

Children and War in the Contemporary World

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Introduction

The world is presently facing a very severe problem caused by the involvement of children in war. Despite its public health relevance and its deep social, psychological, and ethical implications, there is a widespread denial of children's trauma: Many people want to forget and want the children to forget; they do not want to be bothered by the thought that children go on remembering the awful experiences of war.

One of the most saddening aspects associated with work in this field is represented by the discovery that many individuals and organizations need to deny that children are traumatized. They want to believe that children are resilient and able to cope effectively with the most extreme traumatic events.

Why is this so? Nothing is more affectionate to us than our children; they symbolize both innocence and our own future. The helplessness in protecting children from war, and our ineffectiveness in ending many wars, creates guilt. The constant bombardment of war by the mass media makes us numb and shameful at not being able to do anything. This numbing and denial help us remain distant from the tragedy of real people affected by war and armed conflicts.

The aim of this paper is to discuss this problem and its social and health implications, to outline a few case studies, and to sketch the main intervention strategies that have proved to be feasible during many years of work in the field with traumatized children.

Magnitude of the Problem

A few statistics can help us understand the tragedy of war in our contemporary world. Since

World War II, there have been 127 wars and 21.8 million war-related deaths.¹ The Red Cross, in a very recent report, estimates a total twice as high — about 40 million people killed in wars and conflicts since WWII.²

Both the consequences of wars and the geographical imbalance between developed and developing countries as theaters of wars have been worsening over time. Civilian deaths have increased as a proportion of war-related deaths — from 5% in WWI, to 50% in 1950, to approximately 84% of recorded deaths in current conflicts, to 90% in Lebanon.¹ Today in conflicts such as Somalia and the former Yugoslavia, nine of every ten people injured or killed are civilians.² In terms of geographical distribution, all but two of the 127 wars have taken place in developing countries.

War and political violence not only cause direct psychosocial health problems in populations, but they also result in a generation of refugees. According to official estimates of the United Nations High Commissioner for Refugees (UNHCR), 20 years ago the refugee population stood at just under 2.5 million; by 1980, it had risen to 8.2 million. At the end of 1992, the number of refugees cared for by the UNHCR approached 19 million,³ plus two million Palestinians assisted by the United Nations Relief and Works Agency (UNRWA). Overall, the number of refugees and internally displaced has increased from 30 million in 1990, to more than 43 million in 1993.³ Children represent a large proportion of refugees and displaced people.

These background data clearly show that war remains one of the major tragedies of our time. And, unfortunately, children have paid a very high toll for wars in which they have been involved without any responsibilities. UNICEF has estimated that over the last ten years, 2 million children have been killed, 4-5 million have become physically disabled, 12 million have been forced to flee as refugees or

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displaced, 1 million have remained orphans or unaccompanied, and some 10 million have suffered from severe psychological traumas.⁴ In at least 25 countries, thousands of children below the age of 16 have been actively involved in armed conflicts — in 1988, at least 200,000 children were drafted as soldiers.

The Rwanda Story: A Case Study

Rwanda represents an excellent example of the situation faced by war-traumatized children. In the Rwanda massacres, children have seen rivers of blood, have stumbled over dead bodies to escape, and have hid in mass graves to survive. Almost everyone thought he was going to die. No amount of training or experience can prevent this horror from having detrimental effects, as no human being is equipped to deal with such experiences.

Leila Gupta and her team, in collaboration with UNICEF, have carried out a study in this unfortunate country among 3000 children. We will report briefly here the preliminary results of this field survey, based on the interviews with the first 1200 children.

Table 1 summarizes some of the exposure questions that were asked. Almost 200 (16%) of the children hid under dead bodies to survive during the war; more than 80% saw the destruction of their

homes, 64% were threatened to be killed, and almost half the sample reported having witnessed a massacre. A large number of these children scored very high for repetitive, intrusive images and thoughts and exhibited avoidance behavior linked to the traumatic events. Many children showed typical PTSD symptoms; moreover, the large majority of the interviewed children suffered from a significant loss (a close relative, including one of the parents, in half the sample; both parents in 38% of cases).⁵

In the Rwanda situation, children were not only victims, but they were also perpetrators. They were slot-hounds, they blew whistles when they found someone, or they barked like dogs. Children also moved in groups, surrounding their victims and killing them by tearing them apart. Nowadays, there are more than 1200 child prisoners in Rwanda.

The Iraqi Story

For three consecutive years following the bombing of a shelter in Baghdad, Iraq, during the Gulf War, we interviewed the same group of children living near the shelter. Contrary to our expectations, the degree of distress remained high for a large proportion of the group,⁷ although the scores on the "Impact of Event Scale"⁸ somehow

Table 1. TYPE OF EVENTS TO WHICH CHILDREN WERE EXPOSED DURING THE WAR IN RWANDA (n = 1200)

| | Yes (%) | No (%) |
|---------------------------------------|---------|--------|
| Seen dead bodies or parts | 88 | 12 |
| Seen people being beaten with sticks | 56 | 44 |
| Seen someone being shot | 41 | 59 |
| Seen killing/injuries with "pangas" | 55 | 45 |
| Heard people screaming for help | 76 | 24 |
| Seen your family members being killed | 40 | 60 |
| Had to hide to protect yourself | 82 | 18 |
| Thought you would be killed | 92 | 8 |

declined from the second to the third interview.⁷ There had been little or no work-through of the war traumas. The children seemed trapped within their trauma and grief, surrounded by reminders about what happened, and unable to escape. Although the scars were invisible, their minds seemed to be a landscape of mental craters and destruction.⁷

The interviews gave us an insight about the deleterious psychological effects, for children, of experiencing war disasters, such as the shelter bombing. We have seen that children in war often experience strong negative feelings about the future, and they expect the worst to happen again any time, limiting the possibility for work-through of their thoughts and emotions.

At the same time, denial and avoidance are very commonly present after war situations. War means a series of traumatic events or moments piled on top of each other, demanding the development of mechanisms of mental blockage and of other adaptive mechanisms that eventually allow children to live through repeated exposures. Childhood trauma has also been found to play an important role in the development of several mental disorders.⁹

Childhood trauma can also interfere with the development of a variety of functions, including the capacity to regulate emotions, development of the self, control of impulse, trust in others, biological development, etc. By handling their strong emotions and intrusive images by avoidance and suppression, children are unable to process their traumas and reduce tension. As stated by Van der Kolk and Fislser:⁹

One of the great mysteries of the processing of traumatic experience is that, as long as the trauma is experienced as speechless terror, the body continues to keep score and reacts to conditional stimuli as a return of the trauma. However, when the mind is able to create symbolic representation of these experiences, there often seems to be a taming of the terror; a desomatization of experience.

Helping Children in War

Before describing possible ways to help children in war, it seems necessary to underscore a few

preliminary points. First, time itself does not heal children's trauma. Children can be marked by traumatic experiences for life. Attending to children's needs can help prevent lifelong problems. Moreover, children usually do not spontaneously treat their own traumas. They need an active and supportive adult environment to ease processing of war events. Many children in war are not only traumatized, they often are profoundly bereft with losses in all areas of life. Beside the loss of loved ones, home and possessions of symbolic and historical value, they often experience a loss of future perspective. They stop believing they will live long enough to grow up, and are prepared to die at any moment. A pervasive sense of having lost the future, combined with a need to forget or suppress the past, can make life, at the present time, intolerable. Their needs span all areas of life ... and there are so many who need help.

Strategies Used to Outreach War-Traumatized Children

Herewith, we will discuss some strategies (varied according to a country's infrastructure and culture) used to outreach war-traumatized children.

1. Documentation and Awareness Raising

Children's needs are overlooked, understated, and often go unrecognized. It has been important, therefore, to conduct studies to document what children experience and how they react. This body of evidence is then used to make governments, organizations, teachers, and parents aware of the experiences of children and the manner in which they are reacting. This awareness can then be used as background for training activities. Too often health care organizations focus only on children's distorted lives and not on their distorted minds (i.e., they too think exclusively of meeting almost exclusively the immediate needs of food, protection, and medicine).

In many societies, those who could have received and listened to the children's stories, such as parents, other relatives, and teachers, signal to children that

they should keep their problems and painful experiences inside themselves. This leads to a suppression of thoughts and feelings tied to traumatic experiences. This mechanism is especially active when the terrifying experiences are shared by both adult and child. Parents often feel helpless in their parenting role, as they are unable to spare their child such experiences. This, in turn, leads to a psychological resistance to be reminded of one's helplessness through children's suffering. In addition, it is hard to know what to do to help children when one does not know how to help oneself.

Among many western professionals working in non-western cultures, another barrier in the efforts to help children is represented by the belief that "the culture knows best" how to heal traumatized victims, including children. If the culture is repressive toward expressing trauma, it is believed that there might be other and better, culturally specific ways of coping with the trauma; therefore, it is considered useful to prevent a possible cultural clash. This is often, however, a poor misconception. The same cultural pattern of shielding children, of not communicating in a direct, honest way about illness and death, characterized our own cultures a few decades ago and still has a strong hold on many people's thinking. It is well known what best helps children, and cultural patterns should be changed if they are maladaptive for children's long-term adjustment. Children should be rehabilitated in the best possible environment. According to the *Convention on the Rights of the Child*, children have the right to both physical and psychological rehabilitation during and following war.

2. Mass Outreach Methods and Training of Personnel

The infrastructure of most war-torn countries does not allow the luxury of individual psychotherapy for children. It is important, therefore, to work in order to build both local and regional capacities to care for children. Children should be helped using whatever institutions are functioning. In order to reach large numbers of

children, educating and training health professionals, teachers, religious leaders, and others about children and trauma becomes imperative. Usually seminars are locally held, but several times groups of trainees from different countries have been gathered in specialized centers to receive weeks of intensive training on how to help war-traumatized children. Presentations from these seminars have also been incorporated in training videos used in war-torn countries.

3. Helping the Helper and Caretaker

The situation often demands that adults be helped to come to terms with their own trauma before they can help children. In many war situations, parents and other caretakers will also be traumatized. This may drastically reduce or impair the caregiver's ability to be attuned to children as trauma victims and may pose a special risk for small children and infants, as they are heavily reliant on the communicative and nurturing ability of their caretakers, particularly their mothers, in order to develop secure attachment patterns and achieve emotional stability.¹⁰ A lack of responsiveness in the caretaker can result in developmental delay or arrest. We have introduced, therefore, an adaption of the "Critical Incident Stress Debriefing" procedures¹¹ and group sessions to help helpers and caretakers process their war experiences. In the same way, community interventions aimed at detraumatizing adults will also be beneficial for children, as adults, by processing their own traumas, can become more attentive to children's needs.

4. Trauma First-Aid

After traumatic war events, children can soon be helped by the means of simple techniques which allow them to express what they live through. For instance, a first step can simply be represented by a first-aid kit with a pencil, a small book, and some color crayons. At the same time, a letter should be addressed to parents or other caregivers providing them with information about how children can be helped to express the worst experiences verbally and

through drawing or writing. Older children can be stimulated to write a diary. When the situation is more stable, children should have the opportunity to work through their experiences more thoroughly.

Other preventive measures will be to achieve as much stability in their home environment and peer relationships as possible, to provide the possibility to be active, to satisfy basic food and health needs, and to secure rapid normalization of ordinary life whenever possible. In addition, children should be shielded from unnecessary, sensory exposure.

5. Information for the Parents

Through meetings and written information, parents should be advised why it is important and how they can properly talk with their children about the war. They have to be advised to be open and receptive when children want to talk, or in other ways bring up their traumatic experiences. In some situations, we have recommended that parents set aside a "talking hour" once a week. Parents should be prepared for the strong reactions that children sometimes display when they discuss the life-threatening events they have gone through.

6. Helping Children Express and Understand

Different techniques can be taught and used for helping children express their feelings and achieve a better understanding of traumatic events. Children can be stimulated to talk to their closest caretakers about what they experienced, eventually with weekly sessions, and caretakers may receive written information on stimulating children. Drawing what they have experienced, as well as drawing their hopes for the future, can also help children (especially those of younger ages) express their fears and fantasies, process the experience, and promote more positive future perspectives.

Long-lasting cultural traditions, such as song and dance, play, drum rhythms, rituals, and creative activities, can all prove to be beneficial for children. Of course the main expressive methods should fit with the children's culture. Children are more than eager to talk about their experiences with an adult

who has the knowledge to ask important questions and the receptivity they need for their answers. By expressing their thoughts and reactions, children can take control and reduce the frequency of disturbing and intrusive images and thoughts.

Expressive trauma treatment helps to fill the gap between thoughts and emotions. Writing has been found to be effective in reducing tension and structuring traumatic experiences. Pennebaker's work^{12,13} on the effect of putting trauma into words has provided the rationale for helping children take an active role in their own recovery. Long before Pennebaker's work appeared, we first asked children to write compositions about "The story of my life...things that made me happy and things that made me sad," and "War and violence in my life."¹⁴ Since then, we have used variations of this theme to help school children express their reactions to the war.

Lately, we have stimulated process-oriented writing, or the log-book method, for improving and stimulating communication between teacher and pupils. The teacher can motivate children to express their thoughts and feelings in written form with the help of a notebook used exclusively for this purpose.

When using writing techniques, we sometimes advocate a more formal process — that is, instructing the children to write two hours weekly for four weeks, initially about the past and what was safe and peaceful before the war, and then (in the following two sessions) about the war, about how it started, and about war in general, before moving on to describe the worst memories. The last session focuses on the future and strengthening the hopes for the future.

Writing allows for the description of high-exposure situations without having other children listening to accounts that can stimulate vivid fantasies. It is possible to individualize and tailor the method to children's needs and then discuss themes of common interest in the class.

War situations require that programs be implemented that help children process events, thereby preventing permanent blocking of the effects. In addition, the mobilization of sensory and memory systems can strongly "imprint" sensory

stimuli in the memory system, leading to intrusive images and recollections. While this has been common knowledge among clinicians, only recent memory research has indicated two different human memory systems — the one linked to ordinary experiences; the other tied to emotionally laden events.¹⁵

The different expressive techniques mentioned above can all allow for processing of traumatic events in order to prevent the memories from becoming intrusive. At the moment, however, no studies have reliably shown which is the most effective technique.

7. The Use of Prayer and Religious Rituals

In all cultures, religious prayers are used to obtain help or guidance in difficult or threatening situations. Through religious leaders, we have advised parents to sit and pray with their own children. Children can confide all their worries, hurting memories and suffering to God or Allah in a detailed and telling way. Using this strategy, the communication is not directly from a sad child to a helpless adult. We call this special kind of communication "from the powerless to the Almighty."

This method has allowed us to reach large groups of parents and educate them on the importance of helping their children. Younger preschool children have also been reached through religious leaders.

The use of rituals can also allow children to take concrete farewell with their lost ones. When parents or siblings are missing, or are presumed dead, rituals can help children express their feelings in a concrete and direct manner. Therapeutic rituals, in which children visit the place of death, create a memorial, or express in other ways their emotions through ritualistic acts, can be important in helping and managing children's grief.^{16,17}

8. Communicating with War-Traumatized Children

It is possible to communicate directly with children about the worst aspects of their war experiences. Helpers should be willing to approach

children's most horrific memories of massacres, of having seen their loved ones tortured and killed, or of leaving their loved ones behind screaming and begging not to be left there. These are the memories that come back to haunt them, and we need to help them express their feelings. But adults must be prepared for the stories they hear; they must not run away from this or tell the children to forget. Children need to be able to transform the traumatic experiences by giving words to what has happened and by expressing or communicating their thoughts, impressions and reactions.

In order to achieve good interactions, even with very young children, adults should be attentive to children's needs and to know when to normalize their experiences, when to acknowledge their emotions, and when to give advice only. Adults are often overactive in communicating their own needs rather than their children's needs, and they should learn how to be attentive and listen to cues that children express in the context of communication.

9. The Need to Understand

The need to understand encompasses several aspects:

- Children are helped by a political understanding of the causes and reasons behind the warfare. Without an understanding of these aspects, many children are more hampered by the unpredictability and lack of control over their lives. In the conflict areas where children have a better understanding of the political reasons and implications for fighting, there is more receptivity for peace education. Without a cognitive framework about ongoing events, children have to build their own conceptions, often with an intensification of hate as a result. Providing children with better political understanding may help them grasp what is going on, as well as help them establish optimism for the future.
- Children are helped by having access to facts concerning concrete events surrounding them — that is, learning the whereabouts of their parents,

being honestly informed about injuries and deaths, about the destruction of their homes, villages, or schools. As in other trauma situations, adults refrain from telling their children the truth, thinking that such behavior will ultimately help and give relief to children. On the contrary, this results in fantasies, misconceptions, and lack of trust in adults and may create family secrets that can affect children for years to come. The education of adult caretakers about the need to provide children with facts, however painful, and to help them achieve cognitive closure regarding traumatic events, represents an important part of educational efforts.

- Children are helped by learning about normal reactions to trauma and loss. Information can reduce misinterpretations of their reactions and reduce the fear of turning mad. When preschool teachers, teachers, religious leaders, health care personnel, and primary caretakers inform children verbally or through written material about common reactions, it is possible to normalize these reactions. By letting children share experiences in groups, reactions are further normalized.

10. *Helping Children Suffering from Specific Traumatic Effects*

In some countries, it is possible to train professionals to help children suffering from specific traumatic effects using adequate techniques. These techniques can sometimes be taught or utilized in groups, but often need to be individually tailored. Although mental health personnel are available in some war-torn countries, they often lack the skills for implementing these more sophisticated treatment methods. It is very important, therefore, to strengthen the capacities of health care organizations to deliver effective, highly specialized treatment strategies.

11. *Hope and Resiliency in Children*

Although children face intense traumatic stressors during war, and they suffer afterwards, most children

do not become psychiatrically ill. They are able to survive, they are able to continue with their lives, and they go through the developmental tasks required for them. Children in war often face the threats of war with an astonishing ability to do the right things to survive, but even more impressive are the remarkable capacities they show in caring for others.

Conclusions

Long ago, we first learned that children not only become pupils of war, they also very much want to become helpers. Our responsibility is to foster caring and empathy in those who survive. We must help them establish meaningful, rich lives. If we do not help, it is possible these children will become tomorrow's soldiers. If we do not intervene, we continue the circle of hatred, violence, massacres, and war.

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