



*The Consultative Group on Early Childhood Care and Development*

# CHILDREN AS ZONES OF PEACE: WORKING WITH YOUNG CHILDREN AFFECTED BY ARMED VIOLENCE

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All of us find it hard to believe that at the end of the 20th century children are targets, children are expendable, children are victims, children are refugees, and even perpetrators — in one conflict after another, on virtually every continent . . . I am under no illusion about the size of the task. But with the necessary political will, substantial progress can be made towards our common goal of making the rights of children in situations of armed conflict the rule rather than the exception . . . The task that we face is indeed a challenging one. But the cost of failure — for this generation's children and the next — is simply too high to bear.

—Graça Machel, Former First Lady of Mozambique. Comments to United Nations General Assembly, 1996

Within the last five years, due to wars and civil strife, the conditions for children have worsened. Children affected by armed violence face a specific set of stressors and challenges, different in many ways from the silent and chronic emergencies such as poverty, hunger, and lack of appropriate care, addressed by many early childhood care and development programmes. There are some specific characteristics of—and therefore appropriate programming for—young children affected by organized violence. In *Coordinator's Notebook No. 10*, published in 1991, the focus article was: *Protecting Children from the Scourge of War*. It described what was going on in different parts of the world in terms of wars and civil strife. Because the situation for children has worsened, in this issue of the *Coordinators' Notebook* we revisit the topic and focus on how to actually work with children involved in and/or affected by organized violence, in order to provide them with the best possible early childhood experiences.

## *The Situation*

Organized violence in the form of civil and ethnic strife, armed conflict, and political oppression is one of the most serious problems affecting the world's children today. It is also anticipated that this is not a short-term issue. At the present time, for example, there is armed conflict for which there is no end in sight within 21 of Africa's 45 countries.

Despite diversity among the peoples affected by these conflicts, there are some common characteristics. The first is that *cultural factors now play an important role in the origins of conflict*. In contrast with the past, when conflicts were ascribed mainly to political or economic motives, conflicts today are localized and have ethnic, civil and/or religious causes. They stem from longstanding intergroup rivalries; these often lead to political instability. Such culturally motivated conflicts have occurred in Lebanon, Afghanistan, and the West Bank; Cambodia, Myanmar, Lao PDR, and Vietnam; in various African countries—Mozambique, Angola, Liberia, Sierra Leone, Somalia, Rwanda, South Africa and Burundi; in Latin America in El Salvador and Guatemala; and in ex-Yugoslavia, to name a few. No part of the world has been spared.

The second characteristic is the *increased intensity of the violence and the seemingly irrational behaviour* typical of people involved in ethnic and civil conflicts. For example, civilians are increasingly the specific targets of armed conflicts as evidenced by the rising number of civilian casualties in proportion to the total. Women and children in particular are now more likely to suffer casualties. Families and communities are now more likely to disintegrate and lose their cohesion. While young children play no part in negotiations or even the conduct of war, they are subjected to severe injuries—visible and invisible. They experience destitution, abandonment, neglect, abuse, exploitation, and long-term emotional and psychological effects.

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***During the last decade it is estimated that child victims of war have included 2 million killed, 405 million disabled, 12 million left homeless, more than 1 million orphaned or separated from their parents, and 10 million seriously psychologically traumatized. UNICEF 1996a, 2***

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Another example of the intensity of the violence and the irrational behaviour of those involved is the use of land mines. Of all the weapons of modern warfare, the landmine is one of the most lethal to children. Mines are not only a common cause of mortality, injury and disability, but the cause of widespread social and economic disruption and psychosocial distress. Land mines threaten not only individual survival, but the survival and continuity of whole communities. (Landers 1995, 9) “Since 1975 land mines have exploded under more than one million people and are currently thought to be killing 800 people a month . . . In 64 countries around the world there are an estimated 110 million landmines still lodged in the ground—waiting.” (UNICEF 1996a, 4) What this means is that farmers are cut off from their fields. They are forced to leave their lands and seek work in urban areas, increasing the number of displaced persons. “Even under ideal conditions, when the layout of minefields is known and is even mapped, it takes a hundred times as long to remove mines as to lay them.” (ICRC 1995b, 181-191) In most cases there are no maps indicating where mines are laid.

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***In some parts of Asia, children mutilated for life because of the millions of mines strewn over the countryside are abandoned to their fate and forced to eke out an existence as best they can. Anti-personnel mines often look like brightly coloured toys, but when mines are picked up or stepped on they maim and kill indiscriminately. In some places troops send children on ahead, thereby testing the route. ICRC 1994***

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The third characteristic of conflict today is the *significant involvement of children and young people as participants in the conflict*. There are increasing numbers of child soldiers. While this group of children is not the direct concern of this article, since we are focusing on the youngest children, child soldiers form a significant population whose unique needs must be addressed.

The fourth characteristic is that *most of today's conflicts can be categorized as complex emergencies*. What this means is that two or more of the following elements are a part of the event: civil strife, armed conflict, migration of the population—internally or across neighbouring borders—collapse of the economy, scarcity of food and water, and famine. In reality most of these conditions exist as a part of the majority of today's conflicts. As Foster (1995) notes, since most organized violence takes place in the poorest nations, children's welfare is further undermined by poverty

and the lack of basic services. War-shattered economies are unable to meet even the most basic of needs.

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***Malnutrition, measles, diarrhoeal, diseases, and pulmonary infections can cause the death of 50% to 95% of children under five in wartime. ICRC 1994***

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## *The Impact on Children*

At its least disruptive, organized violence interrupts a child's healthy growth and development; at worst it debilitates children physically and/or emotionally. The physical impact of organized violence on children, in terms of mortality, disease, injury, disability and malnutrition is dramatic. "In most conflicts more children die as a result of malnutrition and disease—an indirect consequence of the violence—than the violence itself. " (Landers 1995, 5) This is directly related to the fact that during times of war health systems collapse and living conditions deteriorate. There is a lack of clean water and waste disposal systems are nonexistent. As a result, the incidence of epidemic diseases generally increases during conflict, sometimes dramatically. Moreover, diseases that in many regions may have been under control prior to the onset of fighting, such as malaria or small pox, may be reintroduced as a direct result of conflict. Preventable diseases such as cholera, dysentery, acute respiratory infection, and malaria are also common. Malnutrition undermines health as children become more vulnerable to infections. The high incidence of infection also contributes to higher levels of malnutrition.

Disabilities among children are common in many conflict zones. These result from injury, lack of immunization services, malnutrition, and Vitamin A and iodine deficiency. Simple eye and ear infections can lead to blindness and deafness due to a shortage of basic drugs. Amputations are common in conflict zones, and lack of emergency care contributes to the large number of deformities. Disabled children face bleak prospects: rehabilitative services are entirely absent in most conflict areas, and the demand for artificial limbs far outweighs supply. (Landers 1995)

In terms of psychosocial and emotional development, violence and wars can be devastating. There is frequently the impact of *displacement*; there is an added insult if children are displaced without their families and are *unaccompanied*; life in *refugee camps* may also be debilitating; and the experiences that children have during the violence may lead to *psychological traumas* that must be addressed.

### ■ DISPLACEMENT

According to a UNICEF (1996a) report, "The waves of violence that have swept across the world in recent years have uprooted enormous numbers of people. The total number is currently about 53 million—one out of every 115 people on earth has been forced into flight, and at least half of these are children." (3) In 1994 alone some 24 million people were driven by conflicts to seek a safe haven in neighbouring countries and an estimated 27 million people were displaced within

their own countries—80% of whom were women and children. Within Mozambique one out of three people has been displaced.

A child whose family becomes displaced or is forced to flee into exile is profoundly affected in wartime since displacement is threatening to a child's well being. It also threatens learning, socialization and cultural continuity. Displacement is also associated with a decline in traditional intra-familial authority structures and informal mechanisms for adoption and shared child care, and it disrupts traditional survival skills.

Family attachments, which are essential for children's growth and development during normal circumstances, often take on increased importance in emergencies. If parents and children remain together, and if parents are able to continue providing care, comfort and some degree of protection, children are likely to be able to cope with the stress and disruption of most emergencies. However, parents are seldom able to provide the required care. Adults are traumatized and, being cut off from subsistence activities, they are frequently unable to provide their children with the basic elements of survival—shelter and food.

#### ■ UNACCOMPANIED CHILDREN

While most refugee and displaced children travel with their families, many children are separated from their families as a result of organized violence. This separation may result in children being *unaccompanied*—on their own. The underlying causes of separation vary and include: the death, disappearance, conscription, or imprisonment of one or both parents, the abandonment of sick or disabled children, the abduction of children by military forces, and the exclusion of children from the home for their own safety. Many are also lost, separated or orphaned in the panic of flight. Approximately 3.5% of all displaced and refugee children are unaccompanied. (Djeddah and Shah 1996, 53)

When family attachments are broken, children's developmental well-being is greatly endangered and the child is at increased psychological risk.

War . . . has eroded or destroyed the most important source of emotional security and stability that children might have enjoyed—a family environment. Parents are a buffer to the destruction and deprivation of war. They are typically more resourceful than outsiders in protecting their children from terrifying events. These children [are] separated from their families precisely when they experience an increased need for them. (Zutt 1994, 29)

It has been argued that “one of the most significant war traumas of all, particularly for younger children, is simply separation from parents—often more distressing than the war activities themselves.” (UNICEF 1996a, 4) Thus unaccompanied children constitute one of the most vulnerable groups. Isolated from services and community support mechanisms, they suffer disproportionately from educational deprivation, abuse, exploitation, physical impairments and psychosocial trauma.

In Rwanda at the end of 1994 an estimated 114,000 children were lost, abandoned, orphaned or otherwise separated from their parents. Some 70,000 were displaced within Rwanda, while most

of the remainder crossed the border into Uganda, Tanzania or Zaire. (UNICEF 1996a, 3) Most of the unaccompanied children in the Rwanda genocide were between the ages of two and eight. “At that age a child is too big to be carried on its mother’s back, so has to walk on its own. Being so much smaller and weaker than an adult, it is easily left behind, swallowed up by the huge crowds of fleeing people.” (ICRC 1995a)

## ■ REFUGEE CAMPS

The realities of war may force even the families that stay together into situations that are damaging to children. During the formative years, long-term internment in crowded refugee camps, where poverty and epidemics are widespread, can have a lifelong disturbing effect on the development of a child.

Some refugees have spent their whole lives in camps; there are camps in Cambodia that have been in existence for 20 years. But this ‘stability’ has its own consequences.

Refugee camps easily become ‘total institutions’ to the point where a dependency syndrome may develop which reinforces the helplessness that quickly emerges in the wake of war or natural disaster. This can happen especially in camps that reproduce the authoritarian regimes from which the refugees escaped. (De Jong 1995, 13)

For the most part children within refugee camps do not have the opportunity to be socialized into productive citizens. If children know only refugee camps, they grow up with a distorted view of the outside world and they do not have the opportunity to develop practical skills such as farming or herding. Their schooling is likely to be disrupted, so they also lack opportunities to acquire basic literacy and numeracy skills.

In addition, refugee camps are not necessarily safe places. Mothers who fled from ethnic strife, only to become caught up in the terrorist conflict in Sri Lanka, commented:

Since we became refugees we have lost the 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. (As quoted from Ressler et al. 1989, as cited by Jacobs 1991, 5)

On the other hand, refugee camps are not all bad! Some refugee camps are safe and provide a modicum of stability. In the Sudan, some of the unaccompanied children were sent from home because parents believed their children would have better access to food and health services in refugee camps than at home. There are some innovative programmes in refugee camps, such as the Mobile Kindergarten in the Ban Vinai Refugee Camp in Thailand, which houses refugees from Laos.

In some instances, the services provided in the refugees camps are better than those provided to people who continue to live in a war-torn country where the infrastructure has collapsed. Those working in conflict zones need to be cognizant of the situation for children who have remained behind.

## *Psychological trauma*

Many of the children who survive wars are likely to suffer trauma resulting in severe psychosocial problems. But not all children are impacted in the same way nor to the same degree by organized violence. There are a number of factors that determine the extent to which children are traumatized as a result of wars and civil strife. These have been outlined by Raundalen, Dodge and Dyregrov (1993), and Djeddah and Shah (1996). In a series of studies conducted by the former, they looked at the ways in which wars and civil violence affected children from different countries. What they found illustrates the wide diversity possible in children's responses to traumatic events. The factors that affect the degree of trauma and children's reactions include:

### ■ THE NATURE, DURATION AND INTENSITY OF THE EVENT

Children's reactions will differ depending on what happened, how long it lasted, and the degree to which the child was directly involved. For example, it makes a significant difference whether a child is exposed to grenade explosions heard at a distance, whether the child actually witnessed the explosion, or if the explosion was so close that family members were directly threatened or hurt. Also, children who have been confronted with the possibility of losing their own lives are more traumatized than children who have been at a reasonable distance from the threat. (Raundalen et al. 1993, 12) Because of the nature, intensity and duration of the genocide in Rwanda in 1994, children were severely traumatized and experienced nightmares, difficulty in concentrating, depression and a sense of hopelessness about the future.

Children living in families and communities without a history of violence react quite differently from children whose whole life has been dominated by an oppressor. For example, children in Palestine have grown up in a dangerous climate, but few have experienced bombing and mass destruction. Nonetheless, children are constantly confronted with Israeli soldiers whose behaviour they perceive as totally unpredictable. Palestinian parents express feelings of powerlessness and appear to be resigned to a life under occupation. Rather than taking on their parent's attitudes, youth have supported each other and focused their energies on the need to fight for themselves; the result is that they are aggressive in their attitudes and actions. (Raundalen et al. 1993, 110)

In contrast are the children in Iraq, who did not know war until they were bombed, seemingly without cause but for a relatively short period of time. During the bombing of Baghdad, children experienced it as a 'door-to-door' action, with their house possibly being the next one to be bombed. Parents in Iraq were outraged, and resented the imposition of sanctions and all the other negative after-effects of the war. The parents have responded with anger rather than resignation, as is the case in Palestine. Children have "tried to cope with terrible sense-impressions of sounds, smells and burned bodies and even memories of what they had touched." Their experiences of the violence were much more direct than the experiences of most children in Palestine. In contrast to the children in Palestine who are aggressive, the children in Iraq are withdrawn, tense and anxious. (Raundalen et al. 1993, 110)

## ■ THE CHILD'S AGE AND PERSONAL CHARACTERISTICS

The age and characteristics of the child have a mediating effect on how well the child survives and thrives. Also important is the child's previous experience with violence, the child's degree of resilience, and the child's knowledge, skills and abilities. Physical health plays a part as well; a strong, healthy child is likely to be more resilient emotionally and psychologically than one who is weak or sick.

***The child's age.*** Depending on the child's age and developmental stage, a child will react differently to acts of violence. If the child is young and still dependent on the family for survival, then the loss of a parent or significant caregiver is likely to be more traumatic than if the child is older and functionally independent. In response to organized violence, children under the age of six often demonstrate regressive behaviour. They evidence anxiety, fear, restlessness, irritability, and dependent and demanding behaviour. This may be explained by the fact that their "cognitive immaturity is an obstacle to finding ways to avoid the impact of traumatic events." (Djeddah and Shah 1996, 46)

Generally children 6-12 years of age are better able to deal with trauma. Their "relative cognitive maturity enhances expression and coping." (46) Evidence of their trauma is seen in their lack of ability to concentrate, memory problems, learning difficulties, lack of spontaneity, passiveness, depression and/or aggression, and demanding behaviour. But age alone does not determine a child's reaction.

***Children's personal characteristics.*** An ability to understand and give meaning to the experience of violence, and to adjust to such experiences emotionally can be vital to mental health and even survival. Children who develop constructive coping strategies are better able to manage their feelings and emotions than those who accentuate the difficulties and the sense of hopelessness. A key dimension of children's coping strategies is a child's resilience. Grotberg (1995) provides a definition of resilience and a description of its role in a child's life.

Resilience is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversity; no one is exempt. With resilience, children can triumph over trauma; without it trauma (adversity) triumphs. (10)

Resilience and how it develops has been the focus of a thirty-nation study, the International Resilience Project. Within the study data were gathered on how people reacted to a variety of adverse situations, and what that meant in terms of the development of resilience. The research is described in *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit*, by Edith Grotberg (1995). While there was a diversity of responses in terms of people's behaviour, an analysis of the data suggests that across the countries there is a common set of beliefs about one's self that serve as the basis of resilience. To overcome adversity, children draw upon three sources of resilience—*I Have, I Am, and I Can*. The elements within these are as follows:

The *I Have* category represents the external supports that provide children with security and feelings of safety.

I HAVE:

- people around me that I trust and who love me, no matter what;
- people who set limits for me so I know when to stop before there is danger or trouble;
- people who show me how to do things right by the way they do things;
- people who want me to learn to do things on my own;
- people who help me when I am sick, in danger or need to learn.

The *I Am* category describes who children are in terms of their internal sense of self and how they present themselves to the world.

I AM:

- a person people can like and love;
- glad to do nice things for others and show my concern;
- respectful of myself and others;
- willing to be responsible for what I do;
- sure things will be all right.

*I Can* refers to the ways in which children relate to the world. This dimension includes the child's social and interpersonal skills.

I CAN:

- talk to others about things that frighten me or bother me;
- find ways to solve problems that I face;
- control myself when I feel like doing something not right or dangerous;
- figure out when it is a good time to talk to someone or to take action;
- find someone to help me when I need it.

Grotberg (1995) goes on to explain that children do not need all of these features to be resilient, but one is not enough. Resilience results from a combination of these dimensions and is developed as a result of the way in which adults interact with children—through their words, actions and the environment they provide for the child.

It is difficult enough to support the development of these characteristics in children in the best of situations; it would appear to be almost impossible in times of war and violence. But children affected by war and violence exhibit many resilient characteristics. Resilience has made it possible for children to survive and some children have somehow gotten what they need in order to thrive, even within the most devastating contexts.

## ■ SOCIO-CULTURAL FACTORS—SOCIALIZATION PRACTICES AND BELIEFS, AND THE STRENGTH OF AFFECTIVE TIES BETWEEN THE CHILD AND THE FAMILY AND COMMUNITY

Cultures have different ways of socializing children and have different attitudes and beliefs about what constitutes appropriate behaviour. These attitudes and beliefs contribute to a child's ability to cope with stress and violence. Grotberg (1995) describes some of the differences among cultures in terms of socialization:

Some cultures rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with their children, while others 'cut off' their children at about age five. The resilient children manage this rejection; non-resilient children withdraw, submit and are depressed. (9)

Thus socialization practices that existed within a culture before the violence will determine to some degree how children respond as a result of the violence and what they need to thrive. It is important, in attempting an intervention, to know the extent to which there are coping strategies in the culture and what they are. In addition, those who attempt to intervene during emergencies should be aware of cultural socialization practices, and work with, rather than against, these practices. An example where those working in an emergency situation were at odds with the culture comes from the Sudan.

In 1991 it was estimated that there were 17,000 unaccompanied children in the Sudan. Quite naturally the response was to try to reunite them with their families. But, in fact, in many cases this was counterproductive given traditional socialization practices. In Southern Sudan pre-pubescent boys are initiated together with peers into defined groups, or age sets, which provide a social focus for the remainder of their lives. On being initiated into these groups, "the boys enter manhood and at the same time become quasi-brothers who work productively and pass through many of life's rituals together. Boys within these age sets are generally highly mobile. Organized into smaller groups, they will leave their home communities for extended periods to look after themselves, with minimal adult supervision." (Zutt 1994, 7) Thus some unaccompanied children were already part of age sets and had already turned to peers as 'family'. Although these children are technically unaccompanied, they do not necessarily seek to be reunited with their families of origin. Lacking an understanding of this, some of the international agencies sought to reunite these children with their families. Some of the street children in Addis Ababa feared they would be 'caught' by international workers and thus denied themselves the support that might have been provided. Reconciliation with their parents was not what the children wanted, nor would it necessarily be in their best interest. (Raundalen et al. 1993, 109)

## ■ THE DEGREE TO WHICH THE CULTURE IS DISRUPTED

Children will experience less trauma if the immediate family and community are displaced together. There is a sense of continuity and security that children are able to maintain if familiar structures and practices are maintained, even though the setting may have changed. But when

the aggressors force changes in rites and ceremonies, when they prohibit practices that once brought the community together and introduce alternative schemes—whether they are in the form of schooling or religious practice or ways of earning a living—then children are left without familiar supports and are more likely to be traumatized. When a child is separated from the family and finds refuge in a cultural group where customs and foods are different, then there are even greater disruption and trauma.

## ■ THE ACTIONS OF THE OPPRESSORS AND THE REACTIONS OF THE VICTIMS

A significant factor in the way children react to violence is the result of how those around them act and react. In the research conducted in Uganda reported by Raundalen (et al. 1993), the researchers found that children could be divided into two groups. There were the *victims of war* and the *pupils of war*. The victims and the pupils of war came from the same population groups, yet because of experiences immediately after the violence they had different responses and were engaged in opposite kinds of activities.

The *victims of war* were the children who remained in the village immediately after the village was attacked. Subsequently they showed little sign of aggression and expressed few wishes for revenge. They did not identify with the aggressor, but rather, saw themselves as working toward peace. In terms of their affect these children were characterized as evidencing an overwhelming sadness. They also suffered anxiety, depression and grief. Many of them expressed an emptiness and stated that nothing mattered anymore. Nonetheless, as a group they were able to profit from psychological help. They were able to express their horrors of war and also were able to work through their sadness and grief after loss of significant family members. (109)

The second group, the *pupils of war*, was those who ultimately became child soldiers. These children ran away from the village after the violence. They were ‘adopted’ by ‘dads’ in the army. Through their relationship with older men they were “socialized to violence and aggression and taught the power of the barrel of a gun. They had been taught that they could solve conflicts through brutality.” (108) The conclusion from the Uganda study was that “war does not automatically result in aggression and violence in children and young people. If they are cared for, even a very bad situation can be changed.” (108)

Yet another example of children’s experience of and reactions to violence comes from Mozambique. There, children were aggressively sought out to become fighters. Children were kidnapped, and one of the *Renamo* strategies was to ‘burn the bridges’ between children and their families. One way of doing this was to force the child to be part of a group that attacked and looted his village and possibly killed his own family. Children were highly traumatized as a result. In the Raundalen (et al. 1993) study, 75% of the children stated they had been in situations where they were convinced that they would be killed then and there. They expressed feelings that there was ‘no place to hide’, ‘no place to be safe’, ‘no place to be a child.’ One of the ways that these children coped was to become ‘small politicians’. They became political analysts and could discuss in great detail the causes of the conflict and developments over time. These ‘cognitive frames of political information’ helped many of the children cope, not only with the overall situation but their own experiences as well. (109-110)

## ■ THE IMMEDIACY AND EFFECTIVENESS OF THE INTERVENTIONS

Quite understandably there is less trauma if there is immediate attention to the child's needs and if that attention is appropriate to the child's needs at the time. If children are exposed to violence over a long period of time and there appears to be no likelihood of it stopping, children are likely to be worn down by the constancy. They lose hope. On the other hand, even if the violence they experience is intense, if it comes to an end rapidly, and if there are people and services on hand to address the issue with them, the trauma is likely to be less severe.

In sum, there are a numerous diverse variables that affect how children are impacted as a result of organized violence. Knowing something about these variables helps determine an appropriate response.

### *Developing Appropriate Interventions*

In addition to knowing something about the nature of the violence and how children are likely to react, it is also important to plan interventions in accordance with the various stages of an emergency. The ways in which programmes are implemented for children—the goals, activities and resources available—will depend on the evolution or progression of the emergency. The interventions developed while violence is occurring are not necessarily the same as those that should be undertaken when people are living in refugee camps and/or when they are being resettled. UNICEF has defined three stages in relation to emergencies: *Loud*, *Transition*, and *Rehabilitation/Reconstruction*. (Pigozzi 1994, 7)

*Loud* is when the violence is actually occurring. One of the characteristics of this stage (which can last from a few hours to several years) is that there is a breakdown of all systems. During the *Loud* phase there are few assistance agencies or mechanisms in place to address the situation. The activities that do exist in relation to young children are likely to focus on basic survival—providing food, water, shelter—and trying to ensure that young children are with parents and/or other family members.

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***Afghanistan has a population of 17 million. Civil war has been going on for the past 18 years. During that time 2 million people have been killed (9% of the total population); 3 million people have become refugees and 2 million have been displaced internally; 10-30 million land mines were placed in the fields, injuring 8,000 people each year; 60-80% of the health centers have been destroyed leading to a rise in the incidence of polio (a major cause of disability), and there has been an increase in severe and moderate malnutrition, and higher IMR and under-5 mortality rates. Most of the schools have been destroyed, and where there are schools girls have limited access to them. While there are groups attempting to meet the needs, the war continues. UNICEF 1996b***

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*Transition.* During this stage, the emergency conditions are still in force but structures are being instituted to address needs. A degree of normalcy can be established. Camps are likely to be established internally or in neighbouring countries, and there may be agencies and mechanisms available to provide assistance. During this stage it is possible to create or reestablish a range of early childhood activities. Caregivers/teachers can be trained, curricula can be developed and implemented, and there may be some basic equipment and supplies available.

*Rehabilitation/Reconstruction* is the stage at which normalcy is established. There is a modicum of stability. Government sources are being recognized and taking more control, and displaced and/or refugee populations are beginning to repatriate and settle. As Pigozzi (1994) notes, although the terms rehabilitation and reconstruction connote physical construction, this stage should not be viewed in such a limited way. Rather, it should be interpreted as rehabilitation of the entire social system. (7)

It is important in planning interventions to not only take into account the present stage of the emergency, but also to build in supports for people's transitions through and beyond emergency situations toward enduring and peaceful structures.

## *Principles for Working with Children Affected by Organized Violence*

During the first half of 1996 there were a series of international gatherings of donors, UN agencies, and International NGOs who came together to discuss how best to respond to the increasing number of children affected by war and violence. There was a meeting hosted by UNICEF in New York in February, a subsequent meeting was held in Geneva in May, and the EFA Mid-Decade Review Meeting in Amman Jordan in June provided the third opportunity for interchange. Across these meetings principles were developed that all the agencies involved are attempting to apply in their work with children affected by organized violence. What follows is a listing of these principles.

- **THE CONVENTION ON THE RIGHTS OF THE CHILD IS A POWERFUL PROGRAMMING AND ADVOCACY TOOL.** The CRC provides an affirmation by the international community that all rights for all children must be universally recognized and protected. The CRC is a powerful document that should be used for advocacy and as a legal framework for specific interventions aimed at the protection of children's rights.

With the approval of the Convention on the Rights of the Child, followed by the Declaration and Plan of Action from the Summit on Children, there is affirmation of a commitment to provide for children in war. These declarations are the result of an understanding of the importance of early experiences in relation to children's later development. All the principles and provisions of the Convention are relevant in time of war when all the rights of children are at risk. Articles that are especially important during wartime include # 22, # 37, # 38, and # 39, which relate to survival, family support, education, and health care and adequate nutrition.

While the CRC and the Declaration and Plan of Action are genuine landmarks that can and should be used to advocate for attention to children who are affected by organized violence, at this point these principles and other international laws are being ignored. Clearly what is lacking are the mechanisms and the will for enforcement. Enforcement requires systematized monitoring, but it also requires a determination to prosecute offenders. (UNICEF, 1996a, pg. 5)

In December 1993, the General Assembly passed a resolution by consensus calling on the Secretary General to appoint an Expert Committee to carry out a study on the impact of armed conflict on children. The resolution was a clear recognition by the international community of the catastrophic conditions to which children have been and continue to be exposed, both as targets and as perpetrators of the atrocities of war. Further, it called international attention to the ever-increasing number of conflicts involving and adversely affecting civilian populations.

The Study on the Impact of Armed Conflict on Children, chaired by Graça Machel, former First Lady of Mozambique, seeks to demonstrate to the world community the necessity of adopting effective measures for the promotion and protection of the rights of children who are victims of armed conflicts, and to stimulate much greater international action to this end. It will establish an important precedent in the general area of human rights, and will also serve to promote in a very substantive way the terms, provisions and effectiveness of the Convention on the Rights of the Child. (See Related Resources on pageXX for more information on the Study.)

■ THE CHILD IS AN ORGANIZING FACTOR IN RESPONDING TO EMERGENCIES. IN keeping with the principles of the CRC, the humanistic value of the child assumes a central pervasive position in the conceptual framework for the survival, protection and development of the child in an emergency situation.

In the 1980s, the concept of children as conflict-free zones—*Children as Zones of Peace*—was first put forward. The notion was that children, who are neither the proponents nor the perpetrators of war, should have their rights protected. They should neither be the victims of war nor called upon to wage war. In the horror of war it is vital that children be protected from harm and provided with the services essential to ensure their survival and well-being. Thus children, as zones of peace, can be an organizing factor in the development of interventions.

A step in the direction of proclaiming Children as Zones of Peace is the creation of activities that provide a 'breathing space' in wars and conflicts. These *corridors of peace* or *days of tranquility* have been negotiated to allow for the movement of food and medicine across war zones. The first occasion was in El Salvador in 1985 where the fighting was stopped for three *days of tranquility* during which as many as 20,000 health workers immunized 250,000 children. This process was repeated every year until the end of the war six years later. Similar *days of tranquility* were observed in Lebanon and the various factions even assisted the vaccination campaign by providing vehicles and communications. In Uganda, a *corridor of peace* was negotiated through which food and medicine could be transported. In 1989, Operation Lifeline in the Sudan secured *corridors of tranquility* which allowed for the safe passage of food supplies to starving populations in Southern Sudan. Similar principles have been applied in other disputes. (UNICEF 1996a, 5)

While government leaders at the World Summit for Children pledged to work for *days of tranquility* in conflicts, both this proven method as well as the *corridor of peace* and *Children as*

*Zones of Peace* concepts 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.

- **ESSENTIAL RELATIONSHIPS AND PRIMARY CAREGIVERS MUST BE SUPPORTED.** Services must recognize and support the family as well as a range of non-traditional family units, and must support the many and varied relationships that provide support, comfort, and protection to children in emergency situations. Key relationships vary depending on the ages and circumstances of the child.

Parents are the primary support system for young children. However, at times of disruption, war, and violence parents are not always available; children seek others who can provide them with nurturing, guidance, and direction. They may find this in a member of the extended family, or perhaps in a person from the same community. Key relationships can also be found among peers. Whomever the child defines as ‘family’ becomes so. These relationships should be recognized and supported.

- **HOLISTIC AND INTEGRATED SERVICES ARE REQUIRED TO RESPOND TO CHILDREN’S NEEDS.** Children’s needs are holistic. Therefore, adherence to holistic principles is critical for effective programming. Attention to physical and survival issues must be complemented by equal attention to psychosocial, emotional and developmental needs. Recognizing that these needs cut across sectoral lines, mechanisms must be created that enable programme linkages and complementary service delivery.

It is denying children their basic rights if an emergency situation is allowed to prevent them from continuing their normal growth and development. Attention to physical and survival issues is dominant among most organizations, but exclusive attention to these concerns is not sufficient. Children also need to be healthy and loved and supported so that their minds develop as well as their bodies. While life-saving strategies are an immediate concern, interventions should also be designed to support the quality of a child’s life.

- **EDUCATION (LEARNING) IS AN ENABLING RIGHT AND CATALYST FOR DEVELOPMENT.** The provision of basic education, defined as a solid base of competencies (not formal schooling), is critical not only to furthering children’s development but to fostering psychosocial well-being and safeguarding possibilities for social reconstruction. Creative approaches, flexible structures, innovative arrangements, enhanced curricula and supportive materials are fundamental elements of an educational strategy.

The world has been struggling to cope with immediate emergencies by providing essential health, nutrition, sanitation and housing services. However, as populations remain displaced and as refugee settlements become the only setting that children know, interventions that meet the early and sustained needs of children in terms of cognitive stimulation and education must become a primary concern. Since learning occurs all the time, regardless of the environment, and learning begins at birth, there is a need to focus on children’s earliest learning experiences as well as to address the educational needs of the school-aged child. While some organizations have focused on the reestablishment of the formal education systems that were in place prior to the emergency, this may not be the best way to promote learning. Emergencies provide an opportunity to explore alternative approaches to education.

- **INTERVENTIONS SHOULD BE AIMED AT TRANSFORMATION.** Crisis provides opportunities to do things differently. Solutions must combine a response to the immediate and short-term crisis with long-term preventive measures, building in strategies that address the deep and central process of reducing social and economic hardships that form the central core of the problem. Interventions must be created that empower and increase the long-term self-sufficiency of communities, families, and children.

One of the opportunities that crisis provides is the opportunity to do things differently. The civil strife and wars in many countries are indicative of the fact that the social systems in place before the outbreak of conflict were not meeting the need. As the conflict ends, new countries are being born. The building of sustainable early childhood and primary education systems could make a significant contribution to the future of the country and prevent the recurrence of ethnic, religious, and civil wars. Thus, rather than rushing in and trying to re-establish and/or stabilize a system that was not working, intervening agencies should work with affected communities in seeking creative solutions. It is a good time to introduce alternative ways of doing things that will lead to peace rather than further conflict. As Pigozzi (1996) notes:

It may be much easier to introduce change into education systems as a result of an emergency than in peaceful, orderly times! Thus emergencies can provide an opportunity for transforming education . . . They allow for the possibility of reconstructing a social institution that helps develop and form the human resources that determine the way a society functions. The challenge for educators is to understand this, plan for it under very stressful and difficult situations and to assist with putting mechanisms in place that facilitate it. (19)

The transition period offers a window of opportunity for educational innovation and development. During this period, democratic development can be enhanced through the decentralization of education systems. Nonformal and formal approaches can be creatively combined to foster the development of a diversified system of education that enhances civic and community education. During this time, careful attention should be paid to early childhood and family education. (IBE 1996, 4)

- **COMMUNITY APPROACHES ARE THE MOST EFFECTIVE.** The recovery and renewal of communities devastated by war and violence can best be perceived within a framework that encourages the community to take an active part in articulating problems and implementing solutions. Programmes must value and acknowledge indigenous knowledge, skills, and coping patterns of community members.

Interventions that empower and increase the long-term self-sufficiency of communities, families and children are the most effective. The question is, how can this be accomplished? In refugee camps and settlement areas, it is important to engage men and women in the management and administration of the area. Community members can also be involved in the organization of tasks in the camp, including setting up child care centres or providing child care themselves. Micro-enterprise projects can be developed. In addition, it is important to identify and strengthen traditional coping strategies, and to re-institute traditional rituals, celebrations, and ceremonies. (For an example of how this can be done, see CN19 "Assisting Angolan Children Impacted by War".)

- **WHEN CHILDREN ARE ALREADY TAKING POSITIVE ACTION, FOLLOW THEIR LEAD.** It should not necessarily be assumed that only the family or the community is able to promote the best interests of the child. In accordance with their age and maturity, children should also be involved in planning and decision making. Children have a great capacity to recognize and articulate their own problems and can provide viable and effective solutions.

Children grow up quickly in times of war and civil strife. They are called upon to take on responsibilities before they are emotionally ready to do so. (In Zambia 10% of the households are headed by children as a result of AIDS.) Sometimes children take actions on their own behalf. For example, in refugee camps Rwandan children restarted their own schools; they knew the importance of education and sought to stabilize their lives through the re-institution of education. Children have tremendous resources. Thus, rather than seeing children merely as victims, a great deal can be gained by building on children's resilience and coping skills. To help children gain a sense of self-worth and competence they need to be involved in identifying the problems and developing viable interventions.

- **TRAINING AND SUPPORT SHOULD BE PROVIDED FOR THOSE WORKING WITH CHILDREN.** There needs to be recognition of the stressful environments and risks unique to working with communities affected by organized violence. Full training, supervision, and support needs to be provided to those working within these highly stressful situations.

In relation to early childhood programmes, the questions to be asked include: Who can provide appropriate interventions for the youngest children? What qualities do they need? What have they been through themselves? What are they required to give to children? To do that, what kind of training and support do they need—in the immediate situation and over time?

Even those who may have had training in early childhood programmes prior to the interruptions will require additional training to take on the new needs that children will have for support and guidance. Adults and youth often seek involvement in programmes as it provides them with a way to focus their attention on something outside of their own lives. Training and support groups can help people work through their own trauma while at the same time providing them with opportunities to learn new skills and helping them feel they are making a positive contribution to the lives of young children.

- **RESOURCES SHOULD BE MAXIMIZED THROUGH THE CREATION OF PARTNERSHIPS.** The magnitude of the crisis and scarcity of resources requires a consolidation of partnerships and a leveraging of existing resources. A major movement away from donor-drive development is critical, and is best achieved by promoting collaboration among all levels of the donor community and the host countries. Old alliances must be solidified and new alliances must be forged, particularly those that recognize and build upon rather than erode existing national talent and resources.

Since issues are multi-sectoral and groups working with these populations cut across age groups, the wisdom of mounting separate initiatives is called into question. Interventions must complement and supplement ongoing basic programme strategies in health, education, nutrition and water and sanitation. Attempts to create collaborative relationships have resulted in a series of meetings among donors and NGOs to clarify goals, objectives and programme interventions

(e.g., the Interagency Consultation on Humanitarian Assistance and Refugees, held in Geneva, 9-11 May 1996).

- **PREPARE FOR THE TRANSITION FROM THE EMERGENCY.** Planning for after the crisis should be pursued during the emergency and pursued energetically at the cessation of conflict. This planning should be conducted in close collaboration with agencies, organizations and institutions devoted to economic, political, and social development at local, regional and national levels.

There should be direct, unbroken programme linkages between refugee camps and later settlement locations. An intervention has to start simple, with the basics. Nonetheless it must be designed so that as it is extended and expanded it is not changed in significant ways, but rather provides a continuity of experience for children. The principles of good programming for young children should be put into place from the beginning—programmes should be child-centred and learning should be fun; teachers/caregivers should be respected and supported; parents and community members should be respected partners; and community resources should be drawn upon and maximized.

- **AN INTERNATIONALLY RECOGNIZED ETHICAL CODE OF ACTION SHOULD BE THE BASIS OF ACTION.** It is critical to maintain high ethical standards and constantly assess the intended and unintended impact of interventions. Cognizant that the special vulnerabilities of children and families living in extreme adversity are often exploited, donors and programmers must adhere to an international code of ethics that ensures that programmes heal rather than harm the children, families, and communities they are designed to reach.

This principle speaks to the fact that organizations tend to respond on their own to emergencies. Sometimes it is done without regard to other activities taking place in a given area. For example, when the Peace Agreement was going into effect in ex-Yugoslavia, there were more than 300 organizations entering the area offering trauma counseling of one variety or another. As one worker noted, “Everyone comes in trying to provide a new engine for the car. No one is making wheels or thinking about how all the pieces fit together.” Thus there is a need for organizations involved in countries affected by armed conflict to work together to determine what resources will be allocated to what kinds of tasks.

## *Early Childhood Programming Guidelines*

The principles for working with children affected by organized violence are a starting point. They provide the basis for making decisions about programming from a macro-level. They suggest general approaches in the development of early childhood programmes. In this section some guidelines will be provided to assist in the development of specific interventions.

A comprehensive model for developing appropriate interventions needs to address at least four basic parameters: 1) *timing*—the stage of the emergency; 2) the *status* of those affected by the emergency—whether they are refugees, unaccompanied children, etc.; 3) the *specific characteristics* of the population to be served—age, education level, skills, competencies, and experience with the violence; and 4) the resources available—human and material. The

confluence of these dimensions will determine the specifics of the intervention. It is also important to take into consideration inputs that are required at the macro, community and individual levels. What follows is a description of some of the activities that could be undertaken on behalf of young children. These are organized in relation to the timing of emergencies. Within these categories the characteristics and status of the population are taken into consideration.

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***Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed. UNESCO Constitution, 1994***

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### ***Prevention***

A primary goal in all situations is to try to prevent the violence from occurring. Thus much more deliberate effort should be made to address the underlying causes of violence and to invest more resources in mediation and conflict resolution before there is an outbreak of violence. The primary strategy being employed is *peace education*. Peace education is not a course; it is an ongoing process. Unfortunately peace education tends to be introduced too late and does little to alleviate the situation. It needs to be part of young children's experience in all settings, not just in an emergency.

With peace education the underlying assumption is that a conflict is a learned behaviour and that it is possible to change both attitudes and behaviour in situations of conflict. Peace education includes an emphasis on the promotion of children's rights, the concepts and language of peace, the promotion of nonviolent behaviour, and conflict resolution. The goal is to counteract children's exposure to prejudices, and stereotypes, and violence by instilling peaceful values, thus equipping children with the skills to resolve interpersonal conflicts peacefully.

While the specific activities undertaken in relation to peace education differ depending on the age group being addressed and the impetus for the activity, it is never too early to introduce peace education. Early socialization experiences determine children's ways of relating to the world socially. Young children quickly and easily take on the prejudices, stereotypes, hatred, and suspicions that their parents and other significant adults convey in their actions and words. Thus peace education needs to begin with very young children.

Peace is promoted through the ways that adults interact with children, through the stories that are told about other people, through the kinds of games and play that children engage in, through the ways adults facilitate children's interaction and promote the solving of conflicts in peaceful ways; through the kinds of songs that children sing, through children's exposure to violence in the media, and through children's access to and degree of encouragement in the use of toys designed to look like weapons. (For a discussion of how to develop conflict resolution skills in preschool-aged children, see CN19 "Resolving Conflicts and Making Peace".)

In the later stages of emergency, Transition and Rehabilitation, peace education can assist in the reconstruction of societies and should include goals and activities designed to overcome prejudices and stereotypes.

UNICEF and others have been engaged in peace education efforts in Egypt, Lebanon, Mozambique, Sri Lanka, the Sudan, and ex-Yugoslavia. In each setting it takes a different form, depending on the situation and the requirements. The programmes are generally designed for primary-school aged children and youth but many could be adapted to include younger children as well. For example, Child-to-Child strategies are employed to prepare older children to work with younger children and/or serve as peace monitors. The Child-to-Child programmes could be designed to have the older children work specifically with young children prior to school entry.

Electronic media such as radio and television are frequently employed in promoting peace. They can respond quickly to the situation, be timely and topical, and reach large numbers of people; they are far more responsive and pervasive than written materials. An example of the use of media for peace education comes from Sarajevo (Bosnia and Herzegovina), where 620,000 children have abandoned their homes and 1.5 million children have been traumatized. All normal childhood activities, such as schooling and the ability to interact with peers, have been interrupted by war. A radio programme (Colourful Wall) shares hopes for peace by and for children each weekday for 90 minutes. The programme is produced by children and targets children between five and 14 years of age, encouraging them to communicate their views while providing entertainment as well as educational and psychological support. Programmes cover such subjects as trauma, mine awareness, children's rights, science, languages and maths, as well as providing popular music and discussing fashion and sports. The success of the programme, which is taped and distributed to other parts of Bosnia and Herzegovina, has led to similar radio programmes in Mostar and Tuzla. (UNICEF 1996c)

Another example comes from Pakistan. There the British Broadcasting Company is involved in the Afghan Drama Project, an innovative radio programme being broadcast from Pakistan for Afghan peoples—within the country and in refugee camps in Pakistan. The programme, which reaches 80% of the population—far more than any written material could reach at this point—includes information aimed at survival (e.g., identification of and ways to handle land mines, how to access food and clothing, and maternal and child health messages), as part of the broadcasts. There is a focus on reconstruction, with an emphasis on the role of the community in rebuilding society. To convey the messages a soap opera has been created, *New Home, New Life*, which promotes activities that communities can engage in to meet the demands of a new situation—ways women can be involved in development, how to market agricultural goods etc. There are specific activities for young children as well. The programme does not prop up the traditional but rather seeks alternative strategies that will help build a new society. For example, old textbooks are not appropriate since they promoted the communist ideology. New materials are required but cannot be produced and distributed quickly. So, within the BBC project reading materials are also being developed to build on the messages provided in *New Home, New Life*. There are in the form of comic books or novellas which can be produced cheaply and have a reasonable distribution within the country.

Sri Lanka is another country where the media is important in terms of peace education. Educational materials on conflict resolution have been distributed to schools, are broadcast through television and radio, and promoted through newspapers, posters and comic strips. In the Education for Peace project, resource kits with different games, songs and role plays offer cooperative learning activities for children aged six to 15, some of which can be adapted for younger children.

In Burundi, where communities are profoundly affected by events in neighbouring Rwanda, a nationwide project, Let's Build Peace, was launched in 1994 in 1500 primary and secondary schools. The programme also reaches the general public through radio programmes and nonformal activities. The hope is that this will help to maintain the peace in the country. Yet another medium is being used in Mozambique where a Circus for Peace, an art dance theater, was created to travel throughout the country promoting nonviolent conflict resolution strategies.

Other aspects of successful education for peace efforts include teaching skills of mediation, negotiation and problem-solving, and promoting an acceptance of diversity. If used properly, peace education, with a focus on learning appropriate skills and acquiring good information should eventually reduce the severity of future emergencies and help people cope with current ones. At a minimum, education for a peaceful society is a type of education that can facilitate the participation, collaboration and empowerment of the learner.

### ***Preparedness***

In addition to peace education, the international community needs effective early warning systems in relation to the potential outbreak of organized violence to permit speedy mediation. This involves anticipating where civil outbreaks are likely to occur and intervening early enough to make a difference—in the best case scenario this would result in a neutralization of the conflict. When that is not possible, a goal would be to strive to moderate the impact of the violence on young children. A concrete activity that can be undertaken in relation to being prepared is to identify and increase awareness and understanding of family and community coping strategies during hardship and stress. For example, knowing who cares for young children within the family system, and understanding socialization practices in terms of initiation into adulthood such as the peer group structure in the Sudan referred to earlier. With an understanding of these it is possible to anticipate the survival strategies that are likely to be called upon. These can be strengthened so that they are available when children and families are submitted to violence.

### ***When Violence Occurs: The Loud Stage***

As noted earlier, UNICEF distinguishes three stages to emergencies — *Loud*, *Transition*, and *Rehabilitation/ Reconstruction*. In *Emergency Programming Guidelines*, Pigozzi (1994) takes these stages and outlines them in terms of what can be accomplished at each stage to support primary education. The steps she outlines and the principles elaborated can be applied to early childhood programmes as well. What follows is an adaptation of Pigozzi's recommendations to focus on young children.

Generally the *Loud* stage is characterized by chaos and little organized activity. A critical task at this point is to determine the status of young children. It is important to engage in information-gathering and do an analysis of the situation to determine what priority needs are and how these will be met, in the immediate situation and in the future. Some of the dimensions to address and questions to be asked include:

#### DEFINING THE POPULATION

- How many children are there below the age of eight? What percentage are girls/boys?
- To what extent are families intact? Where are the children? Are they being cared for by parents and/or a relative? If not, who is caring for them?
- How many are unaccompanied? How are they being cared for?
- Do children have access to water and food?
- What is the level of education within the population? For women? For men?

#### DEFINING NEEDS

- What is the nutritional and health status of children?
- What are the greatest threats to health?
- What survival skills are required?
- What coping skills exist within the culture? What other coping skills are required? Who can help?

#### ASSESSING EXISTING INFRASTRUCTURE

- What kinds of services did the children have before the conflict?
- To what extent have these been disrupted by the violence?
- What services are currently being offered? By whom? Who has access to them?
- What kinds of facilities, equipment and materials are available?

#### DETERMINING GOALS

- What can be accomplished in the immediate situation that is practical and can be put into place rapidly?
- What should be implemented to support long-term sustainability?

#### ASSESSING POSSIBLE STRATEGIES

- To what extent can an early childhood programme play an enabling role within the community?
- What type of ECCD programme is appropriate (e.g. centre-based, neighbourhood, parent education, etc.)?
- What type of social mobilization is required to maintain early childhood initiatives under the new circumstances?
- Who can serve as facilitators/teachers in early childhood programmes?
- What training and support do they need?

## IDENTIFYING POTENTIAL RESOURCES AND PARTNERS

- Who within the area can take on leadership roles in relation to traditional community?
- Who is available to provide technical assistance in relation to early childhood programming and activities?
- To what extent and in what ways are families able to participate in planning and implementing activities for their young children?
- What UN, bilateral and multilateral agencies, NGOs and other groups are operating in the area?
- What can each of them contribute to programming for young children?

### *Transition*

During this stage it is possible to create programmes based on the data gathered in the Loud stage. While the chaos during the Loud stage does not allow for much continuity in people's lives, during the Transition stage there is the possibility of and the need to work toward normalcy. The return of structure, purpose, responsibility, self-respect and achievement can help mobilize and orient a community and provide the basis for additional development work.

Early childhood activities can be initiated as soon as possible, even if they are simple. They can be built on over time. The creation of early childhood and education programmes can help bring a degree of normalcy to people's lives. A first step is to develop an overall approach to supporting the growth and development of young children, appropriate to the conditions. The questions to be answered include:

- When will the health risks of bringing children together be sufficiently low that it will be appropriate to work with young children in groups?
- Where will the programme be located physically?
- What are the objectives? What will the 'curriculum' be? What kinds of experiences can be provided for children? What kinds of activities should be planned?
- Who will work with the children? Who will provide supervision? How will this be structured?
- What training is to be provided, and by whom?
- Where can some materials be acquired?
- What arrangements need to be made in cooperation with other sectors to address issues of traumatized children?
- How does what is being created today link to what will be established during reconstruction?
- What planning procedures should be put into place?
- What human resource development activities would serve the programme now and in the future?

- What linkages should be made between early childhood and primary education programmes? How will these be developed?

### ***Rehabilitation/Reconstruction***

There has been a tendency to focus only on the development of short-term strategies during emergencies. These can be helpful and necessary in addressing the immediate situation. However, the impact of small-scale, capital intensive short-term projects is extremely marginal. Therefore, as a part of the strategy to address current needs, it is important to have a long-term view in relation to development and sustainability. It is important to combine targeted short-term responses with long-term preventive measures, building in strategies to address the deep and central processes of social and economic development that form the core of the problem. From situation analysis, through implementation and monitoring, the objective is to design interventions that reach the widest possible audience and can be sustained over time. This involves moving from transition activities to more 'normalized' operations that will facilitate rehabilitation. Hopefully this can take place when families and communities are resettled. While it is recognized that each situation will call for a specific response, some of the following questions need to be addressed in any situation:

- What formal planning procedures need to be established, not merely to re-institute what existed before, but to build on what has been developed during the Transition? What is required to create the kind of society that is able to address future needs?
- What are the special needs of children within various age groups that should be addressed?
- What goals and objectives should be included in a holistic early childhood programme?
- What should the role of the State be? What is the role of local government?
- What organizations should be included to broaden the base of partners in order to be more inclusive of families and communities in developing early childhood programmes?
- What institutions are key to planning, managing and supporting early childhood programmes?
- What types of capacity-building activities should be undertaken to strengthen these institutions?
- What personnel are available—both those that have formal training as well as those who have appropriate life experiences? What kind of training should be developed for these individuals? Training should provide the skills and knowledge required while at the same time provide an opportunity for the sharing of experiences and the creation of a support system.
- What community initiatives are already in place? How can they be strengthened?
- What form should ECCD programmes take? Where should they be located?
- What kinds of materials are available and how can additional materials be acquired?

- What will the service cost—to begin the project and as it continues over time? Where can funds be acquired now and to sustain the effort in the future?

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*Fighting may stop in one place but linger sporadically elsewhere; even after peace is declared, violence may flare up again at any time. This blurring of the distinction between war and peace is matched by a corresponding ambiguity in the programmes of aid agencies—uncertain about whether they should be aiming for short-term relief or long-term development. In today's chronic emergencies, the distinction between emergency relief and long-term development is becoming increasingly less relevant. Emergency aid is usually given on the assumption that normal government services will later be resumed. In chronic emergencies this assumption breaks down because a central element of the crisis is that many forms of governance have totally collapsed.*  
*UNICEF 1996a, 6*

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Regardless of the kind of programme being developed, it should be remembered that educational activities that involve parents and communities can play an important role in holding together and rebuilding families and communities that have been torn apart by emergency. Since parents are concerned about the well-being of their children, one way of beginning to organize the community is to develop initiatives that begin with children and are based on the needs of the children. An example of the value parents place on their children's needs comes from Afghan refugee and settlement camps where the people themselves began child care programmes in connection with health services and also developed kindergarten and after-school programmes. They also created a kindergarten teacher-training programme so that there would be appropriately trained personnel when they were repatriated. This served multiple purposes. First it provided the women with marketable skills. Second it gave them a positive way to focus their energies while they were in exile.

Early childhood initiatives can also serve as the focal point for other activities such as immunization and health campaigns, feeding programmes for children and families, and community development efforts, thus further supporting the development of social cohesion.

### *Specific Activities for and with Young Children*

What has been presented above is a listing of the principles and programme guidelines that provide the framework within which programmes can be developed for children affected by organized violence. In this section the specific needs of children are described and activities are suggested for meeting those needs.

## *What Children Need*

The basic needs of all children during the early years have been elaborated on in a number of previous *Coordinators' Notebooks* and elsewhere. Here the focus is on the particular needs and tasks of young children that are related to children's ability to thrive when they are affected by organized violence.

As mentioned earlier, one of the characteristics that define children's reactions to organized violence is their resilience. Grotberg (1995) provides a summary of the types of support that children require at different stages to acquire resilience. The support is related to what the child's 'tasks' are during a given stage. For example:

### BIRTH TO AGE THREE

During the first three years of life, the children learn about trust and autonomy. They learn to trust both the caregivers and themselves. Children learn to trust caregivers to give them love and take care of their needs when they are hungry and wet and to provide comfort when they are afraid or angry. Children learn to trust their own ability to work out a rhythm of eating, sleeping, washing, etc., and to calm themselves and better control their body. The child learns to roll over, stand, walk, play and to use his/her own hands to manipulate and create.

Making mistakes can be either a learning experience or a shameful one for the infant or toddler. If a child cannot learn to do things and the caregivers do not provide help, the child will learn to mistrust him/herself, the caregivers and the world. If the child cannot become autonomous, is not allowed to make mistakes, or is criticized for trying to do things alone, the child will feel shame and begin to doubt his or her abilities. (20)

### 4-7 YEARS OF AGE

During ages four through seven, the child learns about initiative and is busy, busy, busy—feeding a doll, climbing trees, building wood-block skyscrapers or make-believe schools. The child is involved in all kinds of play and pretend activities and often has difficulty separating fantasy from reality, lies from truth. The child starts many projects but does not necessarily complete them. The tasks of family members and friends often seem as interesting as his or her own, and the child wants to help and may seem to invade the activities of others.

This very active child is beginning to understand the world of symbols and asks endless questions. If the child's questions are dismissed, if he or she is unable to take the initiative to accomplish things or is rejected by those he or she seeks to help, the child may feel guilty, unworthy or naughty. (29)

During times of emergency it is difficult for adults to provide experiences that build trust, that allow children to develop autonomy, that support initiative, and respond to children's inquisitive minds. Before children who are traumatized can undertake the 'normal' developmental tasks, their trauma must be addressed directly.

## *Addressing Trauma*

The immediate and predominant response in times of crisis is to see children as victims—and they are. But in working with children, adults should not treat children as victims. They should be seen as survivors—which they are—with skills, competencies and knowledge. Children learn to cope, and frequently their inventiveness and ability to survive far exceeds what might be expected, given the situation. Nonetheless, the trauma resulting from a disaster can cripple a child for life. Dr. Magne Raundalen, a child psychologist who specializes in war-related trauma, describes psychological trauma as:

A sudden unexpected event that overwhelms the person and renders him or her helpless. It is an attack on the senses. When you are in danger, when senses widen, they receive more impressions of what you see, hear, smell or touch, and you are helpless to block them out. It is like looking at the sun with completely dilated pupils—the impressions are burnt into the mind. If these impressions are not dealt with, the trauma can be so tormenting that up to 25 percent of people have lifelong trouble. (As quoted in Cheal 1995)

Depression, weight loss, inability to concentrate, hyperactivity, sleeping difficulties, irritability and failure to thrive are just some of the symptoms displayed by children traumatized by war and dislocation.

From attempts to address the massive numbers of people traumatized from the violence and conflict in many countries—as in Rwanda, Mozambique and Angola—it has become clear that current models of Western clinical psychology and psychiatry are woefully inadequate. For one thing, an event that may cause trauma in one culture may not have the same significance in another culture. In Angola, for example, one of the things that was most traumatic to people was when someone in the family was killed and there was no time to have a proper burial before the rest of the family was forced to flee the village. The actual murder of the mother was less traumatic than the fact the rituals could not be performed around her burial. Thus, first, it is important to look to the culture for an understanding of what constitutes trauma.

Second, treatment for trauma needs to be specific to the culture. Western models of psychiatry are not necessarily very appropriate. Fuselang (1993) who worked for Redd Barna in Zimbabwe, identified some of the constraints of the clinical approach to the treatment of traumatized children through individual counseling. He states, “While success can be achieved in a localized pilot project with a small number of children, the many thousands of others who are likely to be in dire need of such treatment nationwide are far out of reach. (ANPPCAN 1994, 2)

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***A UNICEF-sponsored survey of children in Southeast Rwanda was conducted by two Norwegian specialists. They interviewed 207 boys and girls between the ages of nine and 15. They found that 56% of those interviewed had seen members of their family massacred. More than 25% had buried their own parents. Almost 56% of the children interviewed said they had seen children kill people, and 42% saw children kill other children. The interviewers concluded that large-scale trauma recovery programmes were needed to lessen the lifelong impact of the atrocities that were witnessed and experienced. UNICEF 1995, 28***

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While reaching the same conclusion that Western models of psychology are inadequate, Kasozi argues against their use for a different reason. "I firmly believe that it is inappropriate to import models of care developed in the West and to believe that these can be applied in all situations." (5) Kasozi emphasizes the need for cultural consideration as opposed to transplanting western models into non-western societies. Psychological models developed in the West focus on the individual, where what is required is to work with children as a part of families and communities, not only as individuals.

Fuselang (1993) argues that healing can only be effected in the context of the child's local and tribal society. He emphasizes the need for community and family approaches to healing. Kasozi (1993) also argues for the maintenance of family and community to assist in the healing process. He asserts that people who have been affected by violence find it hard to trust anyone. He states that displaced children should not be settled in institutions, but rather they should be integrated into a family environment, with relatives and clan members if possible.

In essence, those working with large groups of people who have been traumatized have had to develop their own strategies. A rich source in developing alternative strategies is to come to an understanding of how stress and trauma are addressed within traditional cultures. Raundalen et al. (1993) suggests that through anthropological participant-observer techniques it is possible to understand the traditional wisdom within a culture in limiting aggression and alleviating children's abnormal stress. He expressed the hope that once cultural patterns for handling trauma are identified it would be relatively easy to promote therapeutic activities through just one or two key local people or institutions.

In several countries attempts are being made to do just that. In Angola traditional ways of dealing with loss and grief have been identified and these are being reintroduced into the culture, by people from the culture. In other settings people are re-instituting traditional rituals, celebrations and ceremonies, in an attempt to help people ease their trauma.

Yet the traditional culture cannot always be relied upon as the best source for reconstruction. Nyonyintono, in a study looking at the impact of civil wars within Uganda, argues that while it is important to draw on traditional culture, some of the local traditional practices

should be condemned, such as those which ignore human rights. She stresses that, “many cultural practices within our patrilineal societies need to be re-cast within the tenets of human rights and freedoms.” (Childwatch 1994, 2) Thus not necessarily all traditions should be reinstated.

### ***Working Directly with Children***

Given the limits of Western psychology, and a need to build on coping strategies within the culture, what are some of the activities that could actually take place within an early childhood programme setting to address young children’s trauma? For some suggestions we turn to Raundalen et al. (1993), Djeddah and Shah (1996), and Cheal (1995). The activities they suggest fall into two categories—those that address the *environments* within which children are living, and those that describe specific *activities* that can be undertaken with young children.

#### ■ CREATING A SUPPORTIVE ENVIRONMENT

***Ensure stability in the home/family environment.*** Children’s foremost concern during and following a crisis is that something has happened to their parents and/or significant caregivers. To the extent that it is possible to keep families together, it will help lessen the trauma. Unnecessary separation and other dramatic changes should be avoided. If separation occurs, then an attempt should be made to reunite the child with close relatives as soon as possible. It is also important to realize that several relatives may have had a father or mother role in the child’s life and as such they can be important to the child until reunification with the primary caregiver or biological parents can be completed. If possible unaccompanied children should be linked to an older youth or adult with whom they can become acquainted and who they can rely on for support and protection. It is preferable if this is someone from their home community.

***Restore stability in the peer group.*** This applies for children for whom a peer group was important before the crisis. It is also critical for unaccompanied children. If the peer group was a part of their ‘normal’ life, reinstating the peer group will provide structure and be familiar, thus providing a measure of security. When interacting with peers, children can share their experiences through playing, talking and learning from each other.

***Work toward normalcy.*** The sooner children can have the semblance of a normal life, the more easily they will be able to cope. Thus the more that can be done to normalize and recreate the child’s ordinary life situation, the better. By being part of an early childhood programme or attending school, by doing the tasks that filled their time before the violence (marketing, cooking, caring for animals), by talking with others in the community and engaging in their daily routine to the greatest extent possible they can begin to bring structure to chaos and normalize their lives.

***Ensure adequate nutrition and health care.*** Every traumatizing situation will be more aggravating if the child is debilitated physically, if the child is starving, or if the child has an illness and is in other ways weak, helpless and unable to cope. Therefore, as in all disaster relief,

one of the first responses is to support the provision of nutrition and health care for the child, while at the same time attending to the child's psychosocial needs.

***Create a safe place for children to gather, and to the greatest extent possible, limit children's exposure to additional violence.*** Children should feel safe and protected. Children who have been confronted with losing their lives are more traumatized than children who were a reasonable distance from the violence. Situations that put children in direct confrontation, even if it is not more dangerous than the situation they have already faced, should be avoided. It is important to find a place where children can gather together and to make it a more-or-less permanent site that belongs to the children. This fosters security and brings some predictability into the child's life. Generally there is no problem of attendance at such programmes. Children crave the company of other children and the group activities can provide children with social skills as well as providing them with new knowledge.

***Provide possibilities for activity.*** Early childhood activities, regardless of where they are conducted, are essential to the normal development of every child. It is important even in shelters and other places, that children be active. This includes participating in a variety of early childhood activities—creative play, arts, drama and sport. Even if this has to be limited, some activity is better than none. Active outdoor play can relieve tensions. Be sure there is always adequate supervision to keep all activities safe for all children. Inside, set up areas where children can role play and live through their experiences.

***Provide opportunities for parents and children to do things separately.*** At the same time that children need to be within stable relationships, they need time apart from their primary caregiver. The caregivers also need time on their own. It should be remembered that they are also likely to be traumatized. Parents, women in particular, take on the task of trying to maintain some stability for the family as it moves from place to place. Quite understandably parents who cannot provide for their families feel disempowered and their anxiety is passed on to the children. Children take on the feelings of their parents and feel guilty that they are not able to make things better for them. Thus parents and children can become enmeshed in an unhealthy relationship. They both need 'space'—time to be with others, and time to address their own needs.

***Help parents understand what the children are going through.*** Parents are generally very concerned about their child's reactions to difficult situations. However parents tend to underestimate both what the child has experienced and how severe the child's reactions are likely to be. Therefore, information and guidance should be provided to parents about how children are likely to react. It is also important to talk with parents about things they can do to help their children, such as trying to return life to normal as much as possible, holding the child more, talking about their own feelings, encouraging the child to talk about his or her feelings, spending extra time with the child and giving the child time to get over the trauma.

## ■ ACTIVITIES WITH CHILDREN

***Provide opportunities for immediate and continued debriefing.*** From clinical experience and trauma studies it has been determined that it is important to intervene as soon as possible after a

traumatic event. Debriefing within a few hours of the trauma may not be helpful since the child may be relatively calm and protected by a shock reaction. Within a day or two, however, the situation may be quite different. The child will begin to feel tormented by sense impressions and memories. It is at this point that intervention is important.

***Connect with the child emotionally.*** One of children's most fundamental needs is to connect emotionally with the adults around them. In situations which produce trauma, children need to have relationships with adults they trust. During and after violence children need lots of comfort and reassurance. They should not be expected to be 'brave' or 'tough'. Do not worry about spoiling the child: reassurance and comfort are important at this point.

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***I noticed Marta sitting in the corner of the playroom with her eyes full of sadness and pain. I knew that her father had been killed in the war. I went and sat by her on the floor and gave her a hug. We sat together for a few minutes quietly and I told her I knew she felt sad. I must have looked sad also because she looked at me and asked quietly, "Why are you sad?" "My father died in the war too!" I said, "Maybe we will both feel better if we go outside and have some fun." Marta said, "Let's go outside and play. The rain has stopped." SCF/US — Ex-Yugoslavia***

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***Help the child understand the event, to the greatest extent possible.*** Children need a explanation about what has been and is happening. They should know that there is a reason for the chaos and violence. They need to know that the world has not gone insane, with people doing things in totally unpredictable and erratic ways, although, in fact, in many parts of the world this is precisely what is happening! By giving children a political awareness of what is going on, children can be helped to frame the event in an important way and to feel more in control.

***Provide the correct information.*** It adds to the trauma when the child's perception of reality is based on vague impressions and fantasies about what caused the event and the consequences. If children feel that something is kept a secret, if they feel that they are not properly informed, a credibility gap will develop and it may be hard to repair this later on. Honest, direct and tactful information is needed to enhance trust and understanding between children and adults. Follow the child's lead and signals regarding his/her need for specific information. For young children, usually a small amount of information is sufficient. Present it simply and in small bits. Answer questions directly and in a matter of fact way, in language that the child can understand. It is important to repeat the story as many times as the child wants to hear it, and the child is likely to want the story repeated many times before he/she is really able to understand events.

***Do not minimize the event; give children an understanding of the normality of their experience.*** When children experience strong emotional reactions, and when images and thoughts continually return with intensity, children may fear they are going crazy and that they are not normal. It is important for adults to accept a child's feelings without judgement, impatience, ridicule or teasing. To trivialize the event is not calming for the child, nor will it help lighten or relieve the trauma. Because young children think concretely, teasing or the ridiculing of feelings will lead to the belief that what they experienced was not 'real'. If adults are respectful of the child's feelings the child will be assured that what she/he experienced was real. It is helpful for children to know that their reactions are normal under abnormal conditions. Even small children can profit from adults who understand them, accept their reactions and help them interpret what is going on in the world around them.

***Adults need to share their feelings.*** While adults may want to try to hide their feelings, the reactions of adults are frequently visible through their body-language, which children are able to read. Thus adults need to put their own reactions into words and make them explicit for the children. Adults also have to let children know that they are not responsible for what the adult is feeling. Children has a tendency to see themselves as responsible for the negative and strong reactions of adults they love. This produces anxiety and guilt within the child. So, in addition to talking about their feelings, adults need to let the child know that he/she is not the one causing the feelings.

***Encourage children to express their feelings.*** If adults are willing to share their feelings then children can be encouraged to do so as well. It is important for children to express their feelings about their trauma. Young children experience a full range of emotions. However, few children, especially young children, are able to talk directly about their experiences or their feelings; they express their feelings through actions.

***Give children words for their feelings.*** While it is important for children to express their feelings through actions, to understand their feelings and to feel 'in control' of them, children also need to learn the words for their feelings. Cheal (1995) explains that children do not talk about their feelings, not because they don't have them, but because they do not have the vocabulary necessary to distinguish feelings and to recognize and accept them. As adults teach children to recognize and name their feelings, the next step is for the adult to offer the child words to express his/her feelings. Being able to use words for feelings helps children work through their emotions; it allows the children to communicate with the people around them and helps adults know what children feel. As children acquire language they begin to use words and are able to express their thoughts and feelings verbally. Using words to describe emotions takes the power out of negative feelings and enhances positive feelings. By supplying language, adults can help children give voice to their emotions.

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*Stjepan is a six-year-old boy whose intelligence is average; his physical development is the same as other children of his age. The doctor's statement mentions minimal brain damage because he was born prematurely. His behavior is frequently aggressive and he has difficulty concentrating or focusing on a task. Sometimes he tries to hurt the other children, but he is learning to express his negative reactions in words. His mother usually stays with him in the playroom since he needs extra attention. Both of us encourage his talent in creating drawings and in constructive play. I hope that the primary school will be able to respond to his special needs. SCF/US — Ex-Yugoslavia Programme*

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***Help children to learn to act appropriately on their feelings.*** Once children have words for their feelings, they have more control. They can decide how to express their feelings. The child can then ask for what they want and need. Cheal (1995) states, with language children “can ask for a hug, dance around the room, choose time to be alone, or continue to remain angry.” However, if children cannot recognize and name their feeling their “options for action are limited...The ability to recognize and name a broad range of emotions gives them a clearer awareness of their ‘feeling’ selves. It empowers children, allowing them additional control within their lives.” (Cheal 1995, 2)

***Encourage fantasy.*** It has been shown that having a vivid imagination can help children work through and cope with stressful events. Building upon a child’s capacity to fantasize, and encouraging this, can help the child cope with a crisis. Therefore it is important to promote the use of fantasy in early childhood programmes, in schools and in the culture in general. This can be done through playing with puppets, doing artwork, participating in music, and role playing. Manipulative toys and activities are good to use—play dough, clay, sand and water play, and construction games all serve a purpose. Board games that children can win will give the child at least one place where they have triumphed. Be sure to provide appropriate props for creative play—dolls and objects that can represent things from the child’s life can be used to play out the child’s experience. Make sure that as children work through their stressful experiences, they do so in a way that is safe for all children.

***Give children opportunities to take control of ‘reminders’.*** In many cases children try to avoid all reminders of the traumatic event. However, when children are living in bombed-out war areas this is impossible, as children are constantly confronted by reminders of what happened. One strategy is to help the child make up stories about the events they have witnessed and experienced and to come up with endings to the stories that are realistic. Through this process they can gradually take control of their experience again.

It takes sensitivity, caring and the sharing of oneself for an adult to work with children under the best of conditions. These qualities are even more important when working with children affected by organized violence.

## *Finding the Right Approach*

The principles and guidelines provide a place to get started, but there is no one approach that will work in all situations. The case studies of the programmes in Angola and Bosnia illustrate the importance and value of designing a program to fit the context.

## *Looking Toward the Future*

How do we balance needs? There are so many pockets of the world that call for our attention. Where we focus our attention is driven by the media. Where they choose to focus their energies we have information—not always accurate—about what is happening in a given country. The stories told engage public sympathy and, when politically expedient, donors are willing to support the delivery of services to relieve those emergencies. But the attention span of donors and the kinds of activities they are willing to engage in are limited. While they can put their ‘flag’ on early childhood centres, or teacher training programmes, it is harder for them to put their mark on national policy development activities. Further, once the crisis subsides or some other part of the world gains notoriety, resources are shifted, leaving the population of original focus without ongoing support.

There are also populations who never receive support. For example, when there are people who have been forced to leave an area or country there are always people left behind. As noted earlier, those in refugee camps may, in fact, be receiving better services than those who did not leave. In war-torn areas services are frequently curtailed, people are likely not to be receiving salaries, and supply lines may be cut; yet these people may be the invisible ones in times of crisis.

What frequently confounds work during emergencies is that people who choose to work in emergency situations are different from people interested in long-term development work. Thus as the situation in a country changes from the loud emergency to a time of transition and finally to a rehabilitation mode, different skills are required of those working in international NGOs, UN and donor agencies. This is not always recognized by the organization. As the agency shifts from the delivery of emergency services there need to be people within the agency who are already beginning to think about long-term development. Similarly, where development work is going on and there is anticipation of a possible emergency, those who can provide emergency services need to be brought on board.

While it would be wonderful if this article could end with a statement to the effect that the strategies suggested will only be needed for a short time, news from all corners of the world suggests that the situation will continue to worsen. The level of war and organized violence witnessed in the past five years is likely to be the norm for some years to come. At this point there are organizations and people who can respond with appropriate programming for young children and their families. It would be a positive step to bring them together with emergency workers to rethink patterns of response to children affected by war and civil strife.

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*I am speaking to you, the one they forced from the playground and from the street, from the house where you lived and from your childhood room.*

*As you suffer, I suffer, and my nights are sleepless too, I do not kick the football like before, I do not sing the way I did. I have locked up my bicycle, and I have locked up my smile. I have locked up my games and my childish jokes as well.*

*Will the waiting be long? I do not want to grow old while still just a child, and I fear for you that, in the wait, the place of your birth will soon be forgotten. Therefore my friend, welcome to my place. We will share the sea, and the beauty of a summer evening. We will enjoy the singing of the birds and do our homework together.*

*Nemanja, 11, from Sutomore*

*I Dream of Peace, 11*

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