Chapter 8 – Annex 1: Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 18 December 1979 (extracts)

CEDAW obliges States to take concrete steps to eliminate discrimination against women and to implement various measures towards its elimination.

CEDAW obliges States:

- to condemn all forms of discrimination against women and to implement various measures towards its elimination;
- to eliminate discrimination in education;
- to ensure the same conditions for career and vocational guidelines and for access to studies;
- to ensure the right to work and the right to the same employment opportunities with equal remuneration;
- to provide special protection to women during pregnancy in types of work proved to be harmful to them;
- to eliminate discrimination in the field of heath care and to ensure access to health care services and appropriate services in connection with pregnancy;
- to eliminate discrimination against rural women in particular;
- to ensure equality before the law;
- to ensure the same rights and responsibilities with regard to marriage and guardianship, wardship, trusteeship and adoption of children. In all cases the best interests of the children shall be paramount;
- to eliminate discrimination in the political and public life of the country;
- to ensure the same rights in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property.

Additional References


Chapter 9: Early Childhood Development and Protection

Rationale

UNICEF’s primary service role in emergencies is the protection of children. The most vulnerable time for children to be impacted by emergency conditions and violence is early childhood. The vital role of the early years in the formation of intelligence, personality and social behavior is well established. During the formative years of birth to age 6, the child encounters some of life’s most significant learning experiences and develops
competencies that are the underpinning of all later learning. It has long been accepted that good health and nutrition support the psychological and social development of the young child. Less widely recognized are the findings that developmentally sensitive interaction with a child—namely interaction that satisfies the child’s need to grow socially, emotionally, and cognitively—has a measurable impact on the health, nutrition and learning capacity of the child.

Child Development

Child development describes a process of change as children grow and mature. The study of child development helps us to understand how children learn to handle more complex levels of moving, thinking, feeling, and interacting with people and things. For children to develop to their full potential, basic needs of protection, nutrition and health care, must be met, along with needs for affection, interaction and learning through exploration and discovery.

Research has clearly demonstrated that there are critical points in children’s development where it is essential to ensure the kinds of experiences and interactions that support healthy growth and development. For children to reach their potential and avoid later dysfunctions, they must not be subjected to an accumulation of risk factors.

General Aim

UNICEF’s overall aim for young children living in emergency or violent situations is to prevent the accumulation of risk and enhance the social and psychological resources that underlie coping and resilience. The challenge is not simply to reduce risk factors that threaten development, but to overcome them by building on protective factors that exist naturally in children’s families and communities and to provide support when they are absent.

The greatest risks to development are early deprivation that suppresses intelligence, repressive environments that stultify creativity and foster rigid thinking, and environments devoid of basic resources that affect healthy physical and mental development. All three threats are common for children living in emergency conditions.

Impact on Young Children

What happens when risk replaces safety as a condition of life for a child? How does chronic danger affect the young child’s growth?

At the most basic level, living in chronic danger suppresses the development process itself. It immobilizes children, inhibits exploration and thereby impairs the development of competence. In the early years, children form a picture of the world and their place in it. If a children’s picture is of a hostile world and they see themselves as insignificant players, suspicion, limited capacity to learn, low self-esteem, self-denigration, and perhaps violence and rage can be expected. For some children, emergency and/or violent conditions can stretch their coping mechanisms to the breaking point.

What about the role of communities and parents in compensating for these risks?

Violence threatens children not just directly but indirectly through its effects on adult caregivers. The adults are often themselves traumatized. Their experiences with violence and deprivation reduce their capacity to meet the needs of the children they care for. The harsh realities of their lives reduce their capacity to provide the nonviolent nurturing their children so desperately need.

Brain Development

The influence of the early environment on brain development is long–lasting. Early exposure to good nutrition, objects to explore and stimulating interaction with others has a positive impact on children’s brain functions later in life. These effects appear to be cumulative. Furthermore, children who experience extreme stress in their earliest years are at greater risk for developing a variety of cognitive, behavioural and emotional difficulties.

Young children living in situations of armed conflict are in double jeopardy:
• They are in danger of becoming the victims of violence.
• They can become accustomed to violence, losing the ability to empathize with victims.
• They can take on the role of the aggressor. It is the destructive accumulation of risks factors that jeopardizes development, particularly when there are no compensatory forces at work.

The rapidly accumulating scientific evidence on the importance of the early years of the child’s life has been reinforced by a wealth of programme experience. The long–term benefits associated with increased investment in well–conceived and properly managed programmes is well documented. These benefits include:

• a healthier child population that is better educated, trained, more able to obtain employment and keep productive;
• less repetition and dropout in school;
• lower delinquency rates and ultimately lower expenditure on welfare and social services;
• increased ability to cope with stress and conflict later in life.

Policy analysts, programmers and child development specialists have recognized the dire need to direct this knowledge towards interventions that respond to the needs of young children and families living in emergency situations and violence.

Building on UNICEF’s current ECD strategies, this chapter addresses some of these questions and suggests several interventions that can support the capacity of families and communities to care for their youngest members in emergency situations.

Basic Principles

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<tr>
<th>Benefits of ECD Programmes</th>
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<tr>
<td>The long–term benefits that result from investing in early child development (ECD) programmes received renewed attention during World conference on Education for All, Jomtien, 1990. The need to expand programmes that address the intersecting need of parents, infants and young children and the most basic of all social units, the family, was fully acknowledged. The UN Convention on the Rights of the Child (CRC) provides the legal frame–work and set of standards to guide all work to assist children in situations of armed conflict, including children in their earliest years. Articles of the Convention with particular relevance to early child development include:</td>
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- **Article 5.** “State Parties shall respect the responsibilities, rights, and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom,...to provide, in a manner consistent with the evolving capacity of the child, appropriate directions and guidance.”

- **Article 18 (1).** “State Parties shall...ensure recognition of the principle that both parents have common responsibility for the upbringing and development of the child....The best interest of the child will be their basic concern.” (2) “State parties shall render appropriate assistance to parents and legal guardians in the performance of their child–rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.”

- **Article 27 (1).** “State Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development. (2) The parent(s) or others responsible for the child have primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development. (3) State Parties...shall take appropriate measures to assist parents and others responsible for the child to implement this right....”

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In keeping with the humanistic value of the child reflected in the CRC, the following principles guide the development of early childhood programme strategies.

**Cumulative risk and early development:** A child’s development reflects the mutual effects of the environment on the child and the child on the environment. Children are at risk of developmental harm as a result of an accumulation of high-risk factors. No single risk factor predicts developmental arrest. It can not be assumed that an environment characterized by chronic violence categorically predicts a given outcome.

**Resiliency:** The impact of stressful or traumatic events depends on the balance between stressful experience and protective factors for each child and on the compensating factors in the environment and the culture. When they exist, these factors serve to immunize, buffer or neutralize the impact of the assault. Interventions must be based on the premise that children are developmentally normal, are resilient and have the potential for success when they are provided with a carefully designed and developmentally appropriate learning environment.

**Early intervention:** Action needs to be taken as early as possible to prevent the long-term suffering that can be anticipated for many children. The goal of early intervention is to prevent the build up of risk factors in the lives of children and families. Prevention is the foremost goal; however, where prevention fails, specialized intervention services must be provided to help develop coping skills and to keep the challenge facing these children within the limits of their ability to cope.

**Family support:** Families, and the factors that contribute to resilience, must be understood, supported and strengthened. Programmes must be able to address the needs of a range of non-traditional family units and to strengthen the many and varied relationships that provide sustenance, comfort and protection to children in emergency situations. Critical relationships vary depending on the ages and circumstances of the child.

**Caregiver training:** Training, supervision and ongoing support needs to be provided to those working with children in these highly stressful situations. Recognizing and addressing the stress and risks associated with working with children, families and communities affected by organized violence must assume a central position in the training of caregivers.

**Holistic services:** Children’s needs are holistic, covering all domains of their development. Therefore, adherence to holistic principles is critical for effective programming. Attention to physical and survival issues must be complemented by equal attention to psychosocial, emotional and developmental needs. Recognizing that these needs cut across sectoral lines, mechanisms must be created that enable programme linkages, collaboration, and complementary service delivery.

**Community participation and mobilization:** The recovery and renewal of communities devastated by war, violence or other emergencies requires a framework that encourages the community to take an active part in articulating problems and designing and implementing solutions. Through participation, communities often become mobilized on behalf of children. Programmes must value indigenous knowledge, skills and coping patterns of the community, and be based on traditional cultural wisdom to limit aggression and alleviate children’s stress.

**Programmes as protection:** By providing a secondary care–giving and learning environment that complements and supports the family, ECD programmes can play a vital protective role. These positive experiences foster the development of coping skills and self-esteem and reduce the potential for developmental delay or arrest. Peer groups provide invaluable opportunities for play and development of critical social and problem-solving skills, which can be essential in survival situations.

Special relationships with children and caregivers give children a sense of belonging at a time when family units and caregiving may be disrupted. Programmes must be designed within an overarching structure or ethos of nurturing, combined with developmentally appropriate and educationally enriching experiences. They must support and extend the role of parents and families in caring for young children.

**Identifying Needs**

Generally the loud or initial stage of an emergency is characterized by chaos and little organized activity. It is critical at this point to determine the status of young children and to analyse the situation to prioritize needs and determine how these will be met. Later, during the transition stage, it is possible to work toward normalcy.
The ultimate return of structure, purpose, responsibility, self-respect, and achievement can help mobilize a community and provide the basis for additional developmental activities.

Early childhood development (ECD) activities can be initiated as soon as possible, even if they are simple. They can be built over time. The creation of ECD programmes can help bring a degree of normalcy to people’s lives, especially to the lives of children. Ultimately the goal is to design interventions that reach the widest possible audience and can be sustained over time. This requires a continuum of services that moves from an immediate protective response to a set of transition activities followed by those that facilitate reconstruction and rehabilitation.

Field–Level Strategies and Actions

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<tr>
<th>Developing Appropriate Interventions</th>
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<tr>
<td>Four basic parameters must be considered:</td>
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<td>• stage of the emergency</td>
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<td>• the status of those affected by the emergency (refugees, unaccompanied children)</td>
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<tr>
<td>• the specific characteristics of the population (age, educational level, skills, competencies, and experience with violence)</td>
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<tr>
<td>• available resources, both human and material</td>
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<tr>
<td>• The relationships between these parameters determines the programme design</td>
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Programme experience in early childhood has grown in recent years, providing a wide range of examples and insights to be drawn upon. In an attempt to counter the narrow ‘institutional’ often expensive, and age–restricted image associated with pre–school programmes, seven complementary programme strategies for early childhood have been developed.

Each programme has a different objective and is directed towards a different audience. Empowering parents and families has evolved as the cornerstone of UNICEF’s strategies. Community–based programmes that complement the capacity of the family to care for their young children have also received UNICEF’s attention and programme support. This section outlines the application of these two strategies for delivering services to young children and families in emergencies.

Empowering Families and Caregivers

Addressing the needs of the child

The primary responsibility for children’s development lies with their parents and immediate family members. Parents are a child’s first teachers, first caregivers and most important life–long educators. Therefore, any activities that aim to enhance early childhood care and development must start by supporting parents and building upon the efforts they make with their children. The assumption is that an informed parent can respond more skillfully than an uninformed parent to the range of child–rearing activities and responsibilities. The specific content varies widely. The special needs of parents caring for children in emergency situations must be integrated into current programme approaches.

Parents are generally concerned about their child’s reactions to difficult situations. However, parents may underestimate both what the child has experienced and how severe the child’s reactions are likely to be. They are often reluctant to talk to their children about traumatic events. Children sensing their parents’ emotional vulnerability choose not to share their feelings, imaginations and thoughts.

| Early Childhood Strategies |
Some parents may have difficulty recognizing and attending to the child’s distress because it serves as a reminder of what the adult wishes to forget. One manifestation of the psychic numbing and avoidance in traumatized adults may be an insensitivity to symptoms in a young child. Some parents may become overprotective hardly allowing their children out of their sight. Many who were abused emotionally, physically or sexually as children are burdened even further by the lingering effects of such past violence.

A lack of communication and understanding between children and parents is harmful during emergencies, as it does not allow relief from the mental and emotional stress. Children need to have their questions answered and have a clear picture of the events, its antecedents and its consequences so they do not have to rely on assumptions and fantasies, which may be worse than reality. It is not necessary, however, for young children to be burdened with every detail of a situation.

Young children do experience violence and do try to understand it, and they do remember it. We must pay attention to their experiences. We must learn to comprehend the meaning of violence for young children, especially when they do not have language to help them organize their experience and express their feelings. There is no way to immunize infants and young children against the plague of violence, devastating much of the world. But there are ways to protect children, to heal them, to nourish the resilience of childhood, and to keep hope alive.

**How do we help children who experience horror not as a single event that disrupts the normal flow of life but as something that is constant?**

Children living in armed conflict must find a way to make sense of a world in which horrible experiences become a part of the fabric of life.

The children who manage to thrive in spite of the harshness of the environment that surrounds them have much to teach. They remind us that competence, confidence and caring can flourish even under adversity if children develop secure bonds with caring adults, if their basic needs are met and if they have opportunities to develop essential knowledge, skills and values. They also teach that while missed opportunities early in life are more difficult to recapture, it is never too late to try.

The behaviour patterns common among young children exposed to violence (see Panel 1), as well as the specific symptoms exhibited by severely traumatized children, are discussed more deeply in Annex 1. Annex 2 suggests ways to help parents talk to their children about trauma.

**Addressing the needs of parents/caregivers**

Protecting children is a family's most basic function. Regardless of their composition, families are uniquely structured to provide the attention, nurturing and safety that children need not only to survive but also to grow and develop. An important psychological aspect of parenting an infant or toddler is being able to provide what has been called a ‘holding environment’, or space in which parents can protect a child from danger and allow some measure of independence.

**Symptoms of Traumatized Children**

- re–experiencing the event
Parents who cannot protect their children from violence or harsh conditions are likely to feel frustrated and helpless. They may feel powerless in relation to circumstances beyond their control. Parents who live in poverty and stressful environments are more likely to experience symptoms of depression, such as disturbances in sleep and appetite and chronic exhaustion.

In addition to understanding children’s reactions (see Panel 2), parents must be supported to cope with their own traumatic experiences. Parents have to know that reactions they experience after traumatic events are normal, that talking about their experiences provides relief and helps them to return to their previous level of functioning.

Trauma-affected families often suffer from children's behavioural problems, family conflicts, marital problems and violence, and abuse. Parents have to learn to accept each others stress-related behaviour as normal. They must acquire skills that enable them to talk to each other without anger. They need to find ways that they can help each other to change the family situation.

Specific actions

A variety of strategies can be identified to provide parents with child development knowledge and skills as well as to address their own responses to trauma and chronic stress. When done well, they build on the strength of families, putting greater emphasis on the role of parents in supporting their own children’s early learning and development. The relevant knowledge, skills and behaviours can be delivered through home visits, parent discussion/support groups or through mass media.

Parent Education

Parent education programmes should provide parents with specific skills and activities that they can use in their interactions with the child and help them to:

- understand the normal reactions of children to stress and trauma, and the meaning of symptoms or behaviors at different ages;
- utilize effective behavioral management strategies;
- refocus attention to basic care-giving skills;
- develop skills to help them talk to their children about traumatic events.
- provide normal play and nurturing interactions.

Workshops/support groups: These include opportunities for parents to come together to discuss child development and their role in the process. Such groups offer opportunities for families to exchange experiences and receive support in daily tasks. The group focuses on both practical training and information about children’s needs at different stages of their early childhood development as well as advice on how to respond to their changing needs. Play and learning activities for young children can also be offered. These provide parents with opportunities to observe their children and discuss their behaviour problems with each other under the guidance of a helpful adult. The playgroup can also be used to demonstrate the implementation of educational strategies that can help children overcome their behaviour problems and develop new capabilities.

Home visits: This is another useful parent education model. In this approach, experienced parents provide information and support to less–experienced parents in their own homes. The importance of this peer-to-peer support and interaction cannot be over-emphasized, in that it mimics traditional methods of passing on knowledge, a method that often disappears in emergency situations. When such interactions are
part of well-planned programmes that includes training, support, supervision, and relevant materials, they can achieve impressive outcomes.

**Use of media:** Parent education efforts can also be built around the media—radio, television and print—to provide parents and caregivers access to child development knowledge and skills.

**Supporting Community–Based Child Development Programmes**

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<th>Sharing traumatic experiences helps parents to:</th>
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<td>• reestablish a sense of togetherness and support</td>
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<td>• get relief from extremely intensive impressions and feelings;</td>
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<tr>
<td>• restructure thoughts and actions</td>
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<tr>
<td>• re-evaluate realistically what happened</td>
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<tr>
<td>• create plans of how to return to a normal life</td>
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<tr>
<td>• develop hope for the future</td>
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**Specific actions**

The immediate goal of this direct approach is to enhance child development by attending to the needs of children in quality programmes/activities organized outside the home. These alternative environments to the home recognize the need for parents and children to have time to do things separately and for young children to socialize together in groups (see Panels 3 and 4).

**Bringing children together:** It is important to find a place where children can gather together, and to make it a permanent site that is reserved for the children. This fosters security and brings some predictability into the child’s life. Generally there is no problem of attendance at such programmes. Children crave the company of other children. Groups activities provide children with social skills as well as new knowledge. When interacting with peers, children can share their experiences through playing, talking and learning from each other.

**Involving communities:** Communities should be involved in developing the programme, designing and operating the activities, and managing resources. Community involvement at all stages increases their ownership and thus the likelihood that the programme will be sustained. Utilizing what exists within the community, such programmes become a rallying point for a whole variety of community–based efforts.

A variety of models exist for providing informal community–based child–development activities, including:

- home–based day care;
- community–based integrated child–development centers;
- neighbourhood playgroups;
- child development activities linked to other services, e.g. women’s income–generating groups, medical services.

Mobile units containing resources and activities that promote child development and early learning have also been used to serve the needs of children in hard-to-reach communities. An alternative strategy is to integrate early child development activities into other existing programmes that address the needs of young children and families. The following suggestions have been successful.

- Add child development components to health or community development projects to promote awareness of the needs of young children.
• Address children’s needs in conjunction with women’s programmes. This can be done through creating a child–care programme that also meets women’s needs to engage in income–producing activities.

• Link early childhood programmes with primary schools. Address the needs of both young and older children through child–to–child projects which bring children together in educational exchanges that benefit both. The ‘school in a box’ strategy developed for primary school children living in situation of armed conflict could be applied to meet the needs of young children.

**Caregiver Training: Helping Caregivers Help Children**

**How Young Children Learn**

- Children construct knowledge.
- Children learn through social interaction with adults and other children.
- Children learn through play.
- Children’s learning reflects a recurring cycle that begins in awareness and moves to exploration, to inquiry and finally to application of new knowledge.
- Children’s natural interest and ‘need to know’ motivate learning.
- Children’s development and learning are characterized by individual variation.

With training and ongoing support, caregivers can help counteract the negative conclusions a traumatized child may draw about self–worth, about the reliability of adults and their institutions, and about staying safe in the world.

The training component is perhaps the most important factor in implementing ECD programmes. Training strategies must enable learners to acquire flexible skills and knowledge transferable to their particular tasks and roles. Training is not a package to be dispersed but a process of developing knowledge, awareness, understanding, and the acquisition of skills and competencies. It begins with what people know about people, children and themselves, and integrates the necessary new skills and knowledge. A successful training strategy for ECD is one that:

- emphasizes the learner’s strengths rather than weaknesses
- applies active and participatory training methods
- perceives the trainer as a facilitator rather than a director
- provides a model for the teaching/learning process of a good ECD programme

“I want to know more about how to structure an environment in which frightened children can be calm, the timid dare to emerge from hiding and those too worried to speak and play can learn to tell their own stories and listen to mine. For, by now, we must all realize that when we acknowledge and learn to deal with children’s emotional need in the classroom, we directly influence their social and cognitive development.”

--- Vivian Gussie Paley

Caregivers must be emotionally accessible and cognitively competent to understand the child’s experiences. Therefore, in situations of violence and armed conflict, training efforts must recognize and address caregivers emotional response to trauma, loss and grief. In addition ECD training programmes should include (see Panel 4):

- knowledge and skills in child development
- developmental consequences of risk and trauma
Interventions that Heal

Models for Programming

A variety of models exist for providing informal community based child development activities including:

- home based day care,
- community based integrated child development centers,
- neighborhood playgroups.

The ECD interventions proposed here are primarily supportive, educational and preventive. They recognize that the majority of ‘at–risk’ children are developmentally normal not pathologically disturbed and have the potential for success when their environments are sensitive to them and their burdens. They emphasize the role of the caring relationship with significant adults as the principal agent of change and source of support. Through training, consultation and supervision, we can help adults provide a developmentally appropriate and facilitative environment that is also responsive to the unique social, emotional and physical problems children face.

Care giving, learning and support: Relationships as foundation

Although ultimately the motivation to learn comes from within, early learning is initially a process of identification with emotionally important people in a supportive climate. Adults do not affect children by the transmission of specific skills alone but through their values, climate, quality of relationships. Especially in the early years, the content is almost incidental. Children learn by internalizing the attitudes, values and ways that are meaningful to them. Through this foundation, children will learn whatever content they are exposed to.

Structure and control: Environments that hold

What emerges from a review of resilient children is the importance of structure and control—the need for order and predictability in a safe and disciplined, but not rigid environment. At–risk children seem to need and benefit from structure at many levels to enhance resilience and security in the family and in child–care environments. The need for structure and control appears to be more critical in conditions of severe deprivation, chaos and uncertainty. Well–ordered, predictable, physically and psychologically safe environments support the development of competence and confidence. The child experiences this environment as: “I know where to go here; I know what to do here; I know what happens next; I know who will take care of me when I need help.” Children struggling with traumatic events are helped by an environment that can take over when their own coping abilities are diminished by stress. In such an environment, children rise to the potential of their own inherent strengths.

Programmes that develop resilience in children exposed to high stress include:

- an opportunity to develop strong relationships with adult role models and other children in nurturing settings of warmth and caring;
- a predictable, safe environment with clearly defined structure and consistently enforced standards, rules and responsibilities;
- developmentally appropriate opportunities for enhancing self–esteem and developing learning and coping skills.

Coping and self–esteem: A developmental approach

Programmes based on a child–centered developmental approach support a child’s self–righting tendencies, inherent strengths and potential for resilience – coping abilities that translate into self–esteem and even
survival. Such an approach acts in two ways. It supports the child’s current developmental needs, thereby fostering growth, while at the same time it provides opportunities to rework earlier stages of development.

In addition, programmes designed with sufficient flexibility and sensitivity to adapt to individual needs ensure that a child can shift between higher and lower states of functioning. These opportunities help the child develop coping skills to deal with past or present trauma without losing self-esteem. Young children develop resilience not when stress and adversity are completely removed from their lives but, rather, when they encounter graduated challenges that enhance their competence and confidence. Care-givers provide nurturing and support, manage stimulation, anticipate needs, and provide relaxation and comfort. In managing the quality and quantity of stimulation, setting protective and realistic limits, and in providing comfort, support, approval, and acceptance, care-givers nurture the building blocks of self-esteem.

The Limits of Resilience

An attempt has been made here to acknowledge the terrible threat to children posed by violence and other trauma while at the same time affirming the capacity of children to recover by asserting that children are not doomed.

Children are resilient, but their resilience is not without limits. They are not invulnerable. Children with basic resources – physical and social – are more resilient. Children living in war zones or extreme conditions are burdened with risk factors and stripped of protective factors. They are poor. They often come from families lacking positive role models – families often headed by single women whose own personal struggle saps their strength. They are often minorities who have suffered a history of discrimination. They are often plagued by health problems attributed to prenatal conditions, inadequate health care, and poor nutrition. For these children, violence or armed conflict is often the final blow.

Risk accumulates – slowly and quietly robbing the spirit of childhood and the capacity for children to become what was theirs to create. Developmental damage is left in its wake. We must search for every opportunity to enhance resilience, promote coping, and prevent risk. Emergency assistance efforts must include components that help communities structure and sustain environments in which frightened children can be calm, the timid can dare to emerge from hiding, and those too worried to speak can learn to tell their own stories and listen to ours.

Children living in conflict areas cannot tolerate inferior or insensitive programmes. Can we bear to offer anything less?

Further Guidance

Child–to–Child and Children Living in Camps’. TALC, P.O. Box 49, St. Albans Herts AL1 5 TX, United Kingdom


Evans, Judith. ‘Children as Zones of Peace: Working with Young Children Affected by Armed Violence’, Coordinators’ Notebook, No. 19, 1996


As long as the balance between stressful life events and protective factors is favorable, successful adaptation is possible. However, when stressful life events outweigh the protective factors, even the most resilient child can develop problems. Interventions may thus be conceived as an attempt to shift the balance from vulnerability to resilience, either by decreasing exposure to risk factors and stressful life events, or by
Increasing protective factors in the lives of children.

--- E.E. Werner (1990)


International Save the Children Alliance 'Promoting Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches', Working Paper No. 1, Wesport, CT: Save the Children, 1996


Ososky, Joy and Emily Fenichel, (eds), 'Caring for Infants and Toddlers in Violent Environments: Hurt, Healing, and Hope', ZERO TO THREE/National Center for Clinical Infant Programs Arlington, Virginia, 1994


Partners

Bernard van Leer Foundation, P.O. Box 82334, 2508 EH, The Hague, Netherlands.

Christian Children's Fund, P.O. Box 2100, CH-1211, Geneva 2, Switzerland.

Consultative Group on Early Childhood Care and Development, Center for International Early Childhood Care and Development, School of Early Childhood Education, Ryerson Polytechnic University, 350 Victoria Street, Toronto, Ontario, M5B 2K3, Canada.

Young Child and the Family Environment YCF Unit, UNESCO 7, Place de Fontenoy, 75700 Paris, France.

Global Bureau, Center for Human Capacity Development, USAID, Washington, D.C. 20523, USA.


Panels

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Panel 1 – Children’s Reactions to Traumatic Experiences

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<tr>
<td>• withdrawal</td>
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<td>• clinging</td>
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<td>• restlessness</td>
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Panel 2 – Normal Adult Reactions to Traumatic Experiences

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<th>NORMAL ADULT REACTIONS TO TRAUMATIC EXPERIENCES</th>
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<tr>
<td>Immediate Reactions</td>
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<tr>
<td>• shock</td>
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<tr>
<td>• sense of unreality</td>
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<td>• freezing or storm of emotions</td>
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<td>• extreme attention and alertness</td>
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<td>• misperceptions</td>
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<td>• continuation of routines</td>
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Panel 3 – ECD Programmes: Supporting Children, Parents, Communities

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<th>ECD PROGRAMMES: SUPPORTING CHILDREN, PARENTS, COMMUNITIES</th>
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<td>For children:</td>
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<tr>
<td>• re-establish safety, security and protection</td>
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<td>• secure their physical well–being through proper nutrition and health care</td>
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<td>• encourage them to continue normal activities</td>
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<td>• help them to understand their experiences by giving more information</td>
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<td>• help them to process their sensory impressions and emotions</td>
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<td>For parents:</td>
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<td>• give them information about normal behaviour problems of traumatized children</td>
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<td>• teach them methods of behaviour management</td>
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<td>• help them to overcome their own traumatic experiences</td>
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<td>• support and guide them to provide their children with appropriate care and education</td>
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<td>• give practical assistance in restoring basic household functions</td>
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- maintain or restore basic public services
- include all members of the community in reconstruction activities
- offer community meetings and facilitate mutual support
- encourage cultural traditions that strengthen people's sense of identity and belonging and promote communication between communities
- facilitate political understanding and provide religious guidance

Panel 4 – Promoting Quality Programmes

**PROMOTING QUALITY PROGRAMMES**
There is a wealth of existing material, for people working with children, on various aspects of ECD programme design, implementation and evaluation. These are available in many languages and at different levels of literacy. Training methodologies have been developed to help caregivers, parents, teachers, and trainers to understand and communicate the issues more effectively. In drawing on this body of knowledge, the following questions should be considered:

- To what extent can existing ECD materials and methods be applied to children in emergency situations?
- How and in what ways do they need to be adapted?
- What additional approaches/linkages might need to be further developed particularly in respond to the initial phase of the emergency?

Regardless of where they are conducted and how they are organized, early childhood programmes that offer daily activities are essential to the normal development of every child. These activities must be based on an understanding of learning and teaching as an interactive process and a set of basic assumptions about how young children learn.

Panel 5 – Content of ECD Training Programme

**CONTENT OF ECD TRAINING PROGRAMME**
The training content must be organized around a child–centred approach that recognizes children at various levels of development. Caregivers should have a working knowledge of basic child development in the context of family, culture and community. They must be able to organize activities for independent problem solving, and provide opportunities for meaningful child–initiated conversations with peers and adults and ample time for exploration of the environment.

The role of play and art should receive special emphasis for its significance as a developmentally appropriate therapeutic intervention of particular value for children at risk. Using locally available materials to foster children’s creativity is a critical component of the training (see Annex 4).

**Developmental consequences of risk and trauma**
Care–givers should comprehend the nature and the meaning of ‘risk’, the potential for developmental harm resulting from exposure to temporary or prolonged stress and trauma, and recognize behaviour suggestive of an underlying problem. It is crucial for child–care providers to understand the relationship between exposure to chronic, cumulative risk and the resulting psychological, physical and behavioural effects that may impinge on the overall development of at–risk children.

**Protective factors and resilience**
Within a framework of developmental appropriateness, training should address the interpersonal and traditional practices that contribute to the development of resilience in children. Child–care providers must be able to assess the factors that interfere with or facilitate the capacity of these children to develop and learn (see Annex 5).

Interpersonal skills
Caregivers must also develop skills in interpersonal relationships between adult and child. Emphasis must be placed on helping children to recognize feelings, clarify issues, correct distortions, solve problems, and decide on alternative solutions. Such skills enable teachers to create an environment that promotes growth, self-esteem and self-control.

Chapter 9 – Annex 1: Violence and Young Children: Behavioural Consequences

This review highlights some of the behaviours manifested by young children suffering from violence as well as the symptoms associated with traumatic experiences. The spiritual and philosophical symptoms of trauma in children are also reviewed.

Behavioural Manifestations

Years of research have taught us that children develop the sense of basic trust and security that allow them to feel free to explore and master the world through their daily experiences with parents and other important caregivers. When parents are anxious, fearful, depressed, or numbed by the stress of living in a violent environment and behave unpredictably, young children tend to show patterns of disorganization in their own behaviour. Infants and toddlers who are at an age usually characterized by eager exploration of the world, refueled by comfort and reassurance from adults, tend in violent environments to show fear, confusion, and inappropriate emotional response to distress. The distortion that occurs in the relationships of young children exposed to violence may represent the most damaging and far-reaching effects of their experience.

A young child may reduce overall activity and engagement with the world in response to the sensory overload produced by a terrifying experience or series of experiences. Just as an adult’s coping mechanisms may be useful in dealing with the crisis of violence and may interfere with good parenting, a young child’s mechanisms for coping with exposure to violence may interfere with the child’s primary developmental task—learning. In order to interrupt such a cycle, which may contribute to the child’s development of a negative self-concept, parents, caregivers, and clinicians should be alert to signs of:

- Selective inattention—a restriction on the amount of information that the child attends to in the external world;
- Increasing cognitive rigidity—limitation on how much complex information about the environment the child processes;
- Reduced mastery motivation—lack of curiosity and pleasure in exploring the physical world of objects.

In studying the effects of abuse and neglect on infants, four clinical patterns have been described:

- a developmentally and affectively retarded group, who were socially and affectively muted and dull;
- a depressed group, who were sad and sensitive to rejection;
• an ambivalent group, who had rapid shifts of emotions;
• an angry group, characterized by emotional intensity and low frustration tolerance in addition to extremes of anger.

It is important to understand these patterns within a developmental perspective. The pace of development in the first years is so rapid and the interrelationships among areas of development so complex that a young child’s experience of violence may re-emerge affecting the child’s ability to handle normal developmental challenges.

Clinical Manifestations of Trauma in Young Children

Some children exposed to violence are severely traumatized. Trauma has been defined as something that is outside the range of normal human experience and that involves a threat or actual assault on one’s physical integrity or the physical integrity of a significant other.

All trauma is in essence impossible to assimilate and therefore likely to interfere with learning and overall functioning. It is important to differentiate responses to trauma from other early childhood difficulties, which also interfere with a child’s growth and learning. Although trauma and deprivation both impact negatively on a young child’s development, they are not synonymous, nor do they necessarily manifest in identical ways.

A consensus seems to have evolved about the nature of symptomatology associated with traumatic phenomena in children and include re-experiencing the event, numbing of responsiveness, and symptoms of increased arousal. Teachers and parents observe changes in children’s behaviour and in children’s ability to learn in response to traumatic events. Together these symptoms, as described below, can indicate the presence of post-traumatic stress disorder (PTSD).

Re-experiencing the event

Victims re-experience traumatic events in dreams, flashbacks, intrusive memories and distress when confronted with reminders of the event. In young children, themes or aspects of the trauma are likely to be expressed in repetitive dreams and play. Children’s dreams reflect both cognitive processing of information and an effort to contend with life’s issues. Thus their dreams may provide an indication of what is left over from conscious over-processing during awake time. Dreams, like play, indicate the child’s attempts to gain control of events. For some children, their play, art, storytelling, and social interaction are laced with themes of the events.

Panic attacks and temper tantrums

When a traumatized child has a panic attack, he seems to become lost in a flood of anxiety. During the panic attack, the child may lose access to many of his ego capacities and/or experience bodily manifestations of his emotional crisis. The child might cry or scream inconsolably, tremble, hyperventilate, defecate, vomit, or sweat profusely. He might recoil into a fetal position, flail, repeatedly yell out a demand, or hit his comforter without seeming to realize her presence. Panic attacks might resemble ordinary temper tantrums, but should not be confused with them. Temper tantrums, which are part of the normal course of a young’s child development, are usually resolved in the context of the young child’s relationship with his caregiver. A temper tantrum may be seen to represent the child’s current struggle to resolve his rage at his caregiver for placing limitation on his freedom. In contrast, a panic attack in a traumatized child seems to involve the resurrection of old terrors. These terrors are associated with former traumatic experiences that may themselves remain unconscious. During panic attacks, children seem to lose their connection with others and become emotionally isolated. Panic attacks can be triggered by seemingly mundane events in a traumatized child’s daily life. A panic attack is usually not removed quickly and can continue for a long period of time until the child is simply exhausted.

Numbing of responsiveness

To cope with a dangerous environment, adults and children wear psychological blinders as protective gear. The process of desensitization includes both conscious and unconscious attempts to avoid all thought, activities and symbols of traumatic events, and thus avoid being flooded with the powerful feelings that come back when the traumatic events return. Though desensitization is a powerful survival strategy, the danger is spillover to other domains of social, emotional and cognitive development. The numbing response is also
evident in children’s loss of interest in daily activities, and in their inability to remember or accurately recall aspects of the trauma. Some children react to trauma by using previously acquired developmental skills. They may begin to lose bladder control, suck their thumbs, and acquire speech problems.

Hyper–vigilance or symptoms of increased arousal

Paradoxically, along with numbness comes increased arousal. Sleep disturbances, irritability, an inability to concentrate, and an exaggerated startle response are observed among children who are exposed to traumatic events.

These children are perpetually on guard. They are anxious, wary and preoccupied with monitoring the environment for potential sources of injury and loss. Children of trauma have trouble modulating anxiety as well as aggression. Increased anxiety and generalized fears are common among traumatized children when they are confronted with reminders of frightening events.

Hyper–vigilant children are frequently assumed to have an attention deficit disorder since their activity levels are high and attention spans seem compromised. Yet it is important to note that the hyper–vigilant child is not deficient in attention per se, but rather is preoccupied by a never–ending watchfulness in order to ensure his own survival. In this way hyper–vigilant children are deprived of essential play, learning and social interactions. Children learn to screen out peripheral auditory stimuli and tune in to what is salient to them.

Play and the traumatized child

Trauma can alter the quality of the young child’s play in several ways. Some traumatized children are quite restricted in their range of play activities. Many traumatized children are initially unable to use play symbolically. Trauma may have interrupted developmental processes to the extent that symbolic capacities were not generated. Early relationships may have been disrupted, preventing the child from using transitional objects and other toys as symbols for significant people and experiences. Some traumatized children have developed symbolic capacity to a certain extent, but the quality of their symbolic play is quite unlike that of most young children. Gone is the sense of joyful adventure, story and spirited and imaginative discovery that is characteristic of childhood. The play of the remotest child is often grim and despairing. It tends to lack organization and elaboration. Disturbing themes might be introduced but never resolved in the context of play. Traumatized child’s play can become repetitive–the child is driven to play and replay his traumatic experiences in a compulsive attempt to master them. In addition, defenses against re–experiencing feelings associated with the trauma may be evident in the play. Any of these signs should alert the caregiver to the need for intervention.

Spiritual and Psychological Impact

Trauma also affects children’s underlying structures. The spiritual and philosophical symptoms of trauma include loss of security, general sense of loss and blurring distinction between friend and enemy.

Loss of security

In any society, children are the most powerless, and therefore the most vulnerable. Infants attach themselves psychologically to the adult caretaker who provides a safe base from which they can explore their surroundings. Within this relationship, children construct a personal representation of how life proceeds, developing a pattern of expectation for the future. What has been destroyed for children traumatized by war and violence is the idea of home, school and community as a safe place. The traditional places of safety have been destroyed by external violence. Danger replaces safety as the organizing principle. The essence of psychological trauma is the loss of faith that there is order and continuity in life. Trauma occurs when one loses the sense of having a safe place to retreat within or outside oneself to deal with frightening emotions or experiences. Following exposure to a traumatic event, the process of psychological healing is best aided by restoring a sense of safety and trust.

Loss of self

Loss is a significant theme in cases of trauma. One single event can result in any of the following losses – loss of people, loss of physical capacity, loss of protection, loss of control, loss of hope. With loss comes damage, trouble, disadvantage, and deprivation. Loss increases the child’s sense of vulnerability and can
cause chronic sadness and depression.

**Identification with the aggressor**

To defend against the painful feeling brought on by traumatic experience, children will identify with the aggressor. In cases of physical or psychological abuse, abuser who traumatizes the child is often the person whom the child depends on for care and security. Identifying with the aggressor allows the child to maintain this alliance, however preserving it requires a great emotional sacrifice on the part of the child. By identifying with the aggressor, the child drives underground his own feeling of anger, fear and helplessness. He instead embodies the powerful aggression of the adult. The child may behave in an aggressive manner towards others, show little empathy, and seem to be disconnected from his own hurt and fragility.

**Assessing Young Children Exposed to Violence**

Professionals who evaluate young children exposed to violence should consider the following issues in order to determine if and what kinds of interventions are appropriate for the child:

**Safety and stability of current living situation:** This refers to the immediate threat of further violence? Can the adults regain trust in their community?

**Age and developmental level of the child at the time of the trauma and the assessment:** Special attention should be given to the infant’s capacities for attention, anticipation, and symbolic capacities. Developmental milestones, such as toileting or expressive language, may be lost temporarily.

**Quality of the pre–traumatic and current caregiving environment:** Is there a supportive and emotionally available caregivers who is not too grief–stricken or traumatized to read and respond to the infant's needs?

**Type of violent event or circumstances experienced by the child:** For example, did the event involve physical injury to the child and/or the caregivers?

**Acuteness vs. chronicity of trauma:** Was there a single event, or a series of repetitive events, or an enduring circumstance?

**Actual and psychological proximity of the violent events to the child:** Were people to whom the child is emotionally attached involved? Did the child witness or actually experience the events?

**Post–traumatic and other symptoms in child and caregivers:** Is there evidence of nightmares, post–traumatic stress or re–enactment play, and/or new fears in the child, or avoidance symptoms in the adult?

**Strengths and protective factors in the infant and infant’s caregiving environment:** Which of these may prove useful in promoting adaptation? Is the young child able to play and talk openly about the trauma? Are caregivers able to reassure a fearful child without being overprotective?

**Chapter 9 – Annex 2: Therapeutic Language: Talking with Distressed Children**

A fundamental need of psychologically distressed and traumatized children is to connect emotionally with the adults around them. Some suggested ways language can help children and adults develop trusting relationships are described in this section.

**Help the child understand the event.**

Children need an explanation about what has been, and is, happening. They should know that there is a reason for the chaos and violence. They need to know that world has not gone insane, with people doing
things in totally unpredictable and erratic ways. By giving them a political awareness of what is going on, children can be helped to frame the event in an important way and to feel more in control.

**Provide the correct information.**

It adds to the trauma when the child’s perception of reality is based on vague impression and fantasies about what caused the event and the consequences. A credibility gap will develop if children feel that something is kept a secret or if they feel that they are not properly informed. Honest, direct and tactful information is needed to enhance trust and understanding between children and adults. Follow the child’s lead and signals regarding his or her need for information. For young children, usually only a small amount of information is sufficient. Present it simply and in small amounts. Answer questions directly using words the child can understand. It is important to repeat the story as many times as the child wants to hear it. The child is likely to want the story repeated many times before she/he is really able to understand events.

**Do not minimize the event; give children an understanding of the normality of their experience.**

When children experience strong emotional reactions, and when images and thoughts continually return with intensity, children may fear they are going crazy and that they are not normal. It is important for adults to accept a children’s feelings without judgement, impatience, ridicule or teasing. To trivialize the event is not calming for the children, nor will it help lighten or relieve the trauma. Because young children think concretely, teasing or the ridiculing of feelings will lead to the belief that what they experienced was not real. If adults are respectful of the children’s feelings, they will be assured that what they experienced was real. It is helpful for children to know that their reactions are normal under abnormal conditions.

**As an adult, share your feelings with children.**

While adults may want to try to hide their feelings, the reactions of adults are frequently visible through their body language, which children are able to read. Thus, adults need to put their own reactions into words and make them explicit for the children. Adults also have to let children know that the children are not responsible for what the adult is feeling. Children have a tendency to see themselves as responsible for the negative and strong reactions of adults they love. This produces anxiety and guilt within the child. So, in addition to talking about their feelings, adults need to let children know that they are not causing the feelings.

**Encourage children to express their feelings.**

If adults are willing to share their feelings, then children can be encouraged to do so as well. It is important for children to express their feeling about their trauma. Young children experience a full range of emotions. However, few children – especially young children – are able to talk directly about their experiences or their feelings; they express their feelings through actions.

**Give children words for their feelings.**

While it is important for children to express their feelings through actions, in order to understand their feelings and to learn to feel in control of them, children also need to learn the words for their feelings. Children do not talk about their feelings, not because they do not have them, but because they do not have the vocabulary to recognize and distinguish feelings. As adults teach children to recognize their feelings, the next step is for the adult to offer the children words to express their feelings. Being able to use words for feelings helps children work through their emotions; it allows children to communicate with the people around them and helps adults know what children feel. As children acquire language, they begin to use words and are able to express their thoughts and feelings verbally. Using words to describe emotions takes the power out of negative feelings and enhances positive feelings.

**Chapter 9 – Annex 3: The Healing Role of Play and Art**

Across cultures, children's play involves the same themes – nurturing, family relationships and roles of people. Children seek to understand reality through play – there are no expected outcomes and children are free from failure. Through play, children are free to explore, invent and test possibilities. Children develop
physical, social and mathematical knowledge in play. They find out how things work. In play, children experiment with numbers and construct ideas about the relationships between objects. Children at play are constantly at work – adding new observations, asking and responding to questions, and making choices. The insight gained provides children with problem-solving tools. Thus, play, in and of itself, is self–healing.

Children are able to deal with complex psychological difficulties through play. They seek to integrate the experience of pain, fear and loss. They wrestle with concepts of good and evil and express ideas for which they have no meaning. Children who live in dangerous environments play the dangerous environment. Children can take control of an event by playing different roles and altering the outcome. In symbolic play, children bridge the gap between reality and fantasy.

Children in situations of armed conflict have a special need for the freedom and emotional release inherent in play. Child–care settings can offer a rich physical environment that encourages individual as well as group play. Mobile play units or settings for children should contain building blocks, a water table and a dramatic play area. Time should be scheduled for drawing, storytelling, writing, games and music. The atmosphere needs to convey acceptance and respect for the children’s play. Play represents children’s innermost thoughts and feelings, and caregivers must be willing to accept all of them.

By providing the opportunity for play and art, caregivers can help children who live in dangerous environments address their complex feelings and concerns. The freedom of expression inherent in children’s playful activity and in their art needs the adult’s approval, permission, assurance, and support. Caregivers also need guidance, support and supervision to develop these important skills.

Drawing and painting

Like play, children’s drawing and painting is a spontaneous and deeply rooted activity. Drawings represent the child’s mental pictures and perceptions of the world. When given the opportunity, children all over the world enjoy drawing. When paper and crayons are not available, children use their fingers or a stick to scribble in the earth or snow.

Along with drawings of real events, children draw fantasies. When Palestinian children who have known no other environment than a barren refugee camp in the West Bank drew pictures, they added the flowers and butterflies they rarely encountered. For young children, the line between fantasy and reality is flexible. That flexibility may enable children to use play for emotional release, but it may also cloud their perception of environmental risk.

Adults understand that there are no monsters under the bed or in the closet at night, but children do not. Keeping real and imagined fears in perspective is a difficult task for young children. In their drawings, children give the adult a door to open. The door leads to conversations about experiences. Through these conversations, the adult can help the children find meaning that enables them to cope.

Although drawing and painting are beneficial for children of all ages, they are particularly useful for child whose language skills cannot convey the subtleties and intensities of their feelings. Children can obtain tremendous relief from drawing their fears and wishes. Children’s drawings can be used to elicit feelings and concerns on a one–to–one basis as well as in group settings.

Writing and storytelling

For most children, healing childhood stress and trauma depends on the strength of the adult–child relationships. Adults must be prepared to listen to children tell their stories on their own terms. The acceptance of the child’s reality is the starting point for the process of healing. “It is the permissiveness to be themselves, the understanding, the acceptance, the recognition of feeling, the clarification of what they think and feel that helps children retain their self–respect, and the possibilities of growth and change are forthcoming as they all develop insight” (Axlin, 1969).

A variety of writing and storytelling techniques can increase children’s opportunities to develop language and expressive skills. One method relies on verbal rather than visual images and allows a child’s imagination to create scenes of punishment and reward, anger and love. The storytelling format may use props such as family dolls, and sentence–completion exercises which provide children with an outlet for expressing in story form their responses to violence and armed conflict. Some additional activities include the following.

Bag–of–words game
This techniques can be used with individual children or in a group. The caregiver collects objects and places them in a bag. A child is asked to remove an object from the bag and tell a story about it. The facilitator can encourage children to discuss a particular topic by choosing the objects. The objective is to facilitate children’s expression of their inner feelings and concerns, and to explore the affective nature of events that occur in their lives (Gardener, 1975)

**Squiggle game**

In this game, a care giver makes a squiggle mark on a piece of paper and gives it to a child. The child is asked to make a picture from the squiggle. Upon completion, the teacher asks the child to tell a story about the drawing. From the child’s story, the teacher learns the theme of the child’s thought and can identify the effect attached to the story. Using the child’s lead, the teacher asks the child to draw a squiggle, which the teacher completes. In creating a story, the teacher can offer alternative outcomes to the child’s story in an effort to help the child understand his feelings.

**Puppets**

In the hands of a creative and responsive adult, puppet play offers an ideal arena for playing out difficult themes and issues. Puppets provide children with an outlet for feelings of helplessness while at the same time providing the possibility of problem solving.

**Dolls**

The young child who fears danger may try to master this fear through doll play that enacts scenes of comforting and nurturing. The child identifies with the doll that is comforted, thus simultaneously permitting expressions of the fear and its resolution. Doll play frequently takes the form of the child simultaneously identifying with both baby and nurturer.

**Clay**

The possibilities of doing and undoing implicit in the medium of clay make it useful for symbolic acting out of aggressive impulses and identification with the aggressor. It offers the child a fantasy means of controlling the outcome.

**Board games**

The competitive aspects of many board games lends special significance to their use with children responding to the stress of war. While winning and losing is always an issue for children, the role of winner takes on special significance during times of conflict when children have a heightened sense of right and wrong, winner and loser.

**Chapter 9 – Annex 4: Building Resilience: Implications for Programmes**

“There is a regrettable tendency to focus gloomily on the ills of mankind and on all that can and does go wrong. It is quite exceptional for anyone to study the development of those important individuals who overcome adversity, who survive stress, and who rise above disadvantage. It is equally unusual to consider the factors or circumstances that provide support, protection, or amelioration for the children reared in deprivation. This neglect of positive influences on development means that we lack guides on how to help deprived or disadvantaged children. It is all very well to wish for the children to have a stable family which provides emotional support, social stability, and cognitive stimulation. But we are almost never in a position to provide that. Would our results be better if we could determine the sources of social competence and identify the nature of protective influences? I do not know, but I think they would. The potential for prevention surely lies in increasing our knowledge and understanding of the reasons why some children are not damaged by deprivation” (Rutter, 1979).
“Resilience is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversity, no one is exempt. With resilience, children can triumph over trauma, without it trauma triumphs” (Grotenberg, 1995).

While the developmental consequences of living in chronic violence can be devastating, not all children exposed to powerful stressors sustain development damage. Some children develop a high degree of competence in spite of stressful environments and experiences. What is resilience? Who are these ‘resilient’ children? What protects them from the damaging effect of day-to-day violence and victimization? Can these protective mechanisms be understood and used to enhance programme interventions?

A child’s individual characteristics and early life experiences, as well as the protective factors in the child’s physical and social environment, contribute to resilience. These characteristics can buffer a child’s response to constitutional risk factors or stressful life events. The following section describes the way these factors operate.

Age and Character Traits of Resilient Children

The age and characteristics of the child have a mediating effect on how well the child survives. Physical health plays a role since a strong healthy child is more likely to be emotionally and psychologically resistant. A child’s reaction to violence depends on the child’s age and developmental maturity. Older children are better able to cope with stress than younger children, as the increasing cognitive maturation enhances expression and coping.

Research has reported a series of individual characteristics that lead to resilience including cognitive competence, experiences of self-efficacy, and a corresponding self-confidence and positive self-esteem. Resilient children are active, affectionate, good-natured and easy to manage. They generate a high degree of attention and warmth from their caregivers. These traits, which are developed in early childhood, can buffer children from severe stress and trauma.

Others have observed that resilient children are able to manipulate and shape their environment to deal with its pressures successfully, and to comply with its demands. They adapt quickly to new situations, communicate freely, and act flexibly. Compared to vulnerable children, they are able to tolerate frustration, handle anxiety and ask for help.

Resilient children have the capacity to make sense of the stressful and traumatic events confronting them. This representational competence—the ability to understand what is occurring—helps children master the stress. The ability to make sense of threatening experiences is a crucial skill and a fundamental of principle of successful ECD intervention programmes.

Protective Environments

Stress is more likely to lead to growth, rather than to defeat, if the child is in a predictable physical and social environment. A number of protective factors in the child’s family, community and cultural ideology have been identified in buffering stress and trauma for children.

The role of families

Consistent caregiving and secure attachment relationships between the child and the primary caretaker contribute to resilience. The quality of the attachment relationship differs according to the quality of the care the infant receives. The knowledge that a caregiver is accepting, sensitive, available and responsive gives the child a strong feeling of security and confidence and contributes to resilience. The attachment relationship is a potent determinant of the child’s social, emotional and cognitive development. Strong early attachment can buffer much of the trauma of loss. The ability to recall earlier positive experiences with their parents is an important buffering factor for older children. The idealization and identification with parental and cultural values act as a protective factor. Thus, resilience becomes internalized.

Resilient children have parents who are ‘models of resilience’. During adversity they are available with
reassurance and encouragement, helping their children understand an process stress and trauma. Parental resilience tends to predict child resilience. The security of parents has the potential to compensate for traumatic impacts. Because they do not fully comprehend inherent danger, younger children often exhibit only minor symptoms of anxiety when they are able to remain physically close to at least one parent and when parents are able to remain calm themselves.

Other family members can also protect a child from developmental harm. The extended family can lessen stress, encourage coping behaviour, and facilitate the child’s ability to work through stress and trauma by providing additional adult nurturing and positive role models.

Promoting Resilience

A thirty–nation study of resilience and how it develops, identified three sources of resilience that children draw upon in overcoming adversity – I HAVE, I AM, and I CAN. The I HAVE category represents the external supports that provide children with security and feelings of safety. The I AM category describes who children are in terms of their internal sense of self and how they present themselves to the world. The I CAN category refers to the ways in which children relate to the world. This dimension includes the child’s social and interpersonal skills (A Guide To Promoting Resilience in Children: Strengthening the Human Spirit, Grotenberg, Edith, 1995).

I HAVE:

• people around me I trust and who love me, no matter what
• people who set limits for me so I know when to stop before there is danger or trouble
• people who show me how to do things right by the way they do things
• people who want me to learn to do things on my own
• people who help me when I am sick or in danger or need to learn

I AM:

• a person people can like and love
• glad to do nice things for others and show my concern
• respectful of myself and others
• willing to be responsible for what I do
• sure things will be all right

I CAN:

• talk to others about things that frighten me or bother me
• find ways to solve problems that I face
• control myself when I feel like doing something not right or dangerous
• figure out when it is a good time to talk to someone or to take action
• find someone to help me when I need it

The Role of the Community

The community must sustain the basic infrastructure of family life, including parent and child attachment, parental self–esteem and identity, and stability of routine caregiving arrangements. Social support plays a powerful role in the resilience of children. Children need coherent experiences and the help of concerned, competent adults to meet new demands, to cope with new stresses, and to achieve new levels of development. The child’s perceptions that some social networks are able to maintain care and protect affects
the degree of stress experienced. Social support systems that act as potent protective factors in the lives of resilient children are friends, neighbours and teachers. They provide emotional support, incorporate self-esteem, and promote competence. Social support in the form of a socially coherent community can do much to enhance the resiliency of children.

Community influences go beyond the interaction of the child with individuals from the community. They also affect the degree of support and guidance given to parents so that they can become effective partners in the child's development. Community factors influence whether or not parents adopt an ideology that provides philosophical, moral, spiritual, and political support for the active coping that helps children develop and express resilience. Community influences are important in providing the open, supportive education climate that is itself a source of resilience for children. Communities can do much to set the tone and the content of individual parenting decisions. The cultural blueprints provided for school – curriculum, ambiance and the like – can translate into a setting for children that encourages active processing.

The Role of Ideology

Ideology can also explain the resilience of families and their ability to buffer stress for their vulnerable young children. Ideology is a psychological resource that contributes to resilience by giving substance and meaning to dangerous events. It sustains the ability to function under extreme conditions. Political and religious views, especially when they are held with extreme intensity, can shape the consequences of experience. Strong religious beliefs in families have brought stability and meaning to children’s lives, particularly during times of hardships and stress. They give children a sense that conditions are not hopeless, that changes could occur, that they will be protected.

The socialization practices that exist within a culture before the violence will determine to some degree how children respond as a result of the violence and what they need to thrive. Cultures have different ways of socializing children and different attitudes and beliefs about what constitutes appropriate behaviours. In designing intervention strategies, it is important to know the extent to which there are coping strategies in the culture and what they are. It is important to be aware of and work with socialization practices rather than against them.

The impact of violence on the behaviour of young children, must be based on a framework that recognizes the relationship between risk and resiliency. Only then can appropriate interventions be identified.

Chapter 10: Young People, with a Focus on AdolescentsFootnote 1

1 While it is clear that there are many factors other than chronological age that defines the period between childhood and adulthood, the following definitions are being used in the chapter: adolescence 10–19 years, youth 15–24 (this is the UN definition, although at country level this may include a much larger group), and young people, 10–24 years, a composite of both of the above.

Rationale

Conflicts, crises, and complex emergencies affect the development of young people in a number of ways. The devastation of educational, vocational and other basic services deprives young people of years of care and training, and creates generations of unskilled and unemployable populations. Extended social, political and economic turmoil affects the social fabric and culture of families, households and communities, all of which are so important for adolescents’ development. The economic collapse and slow deterioration of States in crisis and the consequent lack of livelihood opportunities force many young people into a culture of violence, and even a life of crime. Their unaddressed needs and squandered potential seriously undermine their