

# Chapter 14

## Protecting Psychosocial Development

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### Rationale

Emergencies affect all aspects of a child's well-being - physical, mental, social and emotional - and assistance must take each into account. Emergency programmes traditionally have focused primarily on children's physical well-being, however the psychosocial harm to children in disasters or violent conflicts is often just as great as the physical harm.

Children in emergency situations, particularly armed conflict, experience severely traumatic events such as:

- the violent death of a parent or close relative;
- separation from family;
- witnessing loved ones being killed or tortured;
- participating in violent acts;
- displacement from home and community;
- exposure to combat, shelling and other life-threatening situations;
- acts of abuse such as being abducted, arrested, held in detention, raped, tortured;
- disruption of school routines and community life;
- destitution and an uncertain future.

These traumatic experiences have a sustained impact on children's development (see Panel 1). Children's psychosocial development is defined as: changes in cognition, emotion, spirituality and social relations mediated by socialization processes.

Children of all ages also are strongly affected by the stress levels and situation of their adult caregivers. Seeing a parent, who represents security and protection, being victimized leaves children feeling particularly fearful, vulnerable and defenceless. Once children have lost the protection of their family or if the family is seriously weakened, children are vulnerable to a range of chronic secondary stress.

Psychosocial programming consists of structured activities designed to advance children's psychological and social development and to strengthen protective factors that limit the effects of adverse influence. Beyond reaching individual children, the emphasis of psychosocial programmes is on strengthening children's social supports, mainly the family and the community.

### General Aim

Protect and restore the psychosocial well-being of children.

### Supporting strategies aim to:

- promote the re-establishment of a stable family life;
- help re-establish a sense of normality in the child's life;
- promote opportunities for expression of feelings;
- protect children from further harm;
- mobilize the child's existing care system;
- train relief personnel on dealing with psychosocial issues;
- help to lessen the psychological impact of emergencies;
- enable children to be active agents in rebuilding communities and a positive future.

## Panel 1

### COMMON PSYCHOSOCIAL DISTRESS SIGNS IN CHILDREN

When children have been exposed to 'events beyond the normal boundaries of human experience', that is, traumatic or psychologically wounding events, all kinds of stress reactions will be apparent - normal responses to abnormally distressing events. The nature of these stress reactions will depend on the type of traumatic event, the frequency and length of exposure, and the individual characteristics of the child survivor (i.e. age, sex, personality type) as well as on the child's social environment (including family support, community network, culture, etc.).

While there are cultural variations, psychological distress or trauma generally impacts children by limiting their ability to engage in the world around them and to participate in routines such as school and play. A common first sign of distress is a child's not interacting with others or not expressing curiosity in his or her surroundings. Traumatic events can also bring about extremes of behaviour, such as being too aggressive or even too obedient and 'good' (passive). Children exposed to repeated violence and other traumatic experiences may also experience a change in their beliefs and attitudes, including a fundamental loss of trust in others. Other manifestations may be nightmares, inability to sleep, repetitive or disturbing play, and difficulties in concentrating and sitting still.

Distressed children may regress in behaviour, particularly at younger ages. For example, an infant who slept through the night may no longer do so; a toddler who was toilet trained may return to soiling himself/herself for a period of time. Older children may revert to play from a younger age, resume an old habit such as thumb sucking or rocking, or become more dependent and fearful of separation from the parent or caregiver. Adolescents can be particularly vulnerable when the gradual gaining of independence from the family is disrupted.

Response to trauma can be immediate or it can be delayed for weeks, months or even years, and different children will cope differently. While all children are deeply affected by their experiences, not all children will be able to show their distress until some degree of stability and security are established within their environment; thus delayed reactions are common. Without appropriate and timely care and the creation of a safe environment for the expression of past trauma, their experiences may emerge later in life with a profound effect on their adult development.

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## Guiding Principles

The Convention on the Rights of the Child (CRC) provides the guiding principles for UNICEF's support to psychosocial recovery and well-being. The report of the

expert appointed by the Secretary-General, Ms. Graça Machel, entitled 'The Impact of Armed Conflict on Children', identified a number of important guiding considerations in promoting psychosocial well-being and recovery, including the following:

**Focus on healing:** Rather than focusing on a child's emotional wounds, programmes should aim to support healing processes. Key elements of healing include reintegrating the child into a stable and nurturing family environment, activating and enabling the child's existing care system, re-establishing age-appropriate daily routines, including schooling, and providing the child opportunities for expression.

**Understanding of cultural differences:** Although many symptoms of distress have universal characteristics, the ways in which individuals and communities cope with, react to and understand stressful events can differ markedly from one culture to another and depend on social, political and economic contexts and different belief systems.

**Understanding and respect for local traditions and practices:** Those who wish to help with psychosocial healing should have a deep understanding of and respect for the societies in which they are working. Aside from the basic principles of child development and local beliefs about children, they should also understand local culture and practices. This includes the rites and rituals related to becoming an adult as well as those associated with death, burial and mourning.

**Appropriate psychotherapeutic approaches:**

Approaches based on Western mental health traditions tend to emphasize individual emotional expression, which may not be feasible in all contexts. Exploring a child's previous experience with violence and its meaning is important to the process of healing and recovery. However, it should take place in a stable, supportive environment, by caregivers who have solid and continuing relationships with the child. In-depth clinical interviews intended to awaken the memories and feelings associated with a child's worst moments risk leaving the child in even more severe pain and agitation. Listening closely to what children are saying and observing their behaviour are critical to an assessment, but must be done in an unobtrusive, non-threatening manner. Interviews must be conducted with ongoing support for sensitive follow-up.

**Article 39 of the CRC states that:**

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of:

- any form of neglect, exploitation or abuse;
- torture or any form of cruel, inhuman or degrading treatment or punishment;
- armed conflicts.

Such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child.

**Avoidance of institutional approaches:** Institutionalizing children and identifying them as traumatized can impose an inadvertent stigma and contribute to their isolation and withdrawal. Building and placing children in expensive facilities is not a sustainable approach. The most effective and sustainable approach for promoting psychosocial well-being and recovery is to mobilize the child's existing care system. When groups of vulnerable children, such as child soldiers, are targeted for special attention, it should be done with the full cooperation of the community so as to ensure their long-term reintegration.

**Community-led process:** Relief efforts can make

matters worse if they reinforce a sense of powerlessness by treating those affected as helpless victims. Members of the affected community should be active partners in planning and carrying out relief efforts. Participation of the community has therapeutic benefits, helping to re-establish meaning and direction in people's lives, enabling them to gain control over their situation, and raising self-esteem. Families and communities can better promote the psychosocial well-being of their children when they themselves feel relatively secure and confident about the future. It is particularly important that aid programmes include women at early stages, in making decisions about design, delivery and evaluation of initiatives.

**Assessment should focus on two main areas:**

- existing and potential psychosocial stress factors in the community; and
- existing and potential community-based mechanisms for promoting psychosocial well-being and recovery

**Involvement of youth:** Young people themselves should be involved in community-based relief, recovery and reconstruction programmes. This can be achieved through vocational and skills training that not only helps to augment their income but also increases their sense of identity and self-worth in ways that enhance healing. One way to give adolescents a sense of meaning and purpose is to involve them in implementing programmes for younger children.

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## Identifying Priorities

Identifying priority interventions requires a solid and objective assessment of the local situation. A thorough understanding of the local culture must be the starting point.

Assessment efforts should ideally be directed by or at least undertaken in consultation with the community itself. It is important to avoid sweeping assumptions regarding the extent and severity of the problem based on a few extreme cases that may not be representative of the population as a whole (see Panel 2).

It is not generally advisable to rapidly assess the proportion of children traumatized by the emergency, particularly by outsiders unfamiliar with the local situation and culture. It is not realistic for an outsider, even an experienced child psychologist or psychiatrist, to enter a community and identify children affected by trauma.

### Panel 2

#### ASSESSMENT CHECKLIST

Specific survey methods will depend on the local situation and culture. The following represents the type of information useful for addressing issues of psychosocial well-being and recovery.

#### General conditions

- Were situations of violation of child rights at the origin of traumatic events?
- Have situations of abuse stopped or are they continuing to create a climate of insecurity for the children and their families?
- Are families living together?
- Do they have sufficient privacy?
- What is being done to enable families to live in dignity and provide care and protection for their children? What more can be done?
- What are the normal activities in the community to assist children who have difficulties?
- What are the community's normal mechanisms to respond to and deal with psychosocial distress? How can they be strengthened and built on?
- How do the general living arrangements and social organization of the population affect the protection and care of children?
- What measures could be implemented to improve the living conditions of the children and their families?
- Are there persons in the community who could provide regular activities for the children, such as non-formal education, play and recreation?

### **Parents**

- What is the nature of hardship and stress that parents face that are affecting their well-being as well as how they care for their children?
- What measures can be implemented to reduce this hardship?
- Are parents seen beating their children more than is normally permissible within their cultural framework?
- Are there opportunities in place for parents to discuss and seek support for distressing difficulties that they and their children must deal with?

### **Children**

- Are children being provided inadequate nurture and care?
- What measures might be taken to improve the care that such children receive?
- Are there children who are alone?
- Are there children who are behaving in an aggressive and violent manner?
- Are children provided culturally appropriate opportunities to talk about concerns, ideas and questions that they have?
- Do children have the opportunity to play?
- Are the special needs of unaccompanied children, long-stayers in camps and children in confinement being addressed?

### **Services**

- Are education and other activities provided so that children are able to participate in regular development-enhancing activities and re-establish

a sense of routine?

- Do refugee adults and children have access to social services to help address difficulties?
- Are systems in place to identify and assist children experiencing psychosocial distress?
- Is training and support being provided to teachers? Are primary health care and other service personnel available to help them better support children?
- Do specialized mental health services exist to which children in severe distress might be referred?

Adapted from Refugee Children: Guidelines on Protection and Care, UNHCR, 1994.

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## Field-Level Strategies and Actions

All phases of UNICEF programmes should take psychosocial considerations into account and give priority to preventing further traumatic experience. Specific field-level strategies must always be adapted to the particular local situation, in accordance with the basic principles already mentioned and the results of assessment.

To facilitate the implementation of these strategies, attention must also be given to promoting and enhancing the capabilities of relevant local, national and other systems and authorities. Actions within each of these broad strategies are discussed below.

### Re-establishing a stable family life

Sustaining and strengthening the family unit and, where necessary, reuniting families are the most important components in the psychosocial recovery and well-being of children. Children's sense of well-being, resiliency and security is largely a product of how they experience daily life. To the extent that they feel that their families are able to protect them and provide for their emotional and physical needs, their level of distress is likely to be reduced. The disruptions caused by an emergency undercut the ability of families to meet children's basic needs. Many children experience a series of losses and require time to learn to trust adults again, to overcome abandonment and to regain confidence in themselves and the world. This is best achieved through a consistent, secure and loving relationship with a protective parent or adult. Areas of intervention may include the following.

**Promoting family reunification:** Being unaccompanied, or involuntary separated from both family and community protective systems, greatly increases the child's risk of exposure to violence and to physical abuse and exploitation, and it almost always leads to distress. For children separated from their families, tracing family members and achieving family reunification or an alternative long-term care arrangement is an urgent priority. A nurturing foster family should provide interim care whenever possible, and institutional care should be avoided (see [Chapter 4](#),

Children Separated from their Families).

**Promote parental psychological healing:**

Parents who have themselves experienced trauma can at times be unresponsive to their children's needs when they need them most. Helping parents deal with their own distress, and re-establishing their capacity for good parenting, is vital to their own psychological healing and to that of their children. Providing a safe group setting to share feelings with others with similar experiences has proven effective. Such groups may include associations for women, men, widows, families of missing persons, parents with tortured children, and so forth. It is preferable for these groups to have access to professional support (see [Chapter 9](#), Early Childhood Development and Protection).

**Strategies for psychosocial well-being:**

- Reinforcing/reunifying families
- Re-establishing a sense of normality
- Providing opportunities for expression
- Mobilizing and enabling the existing care system
- Orienting and training relief personnel
- Preparedness and preventive measures

**Promote parental awareness of psychosocial needs:** Enabling parents through simple supportive techniques to help children cope with their fears, memories and distress is critical. Culturally appropriate suggestions on ways to talk with their children concerning their feelings and experiences, and to stimulate and play with withdrawn children, are especially important. Experience shows that parents are openly searching for this type of information. Training sessions, media activities, parent support groups, and outreach programmes are ways parents can be reached.

**Promote family self-sufficiency:** Providing income-generating opportunities helps family members to develop a sense of self-sufficiency, self-worth and control over their lives. Skills training, loan schemes, works projects, and animal husbandry programmes have all been successful in emergency situations. Such activities are especially important for traumatized youth, who often feel extremely pessimistic and unable to conceive of a future for themselves.

**Ensuring adequate emergency shelter arrangements:** Provisions must be made for the privacy and physical security of family units, and for the integrity of belongings and personal space, especially if they must be used for more than a few days (see [Chapter 17](#), Supporting Shelter and Domestic Needs).

## Re-establishing a sense of normalcy

Familiar routines create a sense of security, purpose and meaning and they also allow children to start functioning again as fully as possible. In addition to reinforcing and reuniting the family unit, areas of intervention may include the following.

**Re-establishing schooling:** Regular formal and informal schooling should be a priority from the earliest stages of an emergency, even in the absence of proper facilities or equipment. Schooling is one of the most important means of restoring a sense of normalcy to the lives of children, and it also provides opportunities to form healthy peer relationships, acquire key life skills and knowledge, and build self-esteem. Education in emergencies is dealt with in detail in another [chapter](#).

**Creating recreational activities:** It is important to create opportunities for

organized non-violent play, sports and other forms of recreation. Establishing safe play areas for children to play and interact with their peers, free from violence and conflict is also important.

**Resumption of cultural activities and traditions:** Normal cultural activities and religious practices, including healing rituals and all forms of celebrations, help the entire community in introducing a semblance of normalcy in their lives. This is especially important for displaced populations, where such activities and traditions represent familiar and reassuring anchors in what may otherwise be a strange and threatening environment.

**Providing nurturing opportunities for expression:** Giving children opportunities and vehicles to tell their stories and to be heard and acknowledged is a critical part of the healing process. Letting children know they are not alone in their fears and experiences helps them to own and integrate such fears. It is particularly important to have an appropriate form of expressing grief and bereavement over the loss of family members, friends, possessions, culture, home or even country.

However, those working with or caring for distressed children should not force them to talk, write or convey more than they are able or ready to at any given time. A child will need to control the timing of such information and should never be pressured or coaxed to say more than she or he is able to at one time. Facilitators should also be responsible in their use of children's drawings and writings. A child may be distressed if such personal expressions are shown to other people without permission.

Interventions designed to provide children the opportunity for expression may include the following.

**Structured play activities:** These provide a sense of normalcy and channels through which the child is able to express thoughts and feelings, both critical for the psychological healing process. Art activities such as drawing, painting, and working with clay, may be particularly important for the young. Role-playing and children's theatres are also vehicles for children to express themselves. Skilled facilitators can increase the effectiveness and therapeutic value of play.

**Group activities:** Structured activities in group settings are often therapeutic, particularly for school-age or adolescent children. Groups offer children security and a safe place to learn and express themselves. Caution should be exercised, however, in situations where the formation of a group may create security risks or carry a social stigma.

## **Mobilizing the child's existing care system**

The child's care system encompasses all of the caregivers the child comes into contact with, including parents, teachers, community health workers, social workers, youth leaders, religious leaders, traditional healers. Enabled with appropriate knowledge and skills, and building on existing cultural traditions for dealing with distress, they can play an important role in promoting children's psychological healing and recovery, and in rebuilding the child's ability to trust.

It is generally not effective to build a parallel institutional system, which encourages the segregation of children from their existing care system. Nor is it appropriate to depend on

### **Benefits of Group Activities**

specialized outsiders to treat the small percentage of children who become severely traumatized and require special attention and care. It is unlikely that outsiders will be able to understand the cultural factors contributing to how the child experiences and communicates feelings or that he or she will be present long enough to follow through with the child's treatment. Healing should be promoted within the framework of the child's existing care system to the maximum extent possible.

Interventions designed to mobilize and enable the child's care system may include the following.

- affords opportunities to establish healthy peer relationships;
- allows children to see how others with similar feelings and problems react to problems;
- helps children to learn steps for problem solving;
- offers a structured setting where children know the rules and can practice successful interactions with others their age.

**Teacher training:** Teachers are often very effective vehicles for helping distressed children, provided there is no conflict between the ethnic or political background of the teacher and the children. Teachers are generally interested in improving their skills to deal with psychosocial difficulties of children. Teacher training should focus on:

- understanding the nature, causes and effects of traumatic stress and how this appears in the behaviour of children;
- how to organize classroom and recreational activities - to create a safe environment and avoid further stressful events in the classroom;
- when and how to use other mediums such as writing, drawing, storytelling, dance or drama to express feelings and assist children in integrating past events;
- how to identify and enlist the support and help of other adults who come into contact with children in need, such as parents, community workers, health workers, religious teachers or traditional healers;
- how to prepare a plan of action for those children who are severely traumatized and will require special individualized or small group help.

**Support/training for health personnel:** Although often not equipped or trained to handle psychosocial problems in an emergency, health personnel are frequently faced with stress-related disorders. Training, special programmes and technical support are therefore often required by health personnel. Collaborative referral systems can be developed linking health personnel with other members of the child's care system, such as traditional healers, more equipped to deal with some psychosocial difficulties.

**Other specialized training and mobilization activities:** Training programmes tailored to various categories of child caregivers are often useful for raising awareness. These should address topics such as listening skills, common distress symptoms, needs created by traumatic experiences, and ways to facilitate psychological healing. Youth have successfully run initiatives for children such as peace camps and youth counselling programmes in a number of countries, promoting the self-esteem of all.

**Psychosocial support for adult care-givers:** Adults in the child's care system have often themselves been affected by trauma. Part of enabling them to help children is providing opportunities to come to terms with their own experiences. Support groups have proved useful in many emergency settings

## Informing and training relief personnel

All relief personnel - national and international - must understand that their own behaviour towards the children, parents, teachers, community leaders and others with whom they come into contact has a direct affect on the psychological and emotional well-being of those individuals. They have a critical impact on the children and adults who have undergone traumatic experiences. Relief workers must:

- understand what the population has experienced and how the people have been affected;
- realize that individuals who have experienced traumatic events may have difficulty in concentrating, suffer intrusive memories or experience other disturbing symptoms. Workers must establish realistic expectations for, and consider the vulnerability of, such people;
- be trained or experienced as a sympathetic listener, to maintain appropriate boundaries and conduct with vulnerable individuals who are dependent on them for services, and to practice and maintain standards of ethical conduct;
- consciously avoid adding to the existing trauma/distress of those with whom they are in contact, especially children.

Special programmes and measures are often necessary for relief workers themselves to counteract work pressures, prevent 'burnout' and help them deal with their own distressing experiences.

## Preparedness and preventive measures

During the early stages of an emergency when there is risk of further major disruption, preparatory actions must be promoted at family and community level to lessen the psychological impact.

- Families and teachers may prepare children by discussing the situation and possible outcomes (such as evacuation) with them.
- Families and communities and/or local authorities may anticipate outcomes and take measures to protect and minimize the potential suffering of children while preserving family unity.

### **Psychosocial support training can include the following:**

- training session that make direct use of experiences, issues and problems of the staff;
- regular changes of scene for locally hired staff, including visits to family members;
- participation in meetings and exchanges with counterparts in programmes elsewhere that serve to upgrade skills, analyse lessons learned and generally assist staff to aid a child's healing process.