

RESEARCH WITH CHILDREN IN WAR-AFFECTED AREAS

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Introduction

There has been an interest in the psychological effects of war experiences on people ever since World War I, when British doctors discovered the *shell-shock* syndrome in soldiers who survived the horrors of the trenches in France. But it has not been until the past decades, especially since the 1992-1995 war in Bosnia Herzegovina and the 1994 genocide in Rwanda, that there has been an upsurge in psychosocial interventions for children in war-affected areas. More and more the base assumption was taking root that children who experience killings, fighting, and upheaval, have to suffer from some form of psychological distress and are therefore in need of, not only physical rehabilitation (like food, medical aid, construction of houses, schools, etc), but also in need of forms of mental health care and psychosocial support.

Many International Non Governmental Organizations (INGO's) such as War Child Holland, Medicins Sans Frontieres, CARE, Save the Children, World Vision, and the UN's children's agency UNICEF, have become involved in designing and implementing psychosocial programmes for children in war-affected areas. Today there is hardly any war-torn region where no such interventions are taking place (although the scale may still differ greatly per war-affected country or region).

Despite this increased interest for psychosocial interventions with children in war-affected areas, however, there has been little research into the actual (endangerment of) psychosocial development and well-being of these children, and even fewer research studies into the impact of interventions aimed at helping them. Because of demands made by donors, the larger public, and -not to forget- beneficiaries and other stakeholders in the field, there is now a growing recognition that research is needed into both the effects of war on the psychosocial development and well-being of children, and the impact that certain interventions may have on alleviating the problems of these children.

The following two topics therefore seem to be most relevant for research with children in war-affected areas: the effects of war on children's psychosocial development and well-being, and the impact of humanitarian interventions on the psychosocial development and well-being of war-affected children. Research into the effects of war on psychosocial development and well-being of children can include topics like: reactions to stress of war-affected children, their caregivers and communities; coping mechanisms of war-affected children, their caregivers and communities; identifying risk and protective factors in development of children in war-affected areas.

This chapter will mostly focus on research on the impact of humanitarian interventions on psychosocial development and well-being of children in war-affected areas (the second topic). We take the position that this kind of research is the most interesting (and the most needed!), since it will not only almost automatically yield insight into the problems of war-affected children, and the ways these children, their parents, and communities, are dealing with those problems, but also usually can lead to interventions that will improve the quality of life of war-affected children. In our view, when it comes to this subject, *action research* is the way to go.

Most research that is being done with children in war affected areas, starts from certain theoretical perspectives on how researchers believe war *must be* affecting children. These perspectives are closely linked to distinctive approaches in psychosocial programmes for war-affected children. The first section of this chapter will describe the different approaches currently applied in the field; this is necessary to be able to understand the research issues involved. This section will also discuss some of the results from studies that have been conducted so far. The second part of the chapter will focus on some of the methodological and ethical constraints that have to be taken into account. In particular, we will emphasise the importance of research efforts to do no harm, something that is perhaps especially important when working in war-affected areas, albeit that it is often is very difficult to anticipate unexpected negative effects in any kind of research intervention. In the final section we have formulated some suggestions

for general guidelines for doing research with children in war-affected areas.

Approaches in psychosocial programmes with children in war-affected areas

Generally, two approaches to psychosocial interventions with regard to children in war-affected areas have emerged: the *curative* and the *preventative* approach. At one end of the spectrum we find interventions from a curative point of view, aiming at psychosocial and psychological treatment of war-affected children. The approach is strongly trauma-oriented, helping children deal with the stressful experiences they underwent. At the other end we find an approach that is more preventative in nature. Rather than focusing on past experiences, preventative interventions address the consequences of war and its present challenges. They aim to help children develop healthily within their social context in order to protect them from future mental and social disorders. It should be noted, though, that most programmes are not archetypes but moderate versions, to be found somewhere along a continuum. Many programmes combine elements of both approaches.

The curative approach

The curative approach is highly trauma oriented, focusing on the effects and symptoms of disproportionate stress situations on children. Response from a curative angle is based on psychotherapeutic approaches related to Western mental health concepts (Loughry, 2001), such as Post Traumatic Stress Disorder or PTSD (Allwood et. al., 2002), which single out individual or small groups of children and focus on the confrontation of experiences to help them overcome mental and social problems that are a result of war. The approach generally implies the involvement of mental health specialists, such as psychiatrists, psychologists and creative therapists.

As curative programmes focus on mental illness, they include a variety of methods such as psychotherapy, individual and small group counseling, and creative therapy (Fazel & Stein, 2002). The curative approach is treatment oriented and may operate from residential treatment centers, or aim towards capacity building local (mental health) service providers to deliver therapy to war-

affected children. Therapists engage in 'longer' term targeted relationships with their clients to address problems. Curative programmes (usually as part of emergency and rehabilitation programmes) often have a clearly demarcated ending, although the 'long-term' nature of these interventions is sometimes difficult to match within such a concise time frame.

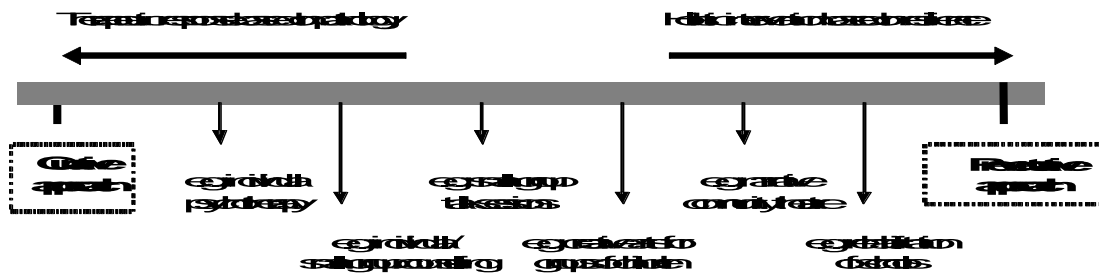
The preventative approach

The preventative approach towards psychosocial interventions with children in war-affected areas looks at children from a transactional, ecological perspective, as part of a wider social fabric of relationships and structures (Euwema, 2006). The preventative approach moves beyond the traumatic experience towards understanding the daily problems of children and how the children cope with current stress situations. Crucial to this approach are children's resources to deal with such situations, which are regarded to be culture and context specific, as well as individually defined. Programmatic response is geared towards promoting psychosocial skills, such as life skills, continuity and normalization of structures. Family and community relations are regarded as key factors that enhance children's coping potential (Stichick, 2001; Loughry & Eyber, 2003). The approach also emphasizes children's agency and capacity to be involved in the design of programmes that are beneficial to them. Derived from concepts used in developmental psychology (such as system theory and the ecological model, Bronfenbrenner, 1979), this approach seems to relate better to the –often- more collectivist culture societies of non-Western populations. With regard to children it means that children's development (and their coping with crises) is shaped by transactional processes with the family and the environment. There is a constant interplay and exchange between the child's internal, psychological traits and its external, social environment.

Some preventative programmes focus on normalizing and restoring stable living conditions, e.g. rehabilitation of schools, community cultural traditions, etc. Other programmes are more specialized, helping groups of children deal with specific situations through various methods, which often include creative means such as drawing and play. Yet other programmes focus on children's social environment, supporting and informing parents and teachers to help them

support the children. Preventative psychosocial programmes are future-oriented, aimed at structurally strengthening children’s psychosocial development and well-being.

The continuum on which the two approaches take place can be visualized as follows:



Results from research studies with children in war affected areas

As was explained in the introduction of this chapter, we will focus on research that is conducted to measure the effects and impact of psychosocial interventions on children in war-affected areas. In this section we therefore only briefly address research into the psychosocial effects of war experiences on children.

Studies into the effects of war on psychosocial development and well-being of children

Despite the challenges, a number of studies into the effects of war and complex humanitarian emergencies on children (and adults) have been conducted, many of those focusing on the prevalence of PTSD and related mental illnesses. Allwood et. al. (2002) studied the relationship of violent and non-violent war experiences to children’s trauma reactions and adjustment in a group of children from Bosnia. Bolton and Ndogoni (2000) made an assessment of trauma-related mental illness across cultures, finding prevalence of depression among Rwandan people, although not recognized locally as a distinct syndrome.

Epidemiological research is often colored by the theoretical lens of the

researchers, and may therefore yield very different results in different war-affected areas. Sometimes the prevalence of psychological distress (trauma, PTSD) is reported to be very high, whilst other studies show intense psychological distress amongst war-affected children to be relatively rare. Based on our own experience we think that *in general* most war-affected children will not develop severe psychopathology as a consequence of their conflict related experiences. However, a certain percentage (usually no more than 5 to 10%) of war-affected children can develop serious problems due to conflict related experiences, problems that will negatively influence their healthy development. Of course this is a generalization. A lot will depend on circumstantial factors, like: severity of the conflict, the impact the conflict has on children's lives (e.g., displacement, loss of caregivers), the way children are involved in the conflict (e.g., as victims or as perpetrators), the situation after the conflict (e.g. available adult support, possibilities for schooling), and the individual coping skills children may or may not possess.

In our view, epidemiological research into the psychosocial well-being of war-affected children has to be done with great cultural sensitivity (also in terms of the research instruments being used), a flexible theoretical approach by the researcher, huge involvement in all phases of the research project by children, their parents, and the community, and with a clear follow-up such as, for example, the research findings being integrated into appropriately designed interventions.

Studies into the impact of psychosocial interventions on war-affected children

Attempts are also made to study the effects of psychosocial interventions. The following paragraphs will elaborate on this search for evidence. As studies of a purely scientific nature are still limited, attention is also given to studies based on project evaluations and case studies. Evidence for success is categorized into the different types of interventions (curative and preventative), since the type of intervention is usually related to the type of effect-study that is conducted. In some cases, the studied intervention contains elements of both approaches.

As previously discussed, *curative* programmes generally address post-traumatic

stress reactions and related mental health problems. They mostly target children directly, but may also use intermediaries (e.g. parents or caregivers) to help children deal with traumatic experiences of war. The belief that children and adolescents can be effectively treated with trauma-focused cognitive behavior therapy is based on research (using randomized controlled trial (RCT)) in western countries, which was subsequently applied to other settings. Although there are reservations towards the projection of findings to non-western cultures, a number of authors have pointed at similarities, on the basis of research such as a study into victims of violence in Los Angeles (Stein et al., 2003). Another example is Goenjian's (2003) RCT into early adolescent survivors of the Armenian earthquake, from which it was concluded that standardized Cognitive Behavioral Therapy (CBT), including exposure techniques, can be effective for children in vulnerable populations from different cultures. Below, two examples of studies are presented of programmes with a predominantly curative approach.

Narrative Exposure Therapy, Somalia:

The programme presented here is one of direct intervention with individual children. By means of a case study, evidence was gathered for the applicability of a specific therapy programme for successful treatment of traumatized children. Narrative Exposure Therapy (NET) is a standardized short-term approach for the treatment of survivors of war and torture, in which the participant constructs a detailed chronological account of his own biography into a coherent narrative. KIDNET is the adapted child-version of NET, with the assistance of play and visual aids to help children construct their story. A case study around the treatment of a Somali child (Schauer et al., 2004) shows a high frequency of the child's post-traumatic stress symptoms, using the Post-Traumatic Stress Diagnostic Scale (PTSDC). In a post-test the child's symptoms dropped to a degree below the diagnostic threshold for PTSD. With this outcome, KIDNET claimed to be a successful approach for the treatment of traumatized child survivors. Its short and pragmatic method is said to be particularly appropriate in war and disaster areas. However, a note of caution is made to not inflict further harm by exposing patients to traumatic memories and not allowing them enough time or treatment to deal with these memories. It is also acknowledged that better understanding is necessary of how parents, teachers, and other significant adults

can be involved in the recovery process of children, individually and at community level.

Trauma healing in secondary schools, Rwanda:

The intervention studied below (Olij, 2005) promotes trauma awareness and healing within a school setting. Helping adolescents cope with the pain of the past, this programme is a classic example of an intervention with a curative approach.

In 2001, the African Centre for Rehabilitation of Torture Victims, a Rwandan association of trauma counselors, launched the programme: Trauma Awareness, Healing and Group Counseling for secondary schools with severely trauma-affected adolescents. Before the intervention, many students indicated feeling lonely, isolated, experienced difficulties concentrating and suffered from PTSD, depression, fear and/or grief. These students were considered 'mad' and were referred to hospitals. But once back at school, the problems continued: large numbers of pupils were involved in outbreaks of rage and other crises. To address these problems, the intervention programme included: (1) training of school staff in 'helpful active listening'; (2) sensitization in the form of psycho-education for all students; (3) counseling, offered to staff, students, parents, and guardians; and (4) youth clubs: anti-trauma clubs of students who sensitize others through various media (drama, poems, dancing, etc). The programme was not scientifically studied but evaluated by means of interviews, observations, meetings, and document study. The concluded achievements of the programme are multiple: students feel better 'listened to' by their teachers; they feel more accepted by others and have a better understanding of their own feelings; the general atmosphere as well as the school performance of students improved. The programme contributed to a reduction of trauma symptoms and no further crisis outbreaks occurred since the start of intervention. A generally felt problem however is that school staff lack time to offer sufficient services. Therefore professional trauma counselors are still needed to provide counseling to the most-affected students.

Preventative interventions are based on the finding that the focus of children in many non-western cultures is rather "community-centered" as opposed to "ego-

centered” (Refugee Studies Centre, 2001), and, accordingly, that stressful experiences of war and its aftermath are dealt with at a collective level. People applying this approach find that most children are eventually able to deal with the atrocities of war without developing psychopathological problems on a large scale. Children’s resilience is influenced by individual coping skills and social support. The preventative paradigm has resulted in programmes that work on children’s strengths and agency, developing their cognitive, social and emotional capacities to actualize positive futures.

Here below we will present two studies into preventative programmes and discuss the main results of these programmes.

Developmental trajectory for refugees, Former Yugoslavia:

The programme studied here (Tolfree, 1996) takes as a starting point not that its beneficiaries are traumatized and ‘affected’ by war, but rather that they are capable and resourceful in dealing with problems themselves. The programme was built on the capacity of children for creative and imaginative play, through which issues can be explored and feelings expressed.

Acting upon the need for intervention with children seeking refuge in the Federal Republic of Yugoslavia (FRY), a group of developmental psychologists from the University of Belgrade developed the “Hi Neighborhood” programme, which was later funded by UNHCR and Rädä Barnen. The central part of the programme consists of working groups in Collective Centers for refugees; groups for children, adolescents and adults operated concurrently. No attempt was made to advise the participants, but, simply, a platform was created for social interaction, and tools were provided with which they could build on their own resources. Individual and group expression was facilitated by a variety of media such as movement, human sculpting, performances and creative and expressive games. Workshops were very open, anyone could attend and leave as they liked. An important aim of the workshops was for participants to introduce whatever issues had relevance to them. The workshops improved social interaction among refugees, but they still had difficulties engaging with the local community outside the centers. Therefore, a range of activities was organized (meetings, outings, visits) to initiate

interaction. Evaluation of the impact was conducted by means of a variety of methodologies: perusal of project documents, observation, interviews and discussion. Drawing exercises, rating scales and questionnaires with participants resulted in positive outcomes: at a basic level the programme provided friendship and recreational activities; at a deeper level it promoted the development of coping skills. Young participants developed cognitive, social and emotional competence and improved their self-esteem, which enhanced resilience. However, the open-ended nature of the programme and the need to deploy experienced professionals raised questions of sustainability.

Creative workshops, Kosovo:

War Child Holland studied its creative workshop intervention, together with her partner organization World Child Kosovo (De Graaff, 2006). The overall objective of World Child is to improve the psychosocial well-being of children and youth in Kosovo. In order to reach this goal, World Child organizes creative workshop cycles. In World Child's creative workshops art, music, drama, movement, and sports activities are being used. The studied creative workshop cycle took place in a school in Western Kosovo. The experimental group consisted of 90 children who were involved in the 8-week creative workshop intervention. Four workshop groups participated in this study, consisting of 18 to 30 boys and girls, in the ages of 9 to 15. The control group consisted of 114 children who were not involved in any intervention. Pre- and post-test data were collected from the children themselves and from their parents and teachers. Social and behavioral problems were measured by means of the Child Behavior Check List (CBCL). Children completed the Youth Self-Report (CBCL-YSR), parents the CBCL and teachers the Teacher's Report Form (CBCL-TRF). Self-esteem was measured using the Culture Free Self-Esteem inventory (CFSEi) and hyperactivity, attention and impulsive behavior by means of the AVL (ADHD questionnaire). The results showed some tentative positive effects of the creative workshop intervention on the decline of social behavioral problems, thought problems, and attention problems of the children involved. Also, it was found that children, parents and teachers were highly appreciative of the creative workshop intervention. Overall, the children indicated that participation was a very positive experience for them. In line with the children, parents and teachers reported that the children benefit

from the creative workshops. This study shows that even within a population that is showing relatively healthy psychosocial well-being, improvements in terms of social and cognitive skills can still be achieved through a preventative programme.

Curative vs. preventative

The examples described above illustrate some positive results from both curative and preventative psychosocial interventions with children in war-affected areas, which may indicate evidence of success. It should be noted however that the field of research is still immature: the number of studies is limited, it remains difficult to draw conclusions across studies, and outcomes of programmes cannot automatically be generalized to the wider area of interventions they belong to.

Reservations should also be made about the validity of some of the outcomes, as sample sizes are relatively small and long-term effects have not been studied. To obtain a stronger base of evidence, additional research with larger numbers of children would be needed and more attention should be paid to the way children cope in the longer run.

An additional point of discussion is the methods of research being used. In fact, very few studies use strict scientific methods. This can be due to practical reasons, but also methodological reasons. Generally, research into curative programmes has a stronger scientific basis (in terms of the use of recognized psychological test instruments) than studies of preventative programmes have. This may be due to the fact that curative programmes are more suitable for structured measurement as they can make use of instruments developed in the mental health field, such as treatment-protocols and validated questionnaires measuring psychopathology. Concepts of individualized distress are more easily made operational than some of the concepts of general psychosocial development, such as “resilience”. This also explains why scientific studies into preventative interventions still tend to express programme results in terms of a reduction of trauma-related symptoms, rather than a change in factors of positive psychosocial development.

From the current base of evidence, therefore, it cannot be concluded that one type of intervention is generally more successful than the other. The studies that have been conducted are difficult to compare, given the variety in approach and instruments being used.

Deciding which specific type of intervention to be used has to be based on what best fits the needs of the children and this may include a combination of methods. Children have diverse responses to crises, regardless of the severity of events they have witnessed. Because childhood is to a large extent socially constructed, children in different social settings experience different kinds of childhoods, leading to discrepancies in their safety and resilience during times of external stress. For example, in some societies resilience learning is part of the formal rites of passage (Boyden, 2001). Differences do not only occur between children from various cultural backgrounds, but also appear in relation to other aspects of diversity, such as gender. It has therefore become of growing importance to understand the many different reactions of children to war experiences in order to be able to help them (Macksoud, 2000).

Curative programmes may be useful in situations where children need special attention or are severely traumatized. It should be realized, however, that programmes addressing individual deficits generally need long-term attention, which was illustrated by the study into trauma healing at Rwandan secondary schools, where professional trauma counseling appeared to be a continuous need. Curative programmes also risk bringing out negative experiences that are not appropriately dealt with, as was concluded from research into KIDNET. Based on the same study it was argued that, within the context of curative programmes, there is a need to involve significant adults in the recovery of children.

Although the success of preventative psychosocial programmes for children in war-affected areas seems even more difficult to demonstrate scientifically than the effects of curative programmes, it is now widely regarded among humanitarian organizations focusing on psychosocial support for war-affected children as the most appropriate generic approach. Preventative programmes are both valued for their transactional, ecological approach, as well as for the

practical solutions they offer to the challenge of improving the (psychosocial) situation of large numbers of children and families exposed to the stresses of armed conflict. As a result, attention is paid to the role of protective factors, including coping strategies, which mediate reactions to stress; they help children and communities restore normalcy and build on future development. To be able to assess the impact of programmes that aim to strengthen children's resiliency, research has shifted recently from describing psychopathology to investigating the means by which children cope with difficult circumstances. Some studies now focus on gaining better understanding of the protective factors that moderate the impact of traumatic experiences (Stichick, 2001).

Methodological and ethical constraints in research with children in war-affected areas

While it is recognized that research knowledge is necessary to guide interventions designed to address the effects of war and violence on children, a scientific perspective is often difficult to maintain in the midst or soon after a conflict (Jensen, 1996). There are both methodological and ethical constraints.

Methodological constraints

Quite a few challenges can be identified with regard to scientific research in the field of psychosocial interventions. First, there is relatively limited knowledge with regard to the impact of war on children's lives, particularly in the longer term, and how the effects of war are dealt with in different cultures. Second, there is a lack of both systematic approaches and terminology, and especially a lack of cross-culturally valid instruments to measure locally described aspects of psychosocial well-being and the psychosocial development of children. Thirdly, there are methodological constraints when measuring the effects of psychosocial programmes which are preventative in nature. Preventative interventions are focused on preventing children from developing psychosocial problems and are aimed at strengthening capacities and increasing their resilience to help them deal with future difficulties. It is difficult, therefore, to show effects of interventions in terms of a decline of problems, since the effects aimed for are to prevent children from future distress.

In pure scientific research, the use of a Randomized Controlled Trial (RCT), a prospective experimental study, is regarded as the most reliable way to attribute changes (or other results) to a specific intervention, by showing a statistical relationship. However, to date, the majority of research on children and war has come from the fields of medicine, psychiatry and psychology where, with a heavy emphasis on 'trauma' and psychopathology, the type of instruments used have been mostly developed and validated in Western countries. In practice, therefore, few studies into the effects of psychosocial programmes for children living in war-affected areas have been done according to RCT standards. Some organizations strive towards RCT studies but do not manage to meet the full requirements. Others, such as the Psychosocial Working Group (PWG, 2002), argue that experimental designs such as RCT are often unfeasible to measure programmes that aim at achieving an urgent response, and they may also be unethical.

Furthermore, these kinds of tests mostly measure individual well-being, as opposed to measures at the social or community level and their reliance on questionnaires is questionable. Since large populations in the poorer countries of the world are illiterate (and these are the countries where most conflicts take place), or are not well trained in analytical cognitive skills (e.g. cannot easily choose an answer on a 5-point scale), the appropriateness of using quantitative questionnaires in these contexts is limited. Clearly, there is a need to search for other types of qualitative measures of well-being that can be used for effect-studies.

As described by Hart and Tyrer (2006), the question of how to use a research tool is equally important as deciding which tool to use. In this case, the research tool must be used in a way that complements the approach of the psychosocial project and must be aimed at helping the child participants to address and raise issues that matter to them, rather than simply for purpose of the collection of information about them for and by outsiders. In line with this reasoning, one could argue that the type of research tools used must, preferably, accord with the type of intervention (e.g. a creative play intervention should be evaluated by means of creative research tools). When thinking about qualitative measures, one

could think of systematic observations, focus group discussions or a participatory exercise such as a 'line debate' resulting in scoring on a likert-scale or the Most Significant Change scale.

Other considerations regarding how to use research tools are related to the level and type of participation and to social dynamics. It is known that in developing countries, the way children are encouraged or trained to express ideas or knowledge is very much focused on replication, rather than on the free expression of thoughts. This might endanger the quality of all measurements. Furthermore, children do not always feel free to express themselves, and in certain social settings this might not even be culturally appropriate – for example, when adults are used to silence the children, or in mixed gender groups where girls might feel uncomfortable sharing their feelings in the presence of boys. In some settings it might also be inappropriate to bring different ethnic groups together. All these dynamics will influence the relevance of data collected and researchers should be aware of this when designing their studies.

Ethical dilemmas and constraints

The first, most important ethical dilemma that can be raised when discussing research with children in war affected areas, is: why would you want to do any research with these children when it is so clear that they grow up in horrible circumstances, and are in need of support, not research?

The question this dilemma raises is of course very valid. Why would one want to put valuable resources and time into *research* with these children, when money and energy might be spent on simply helping them? In our view, research should indeed never be the most important feature of any kind of intervention with children in war-affected areas. Instead research should always be an “add-on”, which is the primary goal of the evaluation, and later improvement, of an intervention. However, if this argument were applicable, it would apply to all research that is done with children facing problems - it would also apply to research with street children in Sao Paulo, or underprivileged children in the United States. There is, therefore, a flipside to this ethical coin: if we do not do research into the needs and problems of children in war-affected areas, how can

we be sure that our interventions will be suitable and effective? As was mentioned earlier, there has been an upsurge in psychosocial interventions for children in war-affected areas, but this has all been done from the assumption that these children need such help. As long as this assumption is not firmly based on knowledge of the needs, problems and infringed rights of the children in question, how can we be sure that interventions are useful? Both research into the nature of reactions and problems of children affected by war, and research into the effects of programmes for these children are necessary. But perhaps more than in other contexts, research with children in war-affected areas should never be done just for the betterment of science. The practical usefulness of the information that is gathered is of the utmost importance and this should therefore always play a leading role in deciding where, how and with whom research takes place.

Another important ethical dilemma relates to the use of control groups in research with children in war-affected areas. As mentioned above, the use of such control groups is deemed necessary as a prerequisite for scientifically valid research studies into effects of interventions. However, the ethical question is clear: can you withhold support to a control group of children to examine the effects of such support? This will depend partly on the kind of support that seems to be needed. If it is a curative intervention aimed at children who are clearly suffering from severe psychological stress, stress that is so intense that it may endanger the children – for example, children expressing suicidal thoughts - one cannot and should not put the need for scientifically valid research first. On the other hand, if it is a research study conducted with children taking part in a preventative intervention, the immediate threats to children's health are probably more limited. In such cases a control group can be used, but children belonging to the control group should be given the possibility to participate in the intervention later on if indeed beneficial effects of the intervention are found. This was for example done in the War Child study in Kosovo described earlier in this chapter.

Researchers should also be aware of raising unrealistic expectations amongst participants. For example, when researchers ask questions about education – for example, are you going to school - in a location where school enrollment and the

quality of education is poor, the research may raise children's expectations about the improvement of their education. We recommend therefore that, when working with war-affected children, researchers should make sure to formulate questions about painful or ordinary everyday experiences carefully, so that the children understand the implications, especially if there is not the capacity to provide adequate support.

Ethical considerations should also play a role when selecting participants for intervention enrollment. All kinds of selections, especially those related to severity of war-affectedness, might easily lead to the stigmatization of the children who are selected. In the screening and involvement of the subjects of study, ethical questions have to be raised. Permission, and understanding of what is given permission for, is a prerequisite for any kind of sociological, psychological, or anthropological research done in western settings. This should also be the case for such research in non-western countries, but experience teaches us that this sometimes may be difficult to obtain. And even if parents or children give permission to participate, it is not always clear whether they realize what they are giving permission for. Furthermore, the results of research are, in many instances, not shared with the participants or relevant others afterwards. This may be due to practical limitations, but very often this is simply not even considered. Sharing study results with all stakeholders might be beneficial later on, because it may convince beneficiaries of the importance of an intervention. For example, a mother who is complaining about lack of income because her child is going to school and cannot work full time at the market anymore, can be convinced of the benefits of the child's education for their future when research study results are shared and explained.

Guidelines for conducting research with children in war-affected areas

Research should be well planned and guided, since results of research studies might easily be misinterpreted, especially when they are in a negative direction, resulting in those involved - children, parents, NGO staff, etc - becoming demotivated as they feel the interventions are not useful. This eventually leads to donors losing interest. Efforts should be made, therefore, to clearly explain research results to all involved, and the implications these results can and

should have for improving the lives of children in war-affected areas.

In the professional field of humanitarian aid there is of late an increased interest in the so called *right based approach* (RBA). It is more and more acknowledged that assistance to people who find themselves in humanitarian crises like conflict, should be based on internationally recognized human rights treaties. This has led to a change of approach: beneficiaries are no longer seen as 'recipients who are in need of charity', but as 'rights holders whose rights need to be respected or restored'. In the case of children this means that the United Nations Convention on the Rights of the Child (UNCRC), one of the most ratified treaties in the world, (only Somalia and the USA have not ratified so far) should be the guiding tool when designing and implementing humanitarian interventions. We think that the UNCRC should also be the framework on which any kind of research conducted with children in war-affected areas is based. Some of the key principles defined in the UNCRC include 'the best interests of the child' and 'child participation' principles that we have discussed earlier in this chapter. Whilst children for a long time were just seen as the victims of conflict, this is now more and more recognized as a too narrow view on their (possible) role (see also Chapter Gigengack, this volume). James and Prout (1997) argue that children must be seen as active in the construction and determination of their own social lives, the lives of those around them and of the societies in which they live. Children are not just the passive subjects of social structures and processes. The ability to exercise agency (the ability to shape one's own life and to influence the lives of others) may be limited or diminished for children in war-affected countries, but it still exists. Some children may actually find ways to benefit from the situation they are in - for example learning new skills through cooperating with an aid agency- and thereby enhance their own personal development and contribution to the wider society. It is paramount, therefore, that children affected by war are actively involved in the planning, design, implementation, and evaluation of research programmes. Only by letting the children speak their minds, and listening to their voices, can we hope to make a contribution to what ultimately should be the goal of most activities in war-affected areas: the prevention of future conflict.

We want to conclude by suggesting some general guidelines for doing research with children in war affected areas:

- Research done with children in war-affected areas should never infringe on the rights and needs of the children involved, or, in other words, should always be in the best interests of the child. Practically speaking, this means that researchers always need to make sure that research does not interfere with children's possibilities to obtain necessary care (e.g. food, education, adult support, etc), but this also implies that the research questions studied should be clearly linked to the daily practice of humanitarian assistance for children in war-affected areas (e.g. research should be practice-driven and not theory-driven).
- Research done with children in war-affected areas should always ensure children's participation in the design, implementation, and sharing of results *to the highest degree* possible, since child participation in the design and implementation of research can contribute to children's empowerment. In addition, the participation of children also ensures the appropriateness of the research instrument, in terms of difficulty level, cultural appropriateness and so on , thereby increasing the reliability of the study.
- Research done with children in war-affected areas should always ensure the children's caregivers' and the community's (parents, teachers, childcare professionals, community leaders, etc) participation in the design, implementation, and sharing of results *to the highest degree* possible. Sharing results with all stakeholders involved ensures an understanding of the practical implications of the study and increases the chance that the next steps will be taken to improve children's well-being.
- When conducting evaluation, or effect- or impact studies on psychosocial programmes for war-affected children, we feel that qualitative techniques are to be preferred over quantitative techniques. They are better suited for a war situation, culturally more valid, easier to administer, and give more insight into practical ways of improving interventions.

- Research done with children in war-affected areas should always be done with practical usefulness in mind. Results that are expected and obtained have to lead to outcomes and measures that will benefit the children in some way or another.

This list is by no means exhaustive, but we hope these guidelines will give researchers some "food for thought", and will help them in designing and implementing valid and valuable research with children affected by war.

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