

Children in Emergencies: Psychosocial Support as a Holistic Protection Mechanism

April 2016

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1. Introduction

This study aims to identify strategies and/or models which have shown to be effective in providing psychosocial support for children in emergency contexts at the micro-, meso- and macro-levels of social systems. Moreover, lessons will be identified to provide a basis to promote worldwide resilient systems.

For this, analyses of child brain development, social ecology systems, and the concept of resilience were used. The research used secondary sources, including science and empirical research articles in addition to organizational guides relevant to the research. The methods chosen ensure credible, transferable and dependable findings given the lack of rigorous research to answer the question "What strategies and/or models have shown to be effective in providing psychosocial support for children in emergency contexts at the macro-, meso- and micro-level of social systems?".

2. Background

Violence and displacement continue to be realities in the lives of millions of people around the globe. It is estimated that there are currently more than seventeen million refugees living outside their own countries and another twenty-five million internally displaced people⁵. At least half of these forced migrants who are fleeing wars and ethnic war are children -- most of whom have been exposed directly or indirectly to violence⁵. Children displaced within conflict-affected countries may be exposed to violence and other tragedies in even greater numbers and for longer periods of time. Furthermore, the UN estimates that one billion children live in conflict-affected areas, of which 250 million are under the age of five¹³. These children, and those affected by the rising number of natural disasters around the world, are at severe risk of violence, abuse, exploitation and neglect.

During war, images of children and families caught in the crossfire disturb and motivate action. However, as conflicts dwindle and media attention turns to the latest breaking emergency, little attention is paid to the longer-term mental health and psychosocial sequelae afflicting conflict-affected children and families². In general, mental health receives limited attention from policymakers and funding agencies, and it is rare for countries under conflict to emerge with a post-conflict development agenda that includes strong consideration of mental health services².

One of the underlying causes for the marginalized position of mental health and psychosocial support in humanitarian settings is the lack of academic evidence to advance it. "Part of the problem is that, for many years, investigators have been content to explore whether political violence has negative psychological consequences for children, but have neglected to move much beyond this broad premise"⁷.

But two frameworks present promising avenues to move beyond this premise. In their call for a paradigm shift, authors have emphasized (a) an ecological-transactional approach^{8 10 17} and (b) the importance of examining resilience processes^{3 20 33}. Current applications of these theoretical frameworks with children in adversity have focused on transactions taking place between risk and protective factors at different socio-ecological levels (i.e., the family, peer, school, and wider community levels)^{3 9 22 37}.

This research summarizes the current body of knowledge in the field and highlights key programmatic areas that are recognized as contributing to the promotion of the mental well-being of children. For this, the paper adopts the somewhat arbitrary age limit of eighteen to define the upper limit of childhood and uses the terms humanitarian settings, emergencies, and adversity interchangeably.

3. Effects of adversities to children

Children affected by emergencies risk experiencing different threats to their development and well-being, some of which may lead to lifelong impairments in learning, behavior, and physical and mental health. Where traumatic experiences are compounded by the loss of parents or other caretakers, or where children are separated from them, reactions and distress may be greatly magnified¹.

It is clear that the presence of one factor that poses risk to children may make them more vulnerable to other risks¹. As a result, a number of researchers have employed a risk-accumulation model⁴ to provide insights into the fate of children in these situations. This model suggests that most children can cope with low levels of risk, but the accumulation of risk threatens development, especially when there are no forces compensating it⁴. Risk factors include previous traumatic experiences; loss of family, friends and familiar surroundings; uncertainty about the future; poor diet and nutritional status; lack of opportunities for education and play; loss of self-respect and self-confidence; and excessive burden of domestic work¹.

There is also numerous evidence that children who have experienced conflict or displacement are at greatly increased risk of various forms of abuse and exploitation, such as child labor, sexual exploitation and corporal punishment. Behavior towards a child which might be considered abusive or exploitative, however, needs to be judged against cultural norms and standards¹. Moreover, it is important to consider the context to comprehend the differences observed among children growing up in war zones and in refugee camps⁴.

3.1. Brain development

A child's perception of an event is influenced by age (more specifically the development stage), by the consequences which surround it and by following occurrences. When faced with a disaster, young children may be unable to process this event cognitively, which makes a child particularly vulnerable¹⁹. These inadequate individual competences, associated with a negative evaluation of adversity, expose the child to higher risk of distress.

Learning how to successfully deal with stress is an important part of a child's healthy development; such ability is in fact protective and even essential for survival. Excessively high levels or prolonged exposure to stressors, however, can be harmful or toxic. The dynamics of these stress-mediating systems are such that their over-activation in the context of repeated or chronic adversity leads to alterations in their regulation³⁰.

The National Scientific Council on the Developing Child has proposed a conceptual taxonomy that includes three types of stress responses in young children -- positive, tolerable, and toxic -- on the basis of postulated differences in their potential to cause enduring physiologic disruptions as a result of the intensity and duration of the response²⁴. A positive stress response refers to a physiologic state that is brief and mild to moderate in magnitude²⁴. Central to the notion of positive stress is the availability of a caring and responsive adult who helps the child cope with the stressor, thereby providing protection that facilitates the return of the stress response systems back to baseline status²⁴. When buffered by an environment of stable and supportive relationships, positive stress responses are a growth-promoting element of regular development. As such, they provide important opportunities to observe, learn, and practice healthy, adaptive responses to adverse experiences.²⁴

A tolerable stress response, in contrast to positive stress, relates to exposure to nonnormative experiences that present a greater degree of adversity or threat²⁴. When experienced in the context of protection provided by supportive adults, the risk that such circumstances will produce excessive activation of the stress response systems that leads to physiologic harm and long-term consequences for health and learning is greatly reduced²⁴. Thus, the fundamental characteristic that makes this form of stress response tolerable

is the extent to which protective adult relationships facilitate the child's adaptive coping and a sense of control, thereby reducing the physiologic stress response and promoting a return to baseline status.

The third form of stress response, toxic stress, can result from strong, frequent, or prolonged activation of the body's stress management system in the absence of the protection of a supportive adult relationship²⁴. The fundamental characteristic of this phenomenon is the postulated disruption of brain architecture, other organ systems and regulatory functions during sensitive developmental periods³⁰. Such disruption may result in anatomic changes and/or physiological dysregulations that are the precursors of later impairments in learning and behavior, as well as the roots of chronic, stress-related physical and mental illness³⁰. If a stressor has continued for a long time, if it is unexpected, or too intense, the brain may have great difficulty in restoring the homeostatic system¹⁹.

Significant stress in early childhood can trigger amygdala hypertrophy and result in a hyperresponsive or chronically activated physiologic stress response³⁰. Along with greater potential for fear and anxiety, it is in this way that a child's environment and early experiences affects her development³⁰.

Exposure to chronic stress and high levels of cortisol also inhibit neurogenesis in the hippocampus, which is believed to play a critical role in the encoding of memory and other functions³⁰. Furthermore, toxic stress limits the ability of the hippocampus to promote contextual learning, making it more difficult to discriminate conditions for which there may be danger versus safety, as is common in posttraumatic stress disorder³⁰.

The prefrontal cortex (PFC) also participates in turning off the cortisol response and has an important role in the regulation of autonomic balance (i.e., sympathetic versus parasympathetic effects), as well as in the development of executive functions, such as decision-making, working memory, behavioral self-regulation, and temperament and impulse control³⁰. The PFC is also known to suppress amygdala activity, allowing for more adaptive responses to potentially threatening or stressful experiences; however, exposure to stress and elevated cortisol results in deep changes in the connectivity within the PFC, which may hinder its ability to inhibit amygdala activity and, thereby, impair adaptive responses to stress³⁰.

The relationship between emotional reactions to a disaster and later development of dysfunctional responses seems to be clear¹⁹. Science tells us that interventions that strengthen the capacities of families and communities to protect young children from the disruptive consequences of toxic stress are likely to promote healthier brain development and enhanced physical and mental well-being³⁰.

The basis of healthy development refers to three domains that establish a context within which the early origins of physical and mental well-being are nourished. These include (1) a stable and responsive environment of relationships providing young children with consistent, nurturing, and protective interactions with adults to enhance their learning and help them develop adaptive capacities that promote well-regulated stress-response systems; (2) safe and supportive physical, chemical, and built environments providing physical and emotional spaces that are free from toxins and fear, allowing active exploration without significant risk of harm, and offering support for families raising young children; and (3) sound and appropriate nutrition, which includes health-promoting food intake and eating habits, beginning with the future mother's preconception nutritional status³⁰.

Individual characteristics combined with the impact of a disaster and with family and social contexts represent the main factors that can protect a child and determine the impact of a disaster. Considered separately, each variable would not have a direct effect on the psychological status of a child. For this reason, it is necessary to focus on all these aspects and on their relationships¹⁹.

4. The holistic protection of children

The development of children is shaped by the material, social, and cultural contexts of which they are part⁴. Uri Bronfenbrenner has contributed significantly to the understanding of how long-term relationships (proximal interactions) shape children's immediate responses to adversity as well as longer-term outcomes⁵. "Systems", such as the family, school, and peer group, in which children are involved in constant, face-to-face interactions, are key determinants of their developmental outcomes⁶. What emerges through Bronfenbrenner's social ecology lens is a dynamic picture of how children develop amidst changing social, political, economic, and cultural worlds that offer a mixture of protection and risks to their rights and well-being⁵.

Starting prenatally, advancing through infancy, and extending into childhood and beyond, development is driven by an ongoing inextricable interaction between biology (genetic predispositions) and ecology (social and physical environment). Although much research is still needed in this area, there is a strong scientific consensus that the ecological context modulates the expression of one's genotype³⁰.

This concept underscores the need for greater understanding of how stress affects the development of children, as well as the importance of determining external and internal factors that can be mobilized to prevent that process or protect against the consequences of its activation³⁰.

4.1. Systems of care

Healthy child development, therefore, occurs within nested systems of family, community, and society. The family, including extended family in many parts of the world, is the main microsystem within which children develop and where basic protections and needs are provided⁶. Outside the family, schools and organizations of religious activities provide the first encounter with social institutions and are important domains of interaction between children, their peers, and significant adults, such as teachers. At a wider, macrosystemic level, the socialization and development of children occur within social systems that include norms with respect to their rights, rules of law, forms of conflict resolution, cultural mourning processes, and educational opportunities⁶.

According to the theory, the microsystem is the small, closest environment to the child. Children's microsystems will include a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic characteristics that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment⁶. The more encouraging and nurturing these relationships and places are, the better the child will be able to grow, since this is the most powerful predictor of a child's developmental outcome^{6 26}.

In this system, the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a lifetime. This relationship must be fostered by a person or group of persons in the immediate sphere of the child's influence. Schools and teachers fulfill an important secondary role, but cannot provide the complexity of interaction that can be offered by primary adults²⁶.

Bronfenbrenner's next level of systems is the mesosystem, which describes how the different parts of a child's microsystem work together for the sake of the child. It comprises the linkages and processes taking place between two or more settings containing the developing person (e.g., the relations between home and school, school and workplace, etc.). The mesosystem would thus be a system of microsystems⁶.

The macrosystem consists of the overarching pattern of micro- and mesosystems (and exosystems, which are not discussed here) characteristic of a specific culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and

life course options that are embedded in each of these broader systems. The macrosystem may be thought of as a societal blueprint for a particular culture or subculture⁶.

In some of today's war zones, systems that are normally sources of support and protection, such as the family, become sources of risk and developmental impairment. In contrast to individualized approaches, an ecological approach suggests that the impacts of war are socially mediated⁵.

4.2. Resilience

The concept of resilience is founded on the observation that under traumatic or otherwise adverse circumstances, some people cope and develop relatively well while others fail to do so¹. The term "resilience" describes the characteristics of those who cope relatively well - their personal attributes, the quality of their family life, their social supports, etc. It is important to emphasize that resilience is not just about personal qualities, but also about the way in which these qualities interact with external factors in the family and wider environment¹.

Initially it was thought that resilience concerned a group of "invulnerable" children, but more current findings have shown that resilience may be achieved through relatively ordinary means, including intelligence, self-esteem, and the availability of nurturing and supportive caregivers or other attachment figures²³. Although its exact definition remains controversial, common reported definitions of resilience include (a) exposure to adversity (e.g., poverty, chronic maltreatment, violence) and (b) positive psychosocial well-being, as illustrated in definitions by Masten (2001), "good outcomes in spite of serious threats to adaptation or development," and Luthar, Cicchetti and Becker (2000), "a dynamic process encompassing positive adaptation within the context of significant adversity."

Resilience thus appears to be a common phenomenon that results in most cases from the operation of ordinary human adaptational systems²³. If those systems are protected and working well, development is robust even in the face of severe adversity; on the contrary, if these major systems are impaired, antecedent or consequent to adversity, the risk for developmental problems is much greater, particularly if the environmental hazards are prolonged²³.

Where the presence of protective factors helps to counteract the effects of risk factors, the person can be regarded as resilient. In addition to helping a child develop self-esteem and confidence, resilience, along with other positive attributes and strengths, also protects children from the risk factors in their environment. It has been shown that developing these protective factors is equally as important as eliminating or minimizing the risk factors¹.

A focus on the child's resilience has the advantage of directing attention to people's strengths rather than their weaknesses; similarly to Bronfenbrenner's theory, it emphasizes the need to identify and strengthen existing support networks within the community; and it directs attention to those children and families whose assets and resources may need strengthening, as well as to those who may continue to be especially vulnerable even when these resources are in place¹.

Williams and Drury (2009) also described the concept of "collective resilience", which describes how people respond to emergencies and express and expect solidarity, cohesion, and emotional support to deal with an emergency or disaster³⁶. While personal resilience highlights the importance of finding adequate responses to people's needs, collective resilience underlines the role of groups and community that can be a resource for social-psychological individual needs³⁶. Interaction skills, relationships and achievements are important aspects that can be relevant factors of resilient protection.

Despite significant strides in elucidating resilience processes, a major gap in the literature is the lack of findings from non-industrialized low- and middle-income countries³². Research from industrialized high-

income countries may not be generalizable to these contexts because of differences in the conceptualization of childhood across cultures, symptom expression, help-seeking behaviors, and available support systems³².

4.3. Psychosocial Support

The term psychosocial is a concept used to define the “very close relationship between psychological and social factors. Psychological factors include emotions and cognitive development — the capacity to learn, perceive, and remember. Social factors are concerned with the capacity to form relationships with other people and to learn and follow culturally appropriate social codes.”²¹ According to UNESCO (2006), it combines the concepts of the individual ‘psyche’ and the ‘social’ community in which the person lives and interacts.

Inherent to these definitions is the need for support people have after a conflict or emergencies. The interdependency between the individual and the community influences psychosocial support activities worldwide²⁸. Therefore, the objective of these interventions should be facilitating the reconstruction of local social structures (family, community groups, schools), which were destroyed or weakened by an emergency, so that these structures can give appropriate and effective support to those suffering severe stress related to their experiences²⁵. The provision of psychosocial support to children in adversity specifically involves the elements of normalcy, context, and organizational mission²⁸.

Informed by Bronfenbrenner's theory, the Psychosocial Working Group (PWG)'s model stresses several fundamental principles regarding the provision of this support: attention to context; attention to meaning; active engagement of those affected; and use of resources available to a community (economic, environmental, geographic, historical, etc.). The framework understands psychosocial well-being in terms of domains of human capacity, social ecology, and culture and values³¹.

5. Key Programmatic Areas

The dangerous circumstances faced by children in emergencies point to an urgent need to develop strategies to prevent or ameliorate the negative psychological and social effects suffered⁵. The development of psychosocial programs is still in its inception, however; only a few efforts have been developed as integral components of broader relief efforts or development systems. Moreover, very few have been evaluated in ways that demonstrate positive outcomes or impacts⁴. As a result, with a few exceptions, psychosocial programming remains marginalized from mainstream humanitarian response efforts, with little or no connection to broader assistance and protection operations⁵.

An ecologic approach to understanding children and adverse situations begins with a thorough assessment of the protective capacities (and deficits) of key people, systems and intricate social mechanisms that surround them that previously were used to maintain social cohesion within and between villages⁵. This examination should form the basis not only for thinking of potential influences on children's well-being, but should also be sufficiently focused to frame clear actions that will promote child protection and wellbeing⁵. The goal is to identify features of both micro- and macrosystems that together can be seen to form a potential protective shield around children, not eliminating risks and vulnerabilities but protecting children from their full impact⁴. Involving affected populations actively in defining their needs and strengths and building their capacity over time through active engagement, training and mentoring makes responses more effective and sustainable. While local actors have a crucial role, they often have no or limited access to the cluster system or international coordination platforms¹⁵.

The social, political, linguistic and cultural complexities of affected populations call for tailored support that builds local capacity in the longer term¹⁵. The planning and implementation of effective mental health and psychosocial support interventions need to be built on local resources¹⁵. This means also assessing not

only problems but also existing resources, which include formally trained staff and social and health care systems as well as community coping mechanisms¹⁵.

There are likely to be other features of community life that – shaped by the harsh physical and economic conditions and deeply ingrained cultural attitudes and practices – seem profoundly hostile to the welfare of children. When these are widespread harmful practices, decisions must be made whether and how to address these enduring, socially sanctioned patterns without alienating significant segments of the community¹.

As a field of practice, however, little evidence-based research actually exists to support the efficacy of these approaches or to indicate how they might be employed to reinforce one another better¹. This lack of an evidence base for effective interventions undermines donor countries' confidence in psychosocial investments and leaves humanitarian workers hesitant about the difference efforts have made¹. However, as scientific researches indicate, it is extremely important to provide psychosocial support for children affected by emergency situations and advance this topic with appropriate monitoring and evaluation systems.

The following section outlines the core psychosocial programmatic areas that are recognized as essential for children in adversity and highlights specific interventions associated with them:

- Protection of separated children
- Child Friendly Spaces
- Mobilization of local beliefs and practices and resilience building
- Restoring a sense of normality in the lives of children
- Protection of children from further harm

5.1. Protection of separated children

Although the number of separated children is historically underestimated, it is widely accepted that they are among the groups of children most at risk in war and refugee crises⁵. Effective programming for separated children in adversity includes activities designed to prevent separation and, when unsuccessful, to provide interim care and reunite children with separated loved ones as rapidly as possible²⁹.

Attachment to caregivers is one of the most fundamental building blocks of child development, as this bond is critical to the child's immediate welfare¹. Experiences of separation and loss will have different impact depending on the child's age, level of intellectual development, emotional maturity, gender and the nature and duration of the separation. It will also vary between cultures¹.

Most of the research into the effects of separation have been undertaken in Western societies where there has been a strong emphasis on attachment to a single caretaker, usually the child's mother. In many other cultures, however, young children have, and are attached to multiple caretakers – mothers, grand-parents, older siblings, among others¹. Research results have suggested that separations can have long-term effects on children. However, it seems most likely that the majority of long-term effects are not a product of separation, but of the lack of adequate substitute care after separation¹.

It seems clear that separated children cope best when they are cared for by caring adults or sometimes older siblings who provide an appropriate level of affection, care and stimulation¹. Because of that, separated children usually benefit from as much continuity with the past as possible: remaining together with siblings, maintaining one or two possessions and so on can be particularly important to the child¹.

Interim care, on the other hand, should be culturally appropriate, encourage age-appropriate development, and allow siblings to stay together. International adoption of war-affected and refugee children is rarely an appropriate interim care response¹⁶.

In general, the separation of children from their families can be grouped into two primary categories: involuntary and voluntary⁴. The distinction between these two groups is useful to provide important insights into the intent of the parent/child separation, the possibility of preventing such separations in the future, and whether reunion is desirable or possible, keeping in mind that separation does not occur in isolation from other kinds of loss and events¹.

5.2. Child Friendly Spaces

Often the first psychosocial support intervention in an emergency, Child Friendly Spaces (or "Safe Spaces") provide children with a structured and protective environment¹. The concept is simple and replicable: locate play space; identify, orient, and support community workers; mobilize groups of affected children; and, launch wide-scale play and recreation activities as soon as possible¹.

Structured play and recreation helps normalize children's behavior when they need it most¹. Safe Space programs can also provide needed psychosocial support as well as structures to monitor daily protection concerns¹. These behavioral regulation programs also are readily scalable – using community resources, large numbers of children can be organized into these programs in a short period of time¹.

Although recreational and play activities are at the core of the Safe Space concept, some programs have evolved into multifaceted intervention initiatives that included immunization campaigns, nutrition programs, life skills activities, and parental support. A Child Friendly Spaces program is also an important step toward establishing curriculum-based learning in refugee or internally displacement situations where schools do not exist from before¹.

5.3. Mobilization of local beliefs and practices and resilience building

Children's psychosocial well-being is linked to community self-help networks and local beliefs and practices⁵. Mobilizing these supports helps foster psychosocial healing and is key in reintegrating separated children, child soldiers, and other at-risk groups into families and communities¹.

In the IASC Guidelines (2007), as well as in psychosocial work that preceded the Guidelines, there is a strong emphasis on culturally appropriate social interventions and their advantages over exclusively importing Western clinical approaches⁷. These guidelines and previous work emphasized using traditional approaches to conflict resolution and healing¹⁴. Moreover, psychosocial interventions that target "culture and values" provide opportunities for normal religious practice and work with traditional, religious healing sources³¹. Similarly, the IASC Guidelines advise interventionists to "learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems"¹⁴.

While this point is absolutely crucial, it is important not to romanticize non-Western worldviews without strong ethnographic data³². The advocacy of traditional practices can have the unintended outcome of reinforcing stigma and marginalization rather than fostering psychosocial well-being for affected children, especially girls³². This is why most practitioners typically fall somewhere in the "blended approach" advocating for pluralistic efforts incorporating local and imported psychosocial frames and tools for intervention, with careful critical consideration of both local practices and imported techniques¹².

Literature also proposes two different ways to consider how social support affects, both directly and indirectly, coping with stressful events¹⁹. Social networks provide people with positive experiences and stable roles, and, independently of individual stress, social support seems to directly influence mental

health. Moreover, efficient social support has a permanent influence on individual overall psychological health. Likewise, it has an indirect and stress-reducing effect by buffering negative consequences of stressful events¹¹.

5.4. Restoring a sense of normality in the lives of children

Several interventions can serve to promote healthy child development and well-being by restoring a sense of normality in children's lives and by preventing further harm. Important aspects to achieve this objective are outlined below.

5.4.1. Community Structures

Situations of flight and displacement are extremely disruptive to children's lives by creating tremendous change which frequently involves significant losses, and by seriously altering the child's life course and sense of purpose and direction. Displacement undermines the social networks and institutions (family, school, religious organization, community, etc.) which support regular development, emotional security, and relationships that support children's learning and their sense of self and identity. Interventions which help restore previous social fabric, facilitate the setting-up of new and adaptive structures and strengthen the capacity of existing social networks are most likely to generate positive impact for children's development¹.

5.4.2. Structure, Routine and Purpose to Daily Life

For children and adolescents, establishing predictability is enabled through the trust, purpose and meaning that comes from continuous contact with the same people, from familiar routines and from continuity of cultural practices¹.

Daily structured activities are important for children of all ages. Structure in daily life conveys a sense of purpose and dependability that can be a calming, stabilizing element for children and for the whole community. It also helps foment feelings of responsibility and respect for other people¹.

Schools, children's clubs, recreation programs, and youth committees have the potential to provide protective environments for children and expose them to activities that promote self-esteem, choice, autonomy, and other factors that have been associated to resilience in childhood¹². A key factor in determining whether community mechanisms are capable of fostering self-confidence and children's engagement in community affairs is the attitudes and behaviors of the people who run them⁴.

In the case of schools, core protective factors include adequate teacher/student ratios; elimination of humiliation, bullying and corporal punishment; and safeguards against sexual abuse and exploitation⁴. Equally important to the psychosocial protection of children, gender and disability issues need to be acknowledged and addressed. Conditioned to incorporating these aspects, safe and free education helps secure children's future and possibly prevent the sexual and economic exploitation of children and exposure to other risks, such as recruitment by armed forces or groups¹³.

5.4.3. Promoting Family Life and Parental Competence

One of the most important contributions that can be made to improve children's well-being is to help the adults in the family to restore a sense of effectiveness as parents. Very often, parental capacity is affected by parents' reactions to stressful events which, when compounded by the additional burdens which may be placed upon them may serve to limit their responsiveness to their children¹. Some programs aim at enhancing parental competence; others attempt more generally to improve the quality of life and

opportunities for the development of men and women. Nevertheless, an emphasis on the empowerment of women may be especially significant¹.

The crucial role of the family in predicting children's reactions to community violence is well recognized, with research demonstrating the association between adaptive family functioning and children's psychological outcomes^{2 3 12}. For children affected by disasters, the family is also centrally positioned in understanding the impact of them on children and explaining occurrence, maintenance, or prevention of mental health problems^{8 27}. Moreover, the ability of the parents to reassure the child and help them make meaning of stressful events is considered essential in the child's process of adjustment³.

5.4.4. Building on the Strengths and Capacities of Young People

While it is true that children may have particular areas of vulnerability, it is important not to overlook their own capacity for active engagement in the issues affecting them¹. An over-riding image of children as "victims" underscores their passivity and vulnerability. While it may not have been possible to influence the events that disrupted development, young people may have a key role to play in rebuilding their lives, with facilitation appropriate to their ages and capacities¹.

Protection mapping, free-listing, and other participatory exercises provide opportunities for children to identify and rank the risks they face, to identify and rank the actions they and others may take to protect them from these risks, to define what "doing well" means to them, and to outline a concrete plan to achieve "well-being."⁴ Still, the strengths and capabilities of children and adolescents in refugee populations, for example, are reported to be seldom fully appreciated¹.

On the other hand, although such participation may be valuable and broadly welcomed, during an emergency particular attention needs to be paid to the political manipulation of children in schools, religious institutions, youth groups, and other social networks⁴.

5.4.5. Advocacy for Children's Rights and Needs

Clearly children's welfare is deeply affected by the attitudes and actions of all parties engaged in the conflict. There are enormous challenges to a child's protection when government authorities or other parties to a conflict instigate or refuse to prevent human rights violations⁴. Intentional human rights abuse requires protective activities aimed at government and/or other responsible actors. Key modes of protection action may include denunciation to accomplish policy change objectives, and substitution to accomplish assistance and support needs. In contrast, if authorities are not engaged directly in rights violations, protection actions may include persuasion or mobilization and empowering national or local structures to implement their functions to protect and assist affected children⁴.

5.5. Protection of children from further harm

Practitioners increasingly acknowledge that there are risks involved with psychosocial interventions that may lead to unintentional harm¹⁴. Some of the most common unintended harm are described in this section.

5.5.1. Avoiding Further and Unnecessary Separations

Unintended separations can easily result from policies such as opening residential centers, careless documentation when children or their parents are admitted to hospitals or feeding centers, or the poorly-organized evacuation of children and families from dangerous areas¹.

5.5.2. Inappropriate “Trauma” Programs

Protecting children from further harm may require a careful evaluation of the means used to support them in dealing with the violence and displacement they experienced. Exploring these sensitive issues and the meaning they hold for a child may be important to the process of healing and recovery; however, they require expertise in therapies appropriate to the context, and should take place in a stable, supportive environment with the participation of caregivers who have a solid and continuing relationship with the child¹.

In-depth clinical interviews intended to awake the memories and feelings associated with the child’s worst moments may be extremely harmful, especially if conducted with an unprepared child by a stranger with limited knowledge of the culture¹. This kind of interview risks tearing down a vulnerable child’s defenses and leaving her in a worse state of pain and agitation than before. For a child in a stressful and unsafe situation, it may be a good coping strategy to avoid remembering traumatic experiences. In any case, discussing intimate feelings and fears with anyone but one’s closest family is taboo in many cultures¹.

5.5.3. Avoiding the Inappropriate Isolation of “Vulnerable Groups”

Actions to address the needs of vulnerable groups of children and adolescents should assure their long-term reintegration into their communities, and avoid the short-term assistance that may increase the probability of their marginalization¹ and/or heighten the potential for stigmatization and conflict. Similarly, isolating “psychological trauma” from other difficult and stressful aspects of the lives of children and offering a decontextualized form of “treatment” can label children unhelpfully, segregate them from their peers and ignore current aspects of their lives which are creating difficulties¹.

5.5.4. Avoiding the Further Victimization of Victims

One of the most extreme examples of the need to protect children from further harm comes from insensitive responses to allegations of abuse and exploitation¹ that victimizes children even more.

6. Conclusion and recommendations

Emergencies comprise unique and troubling entanglements of nature and culture, where social and physical change or social vulnerability greatly exacerbate how hazards are experienced by populations, especially children¹⁸. Consequently, both individuals and societies are hurt by failures to integrate psychosocial assistance effectively into mainstream relief and development systems⁴. Children who have been emotionally injured by political or ethnic violence may not be able to concentrate in school, and youth may be unable to take advantage of livelihood opportunities because their minds are preoccupied with the past⁴.

The conclusion that resilience emerges from ordinary processes offers a more optimistic outlook for action than the idea that rare and extraordinary processes are involved²³. The task before us now is to clearly document and illustrate how adaptive systems develop, how they operate under varied conditions, how they work for or against success for a child in a specific environmental and developmental context, and how these systems can be protected, restored, facilitated, and nurtured in the lives of children²³.

The overarching message from the research conducted for this paper is that communities come first, starting with the critical and challenging task of extracting input from them to understand their needs²³. This is in tension with the reality that psychosocial support practices are adapted from a global framework and are often derived from an organization and not the communities. While extensive knowledge and experience inform these frameworks, they are still usually based on a perspective of asymmetrical power relationships between “helpers” and “beneficiaries.”²⁸

Therefore, needs assessments are required to provide critical awareness of how community members understand psychosocial support so programs can effectively promote their wellbeing. For this, the design of these programs should valorize local knowledge without romanticizing non-Western traditions. While international agencies' commitment and capacity to protect child welfare and rights need to be assessed and developed, in the long-term the capacity of local people and institutions should be built to take leadership of these processes.

Finally, to form a robust basis to advance the promotion of mental wellbeing across the world, more rigorous evidence-based research in countries affected by different types of emergencies is needed. Widespread structural and cultural violence should also be studied to extrapolate these findings to other contexts, both developed and developing, that face these challenges. Moreover, researches would benefit from a multidisciplinary and multilevel approach, including the involvement of the broader pediatric community in designing and testing much-needed science-based interventions³⁵.

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