



The Consultative Group on Early Childhood Care and Development

PROTECTING CHILDREN FROM THE SCOURGE OF WAR

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For children in armed conflict situations, the stress of daily life has dramatic repercussions on their physical, psychological and emotional development. Family structures are destroyed and individuals' coping capacities are diminished, with women and children particularly vulnerable. This focus article considers what actually happens to children in wars, what is currently being done for them, and the economic and social costs of warfare. Recognizing the demand for programmes of "psychological first-aid," a range of ongoing activities designed to help children and their families find ways to make sense of the senseless and to cope with the trauma inflicted upon them are reviewed. This Issue also provides suggested readings as well as a list of organizations that help children in armed conflicts.

Introduction

When United Nations members debate the Rapid Deployment Group this autumn, they will be attempting to overcome a problem that has inflicted death and suffering upon millions, particularly children—the reluctance of governments and the UN to come to the aid of victims

of civil conflicts. The traditional position has been "non-interference in the internal affairs of a sovereign nation." This doctrine has blocked protection and humanitarian relief in numerous civil wars over recent decades.

On April 3rd, however, the Security Council, in a reversal of this long-binding principle, approved resolution 688 authorizing aid to the Kurds fleeing Iraqi attacks. This provided a basis for coalition forces to enter Iraq not only to bring relief but also to protect Kurdish civilians. Soon after, the leaders of the seven industrial nations meeting in London urged that the UN and its agencies "be ready to consider similar action in the future."

France and Britain have now brought to the General Assembly the Rapid Deployment Force that could respond in just such man-made disasters as the Kurdish flight into the mountains. We should watch closely the outcome of this debate, to see whether the world will at last turn away from the calloused indifference of the past and provide for intervention in future civil conflicts to protect and aid children and others caught up in warfare.

At the World Summit for Children in September 1990, some 70 heads of state declared they would "work carefully to protect children from the scourge of war and they pledged to prevent further armed conflicts ... to give children everywhere a peaceful and secure future." They adopted a plan of action. "Children need special protection in situations of armed conflict Resolution of a conflict need not be a prerequisite for measures explicitly to protect children and their families to ensure their continuing access to food, medical care and basic services, to deal with trauma resulting from violence and to exempt them from other direct consequences of violence and hostilities...."

Within three months, this commitment, along with provisions of the new Convention on the Rights of the Child,¹ were cited to the UN Security Council in order to gain access for a WHO/UNICEF team to enter Iraq, in the midst of war, to assess the needs of children—bringing with them a convoy of urgently needed medical supplies. The coalition, authorized by the United Nations to use force against Iraq, managed to avoid bombing the UN convoy that was bringing humanitarian relief to the child victims of the bombing by UN authorized forces.

Immediately after the conflict ended, a UNICEF mission entered Kuwait with the intention of assessing particularly the emotional trauma the children had suffered during seven months of warfare and occupation. A majority of these children had experienced a traumatic event—many had seen bodies, often someone known to them, hanging from lampposts or dumped in their neighborhood. Others lost a close relative.

As in other wars of our time, more than half the children displayed what appeared to be psychological effects of traumas, such as repetitive dreams related to a traumatic event, generalized fear of enemy soldiers and, among young children, uncontrollable crying and sleep disturbances. Nearly all the boys who were examined wanted to become soldiers when they grew up, while the girls wanted to become doctors or nurses—ambitions reflecting a wish to protect the family or the country in the future. Following this initial assessment, a psychological trauma team began to work with the Kuwaiti government, formulating a programme for training people

regularly in contact with children in simplified techniques for helping them overcome their Post-Traumatic Stress Disorder.

This marks a new beginning in the way governments, the UN, and international agencies have begun to deal with child victims of war. As they act, the words of the Convention on the Rights of the Child are taking on meaning, particularly such provisions as Article 39, which states that all appropriate measures should be taken “to promote physical and psychological recovery and social reintegration of a child victim of an armed conflict.”

Events since late 1989—the end of the Cold War, the World Summit for Children, and the growing importance of the Rights of the Child—provide a new context in which we can begin to act to ease the desperate plight of millions of children. What are the new possibilities? How can we ensure that the present momentum is sustained, so that children are no longer the principal victims of the many wars of our time?

Modern Warfare and Children

During World War I, armed soldiers fought each other, and combat was largely limited to the battlefield. By World War II, armed conflict had spilled over onto civilian populations; bombing took a heavy toll among those whom the rules of war call noncombatants. In the more than 150 wars since, a number of factors have made wars steadily more destructive to civilians, particularly children.

The footsoldier of earlier times, squeezing off a round aimed carefully at his enemy, has been replaced by guerrillas or government troops armed with the most advanced automatic weapons, spraying hundreds of rounds a minute. Or they fire rocket-propelled grenade launchers or other weapons not targeted precisely at soldiers. Bombing inflicts more widespread destruction—even “smart bombs” cause “collateral damage.”

Today, as civilians become the “sea” in which the guerrillas swim, lines between belligerents and non-belligerents blur. Combatants no longer know the rules of war; guerrillas do not wear uniforms or insignia. They conceal their arms and hide themselves among the populace. Government troops in turn disregard the niceties of the Geneva Conventions and attack whole villages or urban neighborhoods without regard for noncombatants caught up in the fighting.

These developments in the technology and methods of warfare mark a change from World War I, a war with minimal civilian casualties, to World War II, when half the killed or wounded were noncombatants, to today, when it is estimated that as many as 80 to 90 per cent of those who die, are maimed or are traumatized, are civilians—the largest portion of which are children and their mothers.

Children are vulnerable not only to direct attacks, but to disruption of food supplies, to being eyewitnesses to the murder of their families, to the break-up of their families, and to displacement and prolonged stays in refugee camps. Boys are turned into combatants; girls are raped or carried

off by young soldiers to be used as concubines. Infants are least likely to survive, as malnutrition and attendant diseases affect them "first and most."

Conditions become worse and worse. They are brought home to us, literally, as television brings scenes of slaughter and destitution into our living rooms. The international community responds only after TV crews get in and begin to report. When they do not get in at all and the story goes unreported, no pressure is exerted upon governments to act, and little aid reaches children and their mothers.

For every conflict that receives public attention, a dozen others go unnoticed. Children die, suffer, and are brutalized, but the international community does not always respond. At any given moment there are as many as 20 conflicts somewhere in the world, usually in developing countries. As we shall see, the arm shipments that help fuel these conflagrations have accelerated in recent decades, taking their toll on the children and on the long-term prospects for development of their nations.

While the situation of children in armed conflicts has deteriorated over the past four decades, international mechanisms for coping with their problems have not kept pace. Humanitarian agencies are better organized to provide emergency relief; when the world's response comes, it is now on a massive scale. But governments and the United Nations have yet to take seriously their responsibility to protect children and to prevent acts of war directed against them.

Most recent wars have been civil conflicts, and governments have honored the doctrine of "non-interference in the internal affairs of a sovereign nation." They cited the UN Charter as enshrining this principle, though legal scholars point out that the Charter incorporated the right of humanitarian intervention, and there is ample basis in the human rights and humanitarian conventions to intervene or call belligerents back to a position of rectitude to their obligations toward civilians. Now the Security Council resolution, cited by the seven leaders at their July Summit, reaffirms this right of humanitarian intervention. We should watch closely to see whether governments observe it in the future.

In the following sections we will consider what actually happens to children in wars, what is being done for them, the effect of armaments upon children and the development of their countries and what we should do, now, for children caught up in armed conflicts.

What Actually Happens to Children in Wars

■ CHILD DEVELOPMENT AND WAR'S IMPACT

What happens to children in wars is the antithesis of normal childhood development. We are only beginning to learn about the long-term effects of warfare upon children. Jerzy Kosinski's novel *The Painted Bird*, portraying a boy encountering a succession of appalling experiences while growing up on his own in the countryside of Poland under the Nazi occupation, drew upon the

author's own childhood. Kosinski's recent suicide might well be considered as making him, a half-century later, a child victim of World War II.

We know even less about the intergenerational cultural accretions of prolonged trauma. A recent exhibition of photos, mounted by the International Committee of the Red Cross, showed children in wars since World War I. Viewing these pictures of children of many nations, from varying cultural backgrounds, suffering the multitude of injuries and traumas war inflicts, is a distressing experience. Not only are they tragic in themselves, but they make us wonder about the layers of cultural behavior being laid down as part of what we call "human civilization."

A sourcebook prepared for those attending the World Summit for Children states: "War's all-embracing impact on a child's development envelops attitudes, relationships to people and society, moral values, and the mental framework for understanding society and life itself."² Not all children respond to war in the same way. Some develop a warrior mentality. Others, reflecting the attitudes and fears of those upon whom they are dependent, withdraw and become permanently damaged.

Here is the response of a child who becomes aware of what is happening from those around her:

Srima, is four years old and had been a healthy happy child, but was noticed recently to be very irritable with frequent outbursts of temper and loss of weight. She was living with her mother and grandmother since her father was away from home. There was much tension and fear in their area. Her mother and grandmother were very anxious, and would go out rarely as they were frightened. Mother would sometimes hug Srima and weep which puzzled and frightened the child who could not understand this behavior since mother earlier was happy, playing and talking often with her. The child was always happy to see father when he visited, but did not appear to miss him.³

Over the past half-century, only a few nations have not experienced war on their territory. Even children of these fortunate few, now, at some stage in their cognitive development, come to realize they have been born into a world in which their parents' generation has devised instruments of war that can destroy all life on earth. War, in our time, is surely one of the most somber influences on the development of all children—those who have grown up never having known a nuclear-free world have now attained the age of 50 or more.

■ THE BREAKDOWN OF SERVICES ESSENTIAL TO LIFE

The disruptions of modern war cause problems that overwhelm not only people trying to carry on their everyday lives but even those who rush in to help them. A UNICEF information officer describes conditions that developed suddenly, in the mountains along the Turkish border:

An American doctor, in the camp of Yusumiu, does not hide his pessimism: "Fifty percent of the people here may die of disease if the hygiene is not improved...95 percent of the children have diarrhea, which is essentially due to unhygienic conditions," he said. A little further on, inside a white tent, a Red Crescent doctor echoes his despair: "The rehydration salts are no

longer having an impact on these children who have been drained by diarrhea.” In many camps, cholera and measles cases have been recorded, but the news is being kept quiet for fear of causing panic. The doctors fear that the epidemics may be devastating because the refugees have already been weakened by their trek across the mountains and by lack of food.

Food supplies break down. Water is polluted. Houses are destroyed. Families scatter and lose track of each other. Schooling is broken off. Health care cannot meet the needs of the wounded and ill. Medicines run out. Fathers and older brothers are away or killed. Stores of food are stolen by marauding soldiers. Children are separated from their families.

Modern cities are more vulnerable than rural villages. In little more than a year we have witnessed tanks firing point blank into high-rise apartment houses, or a "smart bomb" turning a downtown street corner as it seeks out its target, or Scud missiles perhaps armed with biological or chemical warheads—in San Salvador, Bucharest, Manila, Beirut, Tel Aviv, Colombia, Kuwait City, Baku, and in Baghdad.

The breakdown of a modern society from war is detailed in a United Nations report of mid-May 1991.⁴

As the hot summer months approach, the situation of children and women in Iraq grows more critical by the day. The slow and partial rehabilitation of infrastructure is gradually increasing the availability of electrical power but limited access to safe water and sanitation services and disrupted health services continue to increase the risk of epidemics. Food rationing is at levels well below the minimum required for a healthy diet. As a result, malnutrition is increasing....

Water obtainable from taps is untreated due to lack of chemicals. In some areas, drinking water is obtained from rivers choked by raw sewage. Sanitation services are in disarray, and cities like Samawa and Amara are plagued by lakes of sewage and dirty water. Entire streets are blocked by rubbish. Diarrhea, typhoid, cholera, hepatitis, and dehydration have all become commonplace. Acute shortages exist in essential drugs, vaccines, ORS and epidemic containment equipment. This has come as a result of looting, burning, and destruction of medical stores. In Basrah, only 5 out of 20 health centres are still functioning....

Food rationing is at 1,000 calories a day per person and most food items are beyond the means of the average person. Because of the poor diet, many mothers are unable to breast-feed their infants, and since powdered milk and baby formula is unavailable, this has led to increasing severe malnutrition. Both marasmus and kwashiorkor cases are reported amongst children under five....

Even the side effects of war can cause illnesses that range far beyond the scenes of war. Though the cholera that first appeared in Peru in early 1991 apparently had its origin elsewhere, unrelated to the protracted conflict in that country, its rapid spread undoubtedly resulted from conditions created by the general breakdown within the country. Guerrillas of Sendero Luminoso had been targeting the infrastructure of the cities for some time, and economic conditions (inflation had reached 30,000 per cent) had weakened such government services as health care and sanitation services.

Within a few months, the epidemic, striking tens of thousands and resulting in the deaths of hundreds, had quickly spread to the highlands and the jungles. Cholera had never before occurred in Peru on such a scale. Soon it spread to other countries of the region, requiring a coordinated attack by Ministers of Health of the Andean Pact in such areas as the rain forest, where the epidemic was reaching dangerous levels.

■ MALNUTRITION AND STARVATION

A gross consequence of war is the starvation of large numbers of infants and children under five. While this makes the nightly news, equally damaging, though the children survive, is severe malnutrition which stunts the child physically and may cause brain malformation, leaving the individual mentally retarded in later life. Serious malnutrition may exist, even in the best of times, in many of the countries where contemporary wars are fought, but it does not take many months of warfare, disrupting food supplies or displacing families from their usual source of nutrition, for famine to set in.

Worse are those conflicts in which one side resorts to siege, deliberately cutting off food as well as other imports—in such situations children suffer first and most severely. When there is an inadequate supply of protein, as happened in Biafra, large numbers of children suffer kwashiorkor and die, for their rapidly growing bodies need proportionately more protein than those of adults. In Iraq, when UN sanctions deprived the population of customary food imports, children were the first to show the signs of marasmus and kwashiorkor.

The international community recognized the elemental fact that children are the first affected in war. When the Protocols to the Geneva Conventions were framed, starvation was prohibited as a weapon of war. However, even if the ban on deliberate starvation is abided by, few wars are fought without inflicting both immediate nutritional damage and long-term consequences on development of the child.

What effect this has depends on the child's stage of cognitive development at the time they experience chronic food or nutrients shortage caused by war. The fetus in the womb can suffer from the mother's malnutrition, the infant in the first months of life will be affected if the mother is unable to breastfeed, the child in the first few years of life may suffer retardation depending on the timing, duration, and severity of the nutritional deprivation.

Today there are large numbers of adults who went through wars during their early childhood who are stunted in mind or body, mentally retarded or disabled, unable to work, or consigned to the most menial jobs, due to the combination of nutritional and environmental deficiencies. They survived while other infants starved, but at what cost for the remainder of their lives?

■ PHYSICAL DISABILITY AND DEVELOPMENT

Apart from death, there is no effect of war upon children more profound or long lasting than being maimed or incapacitated. Such injuries as loss of a limb or partial paralysis not only affect the physical and emotional development of the child but his or her long-term prospects as an adult—for work, marriage, social life, self-support and for dignity. The corollary is true of course:

the wounded, permanently damaged child becomes a burden not only for himself or herself, but also for the family and society as a whole.

Rehabilitation International (RI) carried out a series of investigations in the second half of 1989 in Angola, Mozambique, El Salvador, Nicaragua, and among disabled Afghans living in camps along the border in Pakistan. Attempting to establish rough estimates of the numbers of war-disabled civilians in Afghanistan, RI found about 100,000 children with war-related disabilities. Shootings and bombings left an estimated 20,000 people with amputations in Angola, while the on-going terrorist campaign in Mozambique has already left 50,000 people with missing limbs.⁵

Careless laying of mines, without keeping track of their location, takes a continuing toll long after wars end, with children at play being particularly vulnerable. It is estimated that 10 to 15 million uncharted mines have been left behind in Afghanistan, strewn throughout the mountainous countryside, while the beaches and desert of Kuwait are covered with mines. A succession of armies left behind hundreds of thousands of mines in Angola, which are inflicting casualties, though the war there is over.

In the poorer countries, where so many of today's wars are fought, rehabilitation services are scarce. Fighting men and wounded veterans have first call on them. Even when civilians can be treated, children in need of prosthetic devices may not get them, because it is believed they will quickly outgrow them and need refitting. This means the child grows up with a deformity, compounded by neglect, and the chance for reconstruction or mobility in later life is lost.

■ DISPLACED CHILDREN AND FAMILIES

Profoundly affected in wartime are those children who become separated from their family or whose family becomes displaced or forced to flee into a nearby country as refugees. Prolonged life in a refugee camp during the formative years can have life-long disturbing effects upon the development of a child.

Ressler, Boothby and Steinbock in their seminal study, *Unaccompanied Children: Care and Protection in Wars, Natural Disasters, and Refugee Movements* remark that "Children are usually able to endure the stress and disruption of most emergencies if they remain with their families and if their parents are able to continue offering them adequate care, comfort, and protection."⁶ Of course, this is often not the case in the midst of war. They go on to say. "Conversely, events that break or prevent the formation of secure family attachments endanger the child's developmental well-being and place him at increased psychological risk. Thus, family attachments, which are essential for children's growth and development during normal circumstances often take on increased importance in emergencies and must be preserved."

However, the realities of war may force even the family that stays together into situations that are damaging to children. Refugee mothers who fled from ethnic strife, only to become caught up in terrorist conflict, commented:⁷

Since we became refugees we have lost our capacity to be motivated and work hard—there seems to be no point in anything. Perhaps we should have stayed where we were. There we knew who our enemy was. Now we don't know who is safe—we are afraid of everyone. We keep our men indoors for fear. We sleep as it gets dark. We are all afraid and so are the children.

Protracted stays in refugee camps rob children of their childhood and subject them throughout their growing years to insecurity, fear, abuse, breakdown of parental authority, and a lack of future prospects. Patricia Smyke described one such “temporary” camp along the Thai border where Cambodian refugees had lived for ten years, caught up in a continuing war:⁸

... Nearly every family bears the scars of trauma experienced before their arrival: war, loss of family members, separation from loved ones, health problems and physical disabilities....

They worry about law within the camp and shelling from without. For a long time after a shelling incident, parents hesitate to send their children to school and people stay home from work for fear that family members will be separated in the event of an evacuation....

Violence between women has become more frequent. The proportion of child victims is not known, but health workers say there is a noticeable increase in child abuse (including sexual abuse, as evidenced by cases of venereal diseases in very young children)....

Many of the young women in this age group, who have such a key role in the future of the community, had radically disturbed childhoods themselves and scarcely know what traditional Khmer family life can be like. They find it extremely difficult to raise families under the conditions that prevail in Site 2. Men, and sometimes women, have deserted their families, leaving the other spouse to raise the children alone. Few grandparents or older relatives are around to offer help or advice....

Most of the adults in Site 2 were peasants before their exile. An ever-growing number of their children have never been outside the camp. They have never seen a rice paddy or water buffalo except in pictures. Will they want to go 'home' with their parents? If the parents in Site 2 allow themselves to talk about the future at all, it is invariably to pose that universal parental question: what will become of our children?

There are extreme cases of children being deliberately separated from their mothers or families, like the babies of the "disappeared" in Argentina who were given to other parents, or the numerous children forcibly removed from their own countries to be raised and indoctrinated as the cadre of the new occupying power. The Convention on the Rights of the Child outlaws this practice, stating that governments “shall take measures to combat the illicit transfer and non-return of children abroad.”

Preventable Acts of War

In some wars, combatants act in ways that deliberately inflict suffering or death upon children. Boys and girls are victims of preventable acts of warfare. In Afghanistan, for example, booby-trapped toys were dropped on the countryside so that children who picked them up would

have an arm or leg blown off. When adults tried to rush the wounded child over the mountains to a hospital across the border in Pakistan—a journey sometimes taking two weeks—he or she would die of gangrene. The objective of this tactic: to demoralize the adults so they would lose the will to fight.

Or, during the Iran-Iraq war, boys of eight or ten, untrained and armed only with a small medallion that assured them they would go straight to heaven, were sent out ahead of the tanks to clear the mine-fields by blowing up the mines with their bodies. The world has done little to halt the practice of sending boys far younger than fifteen into combat in Uganda, Mozambique and Kampuchea, for instance. One effect this can have is suggested in the following account from the UNICEF booklet “Filipino Children: Caught in the Crossfire”:⁹

Thirteen-year-old Jun Jun's face lights up when he talks about his baptism of fire. He was on a nighttime operation in the mountains of a southern island with about 50 other soldiers—regular military and local militiamen—shortly before his twelfth birthday.

One of the men at the front of the group saw the enemy's light first. Crisp orders went out to the troops and firing started almost immediately. Jun Jun dug into the rocky soil of the battlefield and did as he had been taught to do. He unslung his baby Armalite and started firing in short bursts in the direction of the light. In an hour it was all over. The enemy had stopped firing back and had withdrawn.

“I wasn't scared,” Jun Jun says of his first experience at the frontline of the war in his neighborhood. Now, more than ever, he says, he wants to make a career of soldiering.

Boys like Jun Jun, ironically, may come out of their combat experience less damaged than children affected by war in other ways. Psychotherapists have carried out projects, in Lebanon, Mozambique and other countries experiencing protracted conflicts, to learn what can be done for children suffering from Post-Traumatic Stress Disorder, and other reactions to repeated acts of violence, such as losing a parent, witnessing the death of family members, or serving as a combatant. Boys of ten or twelve in Mozambique, pressed into combat by RENAMO (MNR), were profoundly traumatized, for the rebel organization forced them, in a kind of rite of passage, to set fire to their homes, and then kill their own parents when they came running out.

Ned Roothby, who worked to help these boys recover, reports how children in Mozambique are pressed into service:

... A group of three hundred bandits entered the district capital of Chibuto during the night. We arrived in Chibuto the next day, and according to eyewitness accounts, over one hundred of the bandits were boys under fifteen years of age. It was these boys as well, survivors claim, who murdered—with cold, affectless stares on their faces—the forty-two civilians who died that day. The bandits also took over one hundred children back with them to their base camps to begin the brutal process of indoctrination and training for combat. Just this past month, another group of armed bandits raided a primary school at the outskirts of Chockwe, a forty-five minute drive from Chibuto. More than fifty boys and girls were also kidnapped and taken to MNR base camps for use as slave porters and combatants. Then are countless experiences like these in Mozambique.¹⁰

Traumas of War

All the children were emotionally unbalanced. The physical unbalance showed itself in such symptoms as fear, headache, stomachache, pain in arms and legs, eating problems, tics, and sleep disturbances. A few suffered from a more general fear, but most of the children were afraid of concrete things or events such as new situations, darkness, war, bombs, weapons, aircraft, water, heights, and of sleeping alone. The sleep disturbances were difficulty in falling asleep, nightmares, or interrupted and restless sleep. The children were often depressive with a tendency to anxiety, dejection, passivity, helplessness, guilty conscience or thoughts of death. Several children had a tendency to revert to a more childish behavior. Most of them had learning and concentration difficulties at school, and had many conflicts with friends, parents, brothers and sisters.¹¹

This compendium sums up the traumatic effects of conflict upon children. Such disorders might result from wars in any country, but the Rehabilitation Centre for Torture Victims in Copenhagen studied these particular five- to thirteen-year olds from Chile, Uruguay, Turkey and Afghanistan while providing therapy to their parents, who had been tortured.

This is only one of a number of experiences of those trying to treat children suffering Post-Traumatic Stress Disorder. Mona Macksoud, from the Center for Human Rights at Columbia University, and others, have noted that a widely agreed-upon definition of trauma refers to an external event that is intense, sudden, and that overwhelms the child's capacity to cope or master the trauma at the time.¹² The definition of Post-Traumatic Stress Disorder by the American Psychiatric Association (DSM-III-R) states that the traumatic stressor must be "outside the range of human experience and must be of sufficient intensity to "invoke symptoms of distress in most people."

Macksoud goes on to note that the traumatic event is differentiated from a stressful event—due to its intensity and nature—because it will produce distress in all children exposed to it, regardless of the child's prior vulnerabilities or coping resources. The reaction is seen as inevitable and universal among children. Such events can include the violent death of a parent, witnessing the killing of close family members, separation and displacement, terror attacks, threats to the child's life, participating in violent acts, experiencing bombardment or shelling and witnessing parental fear reactions. As already noted, other experiences of war—physical injuries or extreme poverty and starvation—can have traumatic effects upon the child as well.

What Is Being Done for Children in Wars

■ RISING CONCERN AND HEIGHTENED ACTIVISM

Over the past decades, as conditions worsened and scenes—like the famous photograph from Vietnam of the naked girl, screaming as she runs from a napalm attack—were followed by a succession of man-made disasters caught on TV, showing thousands of starving babies, a growing concern about children in wars has arisen. Nongovernmental organizations (NGOs) held a number of conferences, and pressures mounted on governments and the United Nations to act

more effectively on their behalf. NGOs organized to press for inclusion of children in armed conflicts in the Convention on the Rights of the Child that was being framed over this period.

Many of these organizations were on the front line, literally, with their humanitarian workers under fire, attempting to assist children and other civilians. Too often they heard, "We would like to help those people, but we can't interfere in the internal affairs of a sovereign nation." Not only the belligerents, who wanted to inflict destruction upon their enemy in every way they could, but other governments, partisan on one side or the other, obstructed the relief agencies. They had other priorities. Their national interests loomed larger in their thinking than the smallest victims of the many wars being fought around the world.

Nongovernmental organizations did what they could. The head of Medecins Sans Frontieres brought to the world's attention the booby-trapped toys in Afghanistan, Defense for Children International protested the use of small boys to clear minefields. But NGOs did not have the political clout needed to deter governments from preventable acts of war. The frustration of the nongovernmental organizations led to heightened efforts to organize ways of doing something about the situation of children in the midst of warfare.

In the mid-1980's, Nils Thedin, the head of Sweden's delegation to the UNICEF Executive Board, began speaking of "children as a zone of peace." He brought the idea to the UNICEF governing body and sought to establish that the UN agency play a more active role in protecting children in armed conflicts. The Executive Board in 1986 included children in armed conflicts among those classed as "children in difficult circumstances." Since then, there has been an acceleration of efforts to aid children in wars, but Nils Thedin's original intention of "children as a zone of peace"—ie, greater protection for children in war—has yet to be fulfilled.

■ CHILD RIGHTS AND CHILD SOLDIERS

This activism, and the successful examples of the many organizations and others concerned with children, is beginning to overcome the indifference and inertia of governments and the United Nations. One focus has been the decade-long formulation of the Convention on the Rights of the Child. Some fifty NGOs joined in an ad hoc group, with Defense for Children International serving as their Secretariat. The drafting of the Convention on the Rights of the Child encompassed many areas, but a number of agencies pressed especially for a strong article on children in armed conflicts.

In spite of this concerted effort, the specific provision concerned with children in armed conflicts does not enlarge upon existing Geneva Conventions. Here, for example, is what Thomas Hammarberg had to say about the drafting of the Rights of the Child (Hammarberg, Secretary-General of Radda Barnen, the Swedish Save the Children, has since been chosen as a member of the ten-person Committee that will monitor the Convention): "The most disappointing part of the convention is the article dealing with children in armed conflicts. The compromise that came out of the repeated discussions on this very point is a failure. The International Committee of the Red Cross has even found the formulation a step backwards compared to existing humanitarian law, and thereby undermining it."¹³ Further, while some NGOs and governments sought to have the age at which children could be sent into combat

raised from fifteen to eighteen, the change was opposed and finally blocked—by the United States government with the backing of the Soviet Union.

The weakness of the specific article concerned with children in armed conflicts reflects the long-time attitude of governments towards this problem. There has been a lack of political will at the levels of governments, the UN, and the international agencies, where responsibility resides for intervening when violations of humanitarian law are obviously occurring. The Nuremberg and Tokyo trials set a precedent for holding leaders accountable for war crimes or crimes against humanity. Even though international law has been strengthened since, neither the UN nor any government has established a tribunal to punish violators, even in the worst cases of brutality.

The Convention on the Rights of the Child contains other provisions that offer bases for acting on behalf of children in wartime—and it should be kept in mind that all the articles of the convention are intended to be mutually reinforcing. It recognizes that "a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community."

This includes "special care" to meet the needs of the disabled child, including education, training, health care services, rehabilitation, preparation for employment and recreation opportunities, aimed at the fullest possible development of the individual. In the conditions that prevail in wartime or in a country exhausted at the end of a long war, such rehabilitative care for child victims requires input from outside—from international agencies and from the world community. Often the resources are not there on the scale required for the number of children in need. Rehabilitation International recommends that devices for the disabled be constructed locally, from low-cost local material linked with community based rehabilitation techniques suitable for long-term follow-up. The disabled need continuing care in order to minimize the effects of their disability, or of any handicap they suffer as a result of war injury or trauma.

Other provisions of the Convention on the Rights of the Child protect children from abduction or what is common in wartime, "the illicit transfer and non-return of children abroad." Often a conqueror takes children away from their own country, to re-educate or re-train them, for use later as occupiers in their own former countries. Now such "illicit transfer" is prohibited.

Children, of course, shall not be "subjected to torture or other cruel, inhuman or degrading treatment." And, to prevent something that happens frequently in wartime, especially to girls, the convention says that children shall be protected from sexual abuse.

Children separated from their parents, children who become displaced as a result of war, or children who end up—even with their parents—in refugee camps, now have protection and rights. This includes tracing the parents or other members of the family for reunification or, when the family cannot be found, providing the child with other care and protection.

While the article dealing specifically with children in armed conflicts has been characterized as weak, it nonetheless, by singling out the child for special attention, offers a basis for calling upon belligerents to abide by their obligations under the Geneva, and other, Conventions. It calls upon governments who have ratified the Convention to "ensure respect for rules of international

humanitarian law applicable to them in armed conflicts which are relevant to the child," and "to take all feasible measures to ensure protection and care of children who are affected by an armed conflict."

■ DAYS OF TRANQUILITY AND CORRIDORS OF PEACE

Heads of state attending the World Summit for Children called for establishing "corridors of peace" to allow relief supplies to reach women and children in conflict situations. There has long been provision for allowing such passage of food and medical supplies to children and their mothers in the Fourth Geneva Convention and other humanitarian laws, but it is more often honored in the breach than in the observance. "The essential needs of children and families must be protected even in times of war and in violence-ridden areas," the government leaders declared, asking that "special relief corridors be observed for the benefit of children, where war and violence are still taking place."

In Sudan, where warfare between the largely African peoples of the South and the Islamic peoples of the North has continued sporadically for much of the past three decades, the Secretary-General of the United Nations succeeded in negotiating just such a corridor in mid-1989 and asked the Executive Director of UNICEF to play the leading role in making it operational. For a time, Operation Lifeline Sudan succeeded in overcoming the famine caused by the civil conflict, avoiding a repetition of the previous year when some 250,000 people starved—mostly children. But its on-again, off-again history since serves as an example of the difficulties the humanitarian agencies face—even when supported by the United Nations—in getting belligerents to observe their commitments to allow food and medicines to flow unimpeded.

In the mid 1980's, the Catholic Church in El Salvador and the Red Cross succeeded in gaining agreement from the combatants to observe "days of tranquility" –a cessation of fighting on agreed days to allow the immunization of children throughout the countryside. This has been observed in the strife-torn country ever since, on one Sunday in February, March and April. Similar days of tranquillity were observed in Lebanon, and the various factions there even assisted the vaccination campaign by providing vehicles and communications.

While government leaders at the World Summit for Children pledged to work for days of tranquillity in conflicts, both this proven method as well as corridors of peace have yet to be extended to all wars. They serve as a model, but the international community has yet to organize itself to ensure that all children caught up in warfare benefit from these protections. The International Committee of the Red Cross presses governments and other belligerents to allow such measures to permit relief to flow unobstructed to children and their mothers, international relief agencies work to gain entrance to children in need. But in many conflicts in the world, the international community is still more often obstructed than assisted cooperatively. Governments and other combatants do not want aid going to their enemy, even when it means that children die first.

■ WHAT CAN BE DONE TO HELP THE CHILDREN?

Several recent conferences have considered what can be done to help children overcome the long-term effects of wartime traumas. A conference sponsored by UNICEF was held in Costa Rica in March 1990. The conference brought together child-care specialists, psychologists and other professionals with experience in responding to the needs of children and their families, to consider the psychosocial impact of violence on children in Central America. One of their conclusions: over the past decade of violence, the impoverished rural and often indigenous Central American population has devised coping mechanisms and strategies which have bolstered their capacity to survive the most devastating circumstances. Any programme intended to help them overcome the psychosocial consequences of violence, loss and destruction must understand and support already existing mechanisms within the family and community.

Three months later, 250 practitioners and researchers from 32 countries gathered in Jerusalem to consider the effects of a variety of conflict situations, including organized persecution, genocide, chronic intercommunal strife and international armed conflict on the mental health of children. Among their findings: the major loss for children in war is abandonment or separation from their family. Being a child in war inevitably influences moral development. War breeds violence and a propensity for violent solutions to conflicts. Some children adapt to this at great personal cost, and are prevented from reaching their full potential; a few become overtly psychotic or suicidal. Intra-family violence is increased. War becomes the focus of play and talk, overriding all else. The group declared that even during the hostilities, opportunities for children to grow and develop emotionally, cognitively and socially are needed (i.e., psychological zones of peace). In conditions of prolonged combat and intergroup enmity, especially where children are forcibly enlisted as combatants on one side or the other, they found that a policy of public forgiveness and amnesty is an integral part of rehabilitating the children.

Following a UNICEF mission to Kuwait, James Garbarino, President of the Erikson Institute for Advanced Study in Child Development, stated that children exposed to the trauma of war need ongoing opportunities to process these experiences through programmes of "psychological first aid." Teachers and parents need to learn how to help children express and clarify their thoughts and feelings. In accomplishing this task, doctors, teachers, nurses, counselors, and social workers should be trained to recognize and deal with childhood trauma and loss. In addition, public education material should be developed to help parents understand the normal response of children to trauma and loss. In helping their children overcome the psychological after-effects of war, parents can also do much to help themselves.¹⁴

A number of programmes are underway for training field workers to provide simplified measures of therapy to children traumatized by warfare. In Sri Lanka, a training manual has been developed for such workers, who may be volunteers, health workers, workers in children's homes, nutrition workers, teachers or other persons in a community who have regular contact with children. The trainer helps them understand the effects of stress upon children, whether chronic or acute, severe or mild. They also learn the mechanisms of adaptive response-coping. They are

trained to identify factors that promote or disrupt healthy adjustment to stress, and to mobilize community resources to promote healthy adjustment. They teach the trainees how to advise on family behavior, how to help families adjust better and how families and caregivers can help children adjust to ongoing stress or past stressful experience.¹⁵

International Social Service has prepared a field guide for the care and protection of unaccompanied children in emergencies.¹⁶ It includes the kinds of preparations that should be made before the onset of an emergency to prevent the separation of children from their families and to ensure that unaccompanied children receive an acceptable standard of care for their physical and emotional needs and protection.

■ EDUCATION FOR PEACE

An Education for Peace programme underway in Sri Lanka is aimed at overcoming what children are learning from the ethnic strife around them, which is that violence is an acceptable means for settling conflict.¹⁷ The programme will help them learn, on a personal level, skills for resolving interpersonal disputes peacefully. The hope is that this will increase the likelihood of communal harmony in the future. This training is conveyed through primary schools and the media. A manual of classroom materials and lessons is being prepared to strengthen children's conflict resolution skills. Proposed media activities include brief vignettes for local television which depict typical Sri Lankan conflicts and demonstrate their peaceful resolution. A cookbook series, following the TV scripts, is also being produced. Similarly, a series of radio scripts will be aired on the national network.

A programme of education for peace is also beginning in Lebanon, now that hostilities have ceased there, for children who have lived their entire lives in the midst of warfare.¹⁸ The yearning for peace may have begun in 1989 when some of the children sought to attend summer peace camps with children of other ethnic communities, who they had now met, but with whose parents their own parents had been fighting for as long as the children could remember. Lebanese NGOs organized the camps, and more than 20,000 children attended; it turned out they got along well with each other. Many of these children have experienced the worst of war and need help in overcoming traumatic stress disorders. But they also need positive experiences that will help them develop new attitudes and memories of what life can be like. If war is not to arise in the future, they need happiness, confidence, openness to others and acceptance of differences. Non-formal activities have been chosen as the medium through which the children can experience and learn peace values.

In 1990, following the summer peace camps, a number of programmes were designed to reach some 40,000 children. They utilized creative activities enjoyed by children, such as songs, games, and role playing, to transmit values. The youth volunteers who worked with the children helped them acquire dialogue skills, ways of expressing, thinking and feeling. This experience helped these youths to recognize their own worth and the roles they can perform in society. A high level of interaction, mutual acceptance, and respect for differences was achieved, leading to a more profound belief in solving problems through non-violent means.

Now that peace has come to Lebanon, advocates for children seek:

- to restore the emotional well-being of children through creative and recreational activities;
- to reintegrate youths and children socially by gathering them from the various regions, communities, social classes, to live and share human and social values and to meet in openness with each other;
- to give the children and young people a chance to know their country and culture, to feel attached to it, and to develop a deeper sense of belonging;
- to develop in the child the knowledge, skills, values and attitudes necessary to live in dignity, to improve the quality of his or her life, to respond to opportunities, adapt to change, and to further the cause of peace, environmental protection and social justice;
- to mobilize youths and children as a power for development and to allow them to participate in the peace building process;
- to raise community and family awareness about children's rights and needs through television and radio programmes and newsletters.

Peace may come here and there, and children may learn about peace, but what is the larger picture, the long-term prognosis for the world?

The Price of Arms

GUNS NOT TEACHERS

Many poor countries are spending two to three times as much on their military as on the education and health of their people. "There are eight times more soldiers than physicians in the Third World," stated Mahbub ul Haq, Special Advisor to UNDP and former Finance and Planning Minister of Pakistan, at the time of the World Summit for Children. "It is truly tragic that poor societies spend a much higher proportion of their GNP on armament than even the rich societies and that their military expenditure has increased three times as fast as in industrial countries in the last 30 years." He went on to say, "No one who is familiar with the budgets of the developing world...can ever pretend that these countries cannot divert an additional \$5 billion every year to children's concerns if their spending priorities were to become more rational and sane."¹⁹

Two groundbreaking reports produced by UNDP in 1990 and 1991 reveal that military expenditures in developing countries account for more than that for education and health combined compared with just over half in the industrialized world. Even in the least developed countries, spending on the military is almost equal to spending on health and education—some spend twice as much and have several times more soldiers than teachers.

Arms imports by developing countries skyrocketed according to the UNDP 1990 report, from US\$1.1 billion in 1960 to nearly \$35 billion by 1987, or three-quarters of the global arms trade. The Human Development Report 1991 commented that "Such spending often comes from unrepresentative regimes that invoke spurious threats to national security as a justification for

such spending. In reality, those regimes are usually more interested in using the hardware to suppress their own people.”²⁰ The report points out that much of the military spending is the result of external sales pressure—while the combined GDP of the developing countries is only 15 per cent of the of the industrialized nations, they purchase 75 per cent of the arms traded every year. “Much of the impulse for Third World militarization comes from industrial countries,” the report stated, urging that concrete proposals be made “to place collective restraints on shipment of sophisticated arms to developing countries.

Now that the cold war has ended, there should be a systematic attempt to liberate developing countries from its consequences,”...all the more urgent now,” the Human Development Report, 1991 warns, “since arms manufacturers will be tempted to export even more of their hardware to the Third World, as markets shrink in industrial countries.”

Arms expenditure by developing countries, which is starving health and education budgets, leads to conflicts in which so many children are being killed, maimed or traumatized. It provides weapons, in fact, that are indiscriminate and make for the kind of warfare in which mothers and their children have become the principal casualties.

Reducing these weapons sales and military expenditures would allow an increase in health, education and other human development measures. According to UNDP reports, the total military expenditure of the Third World is estimated at almost US\$200 billion. If past trends continue, it would increase between \$15 and \$20 billion every year during the 1990's. “Even if Third World military spending were merely frozen for the next few years, rather than rising annually at 7.5 percent,” Human Development Report 1991 estimates, “this would release \$10-15 billion each year for human development—a peace dividend that would take care of many essential items on the human agenda for the 1990's.”

What We Must Do for Children in Wars

WE THE PEOPLES

The end of the cold war has also brought peace to many conflict-ridden areas of the world: Ethiopia, Lebanon, Cambodia, Angola, Nicaragua, and others. But a number of wars continue: Sudan, Afghanistan, Sri Lanka, Mozambique, El Salvador, and Peru. Then there are the conflagrations that, though short-lived, take a horrendous toll: Kuwait and Iraq, the Kurds, Somalia and Liberia. And the long-term, low-key permanent state of warfare in places like Northern Ireland, the Punjab, Colombia, Burma, Palestine-Israel, Guatemala. Other wars, unfortunately, will begin in unexpected places. And children are always there, innocently, about to become victims.

Though the world becomes aroused when the television cameras zoom in on the child victims of war, many more are off-camera, meeting a tragic end or suffering permanent damage, affecting their development and their long-term prospects for a normal, fulfilling life. Given its enormity, it is one of the least noticed problems of our time. Little special care is being taken that children will not suffer the effects of indiscriminate warfare. Acts of war that could be prevented are not

prevented. Protecting children in armed conflicts is the neglected responsibility of governments and the United Nations. For the most part, the words of the humanitarian conventions and even the new Convention on the Rights of the Child have yet to be taken seriously in all conflicts. In fact, we must question whether governments are altogether serious when they frame the words and take on the commitment to observe them. Governments still want to be left free to deal with their enemy—internal or external—in whatever manner they choose whatever destruction it may bring upon children and their mothers. The opening words of the UN Charter, therefore, must take on new meaning, to mean just what it says: “We the Peoples of the United Nations determined to save succeeding generations from the scourge of war...” If governments cannot be counted on to save succeeding generations from the scourge of war, then “we the peoples” must begin to play a more active role, with determination.

ADULT RESPONSIBILITY FOR CHILDREN IN WARS

The moment is propitious, for governments did break with their traditional insistence on “non-interference in the internal affairs of a sovereign nation” on April 3, 1991, when the UN Security Council passed Resolution 688. The decision to use coalition military forces, with the backing of the UN, to provide food and medical care to the Kurds on the scale required could be a breakthrough, representing as it does humanitarian intervention in a sovereign nation. The citing of this precedent by the seven leaders at their London Summit is further evidence that the world is undergoing a change. Now is the time to act to maintain the momentum.

The present Geneva Conventions are slightly more than four decades old; they were updated as recently as 1979, with the intention of providing greater protection to children and their mothers. But humanitarian law cannot keep up with the technology and methods of making war. The conventions state that parties to a conflict “shall at all times distinguish between the civilian population and combatants and between civilian objects and military objectives.” they shall “direct their operations only against military objectives.” However careful the coalition may have been in bombing Iraqi electrical installations, the electricity had not only military uses but also such civilian uses as: water purification, sewage treatment, refrigeration for perishable medicines, and powering hospitals.

The Geneva Conventions and rules of war must take modern weapons and modern warfare into account. Military planners should be more conscious of the long-term effects of destroying the vital services on which a civilian population depends. Presumably the coalition bombing Iraq attempted to do so, but the results indicate that even precision-bombing could not avoid collateral damage, described shortly after the war by a UN assessment, as having bombed the country back into a “pre-industrial age.”

What is being learned from treating affected children as victims or combatants provides grim insight into the extreme effects of warfare on the development of children. These experiences should redouble the determination of all concerned with the well-being of children; momentum is building, but “we the peoples of the United Nations” must keep the pressure on to make certain governments begin to give priority to protecting children and to preventing acts of war that could be prevented.

There is apparent readiness to consider the consequences of encouraging developing countries to purchase modern weapons in greater quantities than any external threat warrants; the London Summit also called for a registry of arms sales. Such a reversal of recent trends will not come easily. Human development in place of human destruction is now on the agenda, but many rulers will still spend their nation's funds on arms and the military rather than on teachers and medical personnel. The pressure for change must come from within their countries and from within the countries that are the principal arms purveyors.

Education for peace requires deeper thought and longer-term action than it yet receives. What is being learned from the experiences with children in Sri Lanka and Lebanon may provide a basis for wider application in other countries. Helping these children recover from years of warfare between ethnic groups should provide insight into what motivates people to kill those with whom they live side-by-side leading to new ways of overcoming hatred and the eradication of militarism.

More needs to be learned about overcoming the attitudes of war laid down as residues in cultures and, in turn, passed on to new generations. Perhaps if the experience of war is horrible enough, as it was for many in World War II, people acquire an aversion to war. However, others may come out of war feeling either cheated of victory or triumphant, and both may result in preparation for new wars in the future. A warrior-like mentality is one attitude children can learn from war. We need to know more about how to create the opposite, an attitude that seeks co-operation and conciliation rather than bellicosity and super-patriotism.

The Convention on the Rights of the Child and the commitment made by heads of State at the World Summit for Children do provide a new occasion for addressing the problem of children as principal victims of modern wars. The fact that the principal article of the Convention concerned with children in armed conflicts was weakened reflects the reluctance of governments to accept responsibility for this problem. But since the end of the cold war there is a new responsiveness and a new readiness to confront the problems of local conflicts which take such a destructive toll.

Some wars are ending, in part as a result of joint action by the permanent members of the UN Security Council. Others continue, and their consequences for children remain appalling. It is time for the United Nations and governments to address this problem with a heightened sense of urgency and purpose. It is up to all of us to see that they do. The solution is for all wars to end, but until they do, we must ensure that the smallest children are not made the victims of adult irresponsibility.

Nongovernmental organizations play a central role in aiding children in wars and in attempting to protect them from the worst that is happening to so many of them. All of us who participate in an association or organization concerned with children can encourage greater awareness and action on behalf of children who are the helpless victims of warfare between adults. The world has only begun to awaken to the extent of this tragedy. The opportunity is now there for all who are advocates for children to take a more active role.

Those with special experience with the effects of warfare upon children should make their knowledge available to governments and nongovernmental agencies caught up in the work of preventing preventable acts of war and of helping children overcome the traumas they have

suffered in conflicts. All of us need to work at further developing our understanding of what kinds of education or cultural change will help prevent the children from becoming the combatants of the future.

We must hold governments to the commitments they have made, both in the Convention on the Rights of the Child, that they "shall take all feasible measures to ensure protection and care of children affected by an armed conflict," and at the World Summit for Children: "We will work carefully to protect children from the scourge of war and to take measures to prevent further armed conflicts, in order to give children everywhere a peaceful and secure future."

This article was written for The Consultative Group by Dan Jacobs, author of *The Brutality of Nations* (Knopf, 1987). Mr. Jacobs has written numerous articles for UNICEF and is currently working on a book on children in war.

Suggested readings: The effect of war and violence on children

For further information on the effect of war and violence on children's development, the following readings are suggested:

Reaching Children in War: Sudan, Uganda and Mozambique. Cole P. Dodge and Magne Raundalen (Forthcoming). Norwegian University Press, Oslo, Norway.

The suffering of children in war is a major concern for parents, health workers, caregivers, and educators worldwide. The reason for their preoccupation is the fact that traumas in childhood from violent or war experiences can have a life-long impact both the individual and the society. Although this fact is widely recognized, this book deals with a lingering question: "How massive is the denial of children's sufferings?" The authors argue that in spite of recent developments towards children's protection from violence and conflict, their experiences and sufferings in wartime are estimated. More importantly, Dodge and Raundalen focus on the psychological costs of the children's capacity to cope with life in extreme situations. The book also searches for alternatives for reaching children in armed conflict situations. While analyzing the impact of prolonged aggression and violence on traditional cultural patterns and social behavior, the authors place special emphasis on the importance of the "wisdom of culture" when dealing with stressful events and traumatic experiences. The authors' conclusions and recommendations stress the need to create political awareness about the importance of the Convention of the Rights of the Child—particularly Article 39 of the Convention—as well as to work, at the national and international level, for the effective implementation of the Convention's regulations.

Arms and the Child. A SIPRI-UNICEF Report on at Impact of Military Expenditure In sub-Saharan Africa on the Survival, Protection, and Development of Children. Saadet Deger and Somnath Sen (1990). Stockholm International Peace Research Institute (SIPRI), Stockholm, Sweden.

This report analyzes the effects of militarization and defense spending on the protection, survival and development of children in sub-Saharan Africa. Comprehensive data presented in this document show that the impact has been negative and identify the various channels through

which this negative link between militarization and child development has been established. In addition, the term “child development retardation” is used to demonstrate how progress is reversed over time. Since children constitute the most vulnerable sector of the society, when families cannot look after their welfare, government is the only other major agent that can do so. Therefore, the report concludes that the link between child development and government action may be vital, and when governments fail to perform their function either due to structural constraints or distorted priorities, then the retardation of child development is possible.

Children Bearing Arms: A Form of Child Labour? A Summary Report. Dorothea Woods (1990). Center on War and the Child, Eureka Springs, Arkansas, USA.

This study focuses on the question of the child soldier. In 20 countries in the world, children as young as 10 have served in civil wars, armies of liberation, and in international conflicts. The report raises questions about the general militarization of children with reference to the military training of those under 15 enrolled in public schools or participating in organizations such as paramilitary physical education programmes and armed forces summer camps. The main contribution of Woods' analysis is that it seeks to classify the problem of the child soldier both as a child Labour issue and as a human rights violation.

Other titles published by the Center on War and the Child include:

Children Bearing Arms In Uganda: A Summary Report. Dorothea Woods (1990); ***The Children of Mozambique's, Killing Fields, Staff Working Paper*** (1990); ***Guatemala's Children: Victims of Military Repression, Staff Working Paper*** (1990); ***Lebanon: Children in Armed Conflict From 1975-1989,*** Dorothea Woods (1990); ***Youth Under Fire: Military Conscription In El Salvador,*** John Lindsay-Poland (1989); ***Children Bearing Arms In Latin America: A Summary Report,*** Dorothea Woods (1988); and ***Children Bearing Military Arms In Latin America,*** Dorothea Woods (1988).

Los niños víctimas de la guerra: Manual de atención psico-social para promotores. Jean-Claude Metraux (1990). Centro de Publicaciones, INIES, Managua, Nicaragua. Published in Spanish.

This manual is a guide for primary health workers who deal with at-risk children. After a decade of regional warfare, a series of reports elaborated by UNICEF and the World Health Organization strongly emphasize the need to give priority to the child's mental health and psychosocial development. In addition, the work developed by numerous NGOs in Nicaragua, El Salvador, Guatemala and Honduras provide basic field experience. Metraux's manual attempts to integrate the experience of health workers in Central America with systematic treatment of methodological approaches to what he calls a "community-based psychological development" of children.

The Untouched Key: Tracing Childhood Trauma in Creativity and Destructiveness. Alice Miller (1989). Doubleday Press, New York, New York, USA.

For some years now there has been proof that the effects of traumatized children take their toll on society. Using a collection of childhood memories from well-known artists, philosophers and

scientists, Miller attempts to prove that repressed traumatic experiences in early childhood store up and, although unconscious, exert their influence on adult life. The author maintains that recent findings about the fetus and the newborn's life have shown that a child responds to and learns both tenderness and cruelty from the very beginning. In this light, Miller argues in her book that the adults' sensitization to the cruelty with which the children are treated and to the consequences of such treatment will perpetuate violent behavior from generation to generation.

De Enfants et des Pierres : Enquete en Palestine occupée. Sylvie Mansour (1989). *Les livres de la Revue d'etudes Palestiniennes, Paris, France. Published in French.*

Since the beginning of the *Intifada* a decade ago, Palestinian children and adolescents have played an important role in its activities. Sylvie Mansour, a French psychologist, analyzes the psychological effects of children's participation in the resistance activities within the occupied territories. The author provides a detailed description of what it is like to grow up in an unsafe and violent place using observations, questionnaires and interviews with the children of the *Intifada*. They are brought up with the responsibility of safeguarding the survival of the Palestinian people. Mansour concludes that these children may pay too high a price—both in emotional and psychological terms—for being the living heroes of Palestine.

Orphans of War: Work with the Abandoned Children of Vietnam, 1967-1975. Rosemary Taylor (1988). *Collins Publishers, London, England.*

This is the story of the orphans of Vietnam. Today, thousands of them are growing up in many different countries throughout the world. Using a selection of journals, nursery records and letters, Rosemary Taylor recounts her own experiences and those of her colleagues as social workers in Vietnam. She also describes the establishment of Friends For All Children—an adoption agency based in Saigon—and the cumbersome bureaucratic procedures for inter-country adoptions. Taylor describes their work as a "limited exercise in a time of great instability." Her account reinforces the necessity to regard children's right to life and adequate nurturing as a fundamental human right.

The War Against Children: South Africa's Youngest Victims. Lawyers Committee for Human Rights (1987). *Lawyers Committee for Human Rights, New York, USA.*

A generation of children growing up in South Africa knows nothing but the daily violence unleashed by apartheid politics. As happened in Soweto in the 1970's, children and young people living in South African townships have been in the forefront of protests and the resulting repression of the country's black majority. They have become apartheid's youngest victims. This report examines abuses of human rights in South Africa—specifically against children under 18—and is based upon the findings of two missions to South Africa conducted by the Lawyers Committee for Human Rights. The conclusions of this report are largely based upon interviews, signed statements, or sworn affidavits given by victims, their families and eyewitnesses.

The following books on the subject of the impact of war and violence on children's development may also be of interest.

Faithful Witnesses: Palestinian Children Recreate Their World. Kamal Boullata (1990). Olive Branch Press, New York, USA.

Annotated Bibliography for Teaching Conflict Resolution in Schools. Annie Cheatham (1990). National Association for Mediation in Education, Amherst, Massachusetts, USA.

And They Still Dance: Women, War and Struggle for Change in Mozambique. S. Urdang (1989). Earthscan Publications, London, England.

Reasons for Living and Hoping. Proceedings from the Conference on the Spiritual and Psychosocial Needs of Southeast Asian Refugee Children and Youth Resettled in the United States. International Catholic Child Bureau (1989). International Catholic Child Bureau, Washington, DC, USA.

The WAO Peace Programme: Philippine Experience: A Handbook on Peace Education Lorenzo L. Guillermo Jr. (Ed.) (1989). World Association for Orphans and Abandoned Children. Geneva, Switzerland.

Unaccompanied Children in Emergencies: Care and Placement in Wars, Natural Disasters and Refugees. D.J. Steinbock (1988). Oxford University Press, New York, USA.

Children on the Frontline: The Impact of Apartheid, Destabilization and Warfare on Children in Southern and South Africa. UNICEF (1987). UNICEF, Geneva, Switzerland.

War, Violence, and Children in Uganda. Cole P. Dodge and Magen Raundalen (Eds.) (1987). Norwegian University Press, Oslo, Norway.

Psychological Trauma. B. van der Kolk (1987). American Psychiatric Press, Washington DC, USA.

Wartime: The State of Children in Lebanon. J. Bryce and H. Armenian (Eds.) (1986). American University of Beirut, Beirut, Lebanon.

Children and the Nigerian Civil War: A Study of the Programme for War-displaced Children. Dan S. Obikeze and Ada A. Mere (1985). University of Nigeria Press, Lagos, Nigeria

Seeds for Peace: The Role of Preschool Education in International Understanding and Education for Peace. UNESCO (1985). UNESCO, Paris, France.

Information Resources:

Information about programmes and activities for children in armed conflict can be obtained from the following organizations:

Americas Watch, 1522 K Street, NW, Suite 910, Washington, DC 20005, USA. Tele: (202) 371-6592. The liaison office of Americas Watch in the United Kingdom is located at 90 Borough High Street, London SE1 1LL, United Kingdom. Tele: (44-71) 378-8008.

Bernard van Leer Foundation, P.O. Box 82334, 2508 EH The Hague, The Netherlands. Tele: (31-70) 351-2040.

Center on War & the Child, Affiliate of the WAR/WATCH Foundation, P.O. Box 487, 35 Benton Street, Eureka Springs, Arkansas 72632, USA. Tele: (501) 253-8900.

Children's Defense Fund, 122 C Street NW, Washington, DC 20001, USA. Tele: (202) 628-8787.

Christian Children's Fund, 203 East Cary Street, Richmond, Virginia 23261, USA. Tele: (804) 644-4654.

Erikson Institute for Advanced Study in Child Development, 25 West Chicago Avenue, Chicago, Illinois 60610, USA. Tele (312) 280-7302.

International Catholic Child Bureau, General Secretariat, 65 rue de Lausanne, 1202 Geneva, Switzerland. Tele: (41-22) 731-3248.

International Committee of the Red Cross/Red Crescent, 19 avenue de la Paix, 1202 Geneva, Switzerland. Tele: (41-22) 734-6001. The liaison office of the ICRC in the United States is located at: 780 Third Avenue, New York, New York 10017, USA. Tele: (212) 371-0770.

Lawyers Committee for Human Rights, 36 West 44th Street, New York, New York 10036, USA. Tele: (212) 629-6170.

Project on Children and War, Center for Human Rights, Columbia University, 1108 International Affairs Building, New York, New York 10027, USA. Tele: (212) 854-8498.

Rehabilitation International, 25 East 21st Street, New York, NY 10010, USA. Tele: 420-1500.

Save the Children, 54 Wilton Road, Westport, Connecticut 06608, USA. Tele: (203) 226-7272.

Swedish Save the Children, Tegeluddsvagen 31, Box 27320, 10254 Stockholm, Sweden. Tele: 08-663-0000.

UNESCO, 7 place de Fontenoy, 75700, Paris, France. Tele: (33-1-45) 683815.

United Nations Centre for Human Rights, Palais des Nations, 8-14 avenue de la Paix, CH-1211 Geneva 10, Switzerland. Tele: (41-22) 734-6011.

United Nations High Commissioner for Refugees (UNHCR), Palais des Nations, 8-14 avenue de la Paix, CH-1211 Geneva 10, Switzerland. Tele: (41-22) 734-6011.

UNICEF, Programme Division, Section of Children in Specially Difficult Circumstances,
UNICEF House, 3 UN Plaza, 10th Floor, New York, NY, 10017, USA. Tele: (212) 326-7000.

**United Nations Relief and Works Agency for Palestine Refugees in the Near East
(UNRWA),** Vienna International Centre, P.O. Box 700, A-1400 Vienna, Austria. Tele: (43-1)
21131.

Endnotes

¹ “Convention on the Rights of the Child”, United Nations 46th General Assembly, September 1989.

² “Children and Development in the 1990’s: A UNICEF Sourcebook on the Occasion of the World Summit for Children”, UNICEF, New York, 1989.

³ “Training Manual for Helping Children in Situations of Armed Conflict”, UNICEF, Sri Lanka, 1990. p. 11.

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CHILDREN IN WAR ZONES

Coordinators' Notebook No. 10, October 1991

by James Garbarino

Since World War II, more than 20 million people have died in war zones around the world. These wars have increasingly inflicted casualties on civilians. Modern wars tend to be fought in and for the minds and hearts of the population. They tend to be fought with savage anti-personnel weapons that result in indiscriminate death and injuries, with little regard for the combatant status of the victims. According to UNICEF, since 1900 the ratio of casualties in war has shifted. Whereas in the early years of this century most casualties were soldiers and relatively few were civilians, now the reverse is true.

With my colleagues, Kathleen Kostelny and Nancy Dubrow, I have spent the last three years visiting war zones around the world—in Cambodia, Mozambique, Nicaragua, the Middle East, and inner city Chicago. The result is a book entitled *No Place To Be A Child: Growing Up in a War Zone* (see insert). It records our efforts to make sense of war as children experience it in the organized violent conflicts that take place between and within nations.

Whether it be in the on-going civil war in Cambodia or the gang wars of inner city Chicago, children are caught in the cross fire. All war is war on children. War leaves holes in the lives of children each time grown male soldiers die, for each of these soldiers is someone's father, brother, uncle, or grandfather.

Children are wounded psychologically and socially each time there is an adult victim of "collateral damage" (as our military leaders call the "accidental" destruction of people who were not the specific target of a "weapons system"). And, of course, children exposed to the immediate horror of war face the challenge of coping with Post-Traumatic Stress Disorder and the task of finding a moral path to make sense of the senseless.

Recording this story in *No Place To Be A Child* was a profoundly disturbing experience, an experience that changed us forever. In Cambodia, we confronted the product of the killing fields where children were executed by the Khmer Rouge by having their heads smashed into the trunk of a tree as punishment for the crime of having educated parents: rows of child skulls, grouped by age and sex. In Mozambique, we sat with children blinded and legless for the crime of having stepped on a land mine planted by Renamo guerrillas. In Nicaragua, we talked with orphans whose parents were killed and left to rot by Contra soldiers. In Palestinian refugee camps, we listened to children wrestle with the pain of having had their homes demolished as punishment for the political activities of their siblings or parents. In inner city Chicago, we came to know children whose parents and friends have been hit by bullets fired in the gang wars, children who cannot use the playground because "there isn't any cover." All this has left vivid impressions and forged a consciousness of war as a profound insult to children.

But looking at the children of war zones reminded us that some of the worst consequences of today's wars are not directly physical and psychological, but social in nature. Wars produce social dislocation, and one consequence is a breakdown in the basic "infrastructure of life." All too often this includes food, health care, and education.

In Nicaragua and in Mozambique, for example, we found thousands of children in the major cities who had come to escape the day-to-day danger of their home regions. The result in both cases was shantytown living. In Cambodia and in the Middle East, war has meant generations of children growing up in refugee camps.

In Chicago, the war drives out those who can afford to leave, just the kind of people who are needed to improve the social climate. Thus, it produces ever-greater concentrations of poor, psychologically needy people who are angry or depressed, people who are stuck in one place.

What is more, the economic crises that accompany and flow from war often mean severe food shortages—and shortages of cash to buy food. And that means inadequate nutrition at best, and malnutrition at worst. In Mozambique, doctors report a massive increase in malnutrition. And we saw these children—with the most severe cases filling hospital wards in Maputo.

In a wing of the hospital in Maputo was the ward where they cared for the most serious cases of malnutrition. Whereas other children were lively and responsive to the hand puppets I brought to entertain them, here I found a lot of apathy. One child in particular caught our attention. She was tiny for her age, and her chart revealed that she was being treated for five separate deficiency diseases.

Her mother had been widowed in a Renamo attack, and they had fled to the city in search of a more secure place to live. They found military security but no protection from a new poverty more pernicious than that they had known in the countryside. The little girl's grim expression and guarded watchfulness were impervious to our puppets and us. No bullet or bomb in her case, but she was a victim of war as much as any of the others we saw.

International studies have confirmed that in the fragile economics of most Third World countries, war means malnutrition and famine. And it means a migration to cities where basic

services and economic resources are already overtaxed. So the children of war are the desperately poor children living in shantytowns, and the desperately weak and sick children in the hospital wards, as well as the traumatized children in homes, clinics, and residential institutions. In the urban war zone in America, even amidst our affluent society, infant mortality and morbidity are much higher than in safer neighborhoods, and poor health and malnutrition are disproportionately common.

What is more, the children of war are poor to start with. This is true in the war at home, of course, but it is true in the world's war zones as well. Social class does not take a vacation in a war zone. Like virtually all the regular facts of life, war hits hardest at the poor. The rich have the resources to protect their children and care for them if war does reach them. And who can blame them for that? No parent, certainly.

So long as anything of "business as usual" is left standing in a society at war, the social class system has its way. That's a fact of life (or death) for war zones that some don't like to hear about and others attempt to discount. But it is real nonetheless. We saw it in Chicago, in Nicaragua, and in Palestine, and in Cambodia, and in Mozambique.

It's hard to look on the children of war. Even the success stories tend to remind you of the wastage, to highlight what is lost to so many. But being willing to see clearly the costs of war to children is the first step. If seeing is the first step, then doing is the next.

Knitting back together the world that has been torn apart by war is goal number one. If children are separated from parents, the first goal is to reunite them. If children have been orphaned, the first goal is to reunite them with kin. These are the people to and with whom they belong. If this proves impossible, then the goal is to create a new family for the child through foster parents, adoption, or even long-term group living.

Some children will need more than first aid, however. What can we do beyond first aid? We can support programs designed to offer long-term therapy and rehabilitation for the children of war. If their experiences have been deeply traumatic, if they suffer from clinically diagnosed Post-Traumatic Stress Disorder, they may need psychiatric intervention.

The second thing we can do is embrace the letter and spirit of the United Nations Convention on the Rights of the Child. Articles of the Convention concerning children and war (Articles 38 and 39) tell us that the international community is seeking a way to create a protected space for children, a place for childhood, even in the midst of war. It is arguing for each nation to accept and live by the concept of "limited war." And it means that when children and childhood are violated by armed conflict, it is the responsibility of the parties to make whatever amends is possible—even in Chicago.

NO PLACE TO BE A CHILD: GROWING UP IN A WAR ZONE

by James Garbarino, Kathleen Kostelny, and Nancy Dubrow. Lexington Books, Cambridge, Massachusetts, USA. (Forthcoming)

According to 1990 UNICEF estimates, about eighty percent of the casualties in wars are women and children. Women and children suffer disproportionately when warring groups seek to control the "hearts and minds" of a populace. That children survive at all in the heat of war is testimony to their resilience and to the efforts of the adults who care for them. According to the authors, "These children had indeed experienced 'more than one could dread.' But we also found children of triumph who have struggled with the terror and deprivation of war, and have emerged with beauty of spirit."

Chicago: Poverty is the worst form of violence. The presence of young children in a violent environment increases their risk of physical and psychological harm. In Chicago, over 100,000 children live in public housing projects. Recent official data revealed that the reported rate of violent crime victimization for residents of public housing was fifty percent higher than for the city as a whole. This means that children in public housing projects are twice as likely as other children to be exposed to violent crime. Living in an environment of chronic violence may produce a range of responses by one individual to one particular event, responses that change over time. For example, one mother has observed the reactions of her daughter to shooting incidents. When she was two years old, the girl would hit the floor of the apartment when she heard gunfire outside saying, "Mama, I'm scared." She also developed headaches and stomachaches following the incident. After a year, the child became "immune" to the shootings, her aches ended and when shooting started the girl would tell her mother, "Well, mama, we have to get down on the floor."

A good place to start would be to insist that civilians are "off limits" to warring parties. That includes us Americans too. During the summer and fall of 1990, the United States raged with calls for war against Iraq, war in the form of massive bombing of Baghdad and other population centres. And then in January of 1991, this bombing began. The fact that it seems an obvious strategy to us should fill us with horror at how we have regressed in this century, back to the barbarous past when "sacking" the enemy's cities was a matter of course.

The degeneration of gang warfare in the cities seems to parallel the degeneration of our warring beyond our national borders. Children are hostages to all wars.

Every military action has direct and indirect implications for the lives and well being of children. That should be clear to anyone who stops even for a moment to think of it. When our soldiers kill other people's soldiers, they kill fathers and brothers. When civilians are killed "accidentally"

in the crossfire, or intentionally as part of attacks on "infrastructure," children and their mothers are among them.

We know that "projecting military force" leads to child casualties—whether they be the passengers on an Iranian airliner "accidentally" shot down over the Persian Gulf, or "innocent bystanders" killed in Panama, or the children of military parents who are left behind and must face feelings of abandonment when their parents' units are deployed. But the victims for whom we are directly responsible because of military action are not the only casualties.

Every day around the world, children are hurt by weapons manufactured and sold in and by the United States. Some of these weapons are sold as part of our economic lifeblood. Others are paid for by taxpayers and given away as a matter of geopolitical strategy and as part of our military aid policies.

Professionals who care for children and families bear a special responsibility for seeing, and having seen, for acting.

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THE DEVELOPMENT OF AGGRESSION AND PROSOCIAL BEHAVIOR IN EARLY CHILDHOOD

Coordinators' Notebook No. 10, October 1991

by Cassie Landers

Shortly after birth, the newborn displays early signs of both aggressive and socially constructive, or prosocial behavior. The first signs of aggression are evident in the angry responses of newborns whose rhythmic sucking has been interrupted. Signs of socially constructive behavior are manifested just as early when newborns cry in reaction to the cries of other infants. This contagious crying is the earliest form of empathy, the sharing of another's feelings, which is the basis for helping and a variety of other prosocial behaviors. The following discussion attempts to summarize some of what is known about the development of these complex human emotions during the early childhood period.

What is aggression?

Although difficult to define, aggression is based on the idea that one person commits an action that hurts another. It generally refers to behavior that is specifically intended to harm someone. Aggression appears as soon as children understand that they can cause another's distress. Two forms of aggressive behavior appear during the early childhood period. Instrumental aggression is directed at obtaining something desirable, while hostile aggression is specifically aimed at hurting another person either for revenge or for establishing dominance.

Between the first and third years of life, aggressive behaviors are characterized as instrumental, as shown in the brief conflicts over ownership rights. Between 3 and 6 years the expression of aggression undergoes several changes. As children mature there is a gradual shift from conflicts evoked by a desire for an object which is not directed at another individual to aggressive outbursts directed at a particular person whom they perceive as doing them wrong.

What causes aggression?

During this century, more people have died in war than in all prior centuries combined. Of all the facets related to human social relations, none is more fraught with concern and uncertainty

than the causes of human aggression. Some of the causes, such as frustration and poverty, are attributed to factors in the immediate environment. Other underlying causes can be related to an individual's prior experience and learning. Some suggest the origins of aggression emerge from our evolutionary past.

It has been suggested that aggression is an important evolutionary mechanism by which the characteristics of a species' most successful individuals are passed on to the next generation. Since individuals compete with other individuals for scarce resources necessary for survival and reproduction, evolution would seem to favor competitive and selfish behaviors. According to this perspective, aggression is a natural and necessary mechanism which automatically accompanies the biological maturation of the young.

A second explanation, proposed by social learning theorists, suggests that aggressive behavior is learned because of the rewards obtained by the aggressor. A third explanation proposes that children are taught to model the aggressive behavior characterizing their environments. More aggressive forms of behavior are exhibited by children who have been exposed to more frequent outbursts of aggression in their environments. Once children are old enough to understand that they can get their way by harming others, they learn from adults both specific types of aggression and the belief that aggressive behavior is acceptable.

As with other forms of complex human behavior, posing a biological-evolutionary perspective against environmental-learning theories of behavior is not sufficient for understanding. Rather, aggression should be viewed as a form of behavior that evolves from an interaction between deep-seated biological predispositions and culturally organized environmental influences. Nor can aggression be understood without looking at the various mechanisms societies have used to control and regulate the level of aggression shown by its members.

Controlling aggression in young children

Researchers have focused on two mechanisms used to control human aggression; the evolution of hierarchical systems of control, and the use of reward and punishment.

Mechanisms limiting aggression are widespread among animal species and include social structures that place members in a dominant/subordinate hierarchy. Dominance hierarchies where some animals are dominant and others are subordinate regulate interaction among members of the same species. Dominant animals need only to threaten without attacking to achieve their goals, thus diminishing the frequency of attack. In a similar fashion, child development researchers have observed a close connection between aggression and the formation of dominance hierarchies among 3- and 4-year old children in preschool settings. Dominance hierarchies influenced who would fight with whom and under what circumstances.

Although cross species similarities exist, it is important to recognize the unique attributes that distinguish the patterns and control of human aggression. While the youth of other species must rely entirely on dominance hierarchies, parents and older siblings of human offspring set limits to

the initial expression of aggression. In this way rules about proper behavior are internalized and pave the way for increasing levels of self-reflection and self-control.

It is often believed that aggression can be eliminated by punishment. While some studies confirm this belief, others have found that parents who control children's behavior through physical punishment often actually create more aggressive children. Moreover, severe punishment leading to physical harm leads a child to conceptualize the world in deviant ways that later perpetuate the cycle of violence. For example, harmed children are likely to develop deficient patterns of processing social information, a bias to attribute hostile intentions to others, and an inability to solve interpersonal problems.

Another strategy often used by caregivers is to reward non-aggressive behavior. Since young children use aggression to gain attention, one strategy is to ignore the aggression and show interest only when children are engaged in cooperative behavior. A closely allied technique in controlling children's aggressive behavior is to pay attention to the victim while ignoring the aggressor. In such selective attention techniques, the aggressor is not rewarded by either adult attention or by the submission behavior of the victim. In this way children are taught to be sympathetic to the victim of aggression and that nonviolent assertion in the face of aggression can be effective.

Another technique used to control aggression is reason, which has been found to reduce aggression even at an early age. For example, the following concepts can be explained to children in order to reduce aggressive behaviors: (1) aggression hurts another person and makes that person unhappy; (2) aggression does not solve problems, it only brings about the resentment of the other child; (3) conflicts can be solved by sharing, taking turns, and playing together. This strategy helps children control their aggression by making them aware of the feelings of those they reacted against.

Thus it appears that most of the successful techniques for teaching self-control of aggression go beyond mere suppression of aggressive impulses. Rather, when children are asked to consider and understand the value of other forms of behavior, aggression is understood and not merely suppressed.

The development of prosocial behavior

Darwinian notions of survival of the fittest have generated a one-sided version of evolution. Its proponents have ignored behaviors that benefit the group with no direct reward for the benefactors. Prosocial behaviors such as altruism, cooperation, helping and empathy are common forms of human interaction. There is little doubt that human beings have a biological potential for prosocial behaviors. But like aggression, immediate social circumstances and cultural tradition influence prosocial behaviors. How does the biological predisposition for prosocial behavior manifest itself, and how is it modified by the social environment?

Human prosocial behaviors are stimulated by empathy, the capacity to share another's emotional response. While very young children are able to empathize, this capacity matures with increasing

cognitive capacities. With these increasing skills, children become better able to recognize, interpret and respond appropriately to others' distress.

Child development researchers have identified at least four distinct stages in the development of empathy. Each stage corresponds to a growing capacity for children to understand themselves in relationship to others. The first stage occurs during the first year of life. Even before infants are aware of the existence of others, they will cry at the sound of another infant's cries. These early empathic behaviors are akin to innate reflexes, since babies have no understanding of the feelings of others. The second stage appears in the second year of life when infants are capable of understanding that another's distress or laughter is distinct from their own emotions. With this realization children can turn their attention from concern with their own comfort to comforting others.

The third stage in the development of empathy occurs between the ages of 3 and 6 years and corresponds to children's increasing command of language and symbols. Language allows children to empathize with a wider range of subtle feelings as well as with people who are not present. During this period, comforting behaviors in response to another's distress can be quite complex, even including suggestions for how to cope with the problem.

The fourth stage in the development of empathy occurs sometime between the ages of 6 and 9 when children appreciate their own feelings within the larger set of experiences. Children at this age are concerned about the general conditions of others, their poverty, oppression, illness or vulnerability. Children in this age are aware of classes of individuals and are capable of empathizing with groups of people.

In an effort to encourage prosocial behavior among their young, societies have identified a range of strategies. Recent research has underscored the effectiveness of two methods used by parents and caregivers in many societies. These include explicit modeling in which adults behave in ways they desire the child to imitate, and induction or giving explanations that appeal to children's pride, their desire to be grownups, and their concern for others.

In reality the strategies used to increase prosocial behaviors do not occur in isolation from efforts to decrease aggressive behavior. Rather, a great variety of techniques are likely to occur in combination with each other, creating the cross cultural diversity in overall patterns of socialization.

The information presented in this section has been adapted from Cole, M., and Cole, S. "Social Development in Early Childhood," *The Development of Children*, Scientific American Books: New York, 1989, pp. 360-372.

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WHAT CAN BE DONE FOR CHILDREN IN ARMED CONFLICTS?

Coordinators' Notebook No. 10, October 1991

Thailand: The Khmer Women's Association (KWA)

The debilitating effects of Cambodians' daily life in refugee camps in Thailand have severe repercussions on the physical, emotional and psychological development of the children growing up in these camps. Enforced idleness, passive dependency, inability to lead a meaningful existence, low morale, uncertainty about the future, and the sheer monotony of every day life is a demoralizing reality that eats away at the very fabric of their society. It is against this background that the Khmer Women's Association (KWA) has provided support for families since 1982. The support has involved skills training, basic literacy classes for adults, and special programmes for children zero to five years of age.

Aside from centre based activities, which reach more than 11,000 children and 8,000 adults living in camps near the Cambodian border, the KWA has designed a nonformal child care programme known as "Pushcart" which reaches another 10,000 children. Six staff visit the target areas three times a week with pushcarts filled with toys, scrap materials and a mobile library. The staff is selected from community members who are trained to talk with parents about nutrition, health, safety issues and parent-child interaction. Additionally, parents are encouraged to actively participate in making toys, sewing clothes for the family, and acting as assistant teachers. These pilot schemes provide opportunities for acquiring new skills and knowledge, and for sharing experiences among mothers to improve the quality of their daily lives. To a large extent, the success of these informal child care programmes depends on support from community leaders and the community itself.

Information about this programme is available from: Regional Training and Resource Centre in Early Childhood Care and Education for Asia, A2 Trade Union House Annex, Shenton Way, Singapore 0106. Tele: 2203690.

Mozambique: Now Project

In early 1991, the Bernard van Leer Foundation started a child-oriented programme in the district of Ilha de Mocambique, Mozambique. During the last year, the district's multi-ethnic population has increased from 40,000 to approximately 50,000 as a result of the country's conflict. There are no day care facilities, and younger children are primarily looked after by their older siblings. Poverty levels have risen dramatically in the last few years, and forty-three percent of the children suffer from malnutrition. The project is aimed at stimulating community organization by setting up a day care centre and running parent education programmes focused on child development and nutrition. These activities are integrated within an agriculture and nutrition programme sponsored by the European Community.

Information about this programme is available from: Bernard van Leer Foundation, P.O. Box 82334, 2508 EH The Hague, The Netherlands. Tele: (31-70) 351-2040, Fax (31-70) 350-2373.

The Gaza Strip: The Classroom is an Oasis of Hope

The insecurity that characterizes daily life in the Gaza Strip has had a severe psychological impact on all members of the Palestinian society, especially children. In the midst of this violent environment a unique early education programme has been put together by the YMCA in Gaza City. The programme provides children with a relatively secure school environment that is well supplied and clean. Five classrooms serve about 100 five- and six-year-olds from all social and religious groups. All classrooms are decorated with children's artwork. The main goal of the programme is to provide the children with the security they need in order to learn.

Information about this programme is available from: The Forum for Basic Education and International Development, One Eliot Street, Cambridge, Massachusetts 01238, USA. Tele: (617) 595-9478, Fax: (617) 495-0527.

Sri Lanka: Every Child is on the Frontline

For many years Sri Lanka has been plagued by conflict and violence. Although the war is a common topic of discussion in homes and schools, Sri Lankan people go on with their daily routine. Many effects of the war transcend physical health and welfare. Sri Lankan children in battle, living in affected communities and even in villages far away from the front, are particularly vulnerable to those effects. It is widely understood that children respond to the environment in which they are nurtured, and that their own behaviour reflects behaviours they have witnessed. At present, the prevalent behaviour in Sri Lankan communities is the violent resolution of conflict.

UNICEF's assistance to children in this conflict-ridden country is varied, and is in keeping with commitments made in the 1990 World Summit Declaration. The following are specific interventions which are unique to the armed conflict in Sri Lanka.

- **Health care for conflict-ridden areas.** In cooperation with government counterparts, attempts are being made to maintain an adequate supply of essential medicines, and other basic items for health workers and health institutions in affected communities. Where people have been displaced from their homes, efforts are underway to improve the conditions of camps. Every effort is made to ensure that immunization and ORT services reach the infant and preschooler. Supplements in the form of iron and Vitamins A and D are made available. To compensate for the dearth of health workers in certain areas, cadres of volunteers have been recruited and trained from among villagers and community members. Transportation of essential items is undertaken by the government in collaboration with the military, the International Committee of the Red Cross, and other NGOs.

- **Help for traumatized children and families.** The need to help families living in conflict affected areas is acute, but interventions are hindered by several factors. Not least is that organizations feel they lack expertise in providing noninstitutional, community-based help for traumatized families. UNICEF drew up a profile of children exposed to conflict and distributed it among policy makers, bureaucrats, and NGOs. This profile describes the experiences, facts, and perceptions of children living in war zones. Designed as a tool for social mobilization, the study highlights the needs of these children and suggests alternative courses of action.

- **A training manual for helping children in situations of armed conflict.** In a simple way the manual, a distance learning device, attempts to translate child-therapeutic strategies into language manageable by the primary caregiver. Accordingly, action by the caregiver is based upon an initial observation of behaviour change. This first step is followed by the implementation of strategies designed to help children express emotions, make sense of experiences, and adjust to loss. Additionally, the manual emphasizes the importance of a family's ability to cope with trauma as part of the rehabilitation exercise. The manual's approach emphasizes current problems referred to the health infrastructure and the family health worker who deals with children and women at the household level in four areas of the country. The overall objective is to integrate these interventions into existing infrastructures and service delivery system which will ensure continuity and sustainability.

- **Education for peace.** While the target population for medical supplies and psychosocial activities is the group of children directly affected by armed conflict, efforts are also being made to address the needs of the Sri Lankan population at large. In this regard, an education for peace project, comprising both a primary school and a media component, has been launched. Partners in the project include the Sri Lanka Ministry of Education, the National Institute of Education (NIE), Worldview International Foundation, Quaker Peace & Service and a local Children's Theatre Organization. The primary school component of the project has one main objective: to equip primary school children with the skills required to solve their interpersonal conflicts in a non-violent manner. Therefore, training teachers is the first step. Materials for classroom use,

currently being tested by primary school teachers throughout the country, have been developed under the direction of NIE. Anticipating the need for careful monitoring and evaluation, and for an ongoing input assessment, school principals will be introduced to peace education principles and programmes. The media component of the project is still in its preliminary stages. A series of short television commercials that depict typical interpersonal conflicts and non-violent solutions to those conflicts are being produced. Plans are also underway for a similar initiative for radio broadcasting as well as for complementary literature and visual aids.

All of these efforts, from medical supplies to psychosocial counselling and education for peace, hold in common a genuine concern for the Sri Lankan child. To some extent, these initiatives are experimental and it is difficult to evaluate their impact. However, they have been undertaken in the spirit of the goals identified during the World Summit for Children and illustrate Sri Lanka's tremendous commitment to its children's survival, growth and development.

Additional information about these programmes can be obtained from: UNICEF Sri Lanka, P.O. Box 143, Colombo, Sri Lanka Tele: (94-1) 586-168.

Angola: Education and Care of the Young Child

The impact of war in Angola has been devastating. Since the inception of the war in 1960, according to UN estimates, 500,000 young children have died and thousands have been orphaned or abandoned. The war has traumatized and psychologically affected an entire generation of Angolans. As part of UNICEF's activities in the country, the programme for the education and care of the young child is aimed at providing day-care and essential development services to children aged 2 to 6 years. The community-based preschool programme has experienced a rapid growth since its inception in 1987 and has emphasized teacher-training activities as well as the provision of services to young children of female-headed households.

Additional information about this programme is available from: UNICEF Angola, Caixa Postal 2707, Luanda, People's Republic of Angola. Tele: 332-348.

Lebanon: Education for Peace

Education for peace and child health are the two main components of the 1992-1996 Programme of Co-operation between UNICEF and the Lebanese government. Peace education includes three broad components: 1) early childhood development; 2) basic education; and 3) nonformal education.

The primary objective of the early childhood development programme will be to promote optimal cognitive, emotional and psychosocial growth for preschool children by increasing stimulation and development activities both at home and in the community. The primary education programme will be aimed at reconstructing the basic education system through extensive teacher training supporting the development of new curricula, teaching methods and materials. The nonformal education programme will be designed to foster the development of peaceful cultural

and social patterns, to integrate handicapped and street children into community life, and to help orphaned and abandoned children deal with the trauma of violence and loss. This programme, in collaboration with NGOs in Lebanon, is designed to reach children from different ethnic groups, communities, and regions.

Additional information about this programme is available from: UNICEF Lebanon, P.O. Box 5902, Beirut, Lebanon. Tele: 368-539.

Sudan: Children as “Zones of Peace”

After years of bloody war in Sudan, UNICEF and other international agencies proposed that civilian populations, and children in particular, should not be held hostages to political and military targets. The fighting and the use of famine relief both as a political and military tool disrupted agriculture production and deepened famine in towns and rural areas. After long negotiations led by UN officials, Sudanese warring parties agreed to grant safe passage to Operation Lifeline Sudan (OLS). Since 1989, a coalition of international agencies has been able to deliver medical and food supplies, to immunize children, and to establish emergency water supply and sanitation services. In 1991, convoys crossing the battle lines have helped 7.7 million people. Similar initiatives are taking place in Angola and Ethiopia,

More information about the “corridors of peace” can be obtained from: UNICEF Sudan, P.O. Box 1358, Khartoum, Sudan. Tele: (873-1) 46381.

Zambia: Helping Children Alleviate Stress

While childhood trauma is often linked with long-term mental health problems, most children survive and overcome this trauma if they have parents and caregivers who can help them. A group of consultants for the International Catholic Child Bureau (ICCB) have trained a group of refugee women in the Ukwimi Refugee Settlement in Zambia to help refugee children alleviate the stress caused by war. Depending on the ages of the children, culturally appropriate activities are selected, such as puppet theatre, autobiographical writing and artwork. The approach is designed to foster an atmosphere of security and acceptance, encouraging children to share and come to terms with their own experiences. Recognizing that the psychosocial well being of refugee children is dependent on maternal well being, interventions for refugee women are also implemented.

Suggestions for parents or caregivers, who notice a change in a child’s behavior:

- Determine the reason for the behavioral change and discuss the *cause* of the problem rather than the child's behavior.
- Respond to children's questions with careful attention and in a language they can understand.
- If you notice a child re-enacting events, allow the child full-expression and observe the child carefully.

- Try to maintain a child's normal routine.

Information about this programme is available from: International Catholic Child Bureau, Inc. (ICCB), 323 East 47th Street, New York, NY, 10017, USA, Tele: (212) 355-3992.

United States: Displaced Salvadoran Families and Children

Although many refugees from Latin America, Southeast Asia, Africa and the Caribbean have settled in the Washington, D.C. area in the last decade, Salvadorans constitute the largest group. They fled their country when the conflict between the government and the guerrillas escalated in the 1980s. It is estimated that between 500,000 and 900,000 Salvadorans live in the United States and between 80-150,000 live in Washington D.C. The typical family has limited education, and often the children have had little if any schooling. The School-based Mental Health Program was designed to provide care for children and youth at risk of psychological problems due to war displacement. The programme serves schools with a mobile team of social workers and psychologists who organize individual and group sessions with children, families and teachers. These sessions emphasize helping children to develop a personal account of their lives and to foster the development of a positive bicultural self-image. In order to help children break with the widely-shared belief of their families that *"if you don't talk about it, it will eventually go away,"* therapists encourage the child to work with maps to trace their migration to the United States, write letters to a significant person they left behind, and to work with their hands while at play. Programme activities are conducted in English and Spanish.

Information about this programme can be obtained from: Children's National Medical Center, Multicultural Services Division of the Commission on Mental Health, Department of Human Services of the District of Columbia, Washington D.C., 20013, USA. Tele: (202) 724-5466.

United States: Activities in Peace Education and Conflict Resolution

There are a growing number of initiatives that teach children, parents and educators about peace and conflict resolution. The many activities developed by these groups range from summer camps where children learn to work cooperatively, to activities to enhance children's communication and listening capacities, to mediation training. Settings for peace education and conflict resolution programmes include schools, churches, and community organizations.

An example of this type of work is Starting Small. In October 1990, a group of students at the Institute for Conflict Analysis and Resolution in Washington, D.C. were invited to assist a counselor from a local elementary school with a programme designed to train children and teachers in mediating techniques. The training helped children to strengthen their communication skills in a collaborative process of conflict- and problem-solving.

In addition to this initiative, the National Association for Mediation in Education is currently developing over 300 mediation programmes in primary and secondary schools. Children's Creative Response to Conflict is a project that emphasizes training children in cooperation, communication and conflict resolution. Educators for Social Responsibility is an excellent

resource group for curriculum materials on peace education and conflict resolution. Another group activity involved in the education of young children for peace is the Comité Hispano Montessori which bases its work with children on the principles of Maria Montessori: "Peace is a goal that can be attained only through common accord and the means to achieve this unity for peace are twofold: first, an immediate effort to resolve conflict without recourse to violence, in other words, to prevent war; and second, a long-term effort to establish peace among men. Preventing conflict is the work of politics; establishing peace is the work of education." Through its emphasis on peace education and conflict resolution, the Comité Hispano Montessori develops techniques to teach young children concepts of peace. The philosophy of Maria Montessori is found in her book *Education for Peace* as well as in Aline Wolf's *Peaceful Children, Peaceful World*.

Information about these programmes is available from: Starting Small, 6381-B, Washington Blvd., Arlington, Virginia 22213, USA; National Association for Mediation in Education, 425 Amity Street, Amherst, Massachusetts 01002, USA, Educators for Social Responsibility, 23 Garden Street, Cambridge, Massachusetts 02138, USA. Comité Hispano Montessori, 2127 S. 35 Avenue, Omaha, Nebraska 68105, USA. Tele: (402) 345-8810.

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