# Psychosocial intervention as an approach to children in conflict situations

**AVSI Foundation**
**Lucia Castelli, Senior Child Protection Advisor**

## 1. Introduction

In conflict situations, now so frequent and widespread in various parts of the world, children represent the most vulnerable part of the population and the terrible experience of the cruelties of war causes a psycho-physical trauma that can irreversibly affect their growth process.
The repercussions on children are many and fall on different levels affecting their well-being: loss of basic necessities, loss of parents and loved ones, social disintegration and family destruction, educational needs, psycho-emotional stress (physical and sexual abuse). Helping a child in these circumstances means first of all responding to these losses in the shortest possible time, to restore his/her well-being, even in a difficult situation, and allow him/her to have a normal life as possible, even in a situation of displacement.
AVSI's experience in this sector originates in Rwanda, immediately after the 1994 genocide, and then spread to numerous African countries marked by various conflicts (North Uganda, DRC, Kenya, Ivory Coast, South Sudan), to East Europe on the occasion of the Balkan war and to the MENA area since the beginning of the Syrian crisis.
The fundamental principle that guides any humanitarian intervention in the psychosocial field is the consideration that the person is more likely to overcome difficult existential events if he experiences the unity of the components that constitute his person: physical, psychic, spiritual and social components. The ability to respond to the needs that arise from these components is defined as a ***global or holistic approach to the person.***
Experience taught us that only an overall (holistic) approach that takes into account all the factors that contribute to the well-being of the child can give an adequate response to the reality of children who have experienced such extreme life situations.
Wellbeing is a dynamic process between the child's needs and his/her resources.
The needs of the child are not only the material ones, but cover all the "domains" of well-being: physical, material, social, spiritual, cultural, mental and emotional.
The resources are both individual, of the child and his family, and of the community, of all the social networks in which the child lives: school, parish, neighbors, social community in general.
Our intervention always makes use of a ***community approach***, that is, it responds to the material, physical, psychological and social needs of the child, taking into consideration the context of his family and his community.

## 2. Post traumatic symptoms in the child and the relationship for an helping process

An event is considered traumatic when a person lives or witnesses an event that has endangered his life or threatened his physical safety (danger of death) or psychological (a situation that is terrible in terms of unfamiliarity, is not possibly explainable, humiliating, such as sexual violence ..), or the life of a family member or a close friend. Traumatic is also repeated or extreme exposure to harsh details of

the traumatic event, such as happens to first responders who collect human remains or to police officers repeatedly exposed to details of child abuse.
At this point there can be two types of symptoms:
1) ACUTE STRESS DISORDER Subjects have recurring memories of the trauma, avoid the situations that remind them, and have increased arousal. Symptoms appear within 4 weeks of the traumatic event and last at least 3 days but, unlike PTSD, no longer than 1 month. People with this disorder can also experience dissociative symptoms.

2) PTSD (Post Traumatic Stress Disorder) people who are affected have:
• intrusive symptoms (memories, dreams, emotional or sensory flashbacks ...)
• avoidance symptoms (avoid places, objects, people connected to the event ...)
• cognitive and emotional alterations (amnesia of an aspect of the event, erroneous thoughts on the causes and consequences, loss of interest, inability to experience positive emotions ...)
• hypersensitivity and vigilance (difficulty in sleeping, in concentrating, outbursts of anger ...)

Dissociative symptoms such as depersonalization and derealization may also be present.

PTSD can be acute: if the duration of symptoms is less than 3 months.
PTSD can be chronic: if the duration of symptoms is 3 months or more.
PTSD can have a delayed onset: if the onset of symptoms occurs at least 6 months after the stressful event.
The evolution is modulated on the basis of the presence of risk factors and protective factors.
Children often have symptoms like nightmares, flashbacks, panic attacks, frequent headaches and / or somatic pains, lack of appetite, weight loss, regressive and aggressive behaviors, mistrust, silence, isolation, lack of desire for the future, difficulties in playing and studying. Most of these symptoms are caused by the attempt to remove and deny what happened. If initially this behavior may seem advantageous, over time, it will cause difficulties in living everyday life as the child renounces or avoids parts of reality, thus limiting the expression of his/her potential.
Only a work of processing the painful past episode and awareness of his own resources can make him aware of having the skills to face the present and future existence.

***The rapid and effective management of symptoms with a community approach,*** which takes into account family ties and preferential relationships (relatives, neighbors, teachers, friends), as well as the traditions and culture of the family and the social context to which they belong, is what can help to overcome the symptoms and their continuation over time, causing long-term psychiatric pathologies.
For example, if through individual work with a child the objective of enhancing his resources and making him feel important again, but the family and community context do not give him the same answer and do not accept it, his psychological development may not be balanced.
In order to face and overcome the difficulties of life, every human being must have confidence in himself and in others. A traumatic event, such as war, causes a loss of confidence both in the world and in oneself, with a consequent threat to the psycho-physical balance of the person. In the child it is

possible to rebuild this balance by ***recovering both trust with the world of adults and the continuity between past / present / future which was interrupted by the traumatic event.***

The help that can be given depends on ***the relationship that is established***, which will be different each time and more and more complex the older the child is. From adolescence onwards, the need to find a reason and meaning for what happens and the need to respond to the question of meaning for life becomes more evident.

The sharing by the humanitarian operator - or the operators of the pre-existing services duly supported, trained and accompanied in the new intervention setting - of this situation with the common search for an answer will allow the change of oneself and of the other.

The expression of painful emotions, feelings and thoughts experienced during and after the war is an effective tool for recovering the continuity between past / present / future which is needed to re-establish the sense of identity and self -esteem.

Any psychological intervention in PTSD should not be limited to facilitating a chronological story telling of events, but must *allow the expression of the feelings, emotions and thoughts linked to the events, which can affect psychic life in the present, even after some time.* Among these the most important are the sense of guilt, hatred and revenge, the feeling of abandonment and loneliness, despair.

How to help the expression of emotions, feelings and thoughts?

The operator's task will be to confirm and give a name to the feelings and emotions expressed, to help the child to express also the thoughts linked to the traumatic events, by reassuring him of the normality of the emotions experienced which, given their quality and intensity, can cause fear. It is necessary to help to understand that feeling, for example, hatred or revenge does not mean making them explicit in actions.

*The methods of expression and communication* of traumatic experiences in children must respect local culture and tradition. Among these we remember the most common ones such as speech, writing, drawing, music, dance, theatre. Each of these methods can and should be used to allow the expression of the various phases that characterize the person's existence and constitute its continuity: the traumatic event, the good things of the past, of the present and the desires and plans for the future. To achieve this continuity, the child must have the opportunity to express, at least once in their life, the full weight of the suffering experienced during the traumatic experience. Getting rid of this burden is the first step to operate that process of processing and de-identification of suffering, that allows the person to live in the present and look at the positive aspects of the past, present and future.

(example of a drawing done by a child in Northern Uganda).

Table 1 describes the directions given to a group of teachers in Northern Uganda to work with children through this method of expression. The activity was carried out over a period of time varying between 2 and 4 weeks, immediately after the traumatic experience lived (kidnapping or attack by rebels). It is important to develop the four phases, not to stop at the first or the second one, in order to insert the traumatic experience into the course of life: 1. Expressing the trauma (catharsis) 2. Expressing the good things of the past; 3. Expressing the good things of the present; 4. Expressing desires and plans for the future.

**Table 1 - Work outline for teachers. Children affected by protracted conflict in Northern Uganda, living in rehabilitation centers and/or refugee camps**

Make drawings to describe four different phase:

I describe the traumatic event

I describe the good things of the past

I describe to myself the good things of the present

I describe my hopes for the future, where and with whom I want to live

Suggested questions and inputs to give the child to work in the different phases:

Describe a situation in which you felt scared and/or very sad and/or threatened.

Describe the place and/or the people before the traumatic event (what I liked the most and the least, the people who lost their lives..)

(do not tell the child to draw himself in the situation: it must arise, if it arises, spontaneously)

Describe yourself in the present time: the place where you live, the person of the staff and/or among the children that you like the most, what you like and what you do not like in your current state

Describe what you would like to be in the future, where and with whom you would like to live, what you will be like and what your family will be like in the future.

3. The inclusion of the intervention in the socio-ecological model.

An intervention in favor designed for the child in a situation of conflict must include actions to include all the components of his environment: the social context, the family, the school, the community to which one belongs.

These constitute a support network that is often capable, even in economically or socially disadvantaged situations, of helping children to overcome trauma and to grow.

Several interventions can be developed to reinforce this network:

- training courses at various levels (in particular with teachers) with the aim of making the community aware of the problems caused to the child by the conflict and giving some tools to accommodate their needs and enhance their resources. This can facilitate a common method for both individual and community interventions;
- recreational, cultural and sport activities to promote local tradition and culture;
- economic support and income generating activities to improve the economic security of families and groups.

Caring for children in situations of conflict also means developing interventions at different levels: individual, family, community, national and international.

On an individual level, the need for food, shelter, medical care, affection, the recovery of values and the meaning of life will be met, enhancing the individual's resources and facilitating the sense of belonging and self-esteem.
At family level, interventions to rebuild the family unit and economic support will be promoted.
At community level, recreational and cultural activities and the reconstitution of social, health and educational services (hospitals, schools) will be supported. The traditional, cultural and religious aspects, typical of the local culture, will be promoted, in order to facilitate peaceful coexistence and growth of the various components of society. Training activities will be organized for those people who are in relationship with children (parents, social and health workers, teachers, local, youth and religious groups and associations).
At national level, pressure will be applied to pass laws in favor of children's rights.
Abuses against children will be denounced internationally and the defense of their rights will be promoted by promoting research and interventions at the level of the United Nations.

## 4. Conclusion

Hope for a future comes from the certainty of the present.
Each person cannot live in the present, much less in the future, if it is conditioned by a painful past that is not processed (that is, not reviewed or expressed with the help of another).
The possibility of expressing painful experiences in their entirety and communicating them through a relationship of trust to another human being allows us to lay the foundations for living and understanding ourselves and others.
In a child's life this possibility takes on a more precise form as he/she grows up.
Therefore, the role of adults, who have the responsibility, with their models of life, to transmit to children the contents that influence their growth and psychological and social development, becomes fundamental.
The peculiarity of our work, compared to other similar experiences, consists in a global approach to the person that takes into account all the factors at play in his/her life and promotes the resources present in each individual and in his/her community.
For this reason, working with children who have experienced traumatic situations represents a challenge and a task for adults.
A task, because it is necessary to re-establish a climate of trust with a world that the child, after what he/she has lived, can only be wary.
A challenge, because from what we will be able to transmit and value in each of them it will depend their possibility of success in positively coping with life events.

## 5. Resources

AVSI methodology, the tools developed and the implementation strategies are in full synergy with the Mental Health Psychosocial Support (MHPSS) approach, which is the reference framework for the humanitarian actors in this field of intervention (donors, UN agencies, and particularly UNICEF , etc.), with the priorities of the Community Based MHPSS, the Child Protection Minimum Standards promoted by The Alliance for Child Protection for Child Protection in Humanitarian Actions, a global interagency group of which AVSI has been an active member since 2016.

Below is a list of some resources produced by AVSI to work in the psychosocial sector (which can be found on the website https://www.avsi.org/en/news-and-press/publications):

Handbook for the Community Volunteer Counsellor[en]
Training manual for Community Volunteer Counsellors[en]
Handbook for teachers [en/fr]
Training manual for teachers [en/fr]
The value of the person and psychosocial support. Training manual for educators [en/fr]
Psychosocial Approach Manual by Resilience Onlus [en/ar]
Unfolding boxes in PS approach [en]
Do you want to play with me? Didactic games for children's wellbeing [en]
Resilience through art [en/fr/it/pt/sp]