Psychosocial support for children and youth

Approaches of international cooperation in post-conflict countries
Starting point

Crises and war in many countries of the world inflict especially young people. Even though every second refugee is a child or a young person and even though the number of recruited child soldiers has increased over the last years, children and youth have not been the aim of supportive interventions to great extent – neither by low and middle income countries themselves nor by the international community. Only recently has the world turned its interest to the protection of children and youth in post-conflict countries and to their physical and mental health needs aroused by violence and cruelty (see also Box 1). Young people lack support to rebuild their lives, to reintegrate into schools and to cope with psychological damages.

Box 1 Children and youth in post-conflict countries

The newly aroused interest in “children/youth and post-conflict programming” resulted in the development of a number of approaches, toolkits and concepts for young people to help them cope with conflict experiences. Still, no systematized, context-specific knowledge is available. Western conceptions of childhood tend to regard children as vulnerable and passive victims and not as active members of a community (Büttner et al., 2004; Nicolai, 2003; Schleicher et al., 1997; Sommers, 2006). However, even though young people suffer extremely from conflict consequences, resilience of children and youth has been found to be extraordinarily strong in conflict regions, and the concept of the passive victim who needs protection may not be appropriate (Büttner et al., 2004; Sommers, 2006).
This may be linked to the fact that not all societies have a notion of childhood and youth. In some countries, such as Pakistan, children are treated like adults and must contribute to earnings of the family (Büttner & Koschate, 2003). In other countries, the concept of youth is not known; rather, a direct transition from childhood to adultery at the age of 12, 13 is supposed (Sommers, 2006). Hence, international agencies discuss how to frame the age range of childhood/youth, and it is generally agreed that childhood finishes at the age of 15 whereas youth ends with 25 (UNICEF).

Meanwhile, a widely agreed upon consensus on children and youth rights has been found, on which interventions of the international community should be based (see Box 2). There is also wide recognition that “programs designed to assist war-affected populations need from the onset on to include considerations of the psychosocial effects of war” (Save the Children, 1996, p. 2). Once the conflict or war is about to be terminated, forces – in most cases external forces – are needed to help the population of a country to come to terms with the tormenting experiences.

The present study wishes to contribute to the efforts made to address mental health needs of children and youth: It summarizes the international discussion related to this topic and gives definitions on trauma and on traditional and “modern” healing approaches. Then, the text illustrates the concept of so-called psychosocial support and other activities and lists some examples of structural approach in post-conflict countries. Finally, the text discusses possibilities for the way forward of international cooperation and depicts principles being crucial in assistance to post-conflict countries. The document is complemented by a bibliography with comments on selected literature and a list of recommended readings.

Box 2  Consensus on rights of children and education for all

The Convention on the Rights of the Child is a unique instrument adopted by the General Assembly of the United Nations in November 1989. It has been ratified by almost every country and provides the most comprehensive and specific protection for children. The convention acknowledges children as the direct holders of rights such as protection of the family and cultural environment, essential access to health, food and education, prohibition of torture etc.. States must also ensure access to, and the provision of, humanitarian assistance and relief to children (Machel, 1995).

The World Declaration on Education for All (EFA, Jomtien, 1990) put forward that all children, young people and adults have the human right to benefit from an education that will meet their basic learning needs. All governments have an obligation that EFA goals are reached.

This was strongly confirmed ten years later by the World Education Forum in Dakar, where all participants committed themselves to the achievement of the EFA goals. As a result, the Education for All – Fast-track Initiative (FTI) was established in 2002 as a global partnership between donor and developing countries to ensure accelerated progress towards the Millennium Development Goal of universal primary education by 2015. It aims to ensure greater donor harmonization, knowledge sharing and resource mobilization.
1 Review

As illustrated, the international community has found a broad consensus on the rights of children and youth. Some questions need yet to be discussed in this context in order to be able to promote assistance fitting needs as appropriately as possible: What kind of interventions for mental health is helpful in or after crisis, especially for children and youth? Do these interventions have to be introduced as separate activities or can they be implemented within other approaches for young people? And: how and to which extent should the international community focus especially on psychosocial support for children and youth? Before approaching answers to these questions – which are crucial questions facing the situation of young people in crisis today – the international discussion on psychosocial needs of young people shall be reflected and some definitions given.

1.1 The international discussion

The term “trauma” has become part of everyday vocabulary in projects for children and youth in (post-)conflict countries. Trauma is a Greek word meaning “wound”. The concept relates originally to the experience of a sudden negative, cruel event – the traumatisation – which exceeds an individual's ability to cope with and which creates a trauma (Scherg, 2003; Nicolai, 2003). This leads to a syndrome called post-traumatic stress disorder (PTSD) which shows in 1) reliving of the traumatic experience, 2) avoidance of stimuli associated with the trauma and 3) persisting symptoms of arousal. This trauma/PTSD concept as well as other models based on Western psychological paradigms are often transferred by international agencies to post-conflict countries. Some studies claim that trauma symptoms are expressed similarly all over the world, only labelled differently in different countries (see Barenbaum et al., 2004; Sommers, 2006). However, vivid discussion on the broadness and applicability of the Western trauma concept to other cultural contexts is ongoing. The crucial aspect related to this discussion is (Save the Children, 1996):

*What is universal and what is culture-specific in trauma and coping with it?*

In this discussion, the original concept of trauma is criticized for:

- Defining somebody as being traumatized, which creates a catalogue of symptoms and relates to “victims as suffering from psychological disorder”, turning young people (and also adults) into objects, maybe even re-traumatising them (Lindorfer, 2000; Schleicher et al., 1997).

- Probably not being the most appropriate category for an assessment of youth and children (Büttner et al., 2004; Sommers, 2006). Rates of traumatisation according to Western concepts are often found to be unexpectedly low among children and youth (Barenbaum et al., 2004; Nicolai, 2003; Schürings, 2006). Kos and Derviškadic-Jovanovic (1997) even state that the psychological impact of war on children is frequently exaggerated – not intending to say, however, that they do not suffer and do not need help. Categories such as avoidance and shame might be more appropriate for example (Sommers, 2006).

- Concentrating on the individual, not taking into account the influence of interpersonal relations and the societal context in which the traumatising event has occurred.

- Not naming the causing event or aggressor that damages interpersonal relations.

- Not providing explanations for long term trauma consequences and the occurrence of symptoms after many years only, since in the original notion trauma is over when the event is over (Jung & Merk, 2005).
Keilson's concept of “sequential traumatisation” (1979) is promoted by many experts in the field as a basis for alternatively explaining “trauma”. It allows to define different sequences of trauma (e.g. during war, after war, during peace etc.) leading to inner torture of a person, and focuses on the processing character of traumatisation without providing a specific structure (e.g. of symptoms). This concept can easily be adapted to youth and children in different cultural contexts and implies a fundamental change in understanding trauma: concentrating on the process of a traumatising situation. This concept helps to explain why the process of traumatisation can sustain even if violence is finished (Jung & Merk, 2005).

The concept of trauma was further extended and reframed by Ignacio Martín-Baró who introduced the term “psychosocial trauma” in 1990. The “psychosocial trauma” is a crystallization or materialization of social relationships characterized by war in every individual. Trauma in this definition is not a certain cruel event any more which hits a child, but happens within a certain historical, political, social and cultural context. Important in this definition is that the roots for the humiliation of the individual are located in the society (conveyed via institutions, groups and individuals) and not only in the individual (Lindorfer, 2000). Immanent is a complete collapse of a person due to a vital discrepancy between threatening socio-political structures and individual coping possibilities, leading to total helplessness (Büttner et al., 2004).

The cultural background is crucial in the development of a child's personality. To rely rather on oneself or on others, where to locate power and control is defined in a certain cultural context. How, when, where, to which extent pain can be expressed is conveyed by the cultural context. How to seek help and which healing procedures are valid is influenced by the cultural context in which a child grows up. Also images of time and remembrance or moral authority are culture-specific (Jung & Merk, 2005; Schleicher et al., 1997). Self-definition and awareness of identity as awareness of singularity is vague in many low and middle income countries, which are often so-called collectivistic societies. In collectivistic societies, people rather define themselves via the community and via their so called in-groups, i.e. the group of people close to them, not via their own comparative, individual characteristics (Machel, 1995; see Box 3 for examples).

Box 3 Influence of cultural norms on the trauma concept

Examples from different countries illustrate the influence of the cultural context: If a child after a situation of crisis starts to use “I” relating to him-/herself again, this would be a sign for recovery in Chile. Whereas in Guatemala, this would indicate a trauma because the child's existential reference – the community – has been destroyed and she or he refers to her-/himself instead (Schleicher et al., 1997). In some societies (for example in Croatia) there are systems in place where it is not possible to change conditions neither on the personal level nor on the society level. Change and dialogue is perceived as antisocial and counterproductive. This traces back to the Second World War where it was life-threatening not to lock away personal pain (Ajduković, 1997). In other societies (among Khmer youths or in the society of Burundi for example), traditional values require avoidance and the suppression of feelings. Children are in many countries also not allowed to express their needs and feelings but must keep quiet as sign of behaving well and strengthening harmony within the community.

Many authors claim thus that the Western individual-centred notion of trauma has to be left behind, rather conceptualizing the roots of trauma within the society of a country – that means within a certain social, political and cultural context (Lindorfer, 2000; Scherg, 2003; Schleicher et al., 1997). The lack of symptoms according to a Western definition of trauma
does not mean that there is no injury, it may only be expressed differently: Trauma is not an individual experience isolated from the source of conflict any more, it is a collective syndrome and means an impairment of relations and functions on the individual, the family, the community (Box 4) and the society level. Collective consequences of traumatisation relate to the break down of relations and coping strategies in a bigger social group due to man-made disaster. In many cases, a totalitarian regime has forced people to destroy their identity, which has often been a collective identity, and this collective identity can only be rebuilt within a collective coping process, which makes necessary also an analysis of the structural fracture (Scherg, 2003).

Box 4  Definition of community

A *community* refers to a group of people within a territory or to a social community, separated from others, or to a political community, which has to be developed still (Schleicher et al., 1997).

This idea has consequences for trauma work: what “trauma” means has to be developed locally and it can only be tackled in a specific context. Coping with trauma is related to political development and dealing with local concepts of truth and justice. If the context does not change, trauma perpetuates, the damage becomes core of human development and burns into youth identities as a continuum (Schleicher et al., 1997).

Even though the vivid discussion on culture sensitivity versus implementation of Western notions has reached the widespread consensus that a conflict always has to be seen in the context of a society – where it has also emerged –, it is still not clear what trauma work is and how it should be implemented. For example, who defines criteria according to which we categorize injury of youth and children (Jung & Merk, 2005)? This raises the question if an approach to support children and youth exists which integrates the social aspects of trauma and is able to combine the efforts of countries, communities and international agencies.
1.2 Traditional healing and psychosocial work

Before illustrating how trauma work with young people could look like, a comparison of local and Western concepts, especially of health/illness and healing, is requested: In many low income countries, “health is traditionally defined as harmonious relationships between human beings and their […] surroundings” (Honwana, 1998, p. 2). Illness is a social phenomenon which needs to be healed by mending social relations. While in Western countries individuals usually cope with their experience via externalisation, in many post-conflict countries traditional healing strengthens cohesion and emotional support through the family or the community, often also by locking away the past (Honwana, 1998; see Box 5).

Box 5 Example from Mozambique

In Mozambique, talking about traumatic experiences does not help patients to cope; traditional healing rituals such as cleansing of the past may be more effective. This purification ritual involves the person, relatives and the entire spiritual community and aims at cleansing of social pollution before making a cut with the past. It then helps the individual, for example former child soldiers, to reintegrate into the community. By means of spiritual understanding people can restore meaning and a sense of balance to their lives following traumatic experiences. The purification ritual is a huge psychosocial resource and wellbeing depends a lot on being able to (re)create social and spiritual networks (Honwana, 1998; Jung & Merk, 2005).

Nevertheless, there is a number of problems to be faced when referring to traditional knowledge: Not in all societies do traditional values still have the same importance nowadays. In addition, traditional approaches may be limited having also undergone devastation and change through war and crisis, or traditional authorities may have lost their power (Schleicher et al., 1997). Former despots may have intruded traditional knowledge, perpetuating loss of control. If, however, children do not recover from their experiences, they may continue to use violence as a means to solve conflicts and pass the trauma on to next generations. It is thus definitely needed to find equilibrium between still existing traditional and new Western approaches and adapt them within a certain context.

What kind of support is currently implemented by international agencies and how could it look like in future? International agencies do still in many countries provide approaches which focus rather on the individual than on social relations, simply because alternative methods are not available or not approved. Psychotherapy focusing on the individual is for example in widespread use. These therapy modules of different schools are implemented usually asking young people for narration/externalization of experiences. They include

- Diagnosis via questionnaires, such as the Child War Trauma Questionnaire (CWTQ).
- Methods such as debriefing procedures which are strongly structured dialogues about traumatizing events as soon as possible after the event. Debriefing prompts the child to speak through a potentially traumatizing event to develop a common version of it.
- The strongly criticized Eye Movement Desensitization and Reprocessing, where a child's coping process is analyzed via certain eye movements.
- The Narrative Exposure Therapy (NET), a short term intervention where children are asked to talk very openly about their experiences and whatever related to it (Scherg, 2003). NET was applied successfully in Macedonia, Sri Lanka and Uganda. Nevertheless, it is widely discussed and criticized since it concentrates on children's externalization of experiences only and does not take into account the social context.
Since the appropriateness of these individual-centred therapeutic concepts and other in-depth clinical interviews is doubted, the conclusion here is that – if they cannot be avoided due to lack of other proved measures – they should be carefully implemented only within a broader frame, providing also other, more psychosocial measures to avoid retraumatisation of young people. In fact, as some authors claim, the need for individual therapy will diminish with successful promotion of psychosocial healing at family, community and institutional levels. This was approved by studies showing that the coping capacities of young people depend very much on the degree of social support (Barenbaum et al., 2004).

But there are already other methods in place which consider the social context in rehabilitation. One means is for example systemic family therapy. This approach focuses on the child and his or her traumatisation within the system of the community (“I am because we are”) (Jung & Merk, 2005). Still another possibility is art therapy or psychodrama which equals methods of traditional healers and is therapeutically valid and socially accepted. Successful examples stem from Palestine (Sommers, 2006). In addition, there is psychosocial counselling which is not a trauma therapy in the original meaning, but general counselling and practical support for coping with everyday life and reintegrating into a community (Scherg, 2003). Self-help groups guided by psychological staff may be another possibility to support children and youth to come to terms with their experience. Another means, still, is the integration of (mobile) mental health teams offering psychosocial support for a whole community or in schools. Kos and Đerviškadic-Jovanovic (1997) developed such population-oriented outreach models of psychosocial help in Slovenia. The main aim of these teams was to incorporate mental health interventions into schools where teachers acted as psychosocial helpers.

The methods last-mentioned all share the feature of integrating the social context into assistance. They are examples for psychosocial support. What does this term mean? How can psychosocial work be conceptualized?

The term “psychosocial” underlines the link between an individual's inner world of experience and the society (economic, political, social and cultural conditions) (Nicolai, 2003). According to the Psychosocial Working Group (2003), the psychosocial wellbeing of an individual refers to three core domains: human capacity, social ecology and culture and values. These domains have utility and validity as discrete “lenses” through which to consider impact on resources at the community level. Psychosocial wellbeing is seen to be dependent upon the capacity to deploy resources from these domains. Implicit within the conceptual framework is the need for appropriate “negotiation” of programmatic response between affected communities and outside agencies.

“Psychosocial support recognises the importance of the social context in addressing the psychological impact of stressful events experienced in emergencies” (Nicolai, 2003, p. 117) and facilitates the reconstruction of social structures (family, community groups, schools etc.). Generally important within this approach are structure, care, opportunity to play, self-efficacy, sense of control over the situation, learning, creating new perspectives, perspective-taking and coping strategies. Self consciousness can be recreated within and through relations, warmth and the feeling of being protected. Psychosocial support is a process, a systemic problem solving approach (Jung & Merk, 2005; Lindorfer, 2000; Schürrings, 2006).

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* The Psychosocial Working Group (PWG) was established in 2000 as a collaboration between academic institutions and humanitarian agencies committed to the development of knowledge and best practice in the field of psychosocial interventions in complex emergencies.
Not all interventions integrating the context are however *psychosocial*. Psychosocial work refers to interventions aiming at the interaction of social network/individual and being provided by professional staff, i.e. psychologists or staff trained in this area such as teachers, physicians or community members. The term psychosocial and the meaning of psychosocial support is however still not used in an agreed upon manner. Further clarification is needed on meaning and contents of psychosocial work over the coming years.

All interventions such as peace education (see below) may have effects on the psychosocial wellbeing of children, solely because they give them the possibility to rehabilitate in a group with certain activities. These interventions cannot only have effects on the psychosocial wellbeing, but they can also excellently be intertwined with psychosocial support. To guarantee thorough mental health recovery, a combination of methods brings an advantage: The role of the psychologist is a difficult one. In many societies, the concept of the psychologist is not known and attending this expert is a stigma (“I am not crazy”; the same is by the way true for the so-called developed countries). Integrating psychosocial support into other activities can open the way to address psychosocial aspects while avoiding the topic on a “meta level”. The person who equals the psychologist of Western societies has to be identified to build up cooperation and implement psychosocial support.

### 1.3 Areas of intervention

The following framework shows how psychosocial support is or could be related to other approaches to support countries in transition to peace.

- **Formal education**

  Increased awareness of psychosocial needs of children under the Conventions on Rights of the Child has also led to a more rapid response of psychosocial interventions within education (Sinclair, 2002). Restoring structured education helps to restore normalcy, stability and continuity and gives students a chance to pick up their roles again (Barenbaum et al., 2004). Education is thus particularly effective in assisting young people's psychosocial wellbeing (Crisp et al., 2001). Since schools and teachers are big hubs reaching the greatest number of young people, they are in a good position to function as multipliers to support young people. Approaches in schools require, however, thorough capacity development of local teachers and if necessary the healing of teachers themselves, including
the promotion of self-esteem, a culture of communication and conflict transformation (Schell-Faucon, 2002).

There are many areas where psychosocial support could be integrated within the education sector aiming especially at capacity development of local staff. For example, modules of psychosocial support could be anchored in curricula in university education of teachers. Local experts could be generated by offering university courses on psychology and psychosocial support for youth and children. School curricula on a national level could promote psychosocial methods. In addition, selected teachers may be trained on the topic, imparting their knowledge through a cascade system to their colleagues. School psychological services or (mobile) school psychologists in a district where teachers and pupils can ask for advice could also be offered. An area where psychosocial aspects could easily be integrated by trained teachers is peace education (see Box 6).

Box 6 Peace education and psychosocial support

Peace education is a broad conception linking individual and group goals e.g. in conflict resolution. Peace education initiatives tend to teach how to prevent conflicts before they take place and include skills building, development of attitudes and knowledge (Crisp et al., 2001). The elements of peace education are cooperation, good communication and listening skills, positive affirmation, empathy, perspective taking, building self-assurance or competency in dealing with conflicts, understanding emotions, problem solving, negotiation etc. (Baxter, 2001). Salomon and Nevo (2002) claim that such a programme has to allow children to analyze their own behaviour and adapt it according to social norms. Peace education implies already elements of psychosocial support, and these two approaches could hence be offered by trained teachers or school psychological services in an integrative manner.

Many peace education programmes, however, face the problem that they target people who are already peaceful. Youth out of school are vulnerable to being victimized and involved in violence but are often not a target of peace education (Sommers, 2006). Salomon and Nevo (2002) argue that the socio-political context in which peace education takes place supersedes other aspects, and programmes including peace education have to be tailored to specific needs – to specific needs of youth in and out of school.

Other methods which can include psychosocial support in schools are focus groups, de-escalation programmes, peer-group training and education of mediators. Group-work and cooperation with external youth groups is also said to be important for mental health recovery of youth, since they learn that they are not alone, can share solutions and try out new skills. These methods in combination with psychosocial services can play an important role in reducing potential conflict situations and convey skills in dealing with conflicts.

A precondition to promote education in combination with psychosocial support is the satisfaction of basic needs. According to the standards of the Inter-Agency Network on Education in Emergencies (INEE, 2004) these preconditions are: participation of the community, an analysis of the situation, access to and quality of the learning environment, quality teaching and learning, well-educated teachers and a supportive education policy and coordination.
Non-formal education

Particularly those not attending school can be reached by non-formal education activities, including psychosocial services to help children and youth cope with distressing events. Possibilities are: Establishing youth centres and meeting places where young people can discuss events of the past and their future, offering also psychosocial services if needed. Youth centres are symbolic spaces and can later on function as meeting points for inter-ethnic groups (Scherg, 2003). In Angola, for example, communities in cooperation with international agencies have built “jangos”, open community huts where meetings of young people can take place. This boosts people’s self-esteem who had internalized a sense of inferiority about their culture. Structured recreational activities such as child friendly spaces staffed with experts (for example by UNICEF) convey also psychosocial healing. Other possibilities are the establishment of psychosocial services in a community, for example via a telephone hotline, or by training police on the special situation of children and youth. Representatives of religious institutions may also be trained to provide these services.

Networking is another possibility to exchange experiences and link existing psychosocial programmes; projects have been conducted even between different countries. These exchange programmes under guidance of specialized staff bring young people out of their region or country, give them the chance to grasp new ideas and share a common understanding of causes and consequences of conflict. Exchange is also possible as a dialogue between generations. This is a systemic approach based on methods developed by psychologists and mediators in order to make different ages aware of their experiences. For example, a GTZ rehabilitation project of child soldiers in Congo aimed at school and job reintegration. This was promoted via communication with community elders about their heritage and their future. The dialogue was supported and guided by psychologists of international agencies.

Other approaches focus on mediation between “aggressor” and “victim”, on capacity building of some of the young people in order to appoint them as multipliers or on establishment of youth self-help groups (Salomon & Nevo, 2002). This mediator or multiplier training is only useful if there is a chance for youth to practice. In some highly hierarchic countries, however, participation of young people is not widely accepted and they do not get a chance to apply their new knowledge. It is therefore essential to integrate community leaders in the mediator training. They are central in mediating conflicts and could allow youth to practice their new roles. Professional staff should be available to guide these projects.
• **Media**

Within school and also within the non-formal education sector, media are a means to convey coping methods. Media include not only the internet, radio or television, but also games, music, dance, play, theatre and drama, drawing, sports, prayer, email etc. (Junne & Verkoren, 2005). These media could be used under the guidance of specialized staff and aim at awareness raising for the special psychosocial support needs of children and youth. They help young people to control situations and empowers them in their efforts. Children for Tomorrow (CFT) for example has introduced summer games in Kosovo where psycho-educative methods are implemented to help children deal with grief. Especially play and child-friendly spaces are of great importance to children to create normalcy and sheltered recovery. Alternative media encourage the participation of a vast community. Since they are not heavily language-dependent, they can also easily be implemented by external helpers. However, these media – especially television and radio – run the risk of easily being manipulated.

• **Other support**

Integrative approaches of education and psychosocial support must of course be accompanied by more general efforts. Only then can the psychosocial wellbeing of children be assured. These efforts are not discussed here in detail but comprise for example: Satisfaction of basic needs and protected environment for children and youth, education on health and (basic) skills training – i.e. qualification and income generating activities; without this, unemployment and as a consequence the conflict potential might increase – or if necessary medical support. On the national level, the framework may also include improvement of legislation and administration, possibly establishment of truth and reconciliation commissions or of ombudspersons, support to local initiatives and traditional institutions, initiation of dialogue and cooperation, inter-institutional cooperation or international exchange (Grossmann & Lingnau, 2002; Schell-Faucon, 2002; see also examples below).

2 **Documenting structural approaches**

So far, the reader has gained some insight into the international discussion on psychosocial and other support to help children come to terms with their mental distress. Still evaluations of different projects from the field are missing, and until date there is no vast body of knowledge on successful measures available. Surely, there are many single projects going on and many donors are active in different countries in providing psychological support. It is of great interest to have a look at successfully implemented structural interventions, i.e. interventions within a cooperation of international agencies and the governments of post-conflict countries. There are not many experiences available and they are not evaluated until date, but some examples can be depicted.

2.1 **Psychosocial care in Sri Lanka**

In Sri Lanka, efforts to provide children and youth with psychosocial support have been assisted by GTZ for years. First, at the beginning of the new millennium, activities were not implemented on a national level, but rather ad hoc in different locations. This work included sensitization and training of teachers to pick up on post-traumatic stress symptoms amongst their students (Schell-Faucon, 2002). As a result, the Ministry of Education decided to establish a nation-wide system of psychosocial counselling and training for Guidance and Counselling Teachers and In-service Advisors (ISAs) in cooperation with international donors.
After the Tsunami in 2004, a psychosocial care component was designed within the Education and Sector Development Framework and Programme (ESDFP) of the Ministry of Education. This Sector-Wide Approach (SWAp) was developed with the World Bank as lead agency in order to integrate and monitor the interventions of foreign funded projects. It closely coordinates with nationwide and regional projects of other donors such as UNICEF and is supported by GTZ.

Children in Sri Lanka suffer from widespread distress caused by multiple factors – the Tsunami and the permanent armed conflicts. Within the newly designed psychosocial care component, teachers and education professionals shall be further qualified to provide guidance and counselling for young people and other teachers to specifically address their needs. Since October 2005, this psychosocial care component, implemented within the GTZ-ESC-Project (Education for Social Cohesion), is targeting the needs on three levels:

- **On the national level:** Support to the national policy and the national plan for psychosocial care, revision of the existing teacher education syllabus for guidance and counselling, development of training material for teachers and of television/radio programmes to raise awareness.

- **On the college level:** Development of multimedia tools for the training of guidance and counselling teachers and development of training for teachers on how to cope with disasters; facilitation of training for psychosocial resource persons.

- **On the school level:** Support to creative events in schools to raise awareness.

Since 2005 also, an additional expert – sent by the German Centre for International Migration and Development (CIM) – is employed by the National Institute of Education (NIE) to implement the psychosocial programs in cooperation with the ESC-Project. As a result, a Guidance and Counselling Unit has been set up at the NIE, an island-wide action plan developed and psychosocial activities completed in June 2006.

Furthermore, trainings of teachers as master trainers (counsellors, “befrienders”; teachers who have been exempted) have taken place at the National College of Education in managing stress and dealing with children. Mainly, existing didactic materials have been revised (e.g. the Child Mental Health book) or printed and distributed (the Tsunami Songbook). A planning council of student leaders has been set up and first psychosocial care workshops have been conducted.

The targets for the near future are the introduction of comprehensive training measures (2008), also to enable teachers to diagnose traumatized children and refer severe cases. Committees for problematic situations will be introduced at schools. Monitoring and evaluation activities will further be strengthened (for example, baseline interviews will be compared with interviews after counselling) and a teacher development framework with school-based, on-site teacher development systems is planned. GTZ is interested in long-term effects and wishes to establish a cascade counselling system.

The programme in Sri Lanka seems to be a very promising approach – given especially the multi-traumatisation of the country – and could over the long term offer psychosocial services to all children in need. An advantage is that it is implemented within a Sector-Wide Approach. Yet, the monitoring and evaluation system may be further strengthened.
2.2 National Mental Health Action Plan in Lebanon

In 2006, the government of Lebanon together with university institutions, nongovernmental and international organizations (UNICEF, Save the Children, GTZ etc.) started to establish a National Mental Health Action Plan for Families, Children and Adolescents Exposed to War Events (IDRAAC, 2006; The Higher Council for Childhood in Lebanon, 2006). The plan is implemented over a period of three years from January 2007 on, and coordinated with the health sector and the school health programme. This plan aims to address the lack of professionals and the general lack of psychosocial support for children in Lebanon. It includes training of professionals and paraprofessionals, allocation of human resources, creation of treatment protocols and development of networks among collaborating agencies to build regional psychiatric treatment centres. According to this plan, all staff will receive basic training in delivering psychological first aid and teaching behavioural strategies. Advanced training in trauma management will target professionals. Quantitative and qualitative tools for data collection will be introduced since psychosocial support needs and resources have not yet been analyzed and existing programmes not been coordinated. GTZ will provide technical assistance to develop training materials, to qualify staff and to build cooperation with nongovernmental organizations (NGOs).

The National Mental Health Action Plan is based on a combination of three components:

- Community-based psychosocial activities offering access to playgroups and leisure activities to children suffering from psychosocial disturbances. These activities strengthen cultural ties and provide routine. They include a first mapping of already existing activities such as scout movements or capacity building of trainers.

- School and class-based interventions. Since school attendance rates in Lebanon have reached more than 95%, schools can serve as an important platform to support children. Teachers and social workers need to be sensitised to the psychological well-being of all children and to be able to offer support. A central mechanism to coordinate efforts, provide cascade trainings for school counsellors and create linkages with the referral system will be established.

- A professional specialized referral and backup system for severely distressed children. This includes mapping already existing resources, selecting criteria for assessment of children, deciding on approaches, raising awareness and building capacity.

The plan is divided into three phases: In the immediate phase (the first two to four weeks), the network of regional mental health teams is set up, basic information is disseminated and the series of training workshops is prepared. The intermediate phase (one to three months) comprises the extension of training, and over the long term (three to twelve months) activities such as training are consolidated, referrals mainstreamed and nationwide studies initiated. All three phases aim at continuity of services and long term sustainability.

The National Mental Health Action Plan is a good basis for introducing psychosocial activities in Lebanon. Alignment and harmonization of government and donors may be strengthened.

2.3 Sierra Leone: National Kids in Distress project

In 1996, the Christian Children’s Fund (CCF), UNICEF and the Government of Sierra Leone created the “Kids in Distress (KIDS)” Project to address the psychosocial problems of children in Sierra Leone (Peddle, 1998). The specific goal was to increase the capacity of social service and education staff working on community level with children and youth through a national training plan. 1,400 adults were trained to help children cope with the stress of chronic war and to reduce short- and long-term effects of trauma. Tools used
were songs, stories, plays and pictures. The project included also "Children Zones of Peace" to stop violence and promote peace.

A coup d'état in 1996 disrupted the peace and recovery efforts. The team of KIDS restarted nevertheless immediately afterwards with emergency work, including training for recognizing psychological trauma in young people, assistance to children and youth to express feelings and development of coping strategies to enable young people to understand and integrate their experiences. As well, ongoing social support systems were extended into the daily fabric of the community.

KIDS was an interesting approach at the end of the nineties already; it shows how the political situation inflicts trauma work for the individual.

2.4 The work of Children for Tomorrow and UNICEF

Children for Tomorrow is also an organization trying to implement and integrate psychosocial approaches within a structural, nationwide framework and not as singular measures initiated only in emerging conflicts. For example, the foundation introduced a three year curriculum at the university in Mozambique in order to offer comprehensive vocational training for psychologists and physicians. The staff are enabled to support children in a culturally appropriate way, integrating also aspects of traditional healing. The programme aims in addition at a South-South knowledge exchange*

In Eritrea, Children for Tomorrow is involved in the psycho-educative rebuilding of the country: The foundation establishes inclusive programmes for disadvantaged children in kindergartens in cooperation with the Eritrean Ministry of Education. These programmes provide training of teachers by professional staff. Physicians and psychologists from Iraq, Palestine and Syria undergo vocational training in Damascus for three years conducted by CFT, starting in 2005. This psychotherapeutic education incorporates regional and cultural features and will help the professionals to better provide children with psychosocial support according to their needs. It covers theory, self-experience and supervision and shall be established as a steady source of supply.

UNICEF is also very much engaged in implementing psychosocial support structurally, i.e. not as one-off events, but with proper assessment, planning and long-term aims, in cooperation with a country's ministry and within a nationwide scope. UNICEF helped to develop curricula and trainings, for example in Kosovo where the organization acted as lead agency, introduced art therapy or trained school psychologists and art teachers. In Rwanda, for example, UNICEF trained 8000 teachers in basic trauma theory and appropriate psychosocial school activities.

As in the past, Children for Tomorrow and UNICEF could be partners for further cooperation with GTZ. A shared database with all activities of different agencies in a post-conflict country (knowledge hub) would be an interesting project.

* Many low and middle income countries belong to the Southern hemisphere. A systematic exchange of knowledge between different low and middle income countries who share similar experiences is hence called South-South knowledge exchange.
3 Recommendations for international cooperation

How should international agencies react in case of crisis and war to support young people? Can and should international organizations provide financial and/or technical support for psychosocial interventions? Is there a systematic approach with a certain time frame according to set standards available? And: Should GTZ give more attention to the field of psychosocial support? The text at hand promotes some areas and principles to find out more about ways, appropriateness and effectiveness of international engagement in this area:

3.1 Community approach

As stated above, trauma and also healing of trauma takes place within a certain social and political context. It is hence crucial for international agencies to consider the context and to integrate the community level in structural planning for psychosocial support. Only the dialogue between international agencies and a variety of different actors on the community level can lead to domestically owned processes in the sense of a psychosocial approach. Stakeholders on the community level are for example parents as first care-takers, religious leaders who are potentially powerful (Machel, 1995) or teachers (see below). Since a caring and supportive family is the most relieving factor, mothers play a special role and should be involved (Save the Children, 1996). Participation of young people themselves in tailoring projects to their needs can also be promoted. This is still quite a novel approach, but youth are a considerable resource for the future.

One important partner for international agencies on the community level are non-governmental organizations. According to Machel (1995, p. 71) “civil society organizations play a fundamental role in preventing conflicts, protecting children and in reconstructing conflict-affected societies”. Local experts know the cultural context well, are able to reach children and have often no language difficulties (Büttner et al., 2004). However, local NGO representatives often lack the expertise needed. This is a fundamental gap in providing psychosocial support to youth and children. International agencies should hence promote an open dialogue between reliable representatives on both sides and foster capacity development of and cooperation with local professionals. Two restrictions must be mentioned: one has to bear in mind that also the training of locals through international agencies is of course influenced by Western views. Secondly, NGOs may have only a monetary interest in cooperating with donors and may thus be biased.

3.2 Education

Education systems serve as the main medium for implementing widely needed psychosocial support activities; international agencies can be active here. There is considerable merit in the idea that strengthening the quality of and access to education is a powerful form of psychosocial intervention (CCF & QMUC, 2005). As argued above, well-trained teachers are especially good multipliers in offering this support. In addition, teachers can reach more vulnerable groups than any other institution, especially girls or young women. The suffering and damage caused by discrimination against girls in areas such as education is an important issue that psychosocial and protection interventions must further address (ibid.). This is of special importance since they will also be the future mothers and will pass on their experiences – in a positive or negative sense. International donors can greatly contribute to their psychosocial wellbeing and thus to conflict prevention by offering tailored activities within the education system (Sommers, 2006).

Schools are better suited than youth centres to support children in distress: In many countries there is no tradition of youth centres and international agencies can more easily disseminate information via the already existing school structures. A restriction in this area is
again that teachers could be biased since they may only be keen on incentives and per diems.

Curriculum development and revision can play a potent role in reconstructing social and civic identities. National curriculum guidelines and frameworks may be seen as social contracts resulting from processes of social dialogue and negotiation, and are extremely important for guaranteeing sustainability and psychosocial relief. International agencies can help to anchor psychosocial approaches in the national curriculum according to values that bring about a new, stable social cohesion and promote cultural identity.

New curricula should also imply a preventive component: Teachers can be trained on offering psychosocial services, but they do actually have other tasks, can only serve as intermediaries and cannot replace professional staff. Curriculum development should hence be extended to university education where psychology courses could be offered to create a pool of local experts over the long term and to prepare for the introduction of structural psychosocial services. This could also help to prevent further crisis or at least help to react quickly and appropriately in new crisis (as kind of an early warning system). International agencies may play a role in curriculum development and offer their knowledge on how to shape such university courses. In many countries, “psychologists” are not known and teachers fill a gap, but university education could provide the professional staff needed for long term adaptation. This needn’t necessarily raise the Western type of “psychologist”, but rather the cultural equivalent.

3.3 Monitoring and evaluation (M&E)

Projects and programmatic responses of psychosocial support are often not well-documented; monitoring and evaluation is rare (Barenbaum et al., 2004; Scherg, 2003; Sommers, 2006). In most cases, M&E relies only on anecdotal evidence and self-report data that are subject to a host of biases. Only a few attempts have been made to isolate psychosocial programme effects from those of confounding variables (see example next page). If an assessment is conducted, many projects do however not link the results of the assessment with the actual implementation of the project. This impairs the reaction to conflicts and makes the supportive process slow and unsystematic (Paffenholtz, 2006; PWG, 2003).
As a result, knowledge about the effects of conflict, particularly in non-Western cultural contexts, and about specific effects and comparative advantages of certain interventions is not available. Long-term consequences and sustainability of psychosocial interventions for youth are also not known (Save the Children, 1996). Due to the lack of M&E processes, a consensus on goals, strategies and best practices likely to produce promising results has not yet been created. Simply, it is not yet proved that it makes sense to offer psychosocial support to children and youth after crisis.

Monitoring and evaluation and thus the impact of psychosocial support itself can be improved by further developing assessment tools and methods. Initially, a needs assessment could be conducted by international donors. This assessment helps to guarantee ownership and to introduce adequate concepts according to local and national requirements. A needs assessment should start from children’s and youth’s perceptions (Barenbaum et al., 2004) and integrate all stakeholders and their resources (Paffenholz, 2006; Junne & Verkoren, 2005, see above).

Quality documents on different approaches and experiences, guidelines, standards and other effective new means of M&E for tracing back changes to certain interventions will have to be produced in the international cooperation (Ajduković, 1997; Paffenholz, 2006; Sommers, 2006). This process is already initiated by WHO and the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). In addition, a network for exchanging best practices could be designed – among donors or as South-South knowledge exchange between countries, as it exists for example between Angola and Chile or Sierra Leone and South Africa (Jung & Merk, 2005). This helps to increase accountability and effectiveness of interventions and enhances the profile of psychosocial programming. These new tools and methods should be as culture-flexible and as user-friendly as possible. Research often undergoes an adult bias, hence instruments have to be adapted to psychosocial support projects for children. Quantitative methods are useful in approaches that seek to bring scientific rigour to the field, whereas qualitative approaches can be implemented in community-based programmes (CCF & QMUC, 2005).

Quantitative studies for evaluating and monitoring progress compare different groups in different conditions within a project. For example, groups in different regions are compared, an experimental group can be related to a control group (who receives the same “treatment” later) or a comparison of the results of one group before and after an intervention can be drawn. By comparing a psychosocial with another intervention at the same time, it is possible to evaluate the specific impact of the psychosocial intervention (see Box 7 next page). For example, “an unproven component plus the [already] known necessary component [compared with] the known necessary component only” (Barenbaum et al., 2004, p. 56) could be tested.

One has to bear in mind, however, that time is the biggest healer (Kos & Derviškadic-Jovanovic, 1997). A before-after success of an intervention may be due to time itself (confounding factor). For example, improvements in the political and security situations may reduce stress. Hence, control groups are an important means to isolate the effects of a certain intervention, since these control groups undergo the same effect of healing by time as the experimental group. Furthermore, quantitative long-term research projects on durability and conditions for successful implementation of psychosocial support projects – including carefully posed hypothesis – should be initiated by international agencies (Büttner & Koschate, 2003). These approaches are both ethically and practically appropriate.
Box 7 Christian Children's Fund and Queen Margaret University College (2005):
Assessing Afghan children's psychosocial wellbeing

A project in Afghanistan conducted by the Christian Children's Fund tried to isolate intervention outcomes of a community-based psychosocial programme from other variables in a quasi-experimental design. The aim was also to develop and test an innovative measure of psychosocial wellbeing of children, a culture-sensitive questionnaire. Three conditions were compared in the design: 1) Psychosocial support in form of child centred spaces and child wellbeing committees providing several activities, 2) a water sanitation project in another village and 3) a combination of psychosocial care and water sanitation in a third village. No significant effects occurred in the psychosocial intervention alone. The water intervention had significant effects on children's feelings and relationships. The combination of water and psychosocial interventions had significant effects, too.

It can be speculated that psychosocial interventions alone are too abstract to show effects compared to the more concrete water sanitation intervention. This interpretation finds partial support in research in Angola, where the impact of psychosocial interventions was weak unless it was coupled with physical improvements that local people regarded as symbolic of peace and increased wellbeing. A second interpretation is that the water intervention was in part kind of a psychosocial intervention. It is, however, as argued above, problematic to define all projects as psychosocial since the term psychosocial would then be irrelevant. The results of no single study can answer the question whether psychosocial interventions have impact and add value relative to other kinds of intervention. Possibly, psychosocial impact is better measured over a period of years.

In addition, the project resulted in the creation of a questionnaire. This revealed that the strategies “pray to God for help” and “ask advice from elders” were rated as more successful and desirable strategies than “talk to other children about the problem”. These observations led the researchers to conclude that much more needs to be learned about Afghan's concepts of coping before it is possible to develop coping scales and hierarchies.

Qualitative tools for assessing needs and evaluating projects comprise focus group discussions, interviews (unstructured, semi-structured etc.), participatory rapid appraisal tools (e.g. Venn diagrams, time lines), participant observation techniques, self-reports and home visits. Triangulation, i.e. utilization of several of these methods at the same time, helps to increase reliability, validity and objectivity of the qualitative methods. It has to be taken care that the implementation and interpretation of these methods does not fall victim to the cultural bias of Western experts.

Other, more systematic and comprehensive approaches include a combination of quantitative and qualitative tools. One example is the “Peace and conflict impact assessment” (PCIA) approach (FES, 2005; Paffenholz, 2006). PCIA involves three phases and could also be applied to a project including psychosocial aspects:

- In the first phase, the planning phase, an analysis is conducted including the political conflict and strategies of international agencies. Then, options for action are developed, such as recommendations how to react conflict-specifically (levels of intervention/approaches/partners). The phase is complemented by a conflict-sensitive planning of the intervention (hypothesis on effects and strategy for intervention).
- The second phase, implementation, and the third phase, evaluation or conflict impact assessment, are based on a sound, conflict-specific monitoring of the conflict processes and the effects of work on a conflict. This includes the establishment of a monitoring system in order to adapt and develop activities, creation of indicators to evaluate information, development of networks and check of hypothesis and impact.
3.4 Conclusions and role of GTZ

War includes psychological destruction of people, their social identity and possibly their ability to reintegrate into peaceful social cohesion. Torture, for example, is a method of deculturation and reculturation, trying to weep out the socialized ego of an individual. The international community has the self-imposed responsibility to support youth in their efforts to cope with tormenting experiences. This support is legitimized since help is often not only needed but also wanted; the desire for healing is high. International agencies can offer their knowledge – and this new, fresh perspective attracts attention and implies reflection on a meta-societal level ("what kind of society is this having allowed to kill and exploit children?" Lindorfer, 2000). Healing is hence accompanied by (political) change which can be promoted by international agencies. This change can be implied in or lead to the implementation of psychosocial support.

International agencies are requested not to promote change in their understanding, but to discuss norms and values valid in a certain society (Schürings, 2006). They run, however, the risk to accept too easily the "culture" and become too culture-relative to see that children's trauma is denied across many societies. This rigid sensitivity for the local cultural context can result in doing nothing. But the cultural background is not always right: many societies have traditions that limit the life quality of people and may facilitate further human rights abuses (Ajduković, 1997; Honwana, 1998). International agencies must hence find a balance in addressing psychosocial needs of children and youth in war-torn countries, a balance that legitimizes the intervention, makes use of societal resources and melts new, cross-cultural knowledge with already existing culture-specific resources. Psychosocial work by international agencies is basically about empowering people on their own terms within their own system; it aims at getting rid of it (Ajduković, 1997).

Every developmental project that supports youth suffering from warfare can integrate and benefit from a psychosocial dimension (Jung & Merk, 2005; Lindorfer, 2000; Maurer & Seibert, 2001). Psychologists are needed and cannot be replaced by social pedagogues for example. They bring expert knowledge in treatment and in methodological issues of monitoring and evaluation. However, as argued above, it makes no sense to separate psychosocial support from other support sectors such as education/curricula development, health and crisis prevention (see Kos & Derviškadic-Jovanovic, 1997). It is more appropriate to vitally integrate psychosocial support within a combined approach, for example within a Sector-Wide Approach as in Sri Lanka. This is only possible if psychosocial efforts are implemented within a general, holistic developmental approach. Of course, psychosocial support should not be implemented at any price in any country, but rather when needed and wanted.

In addition, trauma work on the individual level cannot promote a peaceful development of the society as a whole and the "large-scale use of individualized therapies is not practicable" (Crisp et al., 2001, p. 21). International agencies do even not have the resources to provide individual therapy to everyone in need. A holistic developmental engagement must hence concentrate on structural, macro-level support (Crisp et al., 2001; Paffenholz, 2006). Agencies such as GTZ can thereby contribute to structural stability, i.e. "a situation involving sustainable economic development, democracy and respect for human rights, viable political structures, healthy social and environmental conditions, with the capacity to manage change without resorting to violent conflict" (Leonhardt, 2001, p. 8). It is the frame that international agencies can provide; local experts can practice psychosocial work within this frame (Büttner & Koschate, 2003). Does this structural support necessarily imply the
cooperation with governments? Governments may in some countries still be penetrated by old aggressors and might not be a trustful entity for the population. A conflict analysis may hence reveal better suited partners for a structural, holistic engagement of international partners to support children and youth to come to terms with effects of war. This could be for example a network of NGOs on the national and the local level.

Such a comprehensive and structural approach requires above all alignment and harmonization of donors. Systematic and comparable effects can only be obtained by combined efforts. Alignment and harmonization of psychosocial assistance to youth and children in post-war countries could also lead to a taxonomy of approaches intertwined with a sound evaluation system. This could help to find out which method is appropriate in which country at which point in time. Such a project should preferably be undertaken by an organization of the United Nations (Junne & Verkoren, 2005).

Actually, the point of time for an intervention by an agency such as GTZ is not clear since results through proper monitoring and evaluation are missing. Briefly, since this field is still quite new and since every conflict happens within a specific political and cultural context, not only the need for but also the point of time for an international intervention differs widely. It is not possible and will probably not be possible in future to give statements for the exact timing of psychosocial support. A lot will always be based on trial and error. All phases of emergency and reconstruction assistance should take psychosocial considerations into account, but there is no fix scheme (Crisp et al., 2001; Machel, 1995). At the very beginning, children and youth will primarily need satisfaction of basic needs and building of a protected environment. But also psychosocial engagement has to be started as early as possible.

The duration of an intervention cannot be determined, too. In most cases, international support is planned for a relatively short period of time and projects too often simply collapse when the period of funding is over (Sommers, 2006). Long-term approaches with help for self-help and defined exit strategies to guarantee sustainability are needed. Patience and continuity, a steady supply to needs of children and slow change of the system is crucial. As explained, M&E is still weak and recommendations on point of time and duration of support are still due to be developed.

There is, however, an approximate framework by Nicolai and Triplehorn (2003) who give recommendations for the “immediately, sooner, later” response to psychosocial needs, embedded into other activities:

- For the immediate response, they foresee the organization of structured activities (simple recreational, educational, expressive and community service activities), embedded into the collection of statistics, the planning of restoration of the schooling system, the establishment of non-formal groups and the provision of health and life skills information.

- The “sooner” answer incorporates psychosocial issues in teacher training, psychosocial discussions for teachers and leaders in youth groups and the strengthening of structured activities. This can be combined with community surveys to identify non-school-going children, advocacy for children, a unification of the school system, the restoration of the curriculum and the establishment of life skill programmes.

- Over the long term, training of school counsellors and systematic development of psychosocial activities within the curriculum is necessary. It is related to programmes for reintegration, a systematic student certification and non-formal educational activities.
Germany has ratified the Convention on the Rights of the Child and agreed upon the Education for All Initiative in order to provide every child in the world with access to education until 2015. The German approach to this end is the so-called Action Programme 2015, a pledge to support universal access to basic education, promote human rights and enhance peaceful transformation of conflicts (BMZ, 2001). The German Federal Ministry for Economic Cooperation and Development (BMZ) further confirms in documents such as the “Education for All as International Development Goal” (BMZ, 2004) and the “Cross-sectoral Concept for Crisis Prevention, Conflict Transformation and Promotion of Peace” (BMZ, 2005) that the promotion of education can lead to peaceful coexistence and crisis prevention.

It was argued in this paper that psychosocial support is crucial in coping with crisis, above all through implementation within education systems. So far, psychosocial assistance has not been promoted widely, but it could be a powerful means in the hands of Germany and the international community to reach their aims. If a comprehensive approach in the education sector will be developed by German Development Cooperation – which is still missing until date –, it could include psychosocial support components within a general frame.

In this area, GTZ could take over the role of a multiplier or enabler and foster conflict transformation and crisis prevention for example via psychosocial approaches within the education system. GTZ has a local, well-functioning network of offices and could offer support to countries in implementing psychosocial work structurally. No straight suggestions can be made here for the kind of psychosocial interventions in post-conflict countries, no exact systematic plan is available and no exact point of time for an intervention can be identified since crises and conflicts are country- and situation-specific, and since clear psychosocial answers are not yet established. Recommendations are restricted, but more engagement in the area of psychosocial support is clearly needed: Psychosocial approaches could become part of crisis prevention, and GTZ could more intensively focus on cooperations with donor partners and partners in the countries and engage in the above mentioned areas. The aim is to combine approaches in an integrative way and to contribute to stability in the countries. Not by promoting single measures, but within a comprehensive, aligned, structural approach linking psychosocial activities with health and education sectors. The cooperation of GTZ with other organizations will help to find approaches fitting the special situation of low and middle income countries.
CONCLUSIONS

GTZ could further contribute technical and financial support for children and youth in post-war countries to boost their psychosocial wellbeing.

Areas of support

- Integrate the community level
- Cooperate with nongovernmental organizations
- Develop capacity of local professionals systematically
- Support education systems to promote psychosocial approaches
- Focus on girls or young women
- Invest in curriculum development and revision
- Boost M&E systems
- Help to develop and implement quantitative and qualitative methods

Principles of support

- Assist in change
- Ask for legitimization of own assignment
- Respect culture-specific features
- Focus on balance of external knowledge and cultural resources
- Implement psychosocial support within a general, holistic approach
- Concentrate on structural/macro-level support
- Foster engagement within the education/health/crisis prevention framework
- Aim at alignment and harmonization of donors
- Plan for long-term support and exit strategies

A systematic approach at a certain point in time according to set standards is until date not available and will also in many cases not be possible since crises request a very specific answer. However, the recommendations above can be given; more detailed taxonomies and criteria for international engagement in post-conflict countries could be developed over the coming years.
Commented bibliography and selected reading

The following paragraph comments on some of the literature used: First, two documents on the situation of children in war are introduced. Then, four texts on trauma and psychosocial work in (post-) conflict countries are exemplified. The last documents address especially the issue of psychosocial support for and psychosocial work with children and youth exposed to war and conflict. All texts in this commented bibliography have been selected due to their high quality and appropriateness for the topic discussed in this paper.

• Impact of armed conflict on children (Machel, 1995)

In 1993, the United Nations appointed an expert, Graça Machel, to conduct a study on the impact of armed conflict on children worldwide. This excellent study was submitted after two years of research and field visits, and has ever since served as a basis for work in post-conflict countries. Using the Convention on the Rights of the Child as a guiding framework, it provided the first comprehensive human rights assessment of war-affected children and drew attention to especially affected children such as child soldiers. The report reveals the full extent of children's involvement in armed conflicts and sets out recommendations and a comprehensive agenda aimed at governments, UN organizations, NGOs etc. to improve the protection of children in situations of conflict. The report aims to raise awareness and calls for a halt of modern-day brutality towards children.

 Deals with: Situation of children in war and recommendations for action.

• Youth and Conflict (Sommers, 2006)

This review debates definitions of the youth category and the role of youth in and after warfare. It comes to the result that youth are crucial in formulating rehabilitation projects. Different programme themes for implementing agencies are depicted and main programme areas for interventions such as psychosocial programming, peace education, skills training etc. are discussed. The document then comes to some recommendations for interventions.

 Deals with: Youth and programmatic areas to support youth after crisis.

• Trauma Work in the Context of Developmental Politics (Lindorfer, 2000)

This small booklet deals firstly with historical roots of trauma, describes types, symptoms and long-term effects of trauma and discusses general questions such as transgenerational traumatisation, protective factors and the role of cultural background in healing trauma. It then characterizes the importance of trauma work within developmental cooperation, including criticism of the trauma concept, and gives criteria and recommendations for trauma-sensitive developmental cooperation.

 Deals with: Revision of the Western notion of trauma in developmental work.

• Entwicklungsorientierte Traumabearbeitung in Nachkriegssituationen (Scherg, 2003)

Trauma and traumatisation are explained within the political/cultural context and trauma work is conceptualized. The text also lists some recommendations how the role of technical cooperation could be implemented in this area and points out target groups for interventions. The document describes areas for interventions such as information and sensitization or capacity building, and explains preconditions and different levels of possible impact.

 Deals with: Culture-sensitive definition of trauma and role of technical cooperation.
• Im Inneren der Globalisierung: Psychosoziale Arbeit in Gewaltkontexten (Jung & Merk, 2005)

The first part of this publication frames trauma within different contexts, giving examples from several countries. The book then portrays the situation of “victims” and “offenders” and discusses also their responsibility and the success of interventions. Examples for human rights approaches and restoring justice are illustrated in a third part. Finally the book describes models of traditional healing and collective change, i.e. psychosocial work in different cultural contexts.

❖ Deals with: Different approaches to trauma in different countries.

• Schnelle Eingreiftruppe Seele: auf dem Weg in die therapeutische Weltgesellschaft (Schleicher et al., 1997)

This book deals critically with the trauma “business”, shows how help can only be useful if it grasps traumatic processes within their totality, emphasizes the importance of the context and shows how aggressive regimes destroy cultural identities. It then discusses the tense relation between traditional healing and concepts of external helpers and shows how psychosocial approaches work in different countries. Two articles in this book stem from David Becker who is one of the important experts in the field of culture and trauma.

❖ Deals with: The role of cultural background and Western help in different countries.

• Promoting Psychosocial Well Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches (Save the Children, 1996)

The Save the Children Alliance has published this text to depict possible psychosocial effects of war on children. The document proposes also some principles and approaches in offering psychosocial support to children after warfare, such as long-term perspectives, advocacy and community-based focus.

❖ Deals with: Principles for international psychosocial support to war-torn children.

• The psychosocial aspects of children exposed to war: practice and policy initiatives (Barenbaum et al., 2004)

This text talks about trauma of children and the necessity to address it within the cultural and political conditions, concentrating especially on the assessment of needs and impact. It explains methodological approaches and problems in the assessment of events and symptoms, discusses prevalence, duration and consequences of symptoms, emphasizes cultural sensitivity in assessment and treatment of children and gives considerations in planning non-psychosocial and psychosocial interventions. It concludes with the description of methodological shortcomings and challenges.

❖ Deals with: Culture-sensitive impact assessment of approaches for traumatized children.


Kos, A. M. & Derviškadic-Jovanovic, S. (1997). What can we do to support children who have been through war? In *They Talk We Listen*. Ljubljana: Center for Psychosocial Help to Refugees at the Slovene Foundation.


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