CHAPTER 1

CHILDREN AND ARMED CONFLICT

The first chapter of this thesis introduces the phenomenon of armed conflict as a serious concern for children living in such contexts. Some conceptual standpoints are clarified before beginning the review of literature on children and armed conflict because these conceptualizations set the tone for the rest of the thesis. We begin by defining what is meant by “armed conflict”, followed by what or how do we conceptualize the terms “child” and “adolescent” and finally we present an argument towards deconstructing the “illness ideology” that has had an overbearing hold over psychology for a long time now. This last conceptualization is one of the main reasons explaining why we are studying resilience. In that way it paves the way to the second chapter. However, following the conceptualization we have reviewed studies which are specifically related to children’s lives in armed conflict and we end the chapter by reviewing interventions in this area.

There is no universally applicable definition of armed conflict (United Nations, 2005) though the term is broad enough to include instances of extreme violence as experienced during wars to low intensity violence in the form of intra state conflict and community violence such as mobs and riots to political protests and insurgency. According to a latest review the nature of conflicts around the world is changing with intrastate, low intensity conflict replacing major armed conflicts (UN, 2007). “Armed conflicts today often feature small, ill-trained and lightly armed groups, benefit from the proliferation of small arms, can be fuelled and prolonged through exploitation of natural resources and economic motivations, and often involve shifting landscapes of transnational organized crime or forms of terrorism” (p. 1). Kashmir has been recognized as a situation of armed conflict in the South Asian region primarily because of India’s international dispute with Pakistan over control of Kashmir, which has twice escalated into war in 1965 and 1971. The conflict, one of the longest running unresolved armed conflicts in the world since 1947 has taken alarming security concerns since both India and Pakistan possess nuclear weapons (Boyden, de Berry, Feeny and Hart, 2002). After a
careful study of the history of conflict in Kashmir (presented in chapter three) and simultaneously trying to resolve the question of how to classify the violence in Kashmir, we reached a conclusion that the chronic conflict in Kashmir can be best defined as political violence. According to Singh (1989), violence which takes place in gaining the political end is political violence and whenever social violence comes into this area it becomes political. Gurr (1974, p. 3) defines political violence as “…all collective attacks within a political community against the political regime, its actors – including competing political groups as well as incumbents – or its policies.” Therefore political violence takes many forms and it is a result of a multitude of factors. According to Wirsing (1994) the roots of the Kashmiri uprising are complex where policy failure of Central government, political and social currents in the valley and Pakistan’s role are all intertwined. The reason why violence emerging in the society becomes political is because, more people perceive deprivation with reference to power rather than economic or interpersonal values (Gurr, 1974). The consensus about political violence is that it is a complex social phenomenon (Kleinman, Das and Lock, 1997; Pedersen, 2002; Barber, 2008a). Viewed through the lens of social suffering, it implicate social forces on inflicting devastating injuries on human experience (Kleinman, et al., 1997). A more detailed construction of Kashmir conflict as political violence is presented in chapter three, for the present discussion we introduce the concept of political violence as a complex phenomenon in order to create a caution against making simplistic conclusions restricted by conceptualization of political violence as a singular traumatic event leading to stress reactions.

Another clarification is needed with respect to definition of child and adolescent and using these labels interchangeably. A child has been defined as any person under the age of 18 years in accordance with the Convention on the Rights of the Child (CRC, 1989, article I). There are several different usage of the term child, adolescent and youth. While children in their teens are called adolescents, older teens are also called youth. Labelling of developmental stages as childhood, teens, adolescent, is largely a Western concept, but research has broken the universality of such labels, showing that there is no stage like quality that would define adolescence for a certain age group all over the world (Barber, 2008a). A decontextualized universal notion of childhood or in that matter of
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development ignores the diversity of children’s experiences of adversity and the multiplicity of their responses (Boyden, 2003). Labelling a developmental stage can serve political interests in situations of conflict. As noted by Boyden, at times during the South African conflict young activists were defined by the authorities as “youth” in order to establish their legal culpability, while the youth referred to themselves as “children” in order to avoid adult sanctions. Given the ambiguities and politics of labelling, the present thesis uses child and adolescent interchangeably meaning any person below the age of 18. This criterion is also used while reviewing studies of children living with armed conflict.

1.1 Deconstructing the Illness Ideology in Studies of Children Living With Armed Conflict

This bring us to one of the most widely recognised concern in the literature of children and armed conflict – the need to shrug off the mantel of Western psychology while designing studies at local cultural settings (Nordanger, 2007; Barber, 2008a; Boothby, 2008) in order to allow contextual realities to emerge. Such studies are possible if we deconstruct the illness ideology and be open to accept the fact that a standard diagnostic criterion may actually reflect a condition that is exclusive of mental illness in that particular cultural setting. This is especially necessary because the literature on children and armed conflict reflects its obsession with negative outcome as the de facto outcome variable with almost negligible attention to other possible outcomes. We have based this part of our analysis on Barber and Schluterman’s (2008) incisive review of literature and drawn from their findings to build our case for deconstructing the illness ideology in studies of children living with armed conflict.

Barber and Schluterman reviewed 95 studies of adolescents living in the context of political violence. The studies reviewed by them were empirical work, using quantitative methodology and studying impact of political violence on adolescents from Africa, South Africa, Asia, Balkans, Europe, Middle East, South America and some from multiple countries. From these 95 studies, 91 (96%) included one or more measures of problematic functioning while the remaining four focused exclusively on some form of competent functioning. Out of the 91 studies focusing on negative outcomes, 86 (95%)
included one or more measures of negative psychological functioning, 12 (14%) included some measure of problem behaviour. Out of 86 including a measure of negative functioning the majority, 53 (62%) measured some form of stress or distress, 37 (43%) measured PTSD explicitly and 16 (19%) measured either general stress or psychological, emotional or general distress. Thus, the predominant focus of most research on adolescents and political violence has been to correlate it with individual psychological difficulty. Such a preoccupation with negative functioning in the face of conflict is understandable and there are reasons as to why researchers gravitate towards negative outcome.

One reason is that, wars and armed conflict create inhuman conditions, affecting children adversely, a well established fact with 88% of the studies (80 out of the 91 focusing on negative functioning) reviewed by Barber and Schluterman validating the negative outcome hypothesis. The other reason is the uniqueness of negative outcome, since it happens in smaller proportion, it gets maximum attention. The third reason why stress created by political violence or general stress is seen as the natural precursor to distress and disorder is the Western orientation to individual psychology and its proclivity to pathologize normative stress (Barber, 2008a). Such medicalization of stress, especially of the popular diagnostic label of posttraumatic stress disorder (PTSD) serves the purpose of creating artificial compartments between “victims” and “patients” within the shared social context (Joseph and Linley, 2008). There is a political economic angle to the medicalization of stress syndrome that afflicts most trauma and disaster research. According to Barber (2008a) the victim status serves the purpose of the sensationalistic interest of the media coverage that most often distorts the nature and magnitude of disasters. The labels also encourage individuals to buy into the characterization of victimhood, which, in turn qualifies her/him for access to well-intended but nevertheless, commercially driven packages by mental health professions and organization (what is well-known in India as the vote-bank politics) that compete for resources and client base.

The preoccupation with diagnosing disorder as the natural outcome of stress and labelling it as an individual trait are the effects of the predominant illness ideology that took over clinical psychology ever since the World War II (Maddux, 2002). Before going into explaining what is meant by illness ideology and why and how it needs to be
deconstructed, we need to stress as others who tackle this rather contentious issue have written before – *it is not that stress or distress does not exist or shouldn’t be measured.* There is no denial of suffering caused by trauma. The argument is against relying on presence or absence of disorder as a valid indicator and often the exclusive indicator of well-being. The effects are often devastating, but it is unhelpful to consider these as “disease” indicators, even amongst the minority of persons who experience the worst effects (Boyden, 2003).

1.12 The illness ideology

**Brief history**

A number of authors agree upon the advent of what is popularly known as “illness ideology” in the field of psychology. Drawing upon their work we can summarize the history of illness ideology as one that began from Freud’s lecture in Clarke University (Maddux, 2002; Pedersen, 2002). With this lecture, psychoanalysis and its derivatives that developed in psychiatry made their way into mainstream psychology. Apart from this the other factors that hastened the medicalization of stress were:

1. Training of psychologists as psychodiagnosticians under psychiatrists within a hospital setup.
2. After the Second World War (1946) the Veterans Administration (VA) was founded and it soon joined the American Psychological Association to develop training centres and standards for clinical psychologists which occurred in VA hospitals, thus the training continued in a medical setup.
3. The National institute of mental health (NIMH) was founded in 1947 and clinical psychology became a career by treating mental illness.

According to Joseph and Linley (2008) rejecting the medical model and the illness ideology became tantamount to rejecting a pragmatic career choice for clinical psychologist in those years. This happened because following the Vietnam War and the establishment of the diagnosis of post traumatic stress disorder (PTSD) in the *Diagnostic and Statistical Manual’s* (American Psychiatric Association) third edition in 1980, opportunities opened to clinicians enabling them to help many people with psychological distress. With each successive revision of the DSM, newer diagnostic categories were added, where patterns of behaviour that got labelled as disorders were those that deviated
from a fictional norm or an ideal, or represented a common complaint that was displayed at greater frequency by some people than others, or was decidedly inconvenient, undesirable or disruptive (Maddux, 2002). The problem with the illness ideology was in its assumptions about human behaviour. These assumptions (Maddux, 2002; Joseph and Linley, 2008) have been well documented and the following discussion will present each assumption along with the challenges put forth for that assumption by researchers who refuse to accept them.

**Assumptions**

1. Clinical psychology is concerned with psychopathology – deviant, abnormal, and maladaptive behavioural and emotional conditions.

   **The challenge** – The focus is therefore not on facilitating mental health but on alleviating mental illness. This emphasis on disease undermines children’s wellbeing and constructs them as passive victims (Boyden, 2003), though questioning this process often does not seem intuitive for those for whom the presence of stress symptoms is de facto evidence of maladaptation or pathology (Barber, 2008a). The studies adopting an illness ideology have made trauma synonymous with PTSD (Pedersen, 2002) thus, a normal reaction of cognitive emotional processing following trauma has been medicalized into a condition that is enduring and distinct, warranting a diagnosis of PTSD (Nordanger, 2007; Joseph and Linley, 2008). And if psychology were to be concerned only with the population with PTSD, it would be studying only 20% of the persons undergoing a traumatic event (Yehuda and McFarlane, 1995).

2. Clinical problems, clinical population and psychopathology are independent and distinct entities that differ in kind and not just in degree from normal problems in living and non-clinical population.

   **The challenge** – This makes PTSD a category different and independent of positive outcomes following trauma and decontextualizes the suffering (Pedersen, 2002). Conceptualizing childhood as a universal stage and constructing disorder in highly individualized manner ignores the diversity of children’s experiences of adversity and multiplicity of their responses (Boyden, 2003). According to Maddux (2002) behaviour is maladaptive to the extent it interferes with everyday life functioning and
thus it is not about normal or abnormal but, the extent to which it is ineffective in the context of one’s goals and situational demands. A categorical approach can be countered by a dimensional approach that does not classify people or disorders but identifies and measures individual differences in psychological phenomena such as emotion, intelligence, mood and personality styles. Extreme deviation on either extreme of the dimension would signify maladaptive behaviour if they are associated with inflexibility in functioning. Research has supported the dimensional view and it has deconstructed the idea that personality problems of normal and abnormal population is different. The dimensional approach is better than categorizing as it takes cognizance of the fact that the behaviour or emotion in question is not something that won’t be present in a non-clinical population, and thus it reduces the exclusivity that categorization creates.

3. Psychological problems are analogous to biological diseases, reflecting conditions inside the individual rather than in the person’s interactions with her/his environment.

*The challenge* – The focus of studies adopting the illness ideology has been to isolate the individual and the experience of political violence from the larger social context by concentrating on measuring impact of exposure to violence in terms of negative behavioural outcomes without any appreciation of the cultural influences on the entire experience of suffering (Barber, 2008a). An individualized focus disregards the social and political dimensions of misfortune and the shared search for meaning, the social recognition and validation of distress, and common efforts towards overcoming adversity and reinstating normalcy as part of the experience (Boyden, 2002; Barber, 2008b). In fact the notion of labelling behaviour as disorder has been challenged as nothing more than mere social artefact constructed in the same way as race, gender, social class, sexual orientation. They serve the same socio-cultural functions, that of maintaining and expanding the power of certain individuals and institutions and maintaining social order as defined by those in power. Thus, what is categorized as disorder reflects problems in the person’s interactions with her/his environment (Maddux, 2002). Political conflict, its causes, locus and consequences, is inherently
social in nature and its suffering is interpersonal (Kleinman and Desjarlais, 1995). The neglect of the social origins of pain and suffering often results in immodest claims of causality, in the medicalization of social problems and ultimately leads to maintenance of social inequalities (Pedersen, 2002).

4. Following from this illness ideology, the role of the clinical psychologist is to identify (diagnose) the so-called disorder inside the person (patient) and to prescribe an intervention (treatment) for eliminating (curing) the internal disorder (disease).

**The challenge** – Such a medical stance often culminates into individualized interventions following traumatic exposure, without weaving in the positive impact of social networks despite findings stressing the buffering effect of family functioning and parenting (Garbarino and Kostelny, 1996; Punamaki, Qouta and El Sarraj, 1997) and social support (Slone and Shoshani, 2008). While trying to understand experiences of trauma in relation to contemporary wars and atrocities, the issues of poverty and social inequalities cannot be ignored (Boothby, 2008). The illness ideology culminating into this fourth assumption narrows the scope of the mental health profession in treating disorder. The medicalization of social responses to collective suffering and the routine provision of “trauma counselling” in such circumstances reflects a poor understanding of the relationships among critically important social determinants and the range of possible health outcomes (Pedersen, 2002).

If policy is to support healing, then one must allow different cultures to express, embody and give meaning to distress (Boyden, 2003). There has been insufficient evidence supporting the universal effectiveness of therapies used to deal with trauma related disorders (Nordanger, 2007). There is no firm evidence that trauma counselling and debriefing effectively works and that clinical interventions delivered by humanitarian agencies provides something more valuable than what can be obtained from the personal social support network (Raphael, Meldrum and McFarlane, 1995). No independent evaluation has been conducted of the outputs and outcomes of trauma counselling programs in war zones, which are well intentioned
but often driven by the illness ideology (Pedersen, 2002). The complexity of experiences of living with political violence requires a holistic and ecological perspective, even when considering negative impacts, one that simultaneously considers the physical, emotional, cognitive, spiritual, social and economic impacts of conflict (Barber, 2008a). Interventions have to be aimed not just at the individual but the networks associated with the individual that cause and maintain the social suffering.

1.13 Alternatives to the illness ideology – positive psychology, developmental psychopathology and resilience

Out of the 95 studies reviewed by Barber and Schlutereman (2008), 4 focused exclusively on some form of competent functioning, while 26 (27%) included some form of competent psychological or social functioning. Fourteen (54%) of the 26 studies included a measure of psychological functioning in terms of cognitive development, moral maturity, personal growth, psychological well-being, self-esteem, etc. and a variety of coping behaviour; 13 (50%) assessed some form of competent social functioning in terms of academic success, college enrolment, educational values, employment, not relying on financial assistance, etc. Other indices of competent functioning were: behavioural competence, positive social functioning, satisfaction with friendships, social adjustments, etc. Considering competent functioning in the context of extreme experiences entailed by wars seem unreasonable for some who feel that such extreme conditions can only be associated with degradation. However, results from various studies are showing that children have an enormous capacity to overcome highly stressful experiences. Such findings do not undermine their vulnerabilities or distress, but questions normative ideas about childhood weakness and considers whether a focus on children’s susceptibilities really is the most effective way of supporting self-esteem and self-efficacy in adverse environments (Boyden, 2003).

The practical aspect of challenging the illness ideology is to understand children as resourceful to build on their strengths, rather than emphasize their frailty and dependence on adult expertise exclusively. The arguments put forth by a growing body of literature from positive psychology, developmental psychopathology and resilience
research indicate not only the potential for humans to survive difficulties, but that they most often do (Barber, 2008a). The focus on what children do to deal with adversities can open up a rich source of knowledge about creative ways of dealing with stress that make most sense to children in a specific context. For example, Boyden notes creativity with which children in Asia and South America have engaged actively in protecting themselves from risk, including feigning fictitious personalities, pretending to be deaf, dumb, confused or foolish; and heading households and earning income instead of utilizing relief facilities. The reason why disorder is so integral to trauma could be related to the fact that competence was hardly ever studied, a trend that left many such stories of survival untold. The fields of positive psychology, developmental psychopathology and resilience research have converging themes that together form an alternative to the dominant illness ideology.

**Positive psychology** in its current state was launched by Martin E. P. Seligman’s Presidential Address to the American Psychological Association’s Annual Convention on August 21, 1999 (Joseph and Linley, 2008). The speech criticized psychology’s long standing association with the medical model of understanding mental health and heralded the beginning of research interest into “knowledge of what makes life worth living” (Gable and Haidt, 2005). Positive psychology emphasizes well-being, satisfaction, happiness, interpersonal skills, perseverance, talent, wisdom and personal responsibility. It is concerned with what makes life worth living, making people more self-organizing and more self-directed and recognizing that people and experiences are embedded in a social context (Seligman and Csikszentmihalyi, 2000, p 8). Positive psychology rejects, pathologization, individualization and exclusive focus on what is worse and weakest as compared to what is best and bravest (Maddux, 2002).

**Developmental psychopathology** is an area that is most akin to studying developmental issues, in which traditional viewpoints conceptualizing maladaptation and disorder as inherent to the individual, is placed in the dynamic relation between the individual and the internal and external contexts (Cicchetti and Rogosch, 2002). The field is based on three principles. The first is that knowledge of normal development is necessary to comprehend psychopathology and similarly, the examination of psychopathological development can elucidate the understanding of normal functioning
of individuals (Cicchetti, 1990). The second principle is that of understanding the multifinality and equifinality of developmental pathways that eventuate into maladaptation is important for understanding variation in trajectories operating for different individuals. This principle suggests that investigations examining adolescent psychopathology should occur within a broad framework, which brings us to the third principle. The third principle is to consider the influence of culture on development and psychopathology. This principle has developed as a result of recognizing the dynamic interplay of risk and protective processes having differential impact depending on the cultural norms, practices, values and beliefs.

**Resilience research** aims to study individuals who function well despite presence of adversities. It grew as a separate research tradition out of developmental psychopathology (Luthar, 2005). The concepts and principles of resilience research have been discussed in detail chapter two. It is a significant research tradition because it identifies factors correlated of adjustment among children at risk and once statistically significant associations are found, it identifies mechanisms or processes that might underlie those associations with an aim of informing future interventions (ibid). Therefore it is a very application oriented field that works within the purview of positive psychology and developmental psychopathology.

The three research traditions are independent in their own ways but they all have the common factor of including positive functioning in their conceptualization of stress, development and mental health. The move to challenge the illness ideology in the study of human behaviour and development is in order to make room for competence in the overall picture of human functioning. Barber (2008a) draws attention to the intricacy of human functioning and stresses the importance of keeping the focus broad and avoid compartmentalization of human functioning into either competent or disease models. He presents four juxtapositions to understand human functioning in the context of political violence. **The flexibility perspective** suggests that research designs need to be substantially elaborated – extending beyond assessing either negative or positive functioning. Instead both would need to be measured, and importantly so, over time – i.e. pre-, during and post-conflict. This perspective posits that assessment of negative functioning might be gauging just the first step in resilience process that would require a
follow-up of how the individual “resiles” to a level of normal functioning. A transformative perspective suggests that not only can humans return to levels of pre-challenge functioning, but that we can adapt beyond them, which is the main theme in trauma related growth literature. The ambiguity perspective emphasizes the ambiguity of “good” and “bad” behaviour and notes that behaviours have complex meanings depending on both their social context and consequences. This perspective supports integration of qualitative research along with survey research to access the meaning and understanding that adolescents and their families make of the complexity of their circumstances. Finally, a balancing perspective acknowledges that lives are a complex of both positive and negative aspects of functioning. The relevant questions in this perspective would be “how broadly across the multiple domains of her/his life is an adolescent functioning well or poorly?” and “according to the prevailing cultures, in which of these domains is competent or problematic functioning more salient or critical to the overall assessment of well-being?”

A recent essay by Belsky (2008) introduces an evolutionary perspective to understand effects of political violence on children’s development. He asserts that political violence is an age old phenomenon that could have shaped the entire exodus out of the African Savannahs. Thus, the effects of political violence may have shaped the adaptive processes humans developed to deal with it vagaries. In this way the supposedly negative impact of political violence may in fact be an evolutionary adaptive response. Belsky illustrates this claim by using insecure attachment, anxiety, depression, aggression, pubertal and sexual development as examples of adaptive behaviour in the context of political violence. Insecure attachment, for example, could reflect optimal rather than compromised development. Instead of being a negative functioning it encourages hyper-vigilance to signs of threat, fostering physical closeness to those more invested in preserving the child’s safety, and in doing so it would likely have increased the probability of survival in ancestral times, thereby becoming a target for natural selection. He introduces several concepts from the Life-history theory (LHT) and the Belsky, Steinber and Draper (BSD) socialization theory to explain how adaptive functions are transmitted intergenerationally. Similarly he posits that the part of population that flees the scene of political violence does so because of anxiety, thus,
transmitting that anxiety in their coming generation. This promotes distrust of others in the child and keeps the child physically and psychologically close to the parent and causes hyper anxiety when it comes to separating from her. Viewed in the context of people who flee to save their lives and who have grown up amidst persecution over centuries like the Jewish population, such anxiety reactions may have carried great fitness benefits, especially when successful escape from potential adversaries is not possible. In the same vein he explains how depression is a natural and often protective phenomenon for those who would want to escape but cannot and also for potential reproductive resource that the enemy can exploit; and how aggression is a necessary feature for those who want to fight back in a situation of political violence. The claim of the article is that even effects that, on their face, seem negative from the standpoint of illness ideology may represent evolutionary adaptations. These outcomes have been selected by evolutionary forces to enhance reproductive fitness, but whether or not they still do so in the modern era, remains completely unknown. Belsky ends his article with the pertinent disclaimer, saying that no matter how accurate his theories prove to be or don’t prove to be, one must not lose sight of the fact that children’s exposure to war, deadly violence and political conflict is dangerous and potentially seriously harmful. His theory is meant to alert researchers to the sequel that might not otherwise be considered and to provide insights into why expectations of developmental responses are not always substantiated empirically.

The deconstruction of illness ideology, made space for positive psychology, developmental psychopathology and resilience research to fill in the gaps in studies of children and armed conflict. The trend of including variables associated with competence is slowly catching up though the bulk of literature in this area is focused on negative functioning. The ensuing section presents a review of literature based on studies of children living with political violence in various parts of the world.

1.2 Review of literature

According to Machel (1996), millions of children are caught up in conflicts in which they are not merely bystanders, but targets with over 80% of the victims of today’s warfare being women and children. The ten year review of the Machel study showed the
consequences for children living with armed conflict have worsened (UN, 2007). These reports are a grim reminder of the plight of many children for whom the basic human rights are subservient to a right to survival. By definition a child affected by conflict is “a child that lives in an area under occupation, where armed combat occurs or where the use of arms disrupts normal provision of means of livelihood, health, security or other basic rights for the child” (Pedersen, 2004, p. 3). Children’s experiences of political violence has been well researched and extensively reported. A review of literature of these studies extends across continents, time frames and most importantly different cultures. This section presents the review of all the studies that could be located via electronic searches and journal articles. Some studies were also obtained through authors, when the journal/book could not be located in libraries or in the electronic media.

The review was guided by certain questions in order to develop a better understanding of the situation of children living with armed conflict across the world. These questions were:

- How is exposure to violence conceptualized and measured?
- What are the consequences?
- What are the risk and protective factors?
- What are the types of interventions?
- What are the limitations of conducting research with children living in politically violent situations?

The review of risk and protective factor (third question) has been presented in chapter two along with the conceptualization of risk, resilience and protective factors. In the present chapter we answer the rest of the review questions.

### 1.2.1 Exposure to violence

The link between exposure to political violence and negative functioning is well established. Exposure to violence can be both direct as well as indirect. In fact, authors recommend studying both directly affected as well as indirectly affected children. Indirectly affected are those children who have witnessed such events or because such events have occurred to members of their immediate and extended family or acquaintances, it also includes those who have internalized the threat of violence because of its ‘frequency, ubiquity and unpredictability’ in their communities (Lorion and
Saltzman, 1993). The three main features of exposure to violence that accentuates a child’s vulnerability are:

- Proximity to the occurrence of violence that is related to its potential harmfulness;
- Familiarity with a victim of violence that represents one avenue through which violence can have indirect effects; and
- Repeated exposure, which serves to increase one’s vulnerability rather than insulate the child.

Barber and Schluterman’s (2008) review indicated that most studies measure the degree of exposure, with a clear majority 75 studies out of the 95 (79%) assessed violence experienced directly by the youth, the rest of the studies (20 studies, 21%) assessed less direct exposure, such as living during a time of unrest, living in an area plagued by war, forced emigration due to political violence, etc. The most common way of measuring exposure to political violence is by adopting a Life Events paradigm that studies outcomes of negative events, measured as social experiences. The Childhood War Trauma Questionnaire (CWTQ) developed by Macksoud (1996), which differentiated between type of war traumas (10 categories) and number of war traumas (45 incidents) in their study of Lebanese children is one of the most comprehensive scales. The 45 traumas listed in the questionnaire were extracted from published life interviews that provided contextual portraits of Lebanese children and from preliminary interviews of 30 Lebanese families from different religious and socioeconomic backgrounds. The Traumatic Events Checklist consisting of 10 items describing events that were typically experienced by Palestinian children during the Intifada was used in several studies (Punamaki et al., 1997; Punamaki, 2002). A similar 10 item exposure questionnaire was used in a study of children of Kuwait following the Gulf crises (Nader, Pynoos, Fairbanks, Al-Ajeel and Al-Asfoor; 1993).

A study of political commitment as a protective factor for Israeli children Punamaki (1996) measured political and everyday hardships by means of a 10 item checklist that included items having to do with specific hardships of Middle East children as well as general economic hardships. The Childhood War Trauma Questionnaire was adapted for use throughout Bosnia-Hercegovina by UNICEF (1993) which included 28 items measuring a total exposure to violence (Smith, Perrin, Yule, Hacam and Stuvland,
Some or the other variant of the trauma questionnaire has been used by various researchers by adapting them to their setting (Quota, Punamaki, El-Sarraj, 2003; Punamaki, Muhammed and Abdulrahman, 2004; Jones and Kafestsios, 2005; Schaal and Elbert, 2006; Abdeen, Qasrawi, Nabil and Shaheen, 2008; Slone and Shoshani, 2008). Some studies also involved type of exposure instead of a whole range of exposure, like Thabet and Vostanis’s (2002) study comparing children exposed to home bombardment and demolition with controls who had been exposed to other types of traumatic events related to political violence. Slone et al. (1999) included three parameters of exposure in their study of children in Israel. Apart from exposure to political life events, they also measured the perceived impact of those events and perceptions of threats from political events. Thus their conceptualization of exposure to violence included an individual’s appraisal of the impact of each experience and also perceptions of threat assigned to each event that measured the assigned meaning attributed to political life events.

Studies of children living in environments of chronic violence have shown that repeated experience with violence increases a child’s susceptibility to developmental harm and traumatization (Garbarino and Kostelny, 1996; Macksoud, 1992, Schaal and Elbert, 2006). Permanent developmental damage is also a possibility in situations characterized by the presence of multiple risks (Rutter, 1987; Garbarino and Kostelny, 1996). Rutter adopted a model that postulates that accumulation of risk factors increases the damaging consequences dramatically. According to Garbarino and Kostelny (1996) this principle has important implications for studying children in situations of political violence as it implies that the risk of developmental harm from exposure to political violence increases when the exposure is compounded by other risks, within the individual (gender, age) or in the environment (family dysfunction and community disorganization). Political violence cannot be isolated from other features in the society that may have an equally significant impact on children’s functioning. The complexity of political violence can be captured best by assessing the broader social forces that typically precede, accompany and endure the conflicts themselves (Barber, 2008a). There are questionnaires measuring adolescents as well as family’s exposure to political violence like the Family Inventory of Political Stressors (FIPS, developed by Khamis, 1995) that measures
adolescent’s exposure to political violence by indicating whether they or their families had experienced each of the 10 stressors (Haj-Yahia, 2008).

Garbarino and Vorrasi (1999) conclude studies dealing with childhood coping with the statement: “risk accumulates and opportunity ameliorates”. The accumulation of risk model offers the hypothesis that most children are capable of coping with low levels of risk, but that once the accumulation moves beyond this low level there must be a major concentration of opportunity factors to prevent the precipitation of harm. However, the accumulation of risk model runs the danger of attributing casual significance to associations of correlation as the exact nature and extent of life stressors remain unknown.

Political violence, which is a complex phenomenon has been measured in different ways depending on the actual nature of violence present in different context, however, the method is usually a self-report questionnaire that lists number of politically violent events that the child could have been exposed to. The problem with such a measurement model is the tacit assumption that the questionnaire will furnish measurement of real-life events that must have actually occurred. Such an assumption is not well founded because, most studies are retrospective, where what a child reports will depend to a large extent on psychological processes such as “the subjective experience of life events, the later recall, the willingness to report on one’s experiences to the researcher and the “truthfulness” of the report” (Netland, 2001, p. 313-314). Such reports may be influenced by the child’s interpretations of the items and also by the researcher’s political position (Dawes, 1990). Netland stresses that objective real-life events of political violence to which the person or significant others have been exposed determine the construct “exposure to political violence” and not the other way round. What Netland suggests is that instead of treating measurement of exposure to political violence as an effect indicator, one must treat it as a causal indicator. So political violence is not something that has an effect in terms of shelling, shooting, displacement, etc, rather, experiences of shelling, shooting, displacement, etc are causes that explain the presence of political violence. The events in such a questionnaire must be contextually relevant and must be broad enough to cover a wide range of experiences and must be expected to correspond to “real life” experiences. Such measures provide number and magnitude of
stressors and not an individual’s level of stress. Barenbaum, Ruchkin and Schwab-Stone (2004) have consolidated the limitations of measuring exposure to political violence under three main methodological issues. First, they recommend measuring not just total score for exposure but studying how various types of traumas relate differently with outcomes. Second, they criticize the lack of person-oriented analytic approaches, and a preponderance of variable based studies that consider “variables as independent entities that take on lives of their own” (p. 42). And finally they point out the issue put forth by Netland (2001) which stresses the point that events measured by exposure to political violence checklists are not alternative estimates of an underlying construct of exposure. Despite all efforts and addressing various methodological issues, it is difficult to account for all factors that determine individual differences in traumatic response, however, addressing the methodological issues can make the results more compelling and less susceptible to measurement errors.

1.22 Impact of exposure to political violence

The impact of exposure to political violence has been studied by using various parameters. As already discussed most studies reviewed by Barber and Schluterman (2008) included problematic functioning in the form of PTSD, depression, anxiety, confusion, disintegration, fear, neuroticism, problem thinking, psychological symptoms, low self-efficacy, low self-esteem, sleeping difficulties, somatization, violent dreams, etc. Behavioural problems covered in the review included aggression, antisocial behaviour, behaviour change, behaviour disruption, externalizing behaviour, risk taking, social difficulties, etc. Very few of the studies they reviewed looked at competent functioning. The 26 (27%) studies that looked at competent functioning looked at cognitive development, moral maturity, personal growth, psychological well-being, self-esteem, different types of coping, academic success, educational values, employment, behavioural competence, social functioning, satisfaction with friendships, social adjustment, etc.

As also reported in the review, 88% (80 of the 91 including negative functioning) studies found significant, positive associations between selected forms of violence exposure and all the measures of negative functioning. In 19% (17 studies) of the studies no significant association between exposure and one or more of the indices of negative
functioning were found. In 4% (5 studies) violence exposure was related to lower as opposed to higher levels of negative functioning. Of the 26 studies that included an index of competent functioning, 46% (12 studies) found a significant – higher reported violence exposure, higher the reported self-esteem, coping, functioning in social institutions, etc. In 19% (5 studies) of the studies no significant associations between violence exposure and competent functioning was found, while 15% (4 studies) of the studies found a significant negative association between violence exposure and competent functioning. Twelve percent (3 studies) of the studies reported mixed findings, with significant association for one of the measured indexes of competence but not for another.

Apart from PTSD, which dominated the conceptualization of outcome to political violence in many studies (Kinzie et al. 1986; Garbarino, Kostelny and Dubrow, 1991; Macksoud, 1992; Nader, et al. 1993; Udwin, 1993; Macksoud and Aber, 1996; Thabet and Vostanis, 1999; Yule, 2000; Thabet et al., 2002; Abdeen, Qasrawi, Nabil and Shaheen, 2008) other major outcomes or children’s responses to political violence have been discussed here.

**Affective and behavioural re-enactment**

There is usually a tendency to re-see sometimes re-feel and thereby re-enact the traumatic event. This behaviour is associated with hyper-arousal, and defensive avoidance of representations of the traumatic episode. The traumatic memories seek expression in various ways; one such mode is in visualization. Children who cannot verbalize their feelings often depict the traumatic experience (their meaning of the experience) in the form of art or play. Visual senses that may outlast the verbal memory itself may get expressed in form of pictures (Terr, 1991). Similarly, children may engage in repetitive behaviours often taking the form of play. Such posttraumatic play, defined by the players as “fun” is a grim, long-lasting, and particularly contagious form of childhood repetitive behaviour (Terr, 1981 as cited in Terr, 1991). Garbarino et al. (1991) cited teachers’ reports of preschool children “playing at shooting up drugs, strutting like ‘gang-bangers,’ and taking turns at being victims, mourners and preachers as they acted out the common occurrence of funerals resulting from gang warfare”. Similarly Qouta, Punamaki and El Sarraj, (2008) report that following bloody confrontations, bombings and curfews, children can be found playing “war, fighting, and Arab and Jews” on the
streets of Gaza (p 315). Osofsky et al. (1993) feel that children exposed to chronic violence may imitate behaviours they have seen in their play as an effort to protect themselves. Behavioural re-enactments may recur so frequently as to become distinct personality traits, which may gather into “character distortions” (Horowitz, 1993). Symbolic re-enactments have become a part of UN sponsored interventions in war areas, which involve children drawing their painful memories and rehearsing them in symbolic play, metaphoric stories and fairy-tales and replaying their nightmares in safe and therapeutic conditions (Qouta et al., 2008).

**Somatic symptoms**

Apart from behavioural and affective representations traumatic events may take the form of somatic complaints that are psychosomatic in nature. Psychosomatic reactions are physical symptoms without an accompanying physiological aetiological factor. Hysterical blindness, ulcers, migraines, sleep disturbances are some examples of somatic symptoms that may develop after traumatic exposures. These reactions represent the emotional turmoil that goes unexpressed due to some or the other reason. The prevalence of psychosomatic symptoms was found to be as high as 58 percent among Lebanese children four years following the Israeli invasion of Lebanon in 1982 (Rayhida, et al. 1986 as cited in Al-Eissa, 1995). Psychosomatic disorder was also reported among Kuwaiti children following the Gulf armed conflict (ibid.). A study of Palestinian adolescents showed that direct exposure and witnessing direct exposure were associated with more somatic problems (Abdeen et al., 2008).

**Trauma specific fears and anxiety**

Fears of objects or situations reminiscent of the traumatic event become quite common among children who experience traumatic events. Most extremely stressed or traumatized children continue to harbour one or two trauma related fears well into adulthood. Such fears symbolize the kind of trauma experienced by them. ‘Neurotically phobic children may fear all dogs however a child bitten by a dog will fear the particular species of dog’ and apart from such literal fears traumatized children also present an over arching avoidance behaviour which makes them fear mundane things like the dark, strangers, etc. (Terr, 1991, p. 15). Fear of own and family’s safety and fear of soldiers and that of leaving the house have also been reported (Baker, 1990). Significant increase
in levels of anxiety was also found in Israeli children following the Yom Kippur war (Swenson and Klingman, 1993) and Qouta, Punamaki and El Sarraj (1995) found an increase in neuroticism among Palestinian children exposed to traumatic experiences. Anxiety was also found to be related to exposure in Bosnian children by Smith et al. (2002). Children may also develop an anxious attachment with their mothers, being fearful or leaving them or sleeping alone (Osofsky et al., 1993).

**Depressive reactions**

Children experience a wide range of losses in relation to political violence. These losses range from personal injury, loss of home and possessions, of normal routine of life, friends and family and also of their history and culture (Richman, 1993). Witnessing the violent death of a close relative is especially damaging. All these losses may give rise to depressive reactions. Baker (1990) found an increase in the prevalence rates of depression among Palestinian children in just one year. Self blame (that may lead to depression) is another reaction which may develop out of survivor’s guilt. For example 45 percent of Mozambique refugees, blamed themselves for the events they witnessed or experienced (Reichenberg and Friedman, 1996). Depression has been found to correlate with post traumatic stress symptoms in Bosnian children (Smith et al., 2002). Similarly a component of depression, hopelessness was found to be present in Palestinian children and it seemed to be an alternative reaction to stress (Abdeen et al., 2008). Haj-Yahia (2008) also reported the presence of internalizing symptoms (withdrawal, somatic complaints, anxiety and depression) in their sample of Palestinian adolescents and this was positively related to exposure to political violence.

**Behavioural reactions**

Behavioural reactions like risk taking behaviour, aggression and acting out are common reactions. Children may develop angry hostile behaviour patterns and act out their aggression. They may “act tough” to deal with their fear, and develop a counter-phobic reaction (Osofsky et al., 1993). Garbarino and Kostelny (1996) found a high range of behaviour problems as measured by the Child Behaviour Checklist among the Palestinian children they studied. Narratives of children directly exposed to riots indicated aggressive thematic content, aggressive words, unfriendly figures who engaged in physical aggression and mastery of situation through aggression (Farver and Frosch,
1996) suggesting an overall increase in aggressive responses among children exposed to violence. Increase in aggression as a result of exposure to stressful war events was also reported among children from Croatia several years after the war had ended, and more personal war experiences contributed most to this negative impact (Kerestes, 2006). Conduct problems have also been reported. Baker (1990) found the presence of disobedience, disturbing and fighting with others in a study of Palestinian children. Haj-Yahia (2008) reported a positive correlation between exposure to political violence and presence of externalizing symptoms, which included social problems, thought problems, attention problems, delinquent behaviour and aggressive behaviour, in their Palestinian sample. Increase in planful behaviour among Lebanese children who remained in their homes or communities during the fighting was reported by Macksoud and Aber (1996). Presence of such behaviour in the absence of reported feelings of depression despite loss of someone close could mean that planful behaviour was one of the vestiges of the grief reaction.

**Cognitive reactions**

Loss of newly acquired skills, difficulties in concentration and memory impairments are commonly reported in schoolchildren (Udwin, 1993). Difficulty in concentration could develop in children exposed to chronic violence as a result of lack of sleep and intrusive imagery; they may also experience memory impairments because of avoidance or intrusive thoughts (Osofsky et al., 1993). Palestinian children exposed to more number of traumatic experiences have shown an increase in concentration, attention and memory problems (Qouta et al., 1995). However, in the same study it was found that traumatic experiences do not affect children’s intelligence, creativity, visuo-motor performance and ability to organize symbolic material. These cognitive resources could compensate for the traumatic effect and therefore must be encouraged. Information processing was less flexible and more rigid among severely traumatized children than among less traumatized ones (Qouta, Punamaki and El Sarraj, 2001).

**Attitudes towards life and people**

Survivors have to come to terms with the full reality of their experience. Often exposure to violence requires a redefinition of spiritual and political understanding of the world as “….the purpose of existence itself is challenged” (Turner and Gorst-Unsworth,
1990 as cited in Richman, 1993). Such events may bring about a change in the way children solve the trust-mistrust conflict (Erikson 1963 as cited in Osofsky et al., 1993). Children may become seemingly uncaring as a result of having to deal with so much hurt and loss associated with chronic violence (Osofsky et al., 1993). Their moral development, their attitudes towards others is inevitably influenced by such experiences. A sense of severely limited future with anxieties and fears leant from the traumatic experience as compared to an almost limitless ideas of future expressed by ordinary youngsters is another change of concern (Terr, 1991). However it is not always negative, findings as cited in Cairns and Dawes (1996) suggest that children may also tend to see the future in rather more positive and optimistic ways and some children may also construe political violence in positive rather than negative ways. This suggests that the impact of such exposure on children is not an either/or case and it depends a great deal on the context.

**Prosocial behaviour**

The idea that unrest could engender positive reactions is unfamiliar but some have noted that such events may produce a feeling of common concern, camaraderie, sense of pride in being a part of the struggle etc (Fogelson, 1970 as cited in Simpson, 1990). In his study of children living under conditions of violent political crisis, Coles (1987 as cited in Garbarino, Kostelny and Dubrow 1991) noted that some children develop a precocious and precious moral sensibility. Similar results have also been found by Straker (1993) who reported an increase in the capacity of moral reasoning among South African youth exposed to traumatic experiences (Straker, Mendelsohn, Moosa and Tudin, 1996). An evaluation of child victims of terrorism in Mozambique showed that some of these children identified with future career patterns where they would be helpers to other ‘victims’ (Shaw and Harris, 1994). Lebanese children who were separated from their parents and those that had witnessed violent acts showed an increase in prosocial behaviour (Macksoud and Aber, 1996) too. The prosocial behaviour in these children was characterized by sensitivity to altruistic issues, such as condemning injustice, being committed to others, helping others in need and protecting the vulnerable. Since these children were also those who reported more depressive symptoms, the authors felt that the depressive affect may have increased youths’ feelings of empathy and motivation to
help others. Others have found that more personal war experiences may have a negative impact on adolescent’s pro-social behaviour (Kerestes, 2006).

**Competence**

Very few studies have included a measure of competence. In their study of resiliency factors predicting psychological adjustment after political violence among Palestinian children, Punamaki et al. (2001) included school performance but did not find any relation. Qouta et al. (2001) included self-esteem as part of their psychological adjustment variable in their study of mental flexibility as resiliency factor among children exposed to political violence in Palestine. They found that the more children were exposed to traumatic events, the higher the level of neurotic symptoms and lower the level of self-esteem. The lack of including competence measures in studies of political violence could be a major reason why there has been no consistently articulated or hypothesized effect of political violence on competent functioning (Barber and Schulterman, 2008). However around 12 studies reviewed by them found a significant positive association between violence exposure and competent functioning. Positive coping strategies are most often considered to be signs of competence in these studies.

**Coping behaviour**

In their study of Palestinian children, Punamaki and Suleiman (1990) examined the coping modes of children growing up under conditions of political violence. They studied children’s coping at three levels: intentional, cognitive, emotional, and found that exposure to political hardships increased the use of activity (at intentional level) and courageousness (at emotional level). However, use of such traditionally effective coping mechanisms failed to protect children from the negative consequences of political hardships. A study of coping strategies and effectiveness among Kurdish children showed that various and even opposing coping responses may be effective in protecting children’s mental health in extreme life-endangering conditions (Punamaki, Muhammed and Abdulrahman, 2004). Though active and socially affiliative coping buffered the negative trauma effect, coping characterized by “ineffective” methods like withdrawal and denial also protected children’s mental health. Kline and Mone (2003) identified three coping strategies employed by adolescents of Sierra Leone as they effectively coped with complex physical and psychological effects by exposure to civil war. The three
strategies were *maintenance of an intact sense of purpose, effective control of traumatic memories and successful protection against destructive social isolation*, indicating the importance of regulating cognitions, affect and behaviour associated with exposure to violence in the society. In another culture specific qualitative study of coping responses to exposure to political violence in Tigray, Ethiopia, Nordanger (2007) found that adults in the age range of 21-67 years broadly coped through diverted thinking, distraction and future investment.

The results from various sites of political violence represent a mixed finding, where reaching a conclusion is difficult, though given the bulk of research focusing on negative functioning, the negative impact of exposure to violence has been well established along with an expectation of individual differences in reactions. Absence of negative functioning does not indicate presence of resilience and presence of competent functioning cannot be taken as a sign of overall mental health. Child survivors of 2 years of war in Bosnia-Hercegovina reported high levels of PTSD symptoms 2 years after the war ended (Smith, et al., 2002). Their reports included massive amounts of exposure to traumatic wartime events and the high levels of traumatic stress symptoms may have persisted over the 2 years by the presence of traumatic reminders. However, the finding showed that self-reports of depression and anxiety had not risen markedly, indicating a presence of coping. The group reported grief reactions in line with other studies of war trauma, but it did not necessarily represent abnormal or pathological functioning when the context was taken into consideration. In most cases children reporting high levels of grief reactions had witnessed the traumatic death, or the normal period of mourning had been disrupted by ongoing fighting.

The importance of considering the context of suffering has been established by various studies. For example, Schaal and Elbert’s (2006) study comparing Rwandan orphans living in orphanages or child headed households (CHH) found that all had been exposed to extreme levels of violence and 41% had witnessed the murder of their own mother or father. Of the sample, 44% had PTSD, however, the vulnerability was greater for youth living in CHH than those in an orphanage, and it was higher for those ages 8 to 13 during the outbreak of the genocide than those aged 3 to 7 at the time. The results
implicate the role of mediators and moderators that may influence the effect of extreme trauma. A review of developmental research among Palestinians living in Gaza showed that life threat, violence and losses form a risk for increased psychological distress (Qouta, Punamaki and El Sarraj, 2008). The review however, also showed that a myriad of child, family and society related factors and psycho-social-physiological processes that protect child development and mental health. Exposure to trauma is crucial in predicting distress, while familial and developmental issues were important in building resilience. A qualitative understanding of the impact of political violence on children cautions researchers against over simplistic conclusions when attempting to understand those who endure conflict. Barber’s (2008c) comparison of two cohorts of youth from Bosnia and Palestine showed how types and frequencies of political violence exposure, degree of involvement in political violence, perceptions of the meaning and efficacy of the conflict and their willingness to engage in it, its perceived impact on their psychological, social and civic lives, and the implications of all these factors for their identity development formed distinct experiences of political conflict for youth. The trend of findings from various studies show that exposure to traumatic events is definitely deleterious for mental health, but the relation between exposure to trauma and functioning is not simple. The outcome or the impact of living with political violence is as complex as the phenomenon itself and the key to understanding or even predicting outcomes and impact lies in understanding processes that moderate this relationship. As noted by Boothby (2008), the relationship between exposure to violence and onset of traumatic symptoms, and also the observation that may do not develop enduring difficulties indicates that presence of protective factors may buffer the effects of potentially harmful experiences. These are discussed in chapter two.

1.23 Interventions with children living with violence

To help children affected by the heinous impact of violence we need carefully planned and well implemented interventions. There remains some disagreement about how much information is needed before preventive interventions can be designed and implemented. For pervasive community violence, complex transactional mechanisms intercepting individual and environmental factors need to be understood (Lorion and Saltzman, 1993). Understanding of such factors can take at least a decade if researchers
try to follow earlier conceptions of methodological rigor. However people working with communities feel that researchers need to assist the community in determining the immediate and practical implications of the findings for program development and resource utilization. A more participatory action research trend is being favoured when designing and implementing an intervention is concerned. The community’s involvement in planning and review is encouraged and this is expected to enhance the ecological validity of such programs whereas the scientific import is expected to be confirmed through replication and cross validation (Dubrow, Liwski, Palacios and Gardiner, 1996; Reichenberg and Friedman, 1996; Barenbaum, 2004; Boothby, 2008).

**Aims of intervention**

An intervention with children living with pervasive violence needs to have a broad spectrum as such stressors affect the whole community. While social change is also needed, children as a group have to be prepared to face the future with some sense of competence. Interventions have to be designed while keeping in mind the developmental level of the children being targeted and the kind of problems being addressed. Personal factors, cultural underpinnings and type of exposure to trauma must also be born in mind while developing interventions. A review of literature available on interventions and treatment programs being used with children who have experienced traumatic life events suggests that most interventions aim to assist children achieve the following:

- expression of pent up emotions
- normalize the stress reactions
- awareness of what to expect following or in such situations
- desensitization to the traumatic memories
- gain mastery over emotions and actions
- prevent vulnerability to stress in future

Interventions should also aim to help parents and significant others in a child’s life to recognize and deal with symptoms of distress. There are various forms of interventions and though the above mentioned aims are general in nature most programs imbibe them depending on the needs of the group or child being cared for. However a very important
aspect while developing intervention is to understand the contextual relevance of the principles of intervention.

Forms of interventions
An eclectic approach is recommended while working in societies affected by longstanding violence. Such an approach will have a mixture of individual psychotherapy, group and family work, mutual support groups, pharmacological treatments and cognitive-behavioural techniques (Udwin, 1993). Four main forms of interventions are discussed in this section.

Debriefing

Often called Critical incident stress debriefing technique is usually used within few days of the traumatic exposure. Its main aim is to help children verbalize and share their feelings and thoughts about the traumatic experience to prepare the family for possible PTSD reactions the child might experience in future (Udwin, 1993). A debriefing usually involves a group of survivors brought together by an outside leader. The leader sets the rules for the meeting in the introductory phase. Emphasis is placed upon sharing feelings to help each other and keep the meeting as private as possible. Children are asked not to tease each other with the information that is shared within the meeting. They are also informed that the choice to talk is voluntary. Next, the group clarifies the facts of what actually happened in the incident, thereby putting paid to any rumours. A discussion of how they felt and their current emotional reactions is embarked upon by asking them to express what they thought when they realized something was wrong. So basically, children share their reactions, learn that others have had similar feelings and understand that such reactions are normal (expected) in such an abnormal situation. Many children may be relieved to know about the ordinariness of their reactions and also to know that they are not going mad (Yule, 2000). Such debriefing may also aim to open channels of communication between children and parents (Udwin, 1993) because each tries to suppress and deny their experiences, which may exacerbate the emotional wounds and hinder the healing process. The leader finally summarizes the information arising in the group and educates the children into what simple steps they can take to control some of their reactions. They are also informed about other help available in case the distress prevails.
The efficacy of this method is unclear due to lack of randomized control trails, though specific instances are available that offer convincing evidences about the correlation between reduction of stress and implementation of this technique (Yule and Udwin, 1991; Stallard and Law, 1993). When exactly to offer debriefing and whether all benefit from it is still a question. Moreover in certain cultures, such techniques may not work (Raphael et al., 1995). The western discourse that insists that traumatic experiences should be disclosed and confronted rather than avoided is based on an uncritical acceptance of PTSD model of understanding children exposed to traumatic events, even though such notions of healing may not fit trauma-focused programmes in many non-western contexts (Nordanger, 2007).

**Group level interventions**

Group therapy or group work can achieve the goals of fostering openness and discussion. Directing interventions through natural groupings present in the communities and schools makes more sense. Group orientation helps in traditional societies, which are less individualistic (Richman, 1993). Group treatments aim at, sharing of feelings, boosting children’s sense of coping and mastery and sharing ways of solving common problems (Yule, 2000). As everyone in a group has gone through the same experience it engenders a feeling of emphatic support. Learning that others share similar stress reactions can also put the child’s own difficulties into perspective. Groups may be separated in terms of gender, as boys and girls may have different reactions (Yule, 2000). The type of traumatic exposure can also be used as a variable to separate groups. The degree of structure in group work depends mostly on the convenience and appropriateness and is decided by the therapist. A negative attitude of the participants towards treatment may prove to be counter-productive. Such an attitude may be a tactic to avoid confronting the traumatic event. Therefore it is important to prepare survivors for the fact that treatment sessions may well be painful and difficult to begin with. However all problems cannot be tackled in a group. High risk children whose lives were directly threatened, who directly witnessed death, were physically injured, had pre-existing problems or lack family support require individual help. Even those whose problems persist despite group help should be treated individually.

**Individual level interventions**
Individual interventions usually involve cognitive-behavioural techniques that help the survivor make sense of what happened and to master their feelings of anxiety and helplessness. Cognitive behavioural technique programs have four main components (Yule, 2000):

- Education/goal-setting aimed towards normalizing the stress reactions.
- Coping skill development which is aimed towards increasing a sense of mastery and reduction of avoidance.
- Exposure which tries to desensitize and engender mastery.
- Termination and relapse prevention which refocuses on future and empowers the child with skills to deal with stress in future.

Such techniques are recommended for tackling traumatic preoccupations, anxieties, phobias and other symptoms more directly. These strategies include relaxation training for anxiety and panic disorders and desensitization or flooding techniques to address intrusive thoughts and specific fears. In vitro flooding and relaxation techniques have shown to decrease the levels of anxiety and depression and increase in the scores for short-term memory and concentration (Swenson and Klingman, 1993; Udwin, 1993). One way of getting children to express their emotions is to ask them to ‘draw’ their experience. Structured art therapy has not led to reduction of symptoms because mastery of anxiety requires a prolonged exposure to the memories of the traumatic events (Yule, 2000). In individual treatment the therapist needs to help the survivor re-experience the event and the emotions so as to foster mastery rather than magnification of feelings. Brief session usually sensitizes whereas desensitization requires prolonged flooding and exposure. Sleep disorder, intrusive thoughts and behavioural avoidance can be tackled through well planned cognitive behavioural techniques. Sleep disorders are usually a result of nightmares. This has been tackled by the method of ‘dream reorganization’ (Udwin, 1993). This involves systematic desensitization with coping self-statements and guided rehearsal of mastery endings to dream context. Another method used in individual settings is Eye movement desensitization and reprocessing (EMDR) introduced by Shapiro (1996). This technique involves saccadic eye movements during imaginal exposure to the traumatic event. The therapist moves his/her finger in front of the patient’s eyes in a lateral motion while the patient tracks the movement with their eyes.
only. At the same time the patient holds the traumatic event in memory, it is not necessary for the patient to discuss the memory. This process is repeated till the memory produces less distress.

**Community level**

Violence affects the whole community. Therefore an intervention program may be aimed at alleviating the psychological problems of children but it still has to have a community outreach approach. Sensitizing the community and building awareness among key groups like parents and teachers is one way at ensuring early referrals which is an important step towards primary prevention. Mobilizing the existing care system comprising of those who are part of the children’s daily lives need to be taught and helped to communicate with children during times of stress (Machel, 2001). Political violence affects service delivery systems to produce deficits in the child’s ecosystem. Especially destruction of schools goes far beyond the loss of formal learning as it breaks the child’s connection and continuity with her/his community and culture (Reichenberg and Friedman, 1996). The functioning of schools in such cases has proven to be critical to the healing process of preschool as well as older children (p 321). Involving the community in interventions is not just cost effective, but more importantly it recognizes resourcefulness, encourages a sense of self-worth, creativity and management skills in local caregivers. Quite often the community has its own mechanisms of healing, which may be incongruent with the “scientific” procedure. For example, in Mozambique, may war-affected children had problems sleeping at night because they heard the voices of their dead parents asking why proper burial rituals were not performed for them. Seen from a Western illness ideology (trauma model), these children were experiencing intrusive thoughts and sleep disturbances reflective of PTSD and stemming from their parents being killed (Boothby, 2008). Here the best practice is to allow the local healing practices to take place instead of use psychotherapeutic techniques to deal with PTSD. Moreover parents need to be themselves fit to help their children cope with the changing norms of a chronically violent society. Interventions must therefore also include “hidden victims” (Udwin, 1993), namely family members, near miss groups, peer group members and the schools. Family is a major resource for a child experiencing trauma with significant links with the way a child copes (Compas and Epping, 1993).
and caring parent is important. Macksoud and Aber (1996) recommend that children separated from their families should be reunited with their parents, a point emphasized in the rights based approach taken by many UN organization (Reichenberg and Friedman, 1996). In the same way the school is an important source of support and the educational system’s role in promoting resilience among children in conflict situation has been proven in various parts of the world including Bosnia, Kosovar, Northern Ireland, Rwanda, and Israel (Richman, 1993; Yule, 2000; Machel, 2001; Kilpatrick and Leitch, 2004; Slone and Shoshani, 2008; Abdeen et al., 2008). Yule and colleagues (1993 as cited in Yule, 2000) developed a public health model for intervention using the school system as the main centre for delivery in Bosnia. Teachers and staff of some NGOs were educated and trained in understanding the needs of children affected by war, first aid measures to help and counselling skills to work with adolescents. They also set up a resource and counselling centre attached to a mother-child outpatient clinic to which children could be referred for small group and individual work.

Setting up telephone hotlines is another method that can be used to help a large number of people. Similar facilities were provided in Israel during the Gulf War (Swenson and Klingman, 1993) at psycho-educational service centres. In addition to the hotline, numerous self-help materials were provided for children, teachers and parents and mass communication was used by psychologists to provide oral and visual information regarding the mental health aspects of stress and to provide guidelines for coping with war stress (Swenson and Klingman, 1993). Given the amount of time children spend indoors watching TV during periods of conflict, the television has been used as a medium of intervention to deal with negative stereotypes and prejudice in over 120 countries since its inception in United States nearly 40 years ago (Cole, Labin and Galarza, 2008). The *Sesame Street* series is a television series have been adapted to forward important pro-social messages directly linked to the complex socio-political backdrop in which they are created. The research conducted to study the impact of these series suggest that media interventions are making an impact and that such projects were strongest when they were child-relevant, age-appropriate and provided direct and explicit messages.

*Evaluating the efficacy of interventions*
There are some methodological problems with evaluating the efficacy of interventions in armed conflict setups. The main methodological problem is the lack of controls or comparative groups, as context is very complex and quite unique (Mikus Kos and Derviskadic-Jovanovic, 1998; Barenbaum, Ruchkin and Schwab-Stone, 2004). Moreover, the state of mental health and psychosocial functioning improve in the great majority of children without psychosocial intervention, so there is no way to prove that interventions really make a difference. Individual psychotherapeutic approaches that emphasize emotional expression have been found to be harmful in traditional societies (Machel, 2001). Carefully planned interventions also need to be aware of cultural differences that might be critical in determining the impact of the intervention. For example, in a program designed by an NGO to deal with traumatized children in Mozambique, the owl was portrayed as a wise creature with good advice, however, to the contrary in Mozambique the owl is seen as the bearer of death and destruction (Biggs, 1994). Studies that identify protective processes enhancing resilience in particular community setups must be used to guide further interventions aimed at promotion those factors and processes. Such methods would help in grounding the interventions in contextual realities rather than being restricted to academic and largely Western knowledge base. Summarizing their experience of four years of psychosocial support given to young refugees from Bosnia and Herzegovina at the Slovene foundation, Ljubljana, Mikus Kos and Derviskadic-Jovanovic, (1998, p. 7) suggest that the main objectives of assistance to war-affected children should be:

- To reduce children’s suffering and prevent further traumatization.
- To support and develop their natural support system.
- To help establish an environment, which will enhance psychological recovery and normal development.
- To establish a structural daily routine and normality in daily life with normal developmental tasks.
- To support their education and academic achievements.
- To enable children to reconstruct their social world.
- To increase the children’s coping capacities.
- To provide opportunities for therapeutic help for seriously disturbed children.
1.24 Limitations of research on children living with armed conflict

The complexities of research on children living with political violence have been well established. Such a multilayered phenomenon requires a lot of rigor and innovation in research, which may not be possible in a single study. Being aware of the problems associated with research on children living with political violence can improve the quality of research and mistakes made in the past and spurious conclusions can be avoided.

The issue of research designs is a major limitation in research on children and armed conflict. Most studies on children living with political violence are cross-sectional and quantitative in design. A cross-sectional design assesses both exposure and outcomes at the same point in time, which makes it difficult to deal with cause and effect relationships. The review by Barber and Schluterman (2008) showed that out of 95 studies 85 (89%) utilized a cross-sectional design and 10 (11%) used a longitudinal design. Apart from a dearth of longitudinal studies the other design related problem is that of sampling (Cairns and Dawes, 1996). Random selection of sample is usually compromised in studies of political violence, which ends up representing only those children who have been most harmed in order to make a political point. Recruiting participants from schools and not specifying the rationale or the method of selecting the sample leave out many questions related to rigor unanswered.

The other issue is that of methods of data collection. Most studies use self-report measures and adopt a survey design to collect data (Cairns and Dawes, 1996; Smith et al., 2002; Barber and Schluterman, 2008). Such methods are subject to bias and memory lapses and thus, the positivist stance of “objectivity” must be reviewed while interpreting the results. Using and adapting standardized instruments was recommended by Cairns and Dawes (1996) to deal with the absence of cross-cultural data. Such instruments can make the results comparable across Western and Non-Western cultures. However, the adaptation of such largely Western standardized instruments to local cultural contexts has to be done carefully, allowing culture-specific meanings to emerge.

This brings forth the need for qualitative and mixed method approaches in order to capture the processes underlying functioning in politically violent contexts (Jones and Kafetsios, 2005). Lack of theoretical perspective on the effects of war and military
violence on children’s well-being has also been identified as a constraint of the present body of literature (Punamaki et al. 2004). Given the complexity of political violence, the need is to integrate multidisciplinary research models that are theoretically sound and well-planned (Qouta et al., 2008).

Finally the lack of focus on designing studies that can lead to development of interventions results in underutilization of knowledge generated through research on children living with political violence (Qouta et al., 2008). Studies that challenge the illness ideology, look at developmental issues of children, have a theoretical base, take cultural meanings into consideration, use standardized instruments and self-report measures with caution and inform interventions are the need of the hour. Doing research in situations of political violence is not easy, but it is necessary and since it is no more in the inception stage, methodological rigor cannot be compromised.

Conclusion

Political violence is a complex and dynamic social phenomenon. Studies of children living with armed conflict have primarily used the life events approach to measure the exposure to political violence. Various life events checklists have been prepared for different settings based upon the nature of conflict in those settings. Conflict’s ecology (Barber, 2008a; Boothby, 2008) is becoming an important variable in such studies, reflecting a trend towards understanding the impact of political violence from an ecological perspective that locates the child within a social system rather than treating political violence as an exclusive phenomenon. Various measurement issues have also been addressed (Netland, 2001) that add to our conceptualization of the variable. The basic understanding is that political violence is more than simply exposure to violence events and other variables such as socio-economic conditions, gender, age and other culturally salient features that may play a dominant role in the whole experience are also being considered. Studies of children and armed conflict have found a lot about negative impact of violence on children’s behavioural, somatic, emotional and cognitive responses. Very few positive outcomes or measures of competence are included in researches and thus very little is known about them; hence more studies are needed that include variables denoting competence. Interventions need to be informed by research and such interventions must be culturally relevant. There is also an urgent need to study
the efficacy of interventions. The fact however remains that stress reactions are not experienced by the entire population, and many children perform well despite adversities of living with political violence. Reviewing the literature in order to understand the processes that are associated with negative outcomes, and/or positive outcomes in the context of political violence explains the presence of resilience in such cases. This is the theme of the next chapter in which we understand resilience in the context of political violence.