements and approaches to find valid approaches that are sensitive to local social and cultural conditions and compatible with local resources and the promise to help children and youth move through war-related trauma to emerge on the other side psychologically and morally intact, and thus "resilient."

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual-IV*. Washington, DC: American Psychiatric Association.

Anderson, C. A., Berkowitz, L., Donnerstein, E., Huesmann, L. R., Johnson, J. D., Linz, D., et al. (2003). The influence of media violence on youth. *Psychological Science in the Public Interest, 4*(3), 81–110.

Apfel, R. J., & Simon, B. (1996). *Minefields in their hearts: The mental health of children in war and communal violence*. New Haven, CT: Yale University Press.

Arluke, A., & Sanders, C. (1996). *Regarding animals*. Philadelphia, PA: Temple University Press.

Armstrong, K. (2009). *The case for God*. NY: Knopf.

Armstrong, K. (2010). *Twelve steps to a compassionate life*. NUY: Knopf.

Beah, I. (2008). *A long way gone: Memoirs of a boy soldier*. NY: Sarah crichton books.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely adverse events? *American Psychologist, 59*, 20–28.

Bronfenbrenner, U. (1970). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.

Cavanaugh, W. (2009). *The myth of religious violence*. NY: Oxford University Press.

Cohen, J., Mannarino, A., Berliner, L., & Deblinger, E. (2000). Trauma-focused cognitive behavioral therapy for children and adolescents: An empirical update. *Journal of Interpersonal Violence, 15*, 1202–1223.

Dalai Lama. (2011). *How to be compassionate*. NY: Atria Books.

Davidson, J., & Smith, R. (1990). Traumatic experiences in psychiatric outpatients. *Journal of traumatic stress studies, 3*, 459–475.

Dishion, T., McCord, J., & Poulin, F. (1999). When interventions harm. *American Psychologist, 54*, 755–764.

Duncan, D. F., & Gold, R. S. (1982). *Drugs and the whole person*. New York: Wiley.

Field, R. (2004). *Martyrdom: The psychology, theology, and politics of self-sacrifice*. Westport, CT: Praeger Publishers.

Fischer, K. W., & Bidell, T. R. (1998). Dynamic development of psychological structures in action and thought. In R. M. Lerner (Ed.) & W. Damon (Series Ed.), *Handbook of child psychology*: *Vol. 1. Theoretical models of human development* (5th ed., pp. 467–561). New York: Wiley.

Fischer, K. W., & Bidell, T. R. (2007). *Dynamic development of action and thought*. NY: Wiley.

Fletcher, K. E. (2007). Posttraumatic stress disorder. In E. J. Mash & R. A. Barkley (Eds.), *Assessment of childhood disorders* (4th ed., pp. 398–483). NY: Guilford Press.

Freud, A., & Burlingham, D. (1943). *War and children*. NY: Ernest Willard.

Garbarino, J. (1999). *Lost boys: Why our sons turn violent and what we can do about it*. NY: Free Press.

Garbarino, J. (2001). Making sense of senseless youth violence. In J. Richman & M. Fraser (Eds.), *The context of youth violence: Resilience, risk and protection*. NY: Praeger.

Garbarino, J. (2008). *Children and the dark side of human experience*. NY: Springer.

Garbarino, J., & Bedard, C. (2001). *Parents under siege*. NY: Free Press.

Garbarino, J., Dubrow, N., & Kostelny, K. (1991). *No place to be a child: Growing up in a war zone*. NY: Lexington Books.

Garbarino, J., & Kostelny, K. (1996). The impact of political violence on the behavioral problems of Palestinian children. *Child Development, 67*, 33–45.

Gibbs, S. (2005). Islam and Islamic extremism: An existential analysis. *Journal of Humanistic Psychology, 45*, 156–203.

Gilligan, J. (1997). *Violence*. NY: Vintage.

Hammack. (2008). Narrative and the cultural psychology of identity. *Personality and Social Psychology Review., 112*, 222–247.

Herman, J. (1992). *Trauma and recovery*. NY: Basic Books.

Hoffman, B. (2006). *Inside terrorism*. NY: Columbia University Press.

Khantzian, E. J. (1999). *Treating addiction as a human process: A plea for a measure of marginality*. New York: Jason Aronson.

Kramer, P. (1997). *Listening to Prozac*. NY: Penguin.

Lilienfeld, S. O., Lynn, S. J., Ruscio, J., & Beyerstein, B. L. (2010). *50 great myths of popular psychology: Shattering widespread misconceptions about human behavior*. Malden, MA: Wiley-Blackwell.

Maddi, S. R. (2005). On hardiness and other pathways to resilience. *American Psychologist, 60*, 261–262.

McAdams, D. (2001). The psychology of life stories. *Review of General Psychology, 5*, 100–122.

Nader, K., & Pynoos, R. (1993). The children of Kuwait after the Gulf crisis. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 181–192). Hillsdale, NJ: Lawrence Erlbaum.

National Child Traumatic Stress Network. (2013). http://www.nctsn.org/.

Newman CJ. (1976). Disaster at Buffalo Creek. Children of disaster: Clinical observations at Buffalo Creek. *American Journal of Psychiatry,* 306–312.

Prejean, H. (1994). *Dead man walking: An eye-witness account of the death penalty in the United States*. NY: Vintage.

Pynoos, R. (1994). *Posttraumatic stress disorder: A clinical review*. NY: Sidran.

Richo, D. (1999). *Shadow dance*. Boston: Shambala.

Rutter, M. (1989). Pathways from childhood to adult life. *Journal of Psychology and Psychiatry, 30*, 25–51.

Sack, W., Clarke, G., Him, C., Dickason, D., Goff, B., Lanhamm, K., et al. (1993). A 6-year follow-up study of Cambodian refugee adolescents traumatized as children. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 431–437.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.

Terr, L. (1995). *Unchained memories*. NY: Basic Books.

Van der Kolk, B., McFarlane, A., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. NY: Guilford.

Wessells, M. (2007). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Evidence-Based Resilience-Enhancing Intervention Methods for Children Affected by Armed Conflict

19

Kirsi Peltonen and Esa Palosaari

Within the last 10 years, the concepts of risk and resilience have become more common in the intervention literature. In this chapter, we would like to draw from a wide array of literature to help intervention planners and researchers find suitable and effective methods for enhancing resilience.

Awareness of the importance of using both measures of vulnerability and resilience when assessing intervention effectiveness and mediating mechanisms has risen. For example, Brown and Liao (1999) suggest that strategies to assess intervention impact should include the examination of variations in developmental trajectories, both within a defined population and across time. The essential steps they proposed are:

1. Determining the levels and variations in risk and protective factors and developmental paths within a defined population in the absence of intervention.
2. Directing interventions at these risk and protective factors in an effort to change the developmental trajectories in that population.
3. Evaluating variation in intervention impact across risk levels and contexts.

Further, Layne et al. (2009) suggest that, in order to design and implement successful interventions among traumatized children, we need detailed information from two important areas: (1) the causal pathways through which traumatic stress may lead to persistent post-traumatic stress and developmental problems and (2) the causal pathways through which resilient trajectories of post-traumatic adjustment are promoted. Based on this, Layne et al. (2009) recommend analyzing the adaptive and maladaptive processes related to the post-trauma situation and, when finding a group of people sharing similar risk and protective factors, starting an intervention with suitable methods. The guidelines of Brown and Liao (1999) and Layne et al. (2009) adhere to the idea of a trajectory that starts from a traumatic event and leads to either negative, neutral, or even positive consequences for mental health and adjustment defined by complex interactions between protective and risk factors. They advise reviewing earlier literature on interventions carried out in similar environments. Although we are skeptical about finding information about causality, we agree in principle with these proposals for designing theoretically sophisticated interventions.

A recent summary by Davydov, Stewart, Ritchie, and Chaudieu (2010) proposes three mental health resilience systems in the face of aversive events: health protection, health promotion, and harm reduction. The health protection mechanisms refer to protective factors, capacities that a person has during traumatic experience. Harm reduction refers to a tendency to bounce

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back after a trauma-related health disturbance. Finally, the health promotion system of resilience refers to the vaccine effect of adverse events, meaning that a person could develop some new capacities and be stronger and equipped with more effective coping strategies the next time they face adverse events. The promotion system therefore comes close to the concept of post-traumatic growth, which is defined as "positive change resulting from one's struggle with trauma" (Kilmer et al., 2009).

Need for Evidence-Based Interventions

In the field of clinical psychology, an increasing number of interventions over the last decade have demonstrated empirical support in terms of their efficacy (Forchuk, 2001; Schaeffer et al., 2005). However, controversies have emerged pertaining to the definition of evidence, particularly in the mental health domain (Waddell & Godderis, 2005). Because of the empirically supported interventions' potential to improve the quality of services (Schaeffer et al., 2005), the concept "evidence-based" needs an unambiguous definition (Biglan, Mrazek, Carnine, & Flay, 2003).

Biglan et al. (2003) introduced a 7-grade classification that depicts the rules of evaluating the validity of conclusions on therapy effectiveness. The criteria include issues such as random assignment, use of a control group, sustainability of positive results, and fidelity of implementations of the effective treatments, thus extending the meta-analytical requirements. The best, grade 1 evidence is from multiple well-designed, randomized, and controlled trials or multiple well-designed, interrupted time-series experiments conducted by two or more independent research teams. In addition, there must be adequate documentation that the preventive intervention has been implemented in its intended setting with adequate training of personnel and monitoring of implementation and outcomes. Grade 2 requires no documentation of the implementation and grade 3 requires no multiple research teams, and at grade 4, there is no requirement of multiple trials. The evidence at

grade 5 comes from research designs including comparisons between groups that are not effectively randomized to conditions. At grade 6, the quality of evidence is achieved from pre–post evaluation with no comparison group or repeated assessment on a single case for which an intervention is introduced at some point in the time series. Finally, at grade seven, endorsement is based on clinical experience by respected authorities, descriptions of programs, and case reports without study design.

In this chapter we have included studies that fulfill the criteria at least at level 6 of the classification by Biglan et al. (2003), requiring evidence from pre–post evaluation with no comparison group. Some of the reviewed interventions included nonrandomized or randomized control groups and could therefore be rated higher on the classification. While the strict definition of "evidence-based" involves upper grades in the classification, we argue that the methods or tools presented in this chapter are at least "evidence-informed," meaning that there is empirical evidence to show the effectiveness of the interventions. In other words, children who had mental health problems, or were at risk of developing them, improved on average if they used the methods discussed in this chapter.

Several authors have proposed to elaborate on resilience as a relevant construct in understanding the mental health of children (Howard et al., 1999; Luthar et al., 2000), and this will be our approach in this chapter. We first outline how the concept of resilience is defined in relation to resilience-based intervention methods. Secondly, from experimental studies, we draw the factors or processes that have been shown to be protective when children are exposed to war and military violence. Thirdly, and most importantly, we collect methods that have been shown to be effective in enhancing factors or processes and formulate a "toolbox" for practitioners and intervention planners. We will also report the age of the children participating in each study and the age of the children among whom a particular resilience-based method has demonstrably worked. This aspect is too often forgotten in the literature and replaced by a rather general list of protective factors. In other words, we present a handful of

methods for enhancing resilience and boosting protective factors especially designed for treating the long-term mental health consequences of exposure to war on children's mental health. Rather than presuming to present "quick fixes," we offer age- and content-specific tools that may be helpful in planning interventions.

Symptom and Resilience-Based Interventions

The stress–diathesis model, introduced in the 1960s (e.g., Bleuler, 1963; Meehl, 1962; and Rosenthal, 1963) and defined in conjunction with the concept of vulnerability by Zubin and Spring (1977), serves as an important background theory for explaining optimal and pathological adjustment in traumatic stress. In the stress–diathesis model, the probability of mental health problems is explained by the interaction of individual stress level and vulnerability. The model was first proposed as a means to explain some of the causes of schizophrenia, but the later expansion of Layne (2009), for example, has brought it closer to trauma interventions. Layne argues that greater emphasis should be placed on positive outcomes in conceptual models of adaptation to traumatic stress and thereby added on to researchers' and practitioners' methodological repertoires. When the trauma-related adjustment process is explained with the help of the stress–diathesis model, one may argue that treatment of full-blown disorders or prevention of the occurrence of disorder may be affected either by reducing vulnerability (with resilience-based methods) or by decreasing the stress level (with symptom-based methods). A further implication is that both children with and without current symptoms can benefit from psychosocial interventions. It is important to develop a theoretical framework that takes into account both children who have trauma-related symptoms and children who have experienced traumatizing events, but not yet developed post-traumatic stress disorder (PTSD) or other trauma symptoms.

Before exploring the specific methods to enhance resilience, we discuss briefly the nature of intervention methods based on symptoms and resilience. Because of the massive distress of children in armed conflict and the enormous worry caused to those helping them, the history of interventions among children exposed to military violence is mainly a history of symptom-based interventions. The justifiable main goal has been to alleviate the suffering of most affected and symptomatic children. As noted earlier, however, there are children in war conditions who do not develop noteworthy symptoms. Some experts say that this feature alone can be enough to define a child as a resilient individual. Other experts, however, state that resilience is something more than remaining asymptomatic during a limited period of time after a traumatic event. Resilience means that a child has access to beneficial processes that continue to be their resources for a lifetime. These resources prevent the occurrence of severe mental health problems and can even allow the individual to flourish. In other words a war-affected resilient child may show a better adjustment than those who have not experienced traumatizing events (for a review see Davydov et al., 2010). Nowadays, resilience-based methods have begun to be included in symptom-focused interventions. Furthermore, a number of exclusively symptom-based interventions, when delivered in groups, may also serve to invigorate protective processes themselves, by bolstering social support and connectedness among war-affected children, their caregivers, and wider community (Betancourt & Williams, 2008; IASC, 2007).

As the name says, symptom-based methods aim at decreasing psychological symptoms. Only when free of maladaptive processes that perpetuate mental health problems such as depressive or anxiety symptoms are children able to prosper and accomplish their healthy development. The maladaptive processes can include denial, feelings of insecurity, and deteriorated social relations. A resilience-based approach, for its part, assumes that by enhancing children's healthy and adaptive cognitive, emotional, and social processes, mental health problems can be avoided or existing maladaptive processes prevented from exacerbating. This means that trauma-related symptoms can be prevented, for example, by helping children to develop their skills in problem solving, to express emotions, or to form and maintain their friendships (see Fig. 19.1).
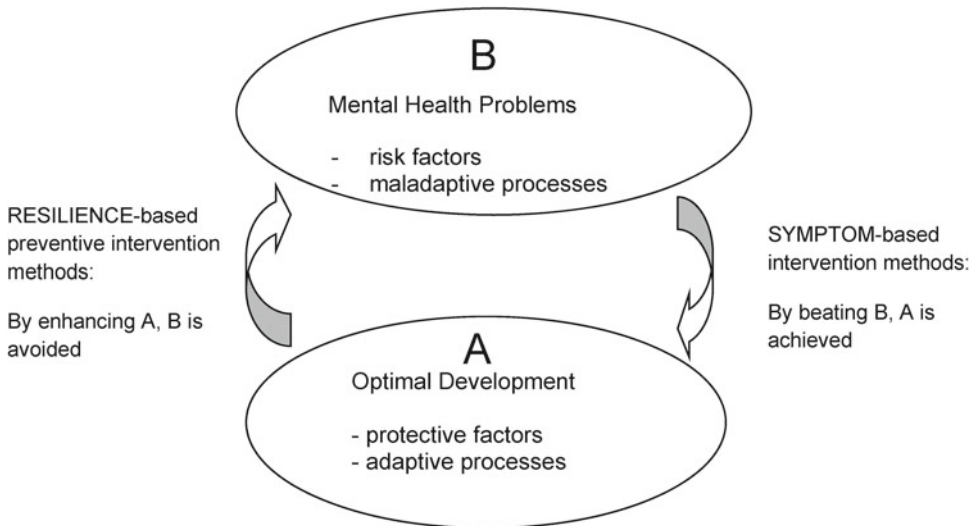
Fig. 19.1 Resilience and symptom-based methods in mental health interventions

Interventions typically aim to promote social and emotional well-being, capability to face ongoing threat, peace-building, and ethnic tolerance. However, they are very seldom explicitly measured as outcomes precluding a detailed understanding of which interventions promote resilience. There are some descriptive intervention studies (Chase et al., 1999 in Sri Lanka; Woodside, 1999 in Croatia), and large numbers of reports by organizations like the UN, Red Cross, and WHO, which clearly emphasize the importance of resilience-based methods. However, with only a few exceptions (Layne et al., 2001; 2008 in Bosnia, Tol et al., 2008 in Indonesia), no intervention effectiveness studies have been presented exploring increases in psychosocial adaptation in addition to decreases in symptoms. We certainly need more research on the ability of interventions to enhance healthy development among war-traumatized children.

We conceptualize resilience-based, preventive intervention methods as being those that aim to enhance the adaptive/healthy processes decisive for optimal development and that protect children from the effects of traumatic stress. Children without mental health problems will most likely be those who have such adaptive processes somehow intact and will benefit from their further buffering. However, children with rather severe post-traumatic stress also have the capability to use their intact resources such as peer support and creativity. Therefore, it could be argued that such children might indeed also benefit from these methods. Other methods, such as graded exposure to traumatic events or meaning-making exercises concerning traumatic history, are surely needed in order to both treat their symptoms or disorder and achieve the full benefit from resilience-based methods. This is evidenced by our own research among Palestinian children. We found that traumatized children with and without PTSD benefitted from a purely resilience-based intervention during acute war conditions by preventing the deterioration of friendships, which would otherwise have taken place among the children studied (Peltonen et al., 2012).

Background of Resilience-Enhancing Methods

A good theory provides methods for achieving intervention objectives. Theory-driven intervention planning requires an understanding of the

components of theories as well as an understanding of their operational or practical forms (Kok et al., 2004). In order to enhance resilience among children in war areas we need to identify protective factors and processes influencing successful outcomes (Betancourt & Khan, 2008). While a complete theory of child resilience in war conditions is still lacking, we can take advantage of the body of empirical knowledge about the adaptive processes involved in a child's adjustment during and after war experiences.

By "empirical methods" we refer to those that have been part of the experimentally studied intervention. A large array of UN and Red Cross reports (IASC, 2007; International Federation Reference Centre for Psychosocial Support, 2007) as well as descriptive articles (e.g., Chase et al., 1999, in Sri Lanka; Woodside, 1999, in Croatia) report how to improve security, community reintegration, and community-based emergency education. However, although the methods described in the reports and articles may well be effective and are well documented, they do not serve the two main goals of this chapter: (1) exploring the extent of evidence-based resilience-enhancing methods and (2) offering an evidence-based toolbox for intervention planners. The aforementioned documents are beyond the scope of our review because they do not report experimental studies.

We consider a resilience-based method to be effective if, (1) in an experimental design, the intervention has proved to be efficient in increasing resilience or in decreasing symptoms among war-affected children and (2) methods enhancing optimal developmental processes are used as the only intervention or as a critical part of it. Table 19.1 presents protective factors and related resilience-enhancing intervention methods supported by empirical evidence. The right-hand column provides the reference to a scientific article reporting the intervention effectiveness, participants' age (at the level reported in the article), and country of origin. Following this information there is a note M^n which refers to the reference for the study cited in Table 19.1. While the information about the techniques used in interventions is briefly described in the scientific article, a more detailed description of resilience-based intervention method can be obtained from this bibliographic resource.

Tools for Policy and Practice

The current guidelines on helping traumatized children state that structured interventions are effective with children with PTSD (National Child Traumatic Stress Network, 2005; National Institute for Clinical Excellence, 2005). Scientific evidence is available on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Cohen & Mannarino, 2008; Cohen, Mannarino, Berliner, & Deblinger, 2000) and Eye Movement Desensitization and Reprocessing (EMDR) (Rodenburg, Benjamin, de Roos, Meijer, & Stams, 2009). There is no experimental evidence on other systematic treatments such as play therapy or dynamic therapies (National Child Traumatic Stress Network, 2005; National Institute for Clinical Excellence, 2005). When the scope is narrowed to war-traumatized children, the evidence is even weaker but CBT is still supported (Ehntholt & Yule, 2006; Peltonen & Punamäki, 2010). Therefore, many of the interventions in this chapter are applications of CBT and include at least some of its elements and techniques. At the moment, no recommendations exist for prevention among war children and there are no guidelines on how to enhance resilience among children with subclinical levels of disorders or children that have not developed detectable signs and symptoms. However, the available scientific evidence allows the presentation of a toolbox of methods which have produced promising results.

Child's Cognitive and Emotional Skills

Qouta et al. (2001) showed that children were protected from negative long-term consequences of traumatic events if they showed mental flexibility. After experiencing stressful wartime events, children who had a realistic understanding of the situation, the ability to mentally plan

Table 19.1 Protective factors and related resilience-enhancing intervention methods with empirical evidence

Protective factor	Resilience-enhancing intervention method
Children themselves	
Mental flexibility (Qouta, Punamäki, & El-Sarraj, 2001: Palestinian $M = 14$ years)	Barath (2000): Refugee Health Program, children of all ages in former Yugoslavia M[1]
	Promoting self-esteem and self-control, coping skills for mental distress, self-knowledge, critical thinking, and healthy moral reasoning
	Bolton et al. (2007): Interpersonal psychotherapy, 14–17-year-olds, in Uganda M[6]
	Promoting verbal and nonverbal expression of thoughts and feelings through age-appropriate creative activities. Post-activity group discussion focusing on building skills
Creativity (Punamäki, Qouta, & El Sarraj, 2001: Palestinian $M = 14$ years)	Möhlen et al. (2005): Psychosocial program, 10–15-year-old Kosovan refugees M[2]
	The use of creative techniques such as painting, playing, acting, and fantasy journeys
	Loughry et al. (2006): Psychosocial intervention, 6–17-year-old Palestinian children M[14]
	Recreation activities in a community setting, "connectivity" activities (e.g., summer camps, using the internet to put children in touch with other children in different settings), the establishment of "safe play" areas
Coping skills which fit the situation (Punamäki & Suleiman, 1990: Palestinian, 8.14 years; Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993: Iraq, fifth, seventh, and tenth graders)	Berger et al. (2007): Overshadowing the threat of terrorism, second to sixth graders in Israel M[4]
	Reframing negative experiences. Becoming aware of negative thought patterns and learning how to reframe them positively
	Wolmer, Hamiel, and Laor (2011): Stress inoculation training in schools, fourth to fifth graders in Israel M[12]
	Processing positive and negative experiences, breathing exercises, correcting negative thoughts, a safe place, progressive muscle relaxation, communication training, humor, psychoeducation about aggression
Sense of coherence: manageable, comprehensive, meaningful (Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009)	Onyut et al. (2005): Child-friendly version of Narrative Exposure Therapy, 13–17-year-old Ugandan children M[3]
Sense of agency (Cortes & Buchanan, 2007: Columbian, $M = 15$ years; Punamäki et al., 2001: Palestinian, $M = 14$ years)	Constructing a narrative of the event and its consequences, reconstruction of traumatic memory
Self-efficacy (Saigh, Mroueh, Zimmerman, & Fairbank, 1995: Lebanese, $M = 13$ years)	

Emotion regulation (Cortes & Buchanan, 2007: Columbian, M = 15 years; Kithakye, Morris, Terranova, & Myers, 2010: Kenyan, 3–7 years)	Layne et al. (2001, 2008): Trauma- and grief-focused group psychotherapy, 15–19-year-old schoolchildren in Bosnia M[5]
	Tasks of grieving with special emphasis on the ways in which traumatic losses may interfere with these tasks. A group exercise to process members' angry reactions to their losses. A discussion on the need to maintain a psychological relationship with the deceased, accompanied by the visualization exercise in which members retrieve or construct a non-traumatic image of the deceased. Reminiscing exercise in which members share memories of their loved ones
	Berger et al. (2007): Overshadowing the threat of terrorism, second to sixth graders in Israel M[4]
	Enhancing students' emotional awareness, identifying and clarifying feelings, and becoming aware of the connection between sensations and feelings. Stopping emotional flooding: dealing with fears and rage-identifying signs of fear and rage and learning how to express and cope with them in a productive manner
	Barath (2000): Children of all ages in former Yugoslavia M[2]
	Promoting impulse control in "acting-out" anger, promote active coping for anxiety and fear
Sense of future, optimism (Cortes & Buchanan, 2007: Columbian, M = 15 years):	Berger et al. (2007): Overshadowing the threat of terrorism, second to sixth graders in Israel M[4]
	Looking for a better future. Learning how to build a plan for dealing with future distress and developing a positive future outlook
	Barath (2000): Children of all ages in former Yugoslavia M[2]
	Search for basic values and personal goals
	Onyut et al. (2005): Child-friendly version of Narrative Exposure Therapy, 13–17 years M[3]
	Encouraging children to extend the narration beyond the present, to describe their hopes and aspirations for the future
	Ehntholt, Smith, and Yule (2005): Teaching Recovery Techniques, mean age 12.5, asylum-seeking children in various countries M[15]
	Helping children to schedule their activities and to look to the future rather than the past (avoidance)

(continued)

Table 19.1 (continued)

Protective factor	Resilience-enhancing intervention method
Family related	
Sibling relations, social integration in family, family cohesion (Barber, 2001: Palestinian, ninth graders; Laor, Wolmer, & Cohen, 2001: Israeli, 8–10 years; Punamäki et al., 2001: Palestinian $M=14$ years; Peltonen, Qouta, ElSarraj, and Punamäki (2010): Palestinian 10–13 years)	Bolton et al. (2007): Interpersonal psychotherapy, 14–17-year-olds, in Uganda M[6]
	Identifying interpersonal problems and assisting individual in building skills to manage these problems
	Möhlen et al. (2005): Psychosocial program, 10–15-year-old Kosovan refugees M[1]
	The combination of individual and family sessions. Psychoeducation for parents
Perceptions of family support (Daud, af Klintberg, & Rydelius, 2008: refugee families from Iraq, 6–17 years; Thabet et al., 2009: Palestinian, 12–16 years; Harel-Fisch et al., 2010: Israeli and Palestinian, 11-, 13-, and 15-year-olds)	Dybdahl (2001a, b): Psychosocial intervention, mean age 5.5 years M[7]
	Education for mothers on how to recognize trauma symptoms in children, promoting mothers' understanding of children's well-being, enhancement of self-confidence and ability to care for children, enhancement of mother–child communication
Perceiving both parents as loving and caring (Punamäki et al., 2001: Palestinian, $M=14$ years)	Berger et al. (2007): Overshadowing the threat of terrorism, second to sixth graders in Israel M[4]
Secure attachment (Cohen, Dekel & Solomon, 2002: Child survivors of Holocaust; Feldman & Vengrober, 2011: Israeli, 1.5–5 years)	
No exposure to domestic violence (Klasen et al., 2010: Ugandan child soldiers, age =11–17 years)	Resourcing parents and teaching them coping skills such as breathing, mindfulness meditation, relaxation, and guided imagery
Mothers' psychological well-being (Adjukovic: Croatian; Almqvist & Adjukovic: Croatian; Broberg, 1999: Iranian 4–8 years; Bryce, Walker, Ghorayeb, & Kanj, 1989: Lebanese, 5–7 years; Feldman & Vengrober, 2011: Israeli, 1.5–5 years; Laor et al., 2001: Israeli, 8–10 years)	Dybdahl (2001a, b): Psychosocial intervention, mean age 5.5 years M[7]
	Enhancement of self-confidence and ability to care for children. Promoting mother's understanding of her own well-being
Society related	
Social support and peer relations (Barber, 2001: Palestinian, ninth grade) (Farhood, 1999: Lebanese adolescents; Kuterovac-Jagodic, 2003: Croatian, $M=10$ years; Llabre & Hadi, 1997: Kuwaiti 9–13 years)	Layne et al. (2001): Trauma- and grief-focused group psychotherapy, 15–19-year-old schoolchildren in Bosnia M[5]
	Teaching children to provide effective social support to others to enrich their personal relationships. They also assist each other in forming specific goals and plans for the future and in determining ways to reach these goals
	Berger et al. (2007): Overshadowing the threat of terrorism, second to sixth graders in Israel M[4]
	Building a social shield: enhancing children's support system. Exploring social needs and ways to better fulfill them, learning to ask for help and become more empathic

Jordans et al. (2010): Burundi, Sri Lanka, Indonesia, and Sudan, 8–14 years M[13]. Encouraging social support systems, engagement in recreational or traditional activities, and normalization through peer-group discussion and activities

Peltonen et al. (2012): The School Mediation Program, 9–13-year-olds in Gaza M[8]

Promoting peaceful and effective problem-solving skills and conflict resolution

Woodside, Santa Barbara, and Benner (1999): Health to Peace Initiatives, mean age 11.9 in Croatia M[11]

Promoting communication skills. Exploring ethnic biases and prejudices: discussion of "creative conflict resolution"

Good relations with institution personnel (Wolff & Fesseha, 1998: Eritrean 9–12 years)

Religion, spiritual support, community activity (Barber, 2001: Palestinian ninth grade; Fernando & Ferrari, 2011: Sri Lanka; Klasen et al., 2010: Ugandan child soldiers, age =11–17 years; Punamäki et al., 2001: Palestinian, M = 14 years)

Tol et al. (2008): School-based mental health intervention, mean age 10 in Central Sulawesi, Indonesia

Reconnecting the child and group to his/her social context using resiliency-based themes and activities

Jordans et al. (2010): Burundi, Sri Lanka, Indonesia, and Sudan, 8–14 years M[13] Community sensitization and psychoeducation through media such as radio

Community attitudes towards traumatized children (Betancourt, Agnew-Blais, Gilman, Williams, & Ellis, 2010): Sierra Leone, M = 17 years)

In the right-hand column, the references in a scientific article reporting the intervention effectiveness, participants' age (at the level reported in the article), and country of origin are presented. After this information, there is a note M[n] which refers to the reference of the intervention's bibliographic resource listed below. While the information about the techniques used in interventions is briefly described in the scientific article, a more detailed description of resilience-based intervention method can be obtained from the bibliographic resource

M[1]: Osler, B. J. (1991). A workbook for survivors of War: A twelve-Step Trauma Recovery Workbook Supplement for Group Leaders and Participants, Trauma Recovery Publications, Columbus, Ohio. Warren, B. (ed.) (1993). Using the Creative Arts in Therapy: A Practical Introduction. Routledge, London

M[2]: Möhlen H. Psychosoziale Hilfe fur traumatisierte Fluchtlingskinder. Entwicklung und Evaluation einer Ressourcenorientierten Intervention. Heidelberg: University of Heidelberg, Department of Child and Adolescent Psychiatry, 2001 (In German)

M[3]: Schauer, M., Neuner, F., Elbert, T.: Narrative Exposure Therapy (NET) as a Short-Term Intervention for traumatic Stress Disorder after War, Terror or Torture. Seattle: Hogrefe; 2005

M[4]: Berger, R., Senderov, D., Horowitz, M., Gelert, L., & Sendor, D. (2003). Overshadowing the threat of terrorism: Developing students' resiliency: A teacher's manual. TelAviv, Israel; Israel Trauma Center for Victims of Terror and War [Hebrew]

M[5]: Layne, C.M., Saltzman, W.R., Steinberg, A.M. & Pynoos, R. S. Trauma and Grief Component Therapy for Adolescents: Group Treatment Manual. Sarajevo, Bosnia: UNICEF Bosnia and Herzegovina; 2000

M[6]: Weissman, M., Markowitz, J., Klerman, G.: Comprehensive Guide to Interpersonal Psychotherapy. New York, NY: Basic Books; 2000

M[7]: Dybdah, R. (1999). Child Development and the Impact of War. A Psychosocial Intervention Programme for Mothers. Manual prepared for UNICEF/Centre for Crisis Psychology, Bergen

M[8]: Qouta, S., ElSarraj, E., Punamäki, R.-L.: School Mediation. Gaza Community Mental Health Program. Gaza, Palestine

Moriarty, A. (1991). Theoretical dimensions of school-based mediation. Social Work in Education, 13, 176–184

(continued)

Table 19.1 (continued)

M[9]: Smith, P., Dyregrov, A., Yule, W., Perrin, S., Gjestad, R. & Gupta, L. (2000). Children and War: Teaching Recovery Techniques. Bergen, Norway: Foundation for Children and War. Available: http://www.childrenandwar.org

M[10]: Jaycox, L.H., Morse, L.K. Tanielian, T. Stein, B.D. How Schools Can Help Students Recover From Traumatic Experiences: A Toolkit for Supporting Long-Term Recovery. Santa Monica, CA: Rand Corp; 2006. http://www.rand.org´/pubs/technical_reports/2006/RAND_TR413.pdf

M[11]: Bezic, I., Hart, B. & Uzelac, M.: Opening Door to Non Violence: a Peace Education Manual for Primary Schools in Croatia, Zagreb: McMaster University and UNICEF Office, Croatia 1996

M[12]: Information concerning manual availability can be obtained from the authors

M[13]: Psycosocial care for children in conflict: A resource package. Retrieved August 8, 2011, from http://www.psychosocialcarechildren.org

M[14]: Loughry, M., & Ager, A. (2004). An evaluation of psychosocial interventions supporting Palestinian children & youth: A report to the Bill & Melinda Gates Foundation. Oxford: Refugee Studies Centre

M[15]: The Manual can be obtained from Children and War foundation and is available in two versions: war and disaster. Both manuals are accompanied by a workbook. TRT versions are available in Arabic, Bahasa Malaysian, Chinese, English, French, and Japanese. http://www.childrenandwar.org/resources/teaching-recovery-techniques-trt/

for the future, a wide selection of different coping skills, as well as the multifaceted skills needed to act and communicate with others did better in the long run than did children with mental rigidity. Congruently, the Refugee Health Program aimed at promoting children's coping skills for mental distress, self-knowledge, and critical thinking (Barath, 2000). In interpersonal psychotherapy, the verbal and nonverbal expression of thoughts and feelings was supported, and in group discussions, teenagers were encouraged to focus on developing communication skills (Bolton, 2007).

Researchers assume that during military violence, children tend to narrow their emotional and imaginative repertoire and use merely an analytical, "adultlike," tone when talking about horrific scenes. Creative imagination concerning war atrocities may feel too frightening, and therefore, children prefer to be detached (Punamäki, 1997; Garbarino, Dubrow, Kostelny, & Pardo, 1992). However, in a study by Punamäki et al. (2001), creativity was found to be a protective factor among war-affected Palestinian children. In other words, if children were able to use their creativity after an acute war situation, their mental health was better than among children who were restricted in their creative thinking. In their psychosocial programs with Kosovan and Palestinian children, Möhlen, Parzer, Resch, and Brunner (2005) and Loughry et al. (2006) utilized a wide variety of creative techniques such as painting, playing, acting, connectivity exercises, and fantasy journeys. Thus, children's resilience might be supported by encouraging them to use their creativity or, rather, by not letting them lose their age-salient imagination and ability to play and create.

Punamäki and Suleiman (1990), along with Weisenberg et al. (1993), have found evidence that during acute military violence, children are forced to solve the conflicts between fear and courage and find the effective ways to handle their emotions and behavior. Weisenberg and colleagues studied children's coping behaviors in the sealed room (a shelter against chemical and biological weapons) during Scud missile attacks in the Persian Gulf War. While experiencing an underlying feeling of tension, common forms of coping involved information seeking, checking, and wishful thinking. Punamäki and Suleiman (1990) likewise found that children had to use a wide variety of cognitive (defensive–purposive) and emotional (helpless–courageous) coping techniques in order to survive the internal conflict of "horror and heroism." Supporting the existence of a wide variety of coping skills in a shelter or other acute military violence situation is impossible. However, soon after the worst part is over, interventions have focused on enhancing the coping strategies of children. For example, in Berger et al. (2007) and Wolmer et al. (2011) interventions among Israeli children, children were taught to process and reframe their negative experiences and subsequently use positive coping strategies.

In a situation where a child is taken and recruited to become an active perpetrator of military violence, the challenges for psychological survival are even bigger. Cortes and Buchanan (2007) found that the ability to modulate, contain, and process emotions in a healthy way helped Columbian child soldiers to keep focused on what they wanted and needed to do to survive. Affect regulation among child soldiers seemed to be a survival tactic in stressful moments because it enabled them to stop, think, and get a handle on their emotions before acting. In a somewhat different wartime context, Kithakye et al. (2010) found that, among preschool-aged Kenyan children, emotion regulation was associated with less aggression and more prosocial postconflict behavior. At least three interventions have tackled the issue of emotion regulation. Layne et al. (2001, 2008) utilized tasks of grieving and losses. Berger et al. (2007) focused on enhancing children's emotional awareness and becoming aware of the connection between sensations and feelings. Layne et al. (2001, 2008), Berger et al. (2007), as well as Barath (2000) also helped children to process their angry reactions and deal with rage-identifying signs of fear. Children rehearsed how to express anger and rage in a productive manner.

During military violence, children often experience a continuum of frightening events. The basic process of constructing an autobiographi-

cal memory by forming an understandable and coherent narrative of one's life events could be challenged because of fragmented and emotional wartime experiences. However, the understandable narrative with a sense of one's own agency and self-efficacy predicts children's well-being in the long run (Cortes & Buchanan, 2007; Punamäki et al., 2001; Saigh et al., 1995; Thabet, 2009). The child-friendly version of Narrative Exposure Therapy is focused on these issues. In safe conditions, the children are supported to construct their own narrative of both positive and negative life events. Additionally, the sense of optimistic future has shown to serve as a protective factor (Cortes & Buchanan, 2007) and has been supported in several interventions (Barath, 2000; Berger et al., 2007; Ehntholt et al., 2005; Onyut et al., 2005). Their suffering was alleviated when children were taught how to develop a positive future outlook, to search for basic values and personal goals, and to extend the narration beyond the present and describe their hopes for the future.

In addition to the techniques reported above, relaxation techniques such as progressive body relaxation and guided imagery were included in almost all interventions cited. It is noteworthy that the ability to maintain an optimal level of activity and relaxation, and to avoid states of hyperarousal, is important to everyone—but is especially needed when a child is experiencing something scary and appalling. Ability to relax is one of the core elements of mental health and could be regarded as a protective factor among war-traumatized children, even though at the present moment we were not able to find experimental evidence to support this view among war-traumatized children.

Family and Society

Social processes operate at the peer, family, and community level. Betancourt and Khan (2008) propose taking the ecological framework into account in order to build comprehensive interventions which combat the negative consequences of war and enhance children's and families' adjustment amid war-related stressors.

More specifically, sibling relations, social integration in the family, and family cohesion have been found to work as protective factors against mental health problems among war-affected children (Barber, 2001; Laor et al., 2001; Peltonen et al., 2010; Punamäki et al., 2001). These factors are supported in Bolton et al. (2007) intervention by identifying interpersonal problems in the family and by helping to build skills to manage these problems. The important focus on family as a whole was recognized in the intervention among Kosovan refugees by Möhlen et al. (2005) in which there were both individual and family sessions and psychoeducation of children's trauma reactions for parents.

Parents' role after traumatic experiences is essential and Lewis and Granic (2000) state that there are critical periods when the need for parental help is even more pronounced. It has been shown that when children perceive their parents as loving, caring, and supportive—in other words when they have a secure attachment with parent without exposure to harsh, or even abusive parenting—that relationship protects the child's adjustment, despite the atrocities of war (Cohen, Dekel, & Solomon, 2002; Daud et al., 2008; Feldman & Vengrober, 2011; Harel-Fisch et al., 2010; Klasen et al., 2010; Punamäki et al., 2001; Thabet et al., 2009). This optimal relationship is supported by mother's own psychological well-being, which is associated with positive child adjustment among war-exposed families (Ajdukovic & Ajdukovic, 1993; Almqvist & Broberg, 1999; Bryce et al., 1989; Feldman & Vengrober, 2011; Laor et al., 2001). Dybdahl's (2001a, b) intervention promoted mothers' self-confidence and ability to care for children as well as mother's understanding of her own well-being. Dybdahl also focused on mother's ability to recognize trauma symptoms in children. When also the mother–child communication is enhanced, the protective factor of secure attachment and parental support is enhanced. Berger et al. (2007) worked with parents by providing them with resources and teaching them coping skills, such as breathing, mindfulness, relaxation, and guided imagery.

Social support from peers and other people outside the family is also important for child

well-being in war conditions (Farhood, 1999; Kuterovac-Jagodic, 2003; Llabre & Hadi, 1997). Layne et al. (2001) replied to this need by teaching Bosnian children to provide effective social support to others and to enrich their personal relationship. During intervention children even assisted each other in forming specific goals and plans for the future and in determining ways to reach these goals. Likewise, Berger et al. (2007) helped children to build a social shield by enhancing their support system. Children were guided to explore their social needs and ways to better fulfill them. An important lesson for children was also to learn ways to ask for help and become more empathic. Jordan's et al. (2010) intervention, which took place in Burundi, Sri Lanka, Indonesia, and Sudan, focused on encouraging social support systems, engaging in recreational or traditional activities, and normalization through peer-group discussion and activities. Promoting children's communications skills, as well as peaceful and effective problem-solving skills and conflict resolution, was also the focus among Croatian and Palestinian children (Woodside et al., 1999; Peltonen et al., submitted).

On the societal level, religion, spiritual support, and community activity might offer children and adolescents ways to promote mental health in the long run (Barber, 2001; Fernando & Ferrari, 2011; Klasen et al., 2010; Punamäki et al., 2001). Studies of the effects of ideological commitment on mental health after political violence have produced divergent findings (Laufer & Solomon, 2010; Oren & Possick, 2010; Punamäki, 1996). Some evidence exist that the community attitudes towards traumatized children have a remarkable effect on children's well-being. Tol et al. (2008) have proposed techniques that help children to reconnect to their social context whereas Jordans et al. (2010) have offered psychoeducation to sensitize the whole community through mass media.

Implementation Advice and Future Directions

As argued at the beginning of the chapter, the enhancement of protective factors and resilience is very seldom measured in terms of intervention

outcomes. It seems, however, that the literature about the aspects that shield children's mental health in war conditions is well understood among intervention planners. In fact, although in most cases the focus is on symptom reduction and trauma recovery, very few interventions are purely symptom-based, without any resilience-based methods. In fact, it is easy to find examples of intervention methods concerning most of the protective factors proposed.

However, we have to bear in mind that more sophisticated research designs, such as randomized controlled trials, may one day offer new and even controversial evidence, and it is therefore advisable to interpret the findings in this review with caution. There are also several techniques described in scientific articles that have a good background theory to support their possible effectiveness but which so far have received only a qualitative assessment. For example the intervention of Harris (2010) focused on fostering the sense of collective agency, self-worth, and restored capacity for positive interaction. With the help of dance and movement therapy, ex-combatant teenagers learned how to dispel the rage and reconnect with others. Intervention offered them the liberty within a safe space to acknowledge their experiences and mourn their suffering and that of those whom they had caused to suffer. This is in line with Klasen et al. (2010) study, which showed that were not Ugandan child soldiers utilizing cognitive processes NOT related to guilt and motivation to seek revenge were protected from mental health problems.

Batniji, Van Ommeren, and Saraceno (2006) warn that interventions should not be mechanistically implemented. Socially appropriate and context-specific mental health responses should be promoted. In war conditions, where the whole population is affected, high sensitivity is needed when offering psychosocial support for differentially vulnerable individuals. Both symptom- and resilience-based methods are thus needed. It is important to bear in mind that the same domain in a child's life such as family relations could serve as protective factor if they are optimal and as risk factor if it were nonoptimal. But regardless of the quality of family relations at the baseline, children could benefit from preventive

intervention. The protective function of good family relations could be buffered and/or the negative or risk function of distorted family relations could be diminished. In both cases, the outcome of the intervention is more or less optimal family relations, which in the long run fosters the resilience of the child. For example, coping style, self-regulation, self-esteem, and locus of control are often referred to as internal variables that can potentially serve either as resiliency or risk factors in a child's life (Vanderbilt-Adriance, & Shaw, 2008). Peer and family relations, for their part, are external variables that have the same twofold nature (Brock, 2002).

Nguyen-Gillham et al. (2008) criticize the prevailing Western resilience research which underestimates the meaning of communal support and care and the importance of peer and family support. In their qualitative study, Nguyen-Gillham and colleagues asked how adolescents living on the West Bank interpret the concept of resilience in war conditions. Adolescents viewed supportive relationships with family and friends as the key elements of resilience. Consonant with that finding, social support in its various forms seems to be the most common method applied among interventions in this review. Some criticism related to individualized "Western-style" psychosocial care could however be directed to the interventions reviewed here. The fact that most interventions are conducted in peer groups could be seen as a rehabilitative factor as such, but the family as a whole was very seldom taken as an active part of the intervention. Although exhausting wartime experiences limit parents' resources and take a toll on their parenting (Punamäki et al., 2001), parents should be informed of possible symptoms that their child may develop and offered a brief description PTSD symptoms (Salmon & Bryant, 2002). Psychoeducation of some form was offered in most interventions reviewed. It also is true that broader communal interaction and participation as a healing element of interventions is still rare among the interventions studied. At best, patient and loving parenting enables children to regulate their emotions and offers adequate coping strategies. Adults inside and outside the family can help a child to make sense of the traumatic experience and avoid the development of cognitive confusion and maladaptive beliefs (Salmon & Bryant, 2002).

Perhaps reflecting the brief history of the research domain and practical difficulties in collecting data among war-traumatized children, the variety of the age of participants was wide in most studies exploring both protective factors and intervention effectiveness. Almost all studies explored the mental health and adjustment of school-aged children. The only exception were the findings of mother's psychological well-being (Almqvist & Broberg, 1999) and secure attachment between child and parent as protective factors (Feldman & Vengrober, 2011) and their enhancement with intervention techniques described by Dybdahl (2001a, b). Many of the reviewed resilience-enhancing techniques require language skills that are not fully developed in preschool children. Researchers should continue to identify the critical protective factors at each developmental stage and the most effective ways to support them with psychosocial interventions. For example the picture-based materials should be innovatively used when implementing the techniques among younger children.

It seems that war-affected children living in institutions are somehow a forgotten population in the intervention literature. The great work of Wolff and Fesseha (1998) as well as Fernando and Ferrari (2011) shows that good relations with institution personnel, sense of belonging, and spirituality seem to support children's adjustment. At the intervention model called Child-Friendly Spaces (CFSs), these issues are acknowledged and the opportunities to safety and security are provided. The focus is on activities in which children can engage in normalizing activities in a safe, supervised space. CFS groups have taken place at least in Afghanistan and Uganda, but there is still a paucity of empirical evidence regarding whether and how CFSs produce positive outcomes for children (Kostelny & Wessells, 2010).

It is noteworthy that some protective factors, such as mental flexibility and creativity (Punamäki et al., 2001; Qouta et al., 2001), seemed to show

their beneficial function in child adjustment only *after* the worst atrocities were over. In other words, when there is acute war and violence surrounding children, even resilient children might suffer. However, in the aftermath of acute violence, protective factors began to work and children who had managed to retain their mental flexibility and creativity, despite the horrors, had no or fewer symptoms than children without these characteristics. A positive interpretation of this is that by supporting the factors with the intervention methods described in this chapter, even those children who have less "naturally occurring" protective factors are given the opportunity to reap more of their benefits. We hope that the knowledge of naturally occurring strengths among children in war zones will benefit the planning of preventive- and resilience-based interventions, without underestimating the negative consequences of war on child's mental health.

References

Ajduković, M., & Ajduković, D. (1993). Psychological well-being of refugee children. *Child Abuse & Neglect, 17*, 843–854. doi:10.1016/S0145-2134(08)80014-2.

Almqvist, K., & Broberg, A. G. (1999). Mental health and social adjustment in young refugee children 3½ years after their arrival in Sweden. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 723–730. doi:10.1097/00004583-199906000-00020.

Barath, A. (2000). Treating war trauma in children and youth from the former Yugoslavia (electronic version). In N. Dimitrijevic (Ed.), *Managing multiethnic local communities in the countries of the former Yugoslavia* (pp. 355–368). Budapest: Local Government and Public Reform Initiative.

Barber, B. K. (2001). Political violence, social integration, and youth functioning: Palestinian youth from the Intifada. *Journal of Community Psychology, 29*, 259–280. doi:10.1002/jcop.1017.

Berger, R., Pat-Horenczyk, R., & Gelkopf, M. (2007). School-based intervention for prevention and treatment of elementary students' terror-related distress in Israel: A quasi-randomized controlled trial. *Journal of Traumatic Stress, 20*(4), 541–551. doi:10.1002/jts.20225.

Batniji, R., Van Ommeren, M., & Saraceno, B. (2006). Mental and social health in disasters: Relating qualitative social science research and the sphere standard. *Social Science & Medicine, 62*(8), 1853–1864. doi:10.1016/j.socscimed.2005.08.050.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328. doi:10.1080/09540260802090363.

Betancourt, T. S., Agnew-Blais, J., Gilman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science & Medicine, 70*, 17–26. doi:16/j.socscimed.2009.09.038.

Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R. (2003). The integration of research and practice in the prevention of youth problem behaviors. *American Psychologist, 58*, 433–440. doi:10.1037/0003-066X.58.6-7.433.

Bleuler, M. (1963). Conception of schizophrenia within the last fifty years and today. *Proceedings of the Royal Society of Medicine, 56*, 945–952.

Bolton, P., Bass, J., Betancourt, T., Spellman, L., Onyango, G., Clougherty, K. F., et al. (2007). Interventions for depression symptoms among adolescent survivors of war and displacement in Northern Uganda. JAMA: *The Journal of the American Medical Association, 298*, 519–527. doi:10.1001/jama.298.5.519.

Brock, S. E. (2002). Group crisis intervention. In S. E. Brock, S. R. Jimerson, & P. J. Lazarus (Eds.), *Best practices in school crisis prevention and intervention (Chap. 20)* (Vol. 2005). Bethesda, MD: National Association of School Psychologists.

Brown, C. H., & Liao, J. (1999). Principles for designing randomized preventive trials in mental health: An emerging developmental epidemiology paradigm. *American Journal of Community Psychology, 27*, 673–710. doi:10.1023/A:1022142021441.

Bryce, J. W., Walker, N., Ghorayeb, F., & Kanj, M. (1989). Life experiences, response styles and mental health among mothers and children in Beirut, Lebanon. *Social Science & Medicine, 28*, 685–695. doi:10.1016/0277-9536(89)90216-5.

Chase, R., Doney, A., Sivayogan, S., Ariyaratne, V., Satkunanayagam, P., & Swaminathan, A. (1999). Mental health initiatives as peace initiatives in Sri Lankan school children affected by armed conflict. *Medicine, Conflict and Survival, 15*(4), 379–390.

Cohen, E., Dekel, R., & Solomon, Z. (2002). Long-term adjustment and the role of attachment among Holocaust child survivors. *Personality and Individual Differences, 33*(2), 299–310. doi:10.1016/S0191-8869(01)00156-8.

Cohen, J. A., & Mannarino, A. P. (2008). Trauma-focused cognitive behavioural therapy for children and parents. *Child and Adolescent Mental Health, 13*, 158–162. doi:10.1111/j.1475-3588.2008.00502.x.

Cohen, J. A., Mannarino, A. P., Berliner, L., & Deblinger, E. (2000). Trauma-focused cognitive behavioral therapy for children and adolescents. *Journal of Interpersonal Violence, 15*, 1202–1223. doi:10.1177/088626000015011007.

Cortes, L., & Buchanan, M. J. (2007). The experiences of Colombian child soldiers from a resilience perspec-

tive. *International Journal for the Advancement of Counselling, 29*, 43–55. doi:10.1007/s10447-006-9027-0.

Cryder, C., Kilmer, R., Tedeschi, R., & Calhoun, L. (2006). An exploratory study of Posttraumatic growth in children following a natural disaster. *The American Journal of Orthopsychiatry, 76*, 65–69. doi:10.1037/0002-9432.76.1.65

Daud, A., af Klintberg, B., & Rydelius, P.-A. (2008). Resilience and vulnerability among refugee children of traumatised and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health, 2*, 7. doi:10.1186/1753-2000-2-7

Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review, 30*(5), 479–495. doi: 10.1016/j.cpr.2010.03.003.

Dybdahl, R. (2001a). A psychosocial support program for children and mothers in war. *Clinical Child Psychology and Psychiatry, 6*, 425–437. doi: 10.1177/1359104501006003010.

Dybdahl, R. (2001b). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development, 72*, 1214–1230. doi: 10.1111/1467-8624.00343.

Ehntholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry, 10*, 235–250. doi: 10.1177/1359104505051214.

Ehntholt, K. A., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war related trauma. *Clinical Child Psychology and Psychiatry, 47*(12), 1197–2010. doi:10.1111/j.1469-7610.2006.01638.x.

Farhood, L. F. (1999). Testing a model of family stress and coping based on war and non-war stressors, family resources and coping among Lebanese families. *Archives of Psychiatric Nursing, 13*, 192–203. doi:10.1016/S0883-9417(99)80005-3.

Feldman, R., & Vengrober, A. (2011). Posttraumatic stress disorder in infants and young children exposed to war-related trauma. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(7), 645–658. doi: 10.1016/j.jaac.2011.03.001.

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality and Mental Health, 13*, 52–77. doi:10.1080/19349637.2011.547138.

Foa, E., Keane, T., & Friedman, M. (2000). *Effective treatments for PTSD: Practice guidelines from the international society for traumatic stress studies*. New York: The Guilford Press.

Forchuk, C. (2001). Evidence-based psychiatric/mental health nursing. *Evidence-Based Mental Health, 4*, 39–40. doi: 10.1136/ebmh.4.2.39.

Garbarino, J., Dubrow, N., Kostelny, K., & Pardo, C. (1992). *Children in danger: Coping with the consequences of community violence*. San Francisco, CA: Jossey-Bass.

Harel-Fisch, Y., Radwan, Q., Walsh, S. D., Laufer, A., Amitai, G., Fogel-Grinvald, H., & Abdeen, Z. (2010). Psychosocial outcomes related to subjective threat from armed conflict events (STACE): Findings from the Israeli-Palestinian cross-cultural HBSC study. *Child Abuse & Neglect, 34*, 623–638. doi: 10.1016/j.chiabu.2009.12.007.

Harris, D. A. (2010). When child soldiers reconcile: Accountability, restorative justice, and the renewal of empathy. *Journal of Human Rights Practice, 2*(3), 334–354. doi:10.1093/jhuman/huq015.

Howar, S., Dryden, J., & Johnson, B. (1999). Childhood resilience: Review and critique of literature. *Oxford Review Education, 25*(3), 307–323.

Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

International Federation Reference Centre for Psychosocial Support. (2007). *Community-based psychosocial support. Trainer's book. A training kit*. Copenhagen: PS Centre Publications.

Jordans, M. J., Tol, W. A., Komproe, I. H., Susanty, D., Vallipuram, A., Ntamatumba, P., et al. (2010). Development of a multi-layered psychosocial care system for children in areas of political violence. *International Journal of Mental Health Systems, 4*, 15. doi:10.1186/1752-4458-4-15.

Kilmer, R. P., Gil-Rivas, V., Tedeschi, R. G., Cann, A., Calhoun, L. G., Buchanan, T., & Taku, K. (2009). Use of the revised posttraumatic growth inventory for children. *Journal of Traumatic Stress, 22*(3), 248–253. doi:10.1002/jts.20410.

Kithakye, M., Morris, A. S., Terranova, A. M., & Myers, S. S. (2010). The Kenyan political conflict and children's adjustment. *Child Development, 81*(4), 1114–1128. doi:10.1111/j.1467-8624.2010.01457.x.

Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C., & Adam, H. (2010). Posttraumatic resilience in former Ugandan child soldiers. *Child Development, 81*(4), 1096–1113. doi:10.1111/j.1467-8624.2010.01456.x.

Kok, G., Schaalma, H., Ruiter, R.A., Van Empelen, P., & Brug, J. (2004). Intervention mapping: Protocol for applying health psychology theory to prevention programmes. *Journal of Health Psychology, 9*(1), 85–98. doi: 10.1177/1359105304038379.

Kostelny, K. & Wessells, M. (2010). Psychosocial Assessment of Education in Gaza and Recommendations for Response. UNESCO. Retrieved Feb 5, 2013 from http://resourcecentre.savethechildren.se/content/library/documents/psychosocialassessment-education-gaza-and-recommendations-response.

Kuterovac-Jagodić, G. (2003). Posttraumatic stress symptoms in Croatian children exposed to war: A prospective study. *Journal of Clinical Psychology, 59*, 9–25. doi:10.1002/jclp.10114.

Laor, N., Wolmer, L., & Cohen, D. J. (2001). Mother's functioning and children's symptoms 5 years after SCUD missile attack. *The American Journal of Psychiatry, 158*, 1020–1026. doi:10.1176/appi.ajp.158.7.1020

Laufer, A., & Solomon, Z. (2010). Political ideology and psychological symptoms following terror. *Youth Society, 41*(3), 414–433. doi:10.1177/0044118X09333658.

Layne, C. M., Beck, C. J., Rimmasch, H., Southwick, J. S., Moreno, M. A., & Hobfoll, S. E. (2009). Promoting "resilient" post-traumatic adjustment in childhood and beyond: "Unpacking" life events, adjustment trajectories, resources, and interventions. In D. Brom, P. Pat-Horenczyk, & J. Ford (Eds.), *Treating traumatized children. Risk, resilience and recovery*. East Sussex: Routledge.

Layne, C. M., Pynoos, R. S., Saltzman, W. R., Arslanagić, B., Savjak, N., Popoviz, T., et al. (2001). Trauma/grief-focused group psychotherapy: School-based postwar intervention with traumatized Bosnian adolescents. *Group Dynamics: Theory, Research, and Practice, 5*, 277–290. doi:10.1037/1089-2699.5.4.277.

Layne, C. M., Saltzman, W. R., Poppleton, L., Burlingame, G. M., Pasalic, A., Durakovic, E., et al. (2008). Effectiveness of a school-based group psychotherapy program for war-exposed adolescents: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*, 1048–1062. doi:10.1097/CHI.0b013e31817eecae

Lewis, M. D., & Granic, I. (Eds.). (2000). *Emotion, development, and self-organization: Dynamic systems approaches to emotional development, Cambridge studies in social and emotional development* (pp. 37–69). New York, NY, US: Cambridge University Press, xiii, 411pp.

Llabre, M. M., & Hadi, F. (1997). Social support and psychological distress in Kuwaiti boys and girls exposed to the Gulf crisis. *Journal of Clinical Child Psychology, 26*, 247–255. doi:10.1207/s15374424jccp2603_3.

Lloyd, E., Penn, H., Barreau, S., Burton, V., Davis, R., Potter, S., et al. (2005). How effective are measures taken to mitigate the impact of direct experience of armed conflict on the psychosocial and cognitive development of children aged 0–8? In: *Research evidence in education library*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A., H., & Qouta, S. (2006). The impact of structured activities among Palestinian children in a time of conflict. *Journal of Child Psychology and Psychiatry, 47*(12), 1211–1218. 10.1111/j.1469-7610.2006.01656.x.

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*(4), 857–885.

Meehl, P. E. (1962). Schizotaxia, schizotypy, schizophrenia. *American Psychologist, 17*, 827–838. doi:10.1037/h0041029

Möhlen, H., Parzer, P., Resch, F., & Brunner, R. (2005). Psychosocial support for war-traumatized child and adolescent refugees: Evaluation of a short-term treatment program. *The Australian and New Zealand Journal of Psychiatry, 39*, 81–87. doi:10.1111/j.1440-1614.2005.01513.x

National Institute for Clinical Excellence. (2005). *Clinical guideline 26. Post-traumatic stress disorder (PTSD). The management of PTSD in adults and children in primary and secondary care.* Retrieved Feb 4 2013, from www.nice.org.uk/CG026NICEguideline.

NCTSN (National Child Traumatic Stress Network). 2005. Mental health interventions for refugee children in resettlement. White paper II from the national child traumatic stress network. Refugee trauma task force.

Nguyen-Gillham, V., Giacaman, R., Naser, G., & Bouyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health and Social Care in the Community, 16*(3), 291–298. doi: 10.1111/j.1365-2524.2008.00767.x.

Onyut, L., Neuner, F., Schauer, E., Ertl, V., Odenwald, M., Schauer, M., et al (2005). Narrative exposure therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement. *BMC Psychiatry, 5*, 7–9. doi:10.1186/1471-244X-5-7

Oren, L., & Possick, C. (2010). Is ideology a risk factor for PTSD symptom severity among Israeli political evacuees? *Journal of Traumatic Stress, 23*(4), 483–490. doi:10.1002/jts.20540.

Peltonen, K., & Punamäki, R.-L. (2010). Preventive interventions among children exposed to trauma of armed conflict: A literature review. *Aggressive Behavior, 36*(2), 95–116. doi:10.1002/ab.20334.

Peltonen, K., Qouta, S., Sarraj, E. E., & Punamäki, R.-L. (2010). Military trauma and social development: The moderating and mediating roles of peer and sibling relations in mental health. *International Journal of Behavioral Development, 34*(6), 554–563. doi:10.1177/0165025410368943.

Punamäki, R.-L. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development*, 67, 55–69. doi:10.1111/j.1467-8624.1996.tb01719.x.

Punamäki, R.-L. (1996). Can ideological commitment protect children's psychological well-being in political violence? *Child Development, 67*, 55–69. doi:10.1111/j.1467-8624.1996.tb01719.x.

Punamäki, R. L. (1997). *The mental health function of dreaming and playing* (pp. 259–271). Gaza: Gaza Community Mental Health Program Publications.

Punamäki, R., Muhammed, A. H., & Abdulrahman, H. A., (2001). Impact of traumatic events on coping strategies and their effectiveness among Kurdish children. *International Journal of Behavioral Development, 28*(1), 59–70. doi: 10.1080/01650250344000271.

Punamäki, R. L., Qouta, S., & El Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*, 256–267. doi:10.1080/01650250042000294.

Punamäki, R.-L., & Suleiman, R. (1990). Predictors and effectiveness of coping with political violence among Palestinian children. *British Journal of Social Psychology, 29*, 67–77. doi:10.1111/j.2044-8309.1990.tb00887.x.

Qouta, S., El-Sarraj, E., & Punamäki, R.-L. (2001). Mental flexibility as resiliency factor among children exposed

to political violence. *International Journal of Psychology*, 36, 1–7. doi:10.1080/00207590042000010

Rodenburg, R., Benjamin, A., de Roos, C., Meijer, A. M., & Stams, G. J. (2009). Efficacy of EMDR in children: A meta-analysis. *Clinical Psychology Review, 29*(7), 599–606. doi:10.1016/j.cpr.2009.06.008.

Rosenthal, D. (1963). A suggested conceptual framework. In D. Rosenthal (Ed.), *The Genian quadruplets* (pp. 505–516). New York: Basic Books.

Saigh, P. A., Mroueh, M., Zimmerman, B. J., & Fairbank, J. A. (1995). Self-efficacy expectations among traumatized adolescents. *Behaviour Research and Therapy, 33*, 701–704. doi:10.1016/0005-7967(94)00092-X.

Salmon, K., & Bryant, R. A. (2002). Posttraumatic stress disorder in children: The influence of developmental factors. *Clinical Psychology Review, 22*(2), 163–188. doi. 10.1016/S0272-7358(01)00086-1.

Schaeffer, C. M., Bruns, E., Weist, M., Stephan, S. H., Goldstein, J., & Simpson, Y. (2005). Overcoming challenges to using evidence-based interventions in schools. *Journal of Youth and Adolescence, 34*, 15–22. doi:10.1007/s10964-005-1332-0

Thabet, A. A., Ibraheem, A. N., Shivram, R., Winter, E. A., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *International Journal of Social Psychiatry, 55*(3), 226–237. doi: 10.1177/0020764008096100.

Tol, W.A., Komproe, I.H., Susanty, S., Jordans, M.J.D., Macy, R.D., & De Jong, J.T.V.M. (2008). School-based mental health intervention for children affected by political violence in Indonesia: A cluster randomized trial. *JAMA, 300*(6), 655–662. doi: 10.1001/jama.300.6.655.

Vanderbilt-Adriance, E., & Shaw, D., (2008). Conceptualizing and re-evaluating resilience across levels of risk, time, and domains of competence. *Clinical Child and Family Psychology Review, 11*, 30–58. doi:10.1007/s10567-008-0031-2.

Waddell, C., & Godderis, R. (2005). Rethinking evidence-based practice for children's mental health. *Evidence-Based Mental Health, 8*, 60–62. doi:10.1136/ebmh.8.3.60.

Weisenberg, M., Schwarzwald, J., Waysman, M., Solomon, Z., & Klingman, A. (1993). Coping of school-age children in the sealed room during scud missile bombardment and postwar stress reactions. *Journal of Consulting and Clinical Psychology, 61*, 462–467. doi:10.1037/0022-006X.61.3.462

Wolff, P. H., & Fesseha, G. (1998). The orphans of Eritrea: Are orphanages part of the problem or part of the solution? *The American Journal of Psychiatry, 155*, 1319–1324

Wolmer, L., Hamiel, D., & Laor, N. (2011). Preventing children's posttraumatic stress after disaster with teacher-based intervention: A controlled study. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*, 340–348. doi:10.1016/j.jaac.2011.01.002

Woodside, D., Santa Barbara, J., & Benner, D. G. (1999). Psychological trauma and social healing in Croatia. *Medicine, Conflict & Survival, 15*(4), 355–367. doi:10.1080/13623699908409477.

Yule, W. (2002). Alleviating the effects of war and displacement on children. *Traumatology, 8*(3), 160–180. doi:10.1177/153476560200800304.

Zubin, J., & Spring, B. (1977). Vulnerability, a new view of schizophrenia. *Journal of Abnormal Psychology, 86*, 103–126. doi:10.1037/0021-843X.86.2.103.

Part VI

Conclusion

Resilience in Children of War

Michel Ferrari and Chandi Fernando

Introduction

They caught us, all of us in there [at school], and they put us in the truck. We were heading to the camp. So they drove us a few miles away from the school and then they stopped, somewhere, at another village, to get more people. And that's where we got a chance, me and my friends, and we jumped out of the truck and started running. One of us were running in different direction as my friend. So then they start shooting at us but I was, like, I didn't get shot. Since then, after jumping the truck, I never turn back or looking back to my village. I kept running, running, running.

This vivid story by one of the participants caught by rebels in McAdam's chapter, shows more poignantly than any statistic or logical argument, the terrible experiences that some children undergo as victims of war. Many might think that such experiences would be impossible to overcome, but in fact this volume shows the many ways in which children show resilience in the face of such and sometimes even more difficult and tragic personal experiences. This final chapter reviews some of the main themes and main findings uncovered about how to study and how to promote resilience in children of war.

Prevalence and Effects of War on Children. Modern warfare increasingly targets civilians. Indeed, more than 23 million people have been killed in 149 major conflicts since the end of WWII. Worldwide, mortality rates associated with political violence vary from 1 per 100,000 population in high-income countries to 6.2 per 100,000 population in low- and middle-income countries, with the highest rate of war-related deaths in African countries at about 32 fatalities per 100,000. As a result of these conflicts, there are 27.1 million internally displaced persons and 10.3 million refugees (UNHCR, 2011). By another count, the number of people forcibly displaced has now risen to 43.3 million, a figure exacerbated by the low numbers of repatriations that have occurred over the past 20 years (http://www.unhcr.org, 2010).

Children are increasingly affected by modern war (Williams & Drury, 2011). UNICEF (1996) estimates that from 1986 to 1996 wars killed two million children and left one million orphaned or separated from their parents. The International Committee of the Red Cross (ICRC) reported that in 2008, 18 million children were forced to leave their homes either as refugees or as internally displaced persons (2009, p. 1). In 2009, 41% of refugees and asylum seekers were below 18 years of age (United Nations High Commissioner for Refugees (UNHCR, 2010)); 4% of all asylum applicants in developed

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countries in 2003 were unaccompanied refugee children (UNHCR, 2004); living without the support and protection of adults, these children are a particularly vulnerable group (Hepburn, Williamson, & Wolfram, 2004), as described in Bates and colleagues' chapter on the "Lost Boys of Sudan."

Magid and Boothby note that the experience of war is not a single risk, and the precise nature of its risk to children depends on the nature of their experiences during warring. In fact, children in war zones face a wide range of interrelated risks: direct physical risk, risk of vicarious suffering by witnessing the abuse and death of those close to them, psychosocial risk of disruption of their family and community life, and, certainly, risk of psychological trauma as a result of their war experiences (Werner, 2012; Williams & Drury, 2011).

Direct Physical Suffering. Chapter authors remind us that children are disproportionately affected by kidnapping and injury and are more likely to be victims of acts of abuse (i.e., to be abducted, arrested, held in detention, or tortured); they are often forced into slavery, detained in camps, or unlawfully adopted. Sexual exploitation is a major source of concern, including the risk of HIV and AIDS, as children are sometimes raped and forced into prostitution or early marriages. Children are also taken as a source of labor—often dangerous labor—and recruitment into the armed forces that exposes them to combat, shelling, and other life-threatening situations. Some children become child soldiers and themselves participate in violent acts, but Magid and Boothby are right to remind us that these children are also victim of war. Magid and Boothby also note that African children are especially vulnerable, citing a 1989 study of Mozambican children in which 64% had been abducted from their families and 51% had been physically abused or tortured (Boothby, Crawford, & Halprin, 2006; Boothby, Upton, & Sultan, 1991).

Vicarious suffering is also very prevalent among children. Indeed, indirect exposure to violence

can be as traumatic as the direct experience of violence, as Ventevogel et al., (this volume) show for Afghan children; this can perhaps be explained through observational learning. Other studies cited support Ventevogel et al., on this point. For example, 60% of European asylum children had been exposed to violence (Montgomery & Foldspang, 2007, cited in Magid & Boothby, this volume). African children are especially vulnerable: a 1996 Rwandan survey found that 96% of children surveyed had witnessed violence, 80% had lost a family member, and 70% had seen someone killed or injured. In the 1989 study of Mozambican children previously mentioned, 88% had witnessed physical abuse or torture, 77% had witnessed murder, and 63% had witnessed rape or sexual abuse (Boothby et al., 1991, 2006).

Psychosocial Disruption Causing Suffering. As Kostelny and Wessells—and many other contributors to this volume—highlight, some of the greatest risks children face in situations of political violence are psychosocial. As Daiute (this volume) rightly points out, political violence causes many forms of separation and loss: children often become separated from their homeland, family, and the accompanying interactions with loved ones, neighbors, and familiar institutions because of conflict. Beyond family, children often experience disruption to their communities, including the destruction of homes and neighborhoods, in addition to the loss of educational opportunity when schools are destroyed, teachers dispersed, and travel to school becomes too dangerous (Bernard van Leer Foundation, 2005; Shemyakina, 2011; Wessells & Kostelny, 1996; Williams & Drury, 2011; Williamson & Robinson, 2006). Sadly, some children born during political conflict have never known a peaceful family life or supportive social institutions.

Mental Suffering. Given these potentially massive physical and psychosocial disruptions, children's mental health is naturally at risk. Recent research on children of war has generally focused on post-traumatic stress disorder (PTSD), but a

long history of research suggests that such children show a spectrum of psychological symptoms that include depressed affect, anxiety, fear of recurrence, guilt, grief, insomnia, enuresis, delinquency, and post-traumatic stress; acute stress reactions include nightmares, exaggerated startle reactions, somatic complaints, and sleep disturbance (Buchhanan et al., this volume; Espié et al., 2009; Muldoon, this volume; Nielsen et al., 2008; Richman, 1993). Unique to children, the type of anxiety manifested relates to the child's developmental level, which frames their understanding of events experienced (Bruyere & Garbarino, this volume).[1]

Counterintuitively, Barber and Doty (this volume) contest the extent of this threat to the mental well-being of children and youth. According to these authors, most youth exposed to political violence show no sign of dysfunction, because their understanding of their war experiences depends on the specific nature and severity of those experiences and on how they are interpreted; even statistical analyses necessarily reflect the probability of risk, not its certainty. More generally, Barber and Doty claim that research needs to examine: (1) the specific type of conflict exposure children have experienced, including the indirect effects of political conflict; (2) its effect on specific domains of youth functioning; and (3) the long-term effects of different types of exposure. As Garbarino and Bruyere note, some traumatic events' effects are felt only years, even decades, after the events themselves.

For Barber and Doty, the evidence shows that most children are resilient even under extremely adverse conditions, an idea that at first seems improbable but is supported by data presented in the chapters by Stermac et al., Robinson, and Zack-Williams. Acknowledging this truth, say

Barber and Doty, free up resources for a more focused effort to determine who is not resilient and under what circumstances. Far from proposing a Panglossian view of resilience in the face of adversity, all the contributors to this volume propose a more nuanced study of both successful and unsuccessful coping with the brutality of war (Betancourt & Khan, 2008) that heightens our attention to its tragic effects on children, while proposing ways to minimize these effects (Bonanno, 2005; Kraemer, 2003).

Recent work by Bonanno, Westphal, and Mancini (2011) supports this point. Using latent trajectory modeling to identify a set of prototypical outcome patterns (resilience, recovery, chronic distress, delayed reaction, continuous distress, and distress followed by improvement), they found that the most common outcome following a potentially traumatic event is a stable trajectory of healthy functioning or resilience. However, such resilience is not the result of a few dominant factors, but rather of multiple independent predictors of resilient outcomes, more specifically, personality, demographic variation (i.e., higher education, being male, and higher income), level of trauma exposure, social and economic resources, a priori worldviews, and capacity for positive emotions. Since most of these predictors refer to dimensions of personal life that are virtually impossible to change (e.g., gender) or are very difficult to change (e.g., personality, or social resources), it is important to consider carefully what we might do to help children exposed to war engage a trajectory of resilience, especially those who are at the highest risk.

This importance is especially true in light of recent sobering findings from a study of chronic political conflict experienced by now-adult Palestinian residents of the West Bank, Gaza, and East Jerusalem (Hobfoll et al., 2011, 2012), in which resilience and resistance are relative terms in the context of repeated or chronic traumatic life-circumstances. What this means is that there is no majority, nor even a substantive percentage of people living in such conditions who are symptom free, or experience only a few symptoms of distress as their own previous work had argued (Bonanno et al., 2011). Although the overall

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[1]Stermac and Robinson, in their chapters, note a range of short-term and long long-term consequences for the mental health of child refugees. Most of these reviews are restricted to the mental health of resettled refugees and conclude that, as a group, child refugees show greater emotional and behavioral problems than nonrefugees; trauma also affects learning (Punamaki, 2001; Stermac et al., this volume).

patterns found in this study were similar to those observed in earlier studies, the floor levels of low symptoms were noticeably higher. Adjusting this floor level of responding has major theoretical, as well as practical implications. Most specifically, normal adaptive mechanisms that produce great resilience and resistance to psychological distress can be overpowered by ongoing mass casualties and economic depression brought on by war. Indeed, this study found that loss of psychosocial and material resources generated greater distress experiences at each time period measured, suggesting the need for resource-based interventions for people experiencing chronic trauma that focus on personal resources (e.g., self-efficacy, work skills), social resources (e.g., family and community ties), material resources (e.g., food and living accommodations), and condition resources (e.g., job availability and accessibility). And in fact, this is precisely the approach to research intervention adopted by all the contributors to this volume, who universally propose means to promote psychosocial well-being.

Promoting Psychosocial Well-Being

Current research on the effects of political violence on children has primarily focused on the pathological consequences of political violence on individual children. This is partly due to the dominance of the developmental psychopathology paradigm over the last two decades, as well as to the tacit assumption that childhood and adolescent experiences are formative for later life. All the authors in this volume, however, question this way of framing risk and resilience in children of war, arguing that resilience research must involve more than the study of individual attributes shaping worse-than- or better-than-expected health outcomes; rather, it must contextualize developmental and social trajectories, and identify critical changes to social, educational, and material environments that can shift individual trajectories towards more favorable health outcomes despite the severe difficulties many civilians experience during wartime (Panter-Brick, Goodman, Tol, & Eggerman, 2011, this volume).

Although psychiatrists, psychologists, epidemiologists, and policy-makers often speak in terms of "mental health problems" and "mental disorders" as the outcome of exposure to political violence, many social scientists and humanitarian workers prefer to focus attention on "psychosocial well-being," defined as a dynamic relationship that exists between psychological and social processes (Williamson & Robinson, 2006).[2] However, we need to think more broadly about protective factors that promote resilience.

Following Davydov and colleagues (2010), Peltonen suggests that promoting mental health and psychosocial support can be done in one of three ways:

I.   *Health protection* fosters protective capacities that a person has during traumatic experience.
II. *Harm reduction* allows individuals to bounce back after a trauma-related health disturbance. On this view, resilience is a special case of harm reduction in the face of identified risk factors experienced.
III. *Health promotion* develops new capacities that allow people to respond more effectively to similar or new adverse events—i.e., be stronger or use better coping strategies—the next time they face new adverse events (analogous to a "vaccine effect").[3]

While it is important to work from this more comprehensive perspective, the real difficulty is in finding ways to study psychosocial well-being scientifically.

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[2] In this volume, we follow a growing consensus established in the humanitarian sector (IASC, 2007) and use the composite term "mental health and psychosocial support" advocated by Ventevogel and colleagues to describe "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder" (Wessells & Van Ommeren, 2008).

[3] Health promotion resembles the concept of post-traumatic growth, defined as "positive change resulting from one's struggle with trauma-positive change experienced as a result of struggle with major loss or trauma" (Triplett et al., 2012; Kilmer et al., 2009; Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 2004).

Difficulty of Scientifically Studying Effects of War on Children

Assessment of the Effects of War. Few people doubt that war is a difficult and traumatic experience, especially for children, but as the chapters in this volume show, the effects of war on children are not so easy to study scientifically. How should we study the effects of war on children?

In fact, a variety of methods are available and many have been used by authors in this volume, including, ethnography, observation, narrative inquiry, epidemiological methods, and clinical interviews. These methods run the gamut from scale-based measures (in which participants indicate which listed items they have experienced) to naturalistic discourse analysis of clinical interviews (Weine et al., 2006) and personal narratives (Cortes & Buchanan, 2007; Fernando & Ferrari, 2011); some even draw on historical archival material to understand the roots of long-standing conflicts. However, as Magid and Boothby (this volume) point out, war zones present children with multiple war-associated risks, and so risk cannot be understood as the experience of a single traumatic event (e.g., displacement, physical injury, or the death of a loved one).

For this reason, some researchers have used a risk-accumulation model in which they propose that a certain number of risks (above 4) to an individual within family and community (e.g., family instability or chronic poverty) will have a higher probability of leading to a maladaptive outcome. Most children are thought capable of handling low levels of risk, but accumulated risk jeopardizes development, unless compensatory forces are brought into play (Balwin, Balwin, & Coles, 1990; Rutter, 2006; Sameroff, Siefer, Baracos, Zax, & Greenpsan, 1987; Werner & Smith, 2001). However, there is still no consensus on how to assess risk and resilience, and although a range of measures have been proposed (e.g., total number of traumatic events experienced, range of types of events, duration of exposure, or intensity), each of these methods has limitations.

Assessment of Interventions to Help Children of War. Efforts to assess the effects of specific interventions used to help children of war are described in chapters by Robinson, Stermac, Bates, and their coauthors, for example, promoting successful immigrant resettlement or education. Assessing the effects of such interventions has its own difficulties: for example, as Robinson notes, it is difficult to establish a valid comparison group for such studies. Some studies use matched samples from the general population of the same community or matched samples from minority groups in the same community (e.g., Fazel & Stein, 2003), large samples from the general population of the host country (e.g., Vaage et al., 2009), or children under clinical care in resettlement countries (e.g., Mollica, Poole, Son, Murray, & Tor, 1997). All of these methods, however, make it hard to determine the source of any positive or negative outcome because child refugees differ from typical control groups in a variety of ways—for example, in their war experiences, migration, or acculturative stress. Instead, Robinson proposes a different research design that compares the direct and indirect effects of war exposure by child refugees to that of voluntary migrant children attending the same school, who also have little or no knowledge of English.

What Is the Best Kind of Evidence for Understanding Resilience? Rather than ask "who is resilient?" it is better to ask "what conditions allow for and sustain resilience in individuals at different moments in life?"—the essential point of Ungar's (2011, 2012) social-ecological model. Conditions that promote resilience can often include the presence of specific institutions like schools or orphanages whose programs promote and protect children, or specially engineered Child Friendly Spaces (Kostelny & Wessells, this volume). However, resources need to be mapped at all levels of a social ecology from cultural beliefs down to biological predispositions, with a consideration of how these different levels interact in a dynamic ways (Masten, 2007, 2011).

According to Barber and Doty (this volume) research should better identify and map social, cultural, economic, political, and psychological resourcefulness as understood by youth themselves. Such a resource map would vary across conflicts and over time, especially for long-standing conflicts (Barber, 2010). Surprisingly, there is still relatively little consultation with young people as to the nature of their experiences and theorists instead propose models that presume to know what should be studied to promote psychosocial well-being (Barber, 2009; Hammack, 2011; Stark & Wessells, this volume). Barber suggests that it is important to listen to the voices of youth involved in conflict themselves—a point echoed by Daiute, Buchanan, and many other contributors. Indeed, contributors are unanimous about the need to study children's actual experiences of war—not just assess their mental health. The fruitfulness of this approach is evident in chapters by Ventevogel, Dauite, McAdam, Bates, Fernando, Zack-Williams, and their coauthors.

It is also important that research include measures of both external and internal resilience: external resilience has been objectively measured in terms of school achievement or peer relations, but internal resilience involves an existential sense of well-being—what Garbarino and Bruyere calls "being at peace inside" or "existential resilience"—that may be lacking even when external markers of resilience are present. This is the case for orphans of war with internalizing difficulties, as identified and described by Fernando and Ferrari (2011, this volume). For Garbarino and Bruyere, even when individuals have been successfully supported in different ecological contexts, there is the risk that internalized trauma can manifest itself through their level of affective engagement, either in the present or at some future point in time.

What Is the Best Kind of Evidence to Gather in Studying the Impact of War on Children? Peltonen notes the importance of considering the unit of analysis to be the family, or specific community-based institutional settings such as orphanages, schools, or churches. For instance, consistent and supportive parenting might generate better coping skills in children that then strengthen positive parenting in a reenforcing

cycle. To test such hypotheses would mean implementing sophisticated multilevel longitudinal designs—something difficult to do in resource-poor and politically unstable settings. However, naturalistic designs may also shed light on these hypotheses, as shown by many chapters in this volume.

Tol et al., (this volume) caution that we tend to rely too much on cross-sectional data and need to study transactions (interpersonal dynamics) that broaden the scope of studies of resilience beyond the individual to include interpersonal, sociocultural—and one might add cultural-historical—influences on personal resilience. Without such transactional understanding, our evidence and conceptualization of resilience remains problematic. They propose two promising research approaches: (1) *case studies* can help uncover resilience processes in action in particular individuals; staggered baselines can test the impact of protective factors on multiple cases, as Tol et al., show in their chapter. (2) *Randomized controlled trials* can explore moderators and mediators of intervention effectiveness that can show how resilience processes take place. Research should also look beyond the immediate impact of war on children to assess the long-term impact of political violence through *longitudinal studies* or perhaps more easily through biographical studies of older individuals who recount the long-term effects of war that they have experienced in childhood, as we see in chapters by McAdam, Bates et al., and Dauite.

Biglan, Mrazek, Carnine, and Flay (2003) have proposed a seven-grade classification endorsed by Peltonen that depicts "the golden rules" of evaluating research on therapy effectiveness:

- Grade 1 has evidence from multiple well-designed, randomized, and controlled trials or multiple well-designed, interrupted time-series experiments conducted by two or more independent research teams. In addition, these studies provide adequate documentation that the preventive intervention has been implemented in its intended setting with adequate training of personnel and monitoring of implementation and outcomes.
- Grade 2 lacks documentation of the implementation.

- Grade 3 lacks multiple research teams.
- Grade 4 lacks multiple trials.
- Grade 5 lacks randomized comparison groups.
- Grade 6 lacks comparison group or repeated assessment, using a single case for which an intervention is introduced at some point in time with pre-post assessments.
- Grade 7 evidence is gleaned through clinical experience by respected authorities, descriptions of programs, and case reports without formal study design.

This classification system sets a very high standard for research data to be collected in war zones; much if not most existing data would not qualify as grade 1 quality. We should not let problematic evidence paralyze us, but rather use it as a springboard to gather better evidence, using methodologies such as action research and design experiments. In this regard, one might consider the progressive development of Child Friendly Spaces to be a perfect example of this kind of developmentally and context-sensitive research. Even though developers of these spaces may not consider the iterative development of such programs to be research, they are in fact a classic example of a design experiment (Cobb et al., 2003; Gorard et al., 2004; Van den Akker et al., 2006), and, under the circumstances, such design experiments (in which one can progressively raise the grade of evidence collected as one refines an intervention over multiple iterations) is a useful design to add to those discussed by authors in this volume. This approach is closely related to action research, in which the researcher is an active participant in the planning and implementation of the research study.

Kurt Lewin—who first proposed action research—famously said, "Nothing is as practical as a good theory" (1945, p.129). What such action research and design studies are likely to show is that existing western models do not apply universally, and that we need to develop better theory. In the next section, we consider the kinds of theories used by authors in the volume, and whether they can be creatively combined to generate still more powerful tools for effective research and intervention.

Theory in Support of Effective Assessment and Intervention. The chapters in this volume provide a powerful set of theoretical ideas and models about developing psychosocial well-being, and any new theory would do well to build from and integrate them—or at least be clear on what choices we must make between them in particular domains of study relating to resilience in times of war.

Let us review some of the main theories discussed in the volume and how they can be expanded or integrated to provide a more comprehensive basis for future research.

Social-Ecological Models. One of the main frameworks used by chapter authors is Bronfenbrenner's (1979, 2005) ecological model of development. According to this model, development takes place within concentric circles of ever-expanding sociocultural context—what Bronfenbrenner calls the microsystem, mesosystem, exosystem, and macrosystem. According to Bronfenbrenner, the family is the key microsystem that provides for children's basic needs and protects them; mesosystems are other institutions with which the child is directly engaged (e.g., schools or religious institutions); exosystems have an indirect impact on the child (e.g., parents' workplace); finally, macrosystems involves language and cultural beliefs that provide a blueprint for the other systems. Tol (this volume) uses the term "ecological resilience" to direct attention to resilience processes operating in different contextual systems. In the context of children and war, ecological resilience refers to assets and processes at all socio-ecological levels associated with good developmental outcomes after exposure to situations of armed conflict.

Broadening attention to contextual aspects of resilience allows the development of programs to promote mental health and psychosocial well-being for children affected by armed conflict, while incorporating cultural systems within which they are embedded. Identifying health protective and promotive processes at broader social levels allows for the implementation of universal and selective public health prevention efforts that can reach larger populations groups. Such interventions are both more feasible and more cost-effective in settings without extensive mental health

infrastructure and lacking specialized mental health professionals (de Jong, 2002, 2010).

Those following a social-ecological model conceptualize risk and resilience at different social and ecological levels. The aim of intervention is thus to support children in their immediate microcontexts (by supporting families), in their mesocontext (by providing good opportunities for schooling, or Child Friendly Spaces), or in the macrocontext (by drawing on traditional beliefs and healing practices to promote well-being and reintegration (e.g., of child soldiers)). An ecological approach also leads many contributors to emphasize the need to be culturally sensitive in interpreting risk and resilience, since different cultures have different macrolevel understandings of child development and of psychological trauma and recovery.

These different ecological levels also interact: for example, Stermac et al., (this volume) reports that language facility, pedagogy, curriculum inclusiveness, and supportive services are all critical to academic success among immigrant youth, and that teachers can help promote self-efficacy needed to improve academic engagement. According to Tol et al., we have robust data demonstrating the importance of the family microsystem, but we need to be careful in implementing protective social processes at the macrosystemic level. Macrosystemic religious practices and ideological commitments can be a two-edged sword, both helping people because they are personally meaningful, but also trapping them when, for example, gender inequality is considered integral to accepted cultural practices (Tol et al., this volume). Finally, Rogoff (2003) is certainly right to emphasize that systemic levels are not separate spheres of action, but different lenses through which to view children's participation in culture. Most research investigating the effects of war on children is still concerned with family-level and individual-level variables and their association with good developmental outcomes; very little is known about mesosystem or macrosystem interactions.

As comprehensive and useful as Bronfenbrenner's original model is, it can be improved upon. In fact, Bronfenbrenner himself expanded his model to make it more dynamic and developmental. As Tol and colleagues note, Bronfenbrenner's (2005) later bioecological model stresses the importance of biological dispositions within the child that influence how they engage with different ecological levels, and the importance of the chronosystem (i.e., how all of these different systems behave dynamically over time). This more elaborate theory accords with developmental ideas that other contributors to the volume have drawn upon in their chapters. Even so, it falls short of explaining how transaction occurs between the macrosystem and other more proximal systems of development; in particular, the child's own developing understanding. This lacune can be remediated by incorporating the constructivist notion of development, especially when considered as a dynamic system.

Constructivism. In 2011, Masten proposed a constructivist definition of resilience within a broad dynamic systems view of development, saying that "resilience can be defined most broadly as follows: the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (p. 494). Protective factors include effective parenting that buffers children from the effects of war by giving them contextual stability within the family unit.

Although not mentioned by Tol et al., (this volume) or Masten (2011), work by Fischer on microgenetics and dynamic skill development can be used to expand the scope and mechanisms of learning and development, explaining how risk and resilience operate over the lifespan (see Fischer & Bidell, 2006).

Fischer and Bidell (2006) propose that children's development is a set of dynamically constructed skills embedded within particular sociocultural contexts. Socially supported children can perform skills at an optimal level in novel contexts; however, when unsupported they operate at a lower "functional" level in familiar contexts, and their skills are lost in unfamiliar contexts. Clearly, war is an extremely unfamiliar context and only children who are supported by

their family or are in safe contexts like Child Friendly Spaces, will be able to cope effectively with the disruption this entails. Furthermore, Fisher's theory integrates both microgenetic and macrogenetic development across the lifespan. When in unfamiliar contexts, both children and adults will see a significant degradation in their level of skill on any task, with only the most expert recovering that skill quickly. This implies that we can expect parenting and other skills to be dramatically affected by political conflict, but also for those skills to be restored with the proper scaffolding and support to parents and families. Thus, Child Friendly Spaces can be one of the most effective ways of supporting skill development for children and parents in new and challenging contexts. For immigrant children, newcomer programs and educational programs can help support parents/caregivers and children to assure that they function at their optimal level, and thus more likely to show resilience in times of war, as seen in chapters by Bates et al., (this volume) and Robinson (this volume).

Garbarino and Bruyere, and others like Masten (2011), raise concern that these social-ecological approaches ignore the biological aspect of trauma. Fischer's theory has the advantage of integrating neurobiological aspects of development into considerations of contextual learning within a dynamic systems framework; more specifically, brain development is theorized to embody a dynamic system that includes sociocultural and physical contexts of learning and performance. On this view, it is misleading to say that brain architecture is shaped by adversity in early childhood (Karmiloff-Smith, 2009; Shonkoff, 2010; Shonkoff & Phillips, 2000), since the effects of war experiences can have very different effects on children of different ages—who are at different moments of biological development, as Bruyere and Garbarino (this volume) suggest— or who have different types of war experiences.

Fischer's dynamic systems theory integrates both Piagetian and Vygotskian theories of human development and considers development to be a web not a ladder, which fits well with an ecological model of development like Bronfenbrenner's. However, one aspect of Vygotsky's (1934/1982; see also Yasnitsky, van der Veer, & Ferrari, in press) original theory is left out of Fischer's account that is critical to understanding the effects of political conflict and how to buffer children against them. As Daiute makes clear, for Vygotsky, people not only develop skills through their own activities, they also appropriate meanings that span generations of cultural-historical development and are manifest at the macrosystemic level—including meanings of personal and ethnic identity and the narratives associated with them.

Cultural-Historical Development. Within the cultural-historical understanding of human development advocated by Vygostky (1934), narratives of personal identity are themselves reflections of cultural narratives that span generations and allow for very different interpretations of the same traumatic events. Here important protective factors are manifest in the ways that people interpret events or are led to reinterpret them—for example, through Buddhist mindfulness or metta (compassion) practices (Fernando & Ferrari, 2011, this volume) or healing ceremonies to promote reintegration (Stark & Wessells, this volume).

When dealing with culturally and historically situated personal interpretations, risk and resilience cannot be objectively quantified—a key point of Barber and Doty's critique of much work in the area of risk and resilience. This is what is perhaps most striking about the life stories discussed in chapters by Bates et al., McAdam, and Daiute, which focus on how war experiences are integrated into and shape later life experiences of those who have suffered them. We agree with what Daiute calls "relational resilience," that is, ongoing development that occurs through discursive interaction within a particular social and political milieu. Relational resilience spans many levels of social activity in the ecological resilience models mentioned earlier and seems perfectly consonant with the writings of Ungar (2011, 2012). Likewise, practices that are culturally meaningful can be considered cultural tools supporting resilience that are historically situated, and hence uniquely placed to help restore, sustain, and promote personal well-being.

Lifespan Development. Insightful as these theories by Bronfenbrenner, Masten, Fischer, and Vygotsky are, they still do not address lifespan development. One such lifespan developmental theory—mentioned in passing by Muldoon (this volume)—is that of Baltes, Lindenberger, and Staudinger (2006). According to Baltes' theory, development is a ratio of gains and losses that necessarily involves *selection* from among possible alternative actions, *optimization* of existing skills, and *compensation* for skills that are lost or missing.

The context of Baltes' theory is how people cope with the social, physical, and mental losses associated with aging, including the commonly experienced declines associated with old age: optimal development in old age is characterized by selective optimization with compensation. This theory of development is particularly well suited to understanding resilience in children and their families in light of the disruption and losses associated with war, especially when they must flee to other countries as immigrants of refugees. As chapters by Daiute (this volume) and Bates et al. (this volume) remind us, political violence can lead to gains as well as losses for some children, as was the experience of those "lost boys of Sudan" or Bosnian refugees who successfully settled in the USA. Experiences of war thus offer the potential for personal growth for people able to overcome their own suffering, especially if they are able to selectively optimize skills they developed in their home countries in new cultural contexts. Furthermore, children and youth have the advantage of continuing to gain functional capacity (through increased brain growth and associated increases in functional skills) and a capacity for flexibility and adaptation that is the envy of many adults. All these advantages can be selectively nurtured in the right environments, especially the educational environments in countries that take these children in as refugees, as shown in chapters by Stermac et al., and Robinson, or in the Child Friendly Spaces described by Kostelny and Wessels in their chapter.

Personal Development Through Narrative Meaning Making. Garbarino and Bruyere (this volume) emphasize the importance of children's narratives in understanding the impact of war on children—narratives necessarily situated within a cultural-historical framework for understanding lifespan human development and human resilience. Such ongoing appropriation of cultural meanings is sometimes problematic in situations of conflict, when identities are constructed as oppositional and negatively interdependent (Bar-Tal, 2012, 2013; Muldoon, McLaughlin, & Trew, 2007; Muldoon, Trew, Todd, McLaughlin, & Rougier, 2007). As Muldoon, Barber, Dauite, and others in this volume note, collective identification plays a crucial role in intractable political conflict (Barber, this volume; Bar-Tal, 2007; Hammack, 2011; Kelman, 1999).

Although only mentioned in passing by Daiute, Ricoeur's (1990/1992) theory of personal identity as necessarily a narrative situated between creative fiction and cultural history seems particularly apt here, because it suggests that people co-construct their lives out of narrative elements given by culture, but creatively interpret the events of their lives in ways that can either perpetuate or dissolve conflict. This is clearly the case for participants interviewed in chapters by McAdam and Bates et al.: notice, for example, that the two "lost boys of Sudan" who arrived as majors (not minors) later chose to keep their African names and wanted to help rebuild Sudan, showing how their identity remains bound up with their pre-refugee life and culture. The events of life narratives are also necessarily tied to historical events that affect an entire generation of families and children growing up in times of political conflict, as seen in chapters by Zack-Williams and Muldoon (this volume).

These ideas provide rich frameworks from which researchers can draw, helping them articulate what is meant by resilient personal development and psychosocial well-being in their research and intervention studies with children and youth.

Recommendations

As Peltonen and Palosaari (this volume) state, a good theory provides methods for accomplishing intervention objectives. However, theory-driven intervention planning requires understanding,

not only theories, but of their operational or practical forms (Kok et al., 2004). It is therefore important to consider how theoretical ideas about development proposed in this volume lead to specific recommendations for helping promote resilience in children who are victims of war.

Recommendation 1: *First do no harm*. Wessells (2008, 2009) is right to emphasize that the first rule of any intervention to help victims of war must be, "do no harm." This means that we must be careful how we engage communities affected by war. We need to stay alert to political power within those communities we wish to help, so that groups do not feel disenfranchised or we do not inadvertently side with one group over another.

Recommendation 2: *Build on the four IASC levels of intervention*. Consistent with social-ecological frameworks of child development (Bronfenbrenner, 1979, 2005; Ungar, 2012), it is important to develop theory and intervention at multiple sociocultural levels that include family, community, and society. In effect, this is the approach taken by the (IASC) when it published its *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). These guidelines reflect an emerging consensus on good practice from a wide range of disciplines and geographic regions. These guidelines organize programs and interventions in a pyramid designed to reduce risk and create opportunities at four levels:

1. *Basic services and security* important to the entire population experiencing a conflict (e.g., by assuring access to food, drinking water, good sanitation, and medical services).
2. *Community and family supports* (e.g., through family tracing and reunification programs for separated children; access to education, informal education opportunities, and other potentially protective activities like Child Friendly Spaces).
3. *Focused*, *nonspecialized supports* through interventions by trained and supervised workers that apply to relatively fewer of the affected population (e.g., basic mental health care by primary health care workers; emotional or

livelihood support for survivors of gender-based violence or child soldiers).
4. *Specialized services*, tailored to the needs of a relatively small percentage of the affected population that need professional services to function (e.g., therapy).

Ventevogel and colleagues give a wonderful example of this pyramid in action in Afghanistan: layer 1 (*basic services and security*) was enhanced by building water wells to improve general psychosocial well-being of the Afghan population. Layer 2 (*community and family-level support*) was provided through Child Well-Being Committees that gave children a voice in decision-making, or promoted physical education and play in schools and communities; the NGO "War Child" also implemented psychosocial activities in schools and in communities throughout Herat and Kabul, with one component of this program aimed at getting working children back to school. Layer 3 (*focused nonspecialized support*) was provided by helping school teachers provide psychosocial support; more specifically, Save the Children USA and UNICEF attempted to integrate training on psychosocial support into the primary school teacher curriculum. Layer 4 (*specialized services*) still needed further development, as Afghanistan is reported to lack specialized services for child psychiatry or child psychology (Ventevogel, Nassery, Azimi, & Faiz, 2006, this volume). In fact, there is only one national mental health hospital and four general hospital psychiatric wards, with few child and adolescent users of these mental health services (WHO-AIMS, 2006).[4]

Another way to support the IASC guidelines is developed by Peltonen and Palosaari in their chapter for this volume. These authors provide a "toolbox" of interventions that have been shown to be effective at different ecological levels. For example, at the individual level, they propose that relaxation techniques and guided imagery can be

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[4]Note that level 3 and level 4 services are often tailored to supporting individuals in the ways that other contributors, like Buchanan and colleagues or Peltonen recommend: For example, programs can be targeted that promote a sense of agency, social intelligence and affect regulation, a sense of community, and hope for personal growth in the future.

very concrete ways to have children experience and work through the somatic effects of war exposure. At the family level they recommend interventions that focus on sibling relations, social integration in the family and family cohesion. At the community level, social support from peers and other people outside beyond family is also important for children's well-being when experiencing wartime conditions.

In addition to these socio-ecological supports, it is also important to address the interpretations and identities individuals cherish and sometimes consider lost to them, often associated with culturally salient developmental markers integral to people's own sense of living a good life. Healing rituals described by Stark and Wessells can be an important step to accessing and restoring these possible selves through cognitive reframing.

Sometimes cognitive reframing can help minimize oppositional identities that may have deep cultural-historical roots that set up the conditions for present and future conflict as described by Zack-Williams, Muldoon, and by Barber and Doty (this volume). In other cases, for example, with immigrants and refugees who are the focus of work by Daiute, Stermac et al., Robinson, Bates et al., and McAdam (this volume), it is important to determine what people themselves believe is needed to live a good life, by their own standards, within a new cultural context that may provide its own risks and opportunities for personal flourishing.

Recommendation 3: *Enhance support at the community level*. A common theme throughout this volume is the importance of community-level intervention that needs to be more fully developed and applied. In particular, education is a critical community-level support within war-affected communities. In war zones, education can be promoted through Child Friendly Spaces—spaces that also provide protection and psychosocial support to children's well-being. Challenges to setting up good CFS are coordination (not competing among NGOs) and quality of programming. Mass media campaigns can help with social reintegration of child soldiers or other restorations as they have been shown to be very powerful in other situations such as HIV prevention.

Education is equally critical for immigrants and refugees (Williams & Drury, 2011). Among refugees, Stermac et al. (this volume) found that Canadian war-refugee children often do better academically than Canadian born children because they are more academically engaged and have higher self-efficacy, despite their war experiences. High academic engagement was also characteristic of the immigrant youth described by Bates et al. and McAdam. However, Stermac also notes that a sense of American identity among immigrant children (and not English proficiency) is most predictive of positive school outcomes. Bates et al. (this volume) note that mentors for immigrant and orphaned youth are needed for a lifetime commitment. We also need culturally appropriate mental health support, not only in the field but in countries accepting immigrant refugees who have been victims of political violence. Ideally, Bates and colleagues believe it is important to promote bicultural competence among immigrant youth.

It is also important to specifically promote psychosocial well-being through educational efforts specifically designed to enhance resilience. Garbarino and Bruyere (this volume) propose that the goals for such resilience training in children should be emotional self-regulation, and intelligent empathy—two skills that could be incorporated into educational support for children to help them cope better with their experiences. In particular, support can be provided in three ways: (1) promote emotion regulation, for example, through mindfulness training; (2) build positive meaning, through identity work or by promoting positive self-evaluations and feelings of self-efficacy; and (3) manage peer processes carefully to avoid antisocial behavior.

Beyond education, authors mention other community-level supports such as community rituals for healing and reintegration of former child soldiers (Wessells, 2011; Stark & Wessells, this volume) and the use of communal faith practices and community institutions like orphanages (Fernando & Ferrari, this volume) and Child Friendly Spaces (Kostelny & Wessells, this volume). Engaging these community resources, both symbolic and institutional, is an important way to promote resilience and psychosocial well-being.

In sum, the contributors to this volume all agree that a multipronged strategy is needed to help children affected by political violence, a strategy that involves both reducing the risk factors that undermine and strengthening the protective factors that support their psychosocial well-being. While it is difficult to study the effects of war on children and youth, or the success of interventions, in a rigorous scientific way, it is important not to be discouraged. By developing a more comprehensive developmental theory, and through iterative methodological approaches (e.g., design experiments, case studies, rigorously controlled trials) and better-tailored intervention strategies, we can improve the psychosocial well-being of children and their families affected by war.

References

Baltes, P. B., Lindenberger, U., & Staudinger, U. M. (2006). Life-span theory in developmental psychology. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 569–664). Hoboken, NJ: Wiley.

Balwin, A., Balwin, C., & Coles, R. (1990). Stress-resistant families and stress-resistant children. In J. Rolf & N. Garmezy (Eds.), *Risk and protective factors in the development of psychopathology*. New York: Cambridge Press.

Barber, B. K. (2009). Making sense and no sense of war: Issues of identity and meaning in adolescents' experience with political conflict. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*. NY: Oxford University Press.

Barber, B. K. (2010). The shifting complex of identity: Issues of individual and contextual change informing the narrative identities of conflict youth: Commentary on Hammack. *Human Development, 53*, 202–207.

Bar-Tal, D. (2007). Sociopsychological foundations of intractable conflicts. *American Behavioral Scientist, 50*, 1430–1453.

Bar-Tal, D. (2012). Societal dynamics of intractable conflict: A socio-psychological approach. *Psicologia Sociale, 3*, 312–335.

Bar-Tal, D. (2013). *Intractable conflicts: Socio-psychological foundations and dynamics*. Cambridge: Cambridge University Press.

Bernard van Leer Foundation. (2005). *Responding to young children in post-emergency situations. Early Childhood Matters*. The Hague: Bernard van Leer Foundation.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317–328.

Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R. (2003). The integration of research and practice in the prevention of youth problem behaviors. *American Psychologist, 58*(6/7), 433–441.

Bonanno, G. A. (2005). Resilience in the face of potential trauma. *Current Directions in Psychological Science, 14*(3), 135–138.

Bonanno, G. A., Westphal, M., & Mancini, A. (2011). Resilience to loss and trauma. *Annual Review of Clinical Psychology, 7*, 511–535.

Boothby, N., Crawford, J., & Halprin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health, 1*, 87–107.

Boothby, N., Upton, P., & Sultan, A. (1991). *Children of Mozambique: The cost of survival*. Washington, DC: US Committee for Refugees.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.

Bronfenbrenner, U. (Ed.). (2005). *Making Human Beings Human: Biological Perspectives on Human Development*. Thousand Oaks, CA: Sage Publications, Inc.

Calhoun, L. G., & Tedeschi, R. G. (2006). Foundations of posttraumatic growth: An expanded framework. In L. G. Calhoun, & R. G. Tedeschi (Eds.), *Handbook of post-traumatic growth: Research and practice. Mahwah*, NJ: Erlbaum

Cobb, P., Confrey, J., diSessa, A., Lehrer, R., & Schauble, L. (2003). Design experiments in educational research. *Educational Researcher, 32*(1), 9–13.

Cortes, L., & Buchanan, M. J. (2007). The experience of Columbian child soldiers from a resilience perspective. *International Journal for the Advancement of Counselling, 29*, 43–55.

Davydov, D. M., Stewart, R., Ritchie, K., & Chadieu, I. (2010). Resilience and mental health. *Clinical Psychology Review, 30*, 479–495.

de Jong, J. T. V. M. (Ed.). (2002). *Trauma, war, and violence: Public mental health in socio-cultural context*. New York: Kluwer Academic/Plenum Publishers.

de Jong, J. T. V. M. (2010). A public health framework to translate risk factors related to political violence and war into multi-level preventive interventions. *Social Science and Medicine, 70*, 71–79.

Espié, E., Gaboulaud, V., Baubet, T., Casas, G., Mouchenik, Y., Yun, O., et al. (2009). Trauma-related psychological disorders among Palestinian children and adults in Gaza and West Bank, 2005–2008. *International Journal of Mental Health Systems*, *3*, 21. http://www.ijmhs.com/content/3/1/21.

Fazel, M., & Stein, A. (2003). Mental health of refugee children: Comparative study. *BMJ, 327*, 134.

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality in Mental Health, 13*, 52–77.

Fischer, K. W., & Bidell, T. R. (2006). Dynamic development of action, thought, and emotion. In R. M. Lerner

(Ed.), *Handbook of child psychology. Vol 1: Theoretical models of human development* (6th ed., pp. 313–399). New York: Wiley.

Gorard, S., Roberts, K., & Taylor, C. (2004). What kind of creature is a design experiment? *British Educational Research Journal, 30*(4), 577–590.

Hammack, P. L. (2011). *Narrative and the politics of identity*. New York: Oxford University Press.

Hepburn, A., Williamson, J., & Wolfram, T. (2004). *Separated children: Care and protection of children in emergencies*. Westport, CT: Save the Children Federation, Inc. Retrieved 8/1/08 at http://www.savethechildren.org/publications/technical-resources/child-survival/SEPARATED_CHILDREN_CONTENTS.pdf.

Hobfoll, S. E., Johnson, R. J., Canetti, D., Palmieri, P. A., Hall, B. J., Lavi, I., et al. (2012). Can people remain engaged and vigorous in the face of trauma? Palestinians in the West Bank and Gaza. *Psychiatry, 75*(1), 60–75.

Hobfoll, S. E., Mancini, A. D., Hall, B. J., Canetti, D., & Bonanno, G. A. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science & Medicine, 72*(8), 1400–1408.

IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

Karmiloff-Smith, A. (2009). Nativism versus neuroconstructivism: Rethinking the study of developmental disorders. *Developmental Psychology, 45*(1), 56–63.

Kelman, H. (1999). The interdependence of Israeli and Palestinian national identities: The role of the other in existential conflicts. *Journal of Social Issues, 55*, 581–600.

Kilmer, R. P., Gil-Rivas, V., Tedeschi, R. G., Cann, A., Calhoun, L. G., Buchanan, T., et al. (2009). Use of the revised posttraumatic growth inventory for children. *Journal of traumatic stress, 22*(3), 248–253.

Kraemer, H. C. (2003). Current concepts of risk in psychiatric disorders. *Current Opinion in Psychiatry, 16*, 421–430.

Lewin, K. (1945). The Research Center for Group Dynamics at Massachusetts Institute of Technology. *Sociometry, 8*, 126–136.

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development & Psychopathology, 19*, 921–930.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23*, 493–506.

Mollica, R. F., Poole, C., Son, L., Murray, C. C., & Tor, S. (1997). Effects of war trauma on Cambodian refugee adolescents' functional health and mental health status. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 1098–1106.

Montgomery, E., & Foldspang, A. (2007). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health, 18*, 156–161.

Muldoon, O. T., McLaughlin, K., & Trew, K. (2007). Adolescents' perceptions of national identification and socialisation: A grounded analysis. *British Journal of Developmental Psychology, 25*, 579–594.

Muldoon, O. T., Trew, K., Todd, J., McLaughlin, K., & Rougier, N. (2007). The nature and meaning of identity in Northern Ireland after the Good Friday Agreement. *Political Psychology, 28*, 89–103.

Nielsen, S. S., Norredam, M., Christiansen, K. L., Obel, C., Hilden, J., & Krasnik, A. (2008). Mental health among children seeking asylum in Denmark—The effect of length of stay and number of relocations: A cross-sectional study. *BMC Public Health, 8*, 293. http://www.biomedcentral.com/1471-2458/8/293.

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in Kabul Mental health and childhood adversities: A longitudinal study in Kabul, Afghanistan. *J Am Acad Child Adolesc Psychiatry, 50*, 349–63.

Richman, N. (1993). Annotation: Children in situations of political violence. *Journal of Child Psychology and Psychiatry, 34*, 1286–1302.

Ricoeur, P. (1990/1992). *Oneself as another*. Chicago: University of Chicago Press.

Rogoff, B. (2003). *The cultural nature of human development*. New York, NY: Oxford University Press.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*, 1–12.

Sameroff, A., Siefer, R., Baracos, R., Zax, M., & Greenpsan, S. (1987). Intelligence quotient scores of 4 year old children: Social-emotional risk factors. *Pediatrics, 79*, 343–350.

Shemyakina, O. (2011). The effect of armed conflict on accumulation of schooling: Results from Tajikistan. *Journal of Development Economics, 95*, 186–200. doi:10.1016/j.jdeveco.2010.05.002.

Shonkoff, J. P. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development, 81*(1), 357–367.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*, 1–18.

Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic growth, meaning in life, and life satisfaction in response to trauma. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*, 400–410.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*, 1–17.

Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 13–31). New York: Stringer.

UNHCR. (2004). *Trends in unaccompanied and separated children seeking asylum in industrialized countries*, *2001–2003*. Retrieved 9/20/06 at http://www.unhcr.org/statistics.

UNHCR. (2011). *Refugee figures*. Retrieved February 19, 2011, from UNHCR: http://www.unhcr.org/pages/49c3646c1d.html.

UNICEF. (1996). State of the world's children. New York, NY: Oxford University Press for UNICEF.

United Nations High Commissioner for Refugees (UNHCR). (2010). *2009 Global trends: Refugees, asylum-seekers, returnees, internally displaced and stateless persons*. Geneva: United Nations High Commissioner for Refugees (UNHCR).

Vaage, A. B., Tingvold, L., Hauff, E., Ta, T. V., Wentzel-Larsen, T., Clench-Aas, J., et al. (2009). Better mental health in children of Vietnamese refugees compared with their Norwegian peers—A matter of cultural difference? *Child and Adolescent Psychiatry and Mental Health, 3*, 34.

Van den Akker, J., Gravemeijer, K., McKenney, S., & Nieveen, N. (Eds.). (2006). *Educational design research*. New York, NY: Routledge.

Ventevogel, P., Nassery, R., Azimi, S., & Faiz, H. (2006). Psychiatry in Afghanistan, country profile. *International Psychiatry, 3*(2), 36–38.

Vygotsky, L. (1982). *Thought and language* (A. Kozulin, Trans.). Cambridge, MA: The MIT Press. (Original work published 1934).

Weine, S., Feetham, S., Kulauzovic, Y., Besic, S., Klebic, M., Muvagic, A., et al. (2006). A family beliefs framework for socially and culturally specific preventative interventions with refugee youth and families. *American Journal of Orthopsychiatry, 76*, 1–9.

Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and Psychopathology, 24*, 553–558.

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M. (2008). Do No Harm: Challenges in organizing psychosocial support to displaced people in emergency settings. *Refuge, 25*(1), 6–14.

Wessells, M. (2009). Do No Harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist, 64*(8), 842–854.

Wessells, M. (2011). The reintegration of formerly recruited girls: A resilience approach. In D. M. Cook & J. Wall (Eds.), *Children and armed conflict: Cross-disciplinary investigations* (pp. 189–204). New York: Palgrave Macmillan.

Wessells, M., & Kostelny, K. (1996). *The Graca Machel/U.N. study on the impact of armed conflict on children: Implications for early child development*. New York: UNICEF.

Wessells, M., & Van Ommeren, M. (2008). Developing interagency guidelines on mental health and psychosocial support in emergency settings. *Intervention, 6*, 199–218.

WHO-AIMS. (2006). *Report on mental health system in Afghanistan*. Kabul, Afghanistan: WHO and Ministry of Public Health.

Williams, R., & Drury, J. (2011). Personal and collective psychosocial resilience: Implications for Children, young people and their families involved in war and disasters. In D. M. Cook & J. Wall (Eds.), *Children and armed conflict: Cross-disciplinary investigations* (pp. 57–75). New York: Palgrave Macmillan.

Williamson, J., & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention, 4*, 4–25.

Yasnitsky, A., van der Veer, R., & Ferrari, M. (Eds.) (in press). *The Cambridge handbook* of *cultural-historical psychology*. New York, NY: Cambridge University Press.

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