



MASTER'S COURSE IN:
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**“WAR-AFFECTED CHILDREN: PSYCHOLOGICAL TRAUMA
AND INTERVENTION”**



“Children of war” - Ria Hills, 2010

By the MsC Student
Alexandra Analyti

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UNICEF - The convention on the Rights of the Child. Protecting rights: keeping safe from harm

Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The Convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.

Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society. Particular attention should be paid to restoring the health, self-respect and dignity of the child. (1)

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ABSTRACT

Whilst armed conflicts keep increasing all over the world, children are the ones most affected. There is nothing more immoral in the war than the involvement of children in something they do not understand, they do not choose and they do not have the means – practically or mentally – to cope with. The displacement, the loss of their childhood, the torture and the violence they are involved in are potentially harmful to their mental health, compromising their future. War-affected children very often suffer psychological problems such as depression, PTSD, long term problems in coping with future stressful situations, anger and aggressiveness. Unfortunately, there have only been few studies on the topic and little progress has been made. In this paper some interventions are suggested, but a more thorough research ought to be pursued. There is also a short reference to child soldiers, as this is a huge problem arising in the developing world, putting in danger a vast population of children. Another problem which has caught our attention is the mental and psychological problems that many children from military families face due to the absence of the parent.

Key Words: War, Children, Trauma, Armed Conflicts, PTSD, Psychologically affected, Intervention.

ΠΕΡΙΛΗΨΗ

Καθώς οι ένοπλες συγκρούσεις αυξάνονται σε όλο τον κόσμο, τα παιδιά είναι αυτά που πλήττονται περισσότερο. Δεν υπάρχει τίποτα πιο ανήθικο στον πόλεμο από τη συμμετοχή των παιδιών σε κάτι που δεν καταλαβαίνουν, δεν επιλέγουν και δεν έχουν τα μέσα – πρακτικά ή ψυχικά – να αντιμετωπίσουν. Ο εκτοπισμός, η απώλεια της παιδικής τους ηλικίας, τα βασανιστήρια, η βία την οποία βιώνουν, είναι δυνητικά επιβλαβή για την ψυχική υγεία τους και θέτει σε κίνδυνο το μέλλον τους. Τα παιδιά που πλήττονται από τον πόλεμο πολύ συχνά υποφέρουν από ψυχολογικά προβλήματα όπως κατάθλιψη, διαταραχή μετατραυματικού άγχους, μακροχρόνια προβλήματα για την αντιμετώπιση πιεστικών καταστάσεων στο μέλλον, θυμό και επιθετικότητα. Δυστυχώς, υπήρξαν λίγες έρευνες σε αυτόν τον τομέα και ελάχιστη πρόοδος έχει γίνει. Σε αυτό το έγγραφο υπάρχουν κάποιες προτεινόμενες παρεμβάσεις αλλά θα πρέπει να γίνει μια καλύτερη έρευνα. Υπάρχει επίσης μία σύντομη αναφορά στα παιδιά-στρατιώτες, καθώς αυτό είναι ένα σημαντικό πρόβλημα που προκύπτει στον αναπτυσσόμενο κόσμο, θέτοντας σε κίνδυνο ένα τεράστιο πληθυσμό παιδιών. Ένα άλλο πρόβλημα που έχει τραβήξει την προσοχή μας είναι τα πνευματικά και ψυχολογικά προβλήματα των παιδιών από στρατιωτικές οικογένειες, που εμφανίζονται λόγω της απουσίας του γονέα.

Λέξεις Κλειδιά: Πόλεμος, Παιδιά, Ένοπλες Συγκρούσεις, Ψυχολογικό Τραύμα, Διαταραχή Μετατραυματικού Άγχους, Παρέμβαση.

INTRODUCTION

It is generally accepted that when a country is experiencing a state of war, children are those most affected. War is a condition characterized by insecurity, dissolution of the civil structure, loss of regularity in daily life and unpredictability. The family and social networks are shattered. For the children, this is a fundamental change in their social structure, which should support their normal development (2).

Worldwide, 1 in 6 children lives in a war zone and it is more likely for civilians to suffer injury or death than for soldiers in battle (3). This turns the war into a health issue of great importance.

The impact of war on children can take many forms. Children are a vulnerable population and they should never be treated like adults, as the physiology and psychology differ significantly. The most immediate effect is death or injury which sometimes may lead to permanent disability. The abduction and conscription of children in many countries to operate small paramilitary units is a problem of great importance, and endangers both the physical and mental integrity of children. The displacement as a usual consequence of armed conflict, also creates many problems for children and their families, forcing them to live in unhealthy conditions of malnutrition, overcrowding and psychological uncertainty while their access to health services is limited (4, 5).

As a result most children often experience Post Traumatic Stress Disorder (PTSD) that may affect their entire later life. Tragic irony is that many children with PTSD develop highly aggressive behavior that eventually leads to the militias, creating a vicious cycle of violence (3, 4, 6)

Less direct but equally dramatic consequences are injury and death of parents who are militants. Every war or armed conflict brings a wealth of orphans determining their future life. Even returning soldiers' children, who do not bear serious injuries or disabilities, often experience separation anxiety from the parent and the anxiety of whether he will return home, the anxiety of the parent who is left behind and the militant's PTSD, who is several times returning with serious psychological problems (7, 8).

In each war there are both direct and indirect effects on the general population. Once the targets were mainly affected soldiers but in recent years the losses have increased among the civilian population. During the wars that took place in the 1980's 85% of deaths due to war concerned citizens, when the same rate in World War II was 19% (9).

However, it seems that the long-term consequences of a war are more destructive than the immediate. This is even truer when it comes to children. Unlike conventional war, the use of new weapons, technology and new strategies focusing on political, social, economic and

psychological disruption of one country, creating a climate of fear and terror among citizens. Under these conditions the children are the ones who suffer the most. Their homes are destroyed and their families dissolved, and their chances for a healthy and productive life minimized. Furthermore, many children are physically harmed or tortured (2, 10).

Thus, we can separate the effects of a war into two broad categories: direct effects, i.e. death and morbidity associated with war, and the indirect consequences such as displacement, malnutrition, increased perinatal and infant mortality, the poor living conditions and the spread of contagious diseases that reduce life expectancy, with psychological, social and economic implications (9).

The number of migrants and displaced by war has increased from 30 to 43 million today, while the death rate of displaced people has increased between 5 and 25 times in comparison to death rates in people who are not displaced. As expected these rates increase further where children under 5 years old are concerned, as they are more prone to diarrheal disease, measles, tuberculosis, respiratory infections and malnutrition (11, 12). The difficulty that children have to access the health services due to lack of security is another major obstacle to their recovery. According to Cutts et al (1996) survey in Mozambique on child and maternal mortality in areas affected by armed conflict, shows a significant correlation between increased infant mortality and lack of immunization due to inability to access health services, combined with the absence of the father of the house (12, 13).

THE PSYCHOLOGICAL CONSEQUENCES OF WAR

This makes it clear that beyond the physical effects of war on children the psychological effects are also of great importance. Children are often witnesses in violent incidents, forced into separation from their families, are particularly prone to experience the stress of their parents, often forced to flee their homes and families. War creates a multitude of orphans whose needs must be addressed specifically and with sensitivity. The psychological consequences of all the of the above can be very serious and long lasting (5).

In 1990, it was considered that 12 million children of the 20 million children displaced due to war had suffered different levels of psychological trauma. When left unexpressed, childhood traumatic experiences can manifest themselves later in life as psychological conditions such as depression, personality disorders or PTSD and maladaptive behavior. Teenagers seem to be the most affected, compared with younger children, showing PTSD symptoms such as depression, increased fears, nightmares and sleep disturbances, psychosomatic symptoms, aggressive behavior and a sense of helplessness (4) while younger children exhibit addictive behavior, poor ability to concentrate, hyperactivity, and tantrums (14).

In a survey conducted by Hasanović et al (2006) in Tuzla in Bosnia-Herzegovina it was shown that 51.6% of children participants suffered from PTSD, with a greater chance of occurrence in children who had lost one or both parents, while many of the children also had suicidal thoughts. According to Husain et al (1998) two thirds of the 521 children who took part in a survey conducted in Sarajevo lost at least one parent during war, a figure which agrees with 61% of Hasanović et al (2006) (15, 16). Furthermore, parents who survive often suffer from depression and PTSD themselves, which increases the chance for their children to develop psychopathological problems (2, 15, 17). Children with psychological problems can develop characteristics that distinguish them from their peers (peers) and undermine their future reintegration into the new social context after the war (15).

Also, Mousa Thabet et al (1999) state that, based on self-completed questionnaires, the percentage of children from Palestine showing symptoms of PTSD reached 73.2%, while 39% of them reported severe symptoms (18). In a similar survey conducted by Espié et al (2009) in Gaza and the West Bank, 25.8% of children enrolled met the criteria for PTSD and the factors that were associated more with the appearance of PTSD were being witnesses of murders or torture, being recipients of threats and the destruction of their property (19). The day raids and bombings of their homes, listening to the sirens and explosions and life in shelters are also associated with high rates of behavioral and emotional problems (14, 20).

An equally important question that arises is the so-called "cycle of violence." Children who have suffered or witnessed violent episodes often reproduce the violence around them and the

parents who have experienced violence also often reproduce such violence within the family and community. Thus, a child who suffers violence within their family can become a carrier of this violence as an adult, creating a vicious circle with consequences that can affect several generations (6).

INTERVENTION – WHAT CAN BE DONE?

It is obvious that the recovery effort should focus on both practical and psychological level. An important part in the community is the reconstruction of towns and villages affected as it offers a sense of return to normality. Equally important is family reunification, where possible, the psychological support of caregivers of children, the sense of security within the community and the prevention of violence (4). The key to rehabilitation is the social stability and continuity of education for children. But this is usually not feasible while the lack of security averts the operation of schools and abstention from school up to 50% has often been observed in the cities while this figure in rural areas can reach 70% (21). As the armed conflicts are more prevalent in low income areas and the needs in materials and supplies are large and more important at first, the psychological assistance provided is usually very low, although there is a significant need, because it was not assessed as necessary at that time (22). The provision of psychological help is often delayed by some suspensory parameters: often there are not enough mental health professionals and also people who have suffered psychological trauma do not find it easy to ask for help, even if it is available. Also, at that time their priorities are different, placing greater emphasis on practical help rather than psychological (23).

Most interventions aimed at restoring the mental health of children can be categorized into two broad categories: psychological and psychiatric or psychosocial.

The psychiatric or psychological approach focuses on individuals rather than the community, emphasizing on who can be placed in a diagnostic category. A major obstacle is the evaluation of diagnostic criteria as there are often large discrepancies between different cultures. However, it seems that some mental disorders tend to occur in most cultures, thus allowing the application of psychiatric instruments from one culture to another. (24, 25).

The research on children who have experienced conflict situations so far has focused mainly on the search for risk factors and possible psychopathology and symptoms that may occur. Thus, research on intervention in such situations is still new, especially in countries with limited resources (2, 26). It is however accepted that at the same time as overall social intervention, rehabilitation should be aimed at the individual level as well. From time to time various types of intervention such as cognitive - behavioral intervention have been proposed, but these are more proven in adults. Other forms of intervention that have been applied are

utilizing psychiatric drugs, play therapy, art therapy, debriefing therapy, role playing therapy and storytelling. At the present time, there are not many studies that can support some of them over others and most of them have been in developed countries (26). The psychological and psychosocial intervention should take the form that any intervention aimed at mass disasters has: be realistic, short, focused, and providable by local professionals without time-consuming and extensive educational requirements. As psychological intervention under some circumstances could even be harmful, the selected approaches should have reliable results and be easy to apply (22).

A type of intervention that could be used in children older than 8 years is Narrative Exposure Therapy - NET. It is based on cognitive - behavioral therapy and aims, through the narration of life as a continuum, including the traumatic events, to create an initial familiarity with these events and to make the child confront the feelings it brings up. The revival of emotions and situations through their expression aims at the reconstruction of autobiographical memory. In addition, unlike adults, children are encouraged to go ahead and imagine life in the future, using colorful objects, paintings and flowers to express hopes and goals. Through this they learn to think of all the life events as a continuous line that can lead to a better and more hopeful future (10, 22, 26). Surveys conducted in a refugee camp in Uganda (26) showed significant improvement in psychological status of children with results that remained several months later, while the results were similar in a survey of children in Sri Lanka (22), suggesting alternatively meditation and relaxation sessions as well. This type of intervention was used by Occupational Therapists in Kosovo in children who had experienced the war. The younger children drew scenes from various traumatic experiences such as shelling houses, tanks, fires and bombings. Through their paintings they were encouraged to discuss their traumatic experiences and feelings. The narratives gave the individuals a context to regain meaning and define their lives in order to make sense of their experience (27). However, this type of therapy requires one to one interaction, which in some situations is not possible for practical and economic reasons (22, 26).

Good results seem to come from some therapeutic techniques using role playing, which helps children to express themselves through the roles they undertake and make contact with the traumatic experiences and feelings they may have suppressed. Role play or dramatic play can be very useful to defuse these feelings and deal with them, relieve stress and reduce anxiety reactions. As they are encouraged to project their anxieties and insecurities through their roles and play, they learn to externalize them, which would be extremely difficult to achieve by using words, because of their young age and the severity of psychological injury (10, 20). Nonetheless, these therapeutic techniques seem to give better results in children under 14

years old. The research has shown that teenagers respond better to more 'adult' interventions such as group or individual psychotherapy (28).

In contrast, psychosocial interventions emphasize on the retrieval of as many as possible situations and behaviors that existed before the war and the reconnection of social networks, thus promoting regularity and predictability so that children feel that they are safe and on solid ground. There are three factors associated with the development of "resilience" in children: the individual characteristics, family characteristics and general characteristics of the social system or community along with the meaning that the child and the society give to the traumatic event. All these factors should be considered in creating a program that meets the needs of these children (2, 27).

The programs should be family-centric and avoid disruption of families as this could cause serious psychological problems in children. Especially orphan children need to feel secure about the future and it is crucial to develop and create a framework that takes special care of unaccompanied children. These interventions also avoid the use of psychiatric terminology which in some cultures is considered negative (24, 29). In addition, as psychosocial interventions emphasize on restoration, psychological and practical, after the traumatic event, they cooperate well with community and other financial, medical and social programs running in the field (24).

Psychosocial programs should include activities that have a direct impact on a substantial number of the children they target and can be implemented with existing infrastructure and facilities (23).

The psychosocial intervention attempts to tackle the issue holistically, within the community, often using the assistance of local authorities and religious leaders who in many areas enjoy a higher social status and wider acceptance. It is also important to support the development of close relations between the child and at least one adult, and its integration into peer groups along with the general support they receive from the community (30). It is important to consider the cultural features of the community and involve in the intervention local teachers, religious representatives, health professionals and people who interact daily with children. The main language used should be their language and not the language of the health professional. The involvement of "external" health professionals should be handled with care and respect for their culture, their customs and traditions (2, 23, 24). The intervention may take the form of courses in schools or the creation of classes in a refugee camp, in order for children to organize themselves into a stable program and to interact in support groups (23, 25, 31).

Although these two approaches differ in philosophy and practice, a community recovering from war can greatly benefit from the combination. In an early first phase, the psychosocial

approach has much to offer in the reconstruction of the community, the creation of hope and optimism for the future. It can promote a stable environment for children and adolescents who have experienced a war and create a sense of community cooperation. While the wounds heal and the mental health of the population improves, psychiatric intervention can focus on the individuals that seem to be most affected and have suffered major psychological damage. The promotion of their mental health will help the community in long terms, as they will become more functional and will participate in the effort (24).

Briefly, we can say that interventions can be divided into:

- Non-specialized, including reduction of stress, reconnect their culture and traditions, the recovery of hope for the future, the resettlement of the social network, development of self-esteem and confidence, the creation of a network of psychological assistance and education.
- Specialized, including group therapy and individual psychotherapy.

The involvement of people in the process of rehabilitation in the community is extremely important because it gives them the feeling that they are no longer victims but social actors. Thus, the assignments in children and adolescents help them develop a healthy sense of reconstruction both in practical and psychological terms. Taking roles in the community helps them to strengthen their confidence and self-esteem, enhancing and promoting their own rehabilitation (23).

CHILD SOLDIERS

A huge key issue related with children during a war is their recruitment. This is going to be just a brief reference in this paper, as it is an issue of war with many aspects and ramifications.

The number of children being recruited either voluntarily or by coercion, is increasing. A large number of children are abducted, but there are several enlisted voluntarily either because of ideology or because of the lack of viable alternatives, given the poor socioeconomic situation of these countries and the lack of schools. In some cases this is a survival strategy, which puts their rank outside the realm of truly voluntary decision (32).

Worldwide, 300,000 children are currently used as soldiers in battle. In Uganda the famous Joseph Kony has been active for several years with his Revolutionary Army LRA, which uses kidnapping children and forcing them to fight as his main method of recruitment. During the last years, tens of thousands of children have been forced to join the military organization, with 90% of the conscripts estimated to consist of children (33). The NGO “Coalition to Stop the Use of Child Soldiers” estimates that in 42 countries around the world children have been recruited and are used in various positions (32, 34). Whether recruited as combatants or in auxiliary roles, this compromises both their physical and mental integrity. Many girls, in

addition to their obligation to take part in kidnappings of other children as well as in fighting, are often used as sex slaves, giving birth to children who they are forced to leave behind if they manage to escape (4, 35).

A significant number of children who have been used as soldiers, suffer from PTSD and severe psychotic disorders. Even before their recruitment they often have experienced traumatic situations, as most of them are orphans or their parents have also been kidnapped, or they come from very poor families who lack the means to react to the violent conscription of their children (33, 35, 36).

The age of recruitment, the time passed since their escape and the number of traumatic experiences seems to have little effect on the severity of symptoms. It seems that the conditions in which they had to live and the things they had to do to survive for as long as they were abducted are extremely traumatic, whatsoever. In several countries including Northern Uganda and Sierra Leone there are childcare centers run by the Church, NGO and local civil society organizations which prepare child soldiers for their reentrance to their communities and they offer short-term rehabilitation programs within communities. However, the return of children is not always consistent with the best possible adaptation. The rehabilitation is often difficult because these children are stigmatized and pushed aside by others, peers and adults because of the atrocities that have been forced to commit sometimes even against their compatriots. This significantly complicates their mental recovery. Moreover, it is difficult for them to follow the curriculum as they have lost several critical years of schooling and are extremely difficult to integrate, leading to even more marginalization (32, 33, 36).

Reintegration is a difficult process, given the anger and violence that continues to exist in children who have been soldiers. Training, and finding a job that will generate some income, are the keys to a better recovery in the community. The instillation of hope for the future and animating these children will need more resources than the existing structures. Without alternative solutions these children will continue to do what they have learned to do in the camps: to fight (32, 37).

CHILDREN IN MILITARY FAMILIES

In addition to direct effects there is a cost of war that creates a major side effect related with children from military families who also experience serious problems and situations that may stigmatize and determine their later life. The war has profound effects on both military personnel and their families.

The psychological burden of war extends beyond the military themselves, to their spouses and their children. Studies have shown a strong correlation between military spouses and high stress levels that can potentially lead to mental health problems (7). The stress and inconvenience caused by the involvement of a family member in a war extends beyond the militants, to their families. The separation during operations often leads to burdening the parent left behind with new additional roles, disrupting family routine and creating feelings of insecurity, anxiety about the member who is away and difficulty in making plans for the future. When the militant parent returns, their reintegration in the family can be difficult because there is a need for roles redefinition (38).

However, only a few studies have carried out in this field. More than 2 million children in the U.S. are affected by the tenure of their parents in Iraq and Afghanistan, and 40% of these children are younger than 5 years old. According to a survey of Chartrand et al (2008) in children of militants involved in Operation "Desert Storm" during the period between August 1990 and February 1991, girls were more emotional and demonstrated sadness and withdrawal, while the boys had discipline problems. Younger children were more susceptible to these symptoms. The teens mostly showed somatic symptoms such as increased heart rate and elevated levels of stress. They also stated increased fear of loss and feelings of uncertainty (8). It also seems that military families who experience long periods of absence are more likely to be involved in incidents of child abuse and neglect (38, 39). Many children have problems in their relationships at school, in groups of peers and in their relations with other family members, drop in school performance, sleep disorders and increased feelings of anxiety and stress (40).

Another issue that may arise is when a parent returns from the field suffering himself from PTSD. Research has shown that children of soldiers suffering from PTSD, present with increased behavioral disorders, problems with authority, depression, anger, aggression, hyperactivity or apathy and learning difficulties compared to children of militants without PTSD. It has been shown that children respond with more sensitivity and empathy in the psychological problems of their parents than in situations of actual risk. Thus, living with a parent who suffers from PTSD may cause secondary trauma significantly affecting their ability to cope with stressful situations in the future (41).

In many cases it seems that the presence of members extended family environment may reduce symptoms, because the children feel more secure or because the parent who stays behind is been relieved to some extent and is able to respond best to the roles undertaken. However, it is necessary to create programs that help militants' families in order to avoid compromising the mental health of children and jeopardize their future (42).

It is obvious that when it comes to children there are no winners and losers. Even children of the winners are often defeated.

CONCLUSION

This paper does not purport to cover such a big issue like the impact of war on children. There has been an attempt to reach some of the most critical aspects, although we certainly cannot underestimate any side of the war when it comes to children.

The consequences of war and armed conflicts are repugnant for the entire population, but especially when it comes to children, are even worse because the damage caused is long-term. Children are more vulnerable to many diseases and risks arising from the war, thus they tend to be affected the most. The displacement, orphan hood, hunger, interruption of their education are just some of the problems encountered during armed conflict.

The psychological effects of war are those that continue to afflict the children in the period after the war. The feeling of insecurity, the appearance of PTSD, depression, mental disorders a child may experience after the termination of the war are a load that may affect a country even for several generations. Unfortunately, just a few studies have been carried out and few interventions have been developed which aim to reduce the damages caused by war. Clearly, there is great need for greater attention to this important issue of rehabilitation of a country.

Targeting the child population of a country comes to risk the future of this country. When the future citizens are physically debilitated and mentally extinguished, the potential workers that would make this country stand on solid ground again are blasted. Thus, it is very difficult to re-build the institutions and networks, social, political and economic, existed before the war. The fact that the child population is more and more often becoming a target shows that any kind of morality no longer exists in any war.

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