

Promoting Mental Health and Psychosocial Well-Being in Children Affected by Political Violence: Part I—Current Evidence for an Ecological Resilience Approach

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An Ecological Resilience Theoretical Framework

In 2010, 30 conflicts were recorded in 25 locations. Most political violence, including armed conflicts and war, takes place in low- and middle-income countries, is dominantly intra-state in

nature, and increasingly involves a multitude of rebel groups (Themner & Wallenstein, 2011). Current political violence occurs at the places where people live and work and thereby increasingly puts children and adolescents at risk of death, systematic human rights violations (including recruitment by armed forces, torture, disappearances, and sexual violence), and destruction of community structures (Pedersen, 2002; Wexler, Branski, & Kerem, 2006).

From the First and Second World Wars, researchers and service providers have systematically documented the negative psychological consequences of political violence on children and adolescents. A recent meta-review of 17 studies involving 7,920 children, for instance, found pooled prevalence estimates of 47 % (95 % CI: 35–60 %) for posttraumatic stress disorder (PTSD) and 43 % (95 % CI: 31–55 %) for major depressive disorder (Attanayake et al., 2009). Although such epidemiological work presents a crucial step in documenting the impact of armed conflicts and war, service providers are confronted by questions that go beyond establishing that exposure to political violence increases chances for developing psychological symptoms. Such questions include “What are the main influences on child and adolescent mental health in political violence-affected areas?” “Why do some children and adolescents develop psychological symptoms and others do not?” “What services are most effective to prevent mental health problems in children and adolescents growing up in political violence?” and “What type of protective resources may children and

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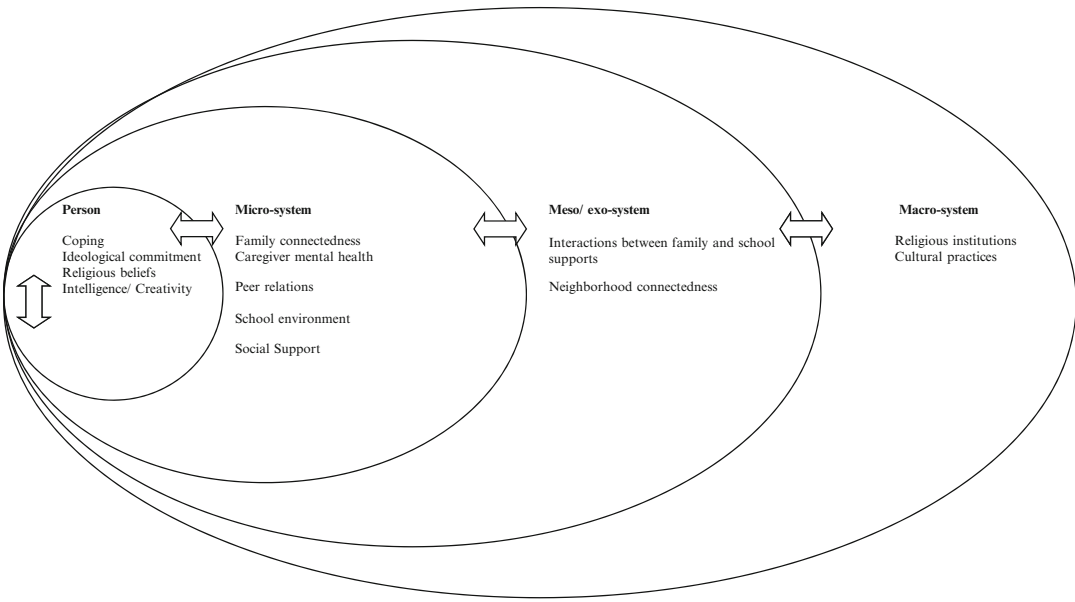


Fig. 2.1 Ecological resilience framework for children affected by war

adolescents build on to retain mental health when confronted with political violence?” Despite growing attention for mental health and psychosocial support in humanitarian settings (Inter-Agency Standing Committee [IASC], 2007), however, Cairns and Dawes (1996) words regarding the academic field more than 15 years ago still ring true:

... the field can still be said to be in its infancy. Part of the problem is that, for many years, investigators have been content to explore whether political violence has negative psychological consequences for children, but have neglected to move much beyond this broad premise (Cairns & Dawes, 1996, p. 129).

Two bodies of work present promising avenues to move beyond this premise. In their call for a paradigm shift, a number of authors have emphasized (a) an *ecological-transactional* approach (Cummings, Goeke-Morey, Schermerhorn, Merrilees, & Cairns, 2009; Elbedour, ten Bensel, & Bastien, 1993; Garbarino, 2001; Kohrt et al., 2010; Triplehorn & Chen, 2006) and (b) the importance of examining *resilience* processes (Betancourt & Khan, 2008; Layne et al., 2009; Punamaki, Qouta, & El Sarraj, 2001; Tol, Jordans, Reis, & De Jong, 2009).

Researchers advocating an ecological approach have often referred to the early work

of Bronfenbrenner, more specifically his 1979 monograph (Bronfenbrenner, 1979). Bronfenbrenner originally posited his theoretical framework as a solution to the perceived dilemma between “hard” scientific psychometric practices in academic laboratories on the one hand and the relevance of findings for policy and practice on the other hand. His early, most cited, work emphasizes the importance of the environment in which children grow up and conceptualizes environmental influences at different nested levels (see Fig. 2.1). The individual (*ontogenic system*) is firstly situated in a *microsystem*, consisting of the direct activities, roles, and interpersonal relationships in a certain setting (e.g., the home, school). The *mesosystem* is comprised of the interrelations among two or more of these settings (e.g., relations between home, school, and peer group). Subsequently, these systems are nested within the *exosystem*, in which the child does not actively participate, but which influences—and is influenced by—the developing person (e.g., the parents’ workplaces). Finally, the *macrosystem* represents consistencies in the form of culture or subculture that permeate the micro-, meso-, and exosystems (Bronfenbrenner, 1979). Current applications of this theoretical framework with children in adversity have

focused on transactions taking place between risk and protective factors at different socio-ecological levels, i.e., the family, peer, school, and wider community levels (Betancourt & Khan, 2008; Earls & Carlson, 2001; Lynch & Cicchetti, 1998; Zielinski & Bradshaw, 2005).

In later work, Bronfenbrenner reevaluated and revised his theoretical approach. He critiqued the contemporary shift of focus to environmental factors in developmental studies as a “failure of success.” In his own words, “In place of too much research on development ‘out of context,’ we now have a surfeit of studies on ‘context without development’” (p. 108). Bronfenbrenner’s later bioecological model reemphasized the significance of studying development as a joint function of person and environment, by positing research designs that simultaneously took into account aspects of the developing person (e.g., temperament, cognition), the context of development, and the longitudinal processes through which development takes place (i.e., the chronosystem model) (Bronfenbrenner, 2005a).

In addition to a renewed interest in contextual influences on mental health through an ecological-transactional lens, those working with children in adversity have emphasized the importance of studying aspects of resilience. Since the 1970s, researchers have noted that, despite growing up in very difficult circumstances, a large group of children function well. Initially it was thought that resilience concerned a group of “invulnerable” children, but more current findings have shown that resilience may be achieved through relatively ordinary means including intelligence, self-esteem, and the availability of committed caregivers or other attachment figures (Masten, 2001). Although exact definition remains controversial, common reported definitions of resilience include (a) exposure to adversity (e.g., poverty, chronic maltreatment, violence) and (b) positive psychosocial well-being, as illustrated in definitions by Masten (2001), “good outcomes in spite of serious threats to adaptation or development,” and Luthar, Cicchetti and Becker (2000), “a dynamic process encompassing positive adaptation within the context of significant adversity.” Research on resilience has moved through several

phases, with contemporary writing emphasizing the need for a focus on the multilevel (i.e., integrating biological and social findings) and dynamic (i.e., resilience as a process rather than a static outcome) nature of resilience (Masten, 2007). Despite significant strides in elucidating resilience processes, a major gap in the literature remains the lack of findings from non-industrialized low- and middle-income countries (Ungar, 2008). Research from industrialized high-income countries may not be generalizable to these settings, because of differences in the conceptualization of childhood across cultures, in symptom expression, help-seeking behaviors, and available support systems (Boyden, 2003a; Howard, Dryden, & Johnson, 1999).

Inspired by both of these bodies of work, the term “ecological resilience” has been used to focus attention on resilience processes operating at diverse contextual levels, rather than a dominant focus on individual variables. In the context of children and war, an earlier definition referred to ecological resilience as “those assets and processes on all socio-ecological levels that have been shown to be associated with good developmental outcomes after exposure to situations of armed conflict” (Tol et al., 2009, p. 167). In our opinion, the main rationale for broadening of attention to contextual aspects of resilience concerns the possibility to aid the development of mental health and psychosocial programs for children affected by armed conflict. By identifying how protective processes at wider social levels influence biological and psychological functioning, the development of especially universal and selective public health prevention efforts may be informed. Such prevention efforts that aim to reach larger population groups before they develop mental health problems are more feasible and likely more cost-effective in settings deprived of mental health infrastructure, especially specialized mental health professionals (de Jong, 2002). Accordingly, international consensus guidelines and psychosocial practitioners advocate the importance of building on strengths available in families and communities in a culturally sensitive manner (Inter-Agency Standing Committee [IASC], 2007). Despite this consensus,

however, practitioners currently report to have little rigorous research findings to inform their programming (Cardozo, 2008).

Ecological Resilience Findings

Below, we provide an overview of research findings regarding resilience in children and adolescents living in areas of political violence according to the different socio-ecological levels. We present findings regarding the person (i.e., ontogenic system), and micro-, meso-, exo-, and macrosystems (see Fig. 2.1) (Bronfenbrenner, 1979). Although we mostly refer to research with children and adolescents in settings where political violence occurs, occasionally we refer to the relevant literature on children and adolescents in adversity in high-income settings (e.g., populations affected by communal violence, refugee populations).

Person (or Ontogenic System)

Coping

Researchers have built on the stress paradigm of Lazarus and Folkman (1984) in an attempt to explain individual variation in psychological outcomes after exposure to political violence. Coping is often defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). Efforts have been made to distinguish between different styles of coping strategies, e.g., emotion-focused vs. problem-focused, approach vs. avoidance, and cognitive vs. behavioral (Skinner, Edge, Altman, & Sherwood, 2003). The literature on coping in children affected by political violence has focused on two main questions. First, researchers have aimed to identify which factors influence the use of coping behavior. A number of studies suggest that coping partly depends on the type of exposure to political violence. For example, more sustained or proximal exposure to political violence and related stressors has

generally been associated with the use of more diverse coping methods (Bat-Zion & Levy-Shiff, 1993; Paardekoooper, de Jong, & Hermanns, 1999). In this respect, Punamaki, Muhammed, and Abdulrahman (2004) found that among Kurdish children dramatic military violent events (e.g., shootings, risk of death) were not associated with coping behavior, whereas adverse family and economic circumstances were. In addition, individual factors such as age and gender have been shown to influence coping responses. For instance, Punamaki and Puhakka found that with age (and maturing abstraction and metacognitive skills), Palestinian children used more emotional and cognitive coping (i.e., adjusting the way one feels and thinks in relation to a stressful situation, as opposed to attempting to change the situation itself) and demonstrated a wider repertoire of coping strategies. Older Israeli children also used more emotion-focused coping than younger children while sheltering against chemical and biological weapons in the Persian Gulf War (Weisenberg, Schwarzwald, Waysman, Solomon, & Klingman, 1993). Bat-Zion and Levy-Shiff (1993) observed that children’s coping responses increased when parents displayed positive emotional responses during these attacks.

Second, research attention has focused on which coping styles may be protective for mental health. Consistent with Lazarus and Folkman’s (1984) theoretical framework, it has been posited that effectiveness of coping depends on the situation in which coping is employed. In controllable situations, active-approach coping behavior may protect against psychological problems, whereas in uncontrollable situations passive-avoidance strategies may be more appropriate (Punamaki, 2006). This statement is only supported by mixed evidence. Aforementioned studies with Israeli children in sealed rooms during Iraqi Scud attacks—an uncontrollable stressor—evidenced an association between avoidance strategies and fewer postwar psychological symptoms (Solomon, 1995; Weisenberg et al., 1993). Seemingly in contrast, effectiveness of coping methods of Palestinian children was found to differ between a group of children before and during the First Intifada; active fighting and behavioral coping were effective during but not before the

more high-intensity violence period of the Intifada (Punamaki & Puhakka, 1997). In a study on coping among Kurdish children, in which both active and passive coping methods were associated with positive mental health outcomes, the only longitudinal study failed to find a relationship between active coping and mental health outcomes among Palestinian adolescents who grew up during periods of political violence (Qouta, Punamaki, Montgomery, & El Sarraj, 2007). Punamaki (Punamaki 2006, Punamaki et al., 2004) concludes that the key factor determining effectiveness of coping may be the ability to flexibly fit a diverse repertoire of coping methods to specific situational demands.

Ideological Commitment

Ideological commitment and active participation in struggle have been repeatedly put forward as protective factors for children and adolescents in situations of political violence (Barenbaum, Ruchkin, & Schwab-Stone, 2004). In times of chaos and threats to one's way of life, ideological commitment may provide a sense of purpose, meaning and coherence—turning “victims” into “survivors.” The little empirical support—due to a lack of studies addressing this issue—mainly originates within the context of the Israel–Palestine conflict where the active involvement of youth was pronounced, especially during the First Intifada (Barber, 2001; Qouta, Punamaki, & El Sarraj, 2008), as well as Northern Ireland (Muldoon & Downes, 2007; Muldoon, Schmid, & Downes, 2009). Barber (2008) describes how Palestinian youth, both male and female, were actively involved through demonstrations, throwing stones, distracting soldiers away from demonstrations, and delivering supplies to fighters. This involvement was associated with higher social competence and civic involvement, higher empathy and lower antisocial behavior for males, and higher public religiosity for females (Barber, 2008). Similarly, Baker (1990) points to the protective effects of involvement in the First Intifada given the high level of self-esteem in his sample of Palestinian youth. Earlier findings among Israeli-Jewish youth (10–13 years old) likewise showed that children with high ideological commitment did not develop symptoms of anxiety

and insecurity, depression, and feelings of failure after exposure to political hardships. (Punamaki, 1996). In Northern Ireland, strong national identification was associated with lower levels of PTSD among a random sample of 3,000 adults living in conflict-affected regions of Northern Ireland and more distally affected bordering counties (Muldoon & Downes, 2007). A mediation effect was confirmed in later analyses (i.e., experience of violence strengthens national identification which in turn predicts smaller symptomatology) particularly for those with a minority Irish identity in Northern Ireland (Muldoon et al., 2009). Also in Nepal, continued affiliation to the Maoists rebel forces after signing of the peace accords was associated with better mental health (Kohrt et al., 2008).

In an excellent review of their work in the occupied Palestinian territories, Qouta et al. (2008) further nuance these findings. They point to research showing political activism being associated with better outcomes only *after* the First Intifada (among adolescents 17–18 years old), whereas it was associated with higher levels of symptomatology (mother-reported PTSD and emotional disorders) in children *during* the First Intifada, when the same adolescents were 14–15-year olds (Punamaki et al., 2001). Also, they did not find an association between political activism and mental health outcomes in a longitudinal study with Palestinian youth (Qouta et al., 2007), although these findings may suffer from too small a sample size to detect statistically significant relations. Qouta and colleagues also warn that violence may beget violence (Qouta et al., 2008). This warning is echoed by research with Israeli adolescents. Laor and colleagues report different patterns explaining ideological commitment among boys and girls. Among girls, ideological commitment was explained by high exposure to traumatic stressors, low resilience, and high symptomatology. Among boys, ideological commitment was explained by high resilience (operationalized as self-reported confidence, optimism, and ability to cope) and high symptomatology. They conclude that the role of ideology may be described as a double-edged sword, protecting against adverse mental health outcomes as well as possibly contributing to the toxic cycle of violence.

Religious Beliefs

In addition to ideological commitment, religious beliefs have been discussed in the literature as a protective factor for mental health. In their review of the literature on adversarial growth, Linley and Joseph (2004) found that religious activities and intrinsic religiousness were associated with positive changes following adversity. Likewise, Fernando and Ferrari (2011) report that Sri Lankan orphans found Buddhist and Christian religious practices useful to cope by providing a sense of meaning, offering structure, and promoting acceptance of difficulties. In one of the few more thorough empirical evaluations of an ecological theoretical perspective, Cummings et al. (2009) report that mother's church attendance predicted more adaptive family functioning. In addition, mother's evaluation of the importance of religion and her Christian attitudes predicted better child mental health, warmer relations between mothers and children, and greater general security in the family. Mother's religiosity also buffered the effects of maternal mental health problems on children's well-being. Religion was not a cure for all, however. Mother's religiosity was also found to magnify family problems, e.g., it intensified the relation between father's drinking problems and child and family outcomes. Tol, Reis, Susanty, and de Jong (2010) describe how religious coping was often used among Protestant and Muslim families in Poso (Indonesia), where political violence played out along religious lines. One of the few positive consequences of the conflict, according to religious leaders, was an increased religiosity in both communities (Tol et al., 2010). However, increased religious segregation after the conflict and difficulties in reconciliation between groups could indicate this increased religiosity may increase chances for successful mobilization for violence in the name of religion in the future.

Intelligence and Creativity

The resilience literature has often pointed to cognitive capacity as a useful resource in dealing with adversity (Masten, 2001), and studies with violence-exposed populations in high-income countries seem to confirm this (Breslau, Lucia, &

Alvarado, 2006). In conflict-affected child populations, evidence for the protective nature of intelligence comes from El Salvador and the Middle East. Walton, Nuttall, and Nuttall (1997), in an ecologically inspired cross-sectional study with fifty-four 12-year olds in El Salvador, found that intelligence was highly related to better mental health. Similarly, high intellectual and sophisticated problem solving were associated with less symptomatology in Lebanese children (Saigh, 1991). The aforementioned review from Qouta et al. (2008) cites two studies in which flexible information processing and high cognitive capacity were associated with good psychological adjustment and appeared to protect against the negative impacts of political violence. A further follow-up study among Palestinian youth ($n=86$) points to the complexity of intelligence and creativity as resources. During the First Intifada, the authors did not find a direct relationship between creativity and intelligence on the one hand and psychological outcomes on the other. A study with the same children after violence subsided showed (a) a relationship between creativity and good adaptation, and (b) discrepancy between the two (i.e., high IQ but low creativity) being associated with worse outcomes. Moreover, intellectual and creative potential was better realized in loving and accepting families (Punamaki et al., 2001). The authors conclude that interventions should "focus on integrating and balancing cognitive and emotional responses, and that children should be encouraged to make comprehensive use of their potential in both areas" (Punamaki et al., 2001, p. 265).

The Microsystem

Family

The crucial role of the family in predicting children's reactions to community violence is well established, with research demonstrating the association between adaptive family functioning and children's psychological outcomes (Betancourt et al., 2012; Betancourt & Khan, 2008; Garbarino & Kostelny, 1996; Wallen &

Rubin, 1997). Similarly for children affected by war, the family is centrally positioned in understanding the impact of violence on children and explaining occurrence, maintenance, or prevention of mental health problems (Cummings et al., 2009; Qouta et al., 2008). In a qualitative study with Indonesian children affected by political violence, participants mentioned that any mental health and psychosocial problems were first and foremost handled within the family (Tol et al., 2010). Further evidence for the importance of the family environment concerns the importance of maternal health, which showed to be a strong predictor of children's mental health in a variety of studies (Bryce, Walker, Ghorayeb, & Kanj, 1989; Qouta, Punamaki, & El Sarraj, 2005).

Family Cohesion

Since early attachment studies, scholars have argued that a connection to a caregiver during and after aversive events, may be a better predictor of adjustment than the aversive events itself. For example, the availability of close and reliable attachment figures to provide adult-led processing of the young child's experience has been emphasized based on field work with children in five war-affected countries (Garbarino, Kostelny, & Dubrow, 1991). Moreover, the protective effect of family connectedness is demonstrated by a study among former child soldiers in Uganda, linking it to improved psychosocial well-being of youth (Annan, Blattman, & Horton, 2006). Jovanovic, Aleksandric, Dunkic, and Todorovic (2004) present evidence for the reverse effect, albeit among adults, with low family hardiness (i.e., weak family adaptive resources) predicting increased PTSD symptoms among children in former Yugoslavia. Yet, not all research comes to the same conclusion. A study among 54 Salvadoran children failed to demonstrate a correlation between family intactness and mental health outcomes (Walton et al., 1997), instead demonstrating the importance of the personal impact of the war on the child. However, the authors explain this, in part, by a relatively low sample size.

A study among families after the Lebanese war provides further insight into what types of family resources are protective (Farhood, 1999).

Results demonstrate associations between higher levels of family social support and healthy family adaptation as well as between higher levels of family education and decreased negative role of perceived war stress. In a study with a representative sample of 5,775 adolescents aged 12–18 years in Colombia, Kliwer, Murrelle, Mejia, de Torres, and Angold (2001) found that family support buffered the relation between exposure to violence and anxiety and melancholia. This relation was strongest for girls and younger adolescents. The fact that support from family is more beneficial than from peers is explained by the higher levels of emotional “attunement” of family members and the family's increased ability to match the type of support to the type of stress. The above results provide promising evidence for the protective role of the family system, wherein the interconnectedness of its members and the resources of the family unit promote healthy adjustment, serving as a buffer for youth's mental health status.

Parenting Practices and Parental Support

Parental functions are vulnerable in situations of war and violence (most notably to provide safety and security), yet varying parenting practices and parenting styles have been associated with increased resilience in these situations (Punamaki, Qouta, & El Sarraj, 1997; Qouta et al., 2008).

Several studies have investigated how family practices regulate symptom development among children and adolescents affected by political violence. Having over-involved parents and family discussions about issues related to terrorism is associated with more posttraumatic stress symptoms, and adolescents who claimed that their parents decreased their levels of anxiety reported higher personal resilience (Laor et al., 2006). The likelihood of both positive and negative effects of parenting styles is also demonstrated in a study among Israeli school children under threat of SCUD attacks. Positive parental emotional manifestation is associated with different types of child coping, while both positive and negative parental emotional manifestation is associated with increased stress reactions (Bat-Zion & Levy-Shiff, 1993). These results appear to point to the

premise that parents serve as filters through which children process the meaning of threatening events. High parental emotional arousal and agitation, whether positive or negative, signals increased levels of threat to the child resulting in heightened distress. At the same time, positive parenting styles also increase a child's resilience to cope with the distress.

The importance of positive parenting practices and a sense of parental support for children to buffer the negative impact of violence has often been put forward. The ability of the parents to reassure the child and help them make meaning of stressful events is considered essential in the child's process of adjustment (Betancourt & Khan, 2008). The parent-child relationship is central in such processes, as is demonstrated by the consistent associations between relationship variables (i.e., parental support, behavioral and psychological control) and youth functioning in a study among Palestinian youth (Barber, 1999). Interestingly, the study also demonstrates the stability and harmony of the parent-child relationship in the wake of the Intifada, pointing toward the institutional resilience of the family in the face of political violence, contrasting in part findings by Punamaki et al. (1997). In a later study, Barber (2001) finds that perceived parental acceptance protected boys and girls from the stresses of violence, in that those who were active in the conflict but with high levels of perceived parental acceptance demonstrated no increase in antisocial behavior, compared to those with low perceived parental acceptance. Similarly, parental acceptance buffered the association between Intifada experience and youth depression. Punamaki et al. (1997) find that reduced quality in parenting explained high levels of neuroticism and low self-esteem after experiencing traumatic events and conclude that good perceived parenting is protective for adjustment problems of children. These authors also found that consistent parenting (both parents with a similar style) predicted better child functioning (Punamaki et al., 2001). While being a potent safeguard, the authors warn that in itself good parenting is insufficient in protecting children. In terms of specific parenting practices, supportive,

nonrejecting, and nonpunitive parenting has been shown to protect against mental health problems (Qouta et al., 2008). Likewise, children exposure to violence combined with low levels of maternal support had higher levels of intrusive thoughts and internalizing symptoms (Kliwer, Lepore, Oskin, & Johnson, 1998).

Peers, School

Although peer networks and the school context have been advanced as important sources of resilience for violence-affected children, as evidenced by for example the popularity of school-based interventions and youth groups (Persson & Rousseau, 2009), empirical evidence of their protective nature is still weak. Limited findings are available regarding children in adversity in Western settings, which generally confirm expected associations between peer and school variables and mental health outcomes. For example, peer support buffered the effects of community violence on anxiety for children in the United States (Hill & Madhere, 1996), and was associated with more competent classroom behavior (Hill, Levermore, Twaite, & Jones, 1996). Similarly, children who were exposed to family adversity (disadvantage, violent marital conflict, harsh discipline) did not show externalizing problems if they reported high levels of positive peer relationships. Peer acceptance moderated the relationship between family adversity and externalizing problems (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Not only positive findings have been reported, however. In one of the few longitudinal studies with community violence-affected children in the United States, O'Donnell and colleagues found that peer support was associated with better future expectations, self-reliance, and interpersonal relations, whereas it was also associated with worse substance abuse and delinquency. The authors point to the risks of unstructured peer groups leading to deviant behavior in at-risk youth (O'Donnell, Schwab-Stone, & Muyeed, 2002). Similar to peer-related findings, a dearth of information exists regarding the protective role of schooling for children in

situations of political violence; we only identified studies addressing children exposed to community violence. In South African children exposed to violence, involvement in conventional after-school activities was associated with less anxiety. In addition, support received at school was associated with less depression and fewer conduct problems (Ward, Martin, Theron, & Distiller, 2007). Similarly in children exposed to violence in the United States, school support was associated with fewer psychological symptoms (substance abuse and conduct problems), and this effect increased over time. With regard to indicators of resilience (i.e., future expectations, self-reliance, and interpersonal relations), peer support seemed more important than school support (O'Donnell et al., 2002).

The Meso- and Exosystems

According to Bronfenbrenner's theory (Bronfenbrenner, 1979, 1989, 1999, 2001, 2005b; Bronfenbrenner & Ceci, 1994), the mesosystem refers to the interaction between one or more microsystems (the interactions between two or more settings where a child may spend a great deal of time). Examples may include interactions between peer groups and family systems or between family systems and school systems. Studies examining these interactions are very rare. Some examples may be found in studies of community processes such as social capital or stigma and their influence on other settings of development, such as family or school functioning. Studies of social capital as related to child adversity include variables such as social support, residential instability, parental involvement, and social cohesion. For instance, in a study of social integration and mental health in Croatia, Kunovich and Hodson (1999a, 1999b) found little support for a buffering hypothesis whereby at higher levels of war-related exposure the availability of social capital served to mitigate the influence of war experiences on mental health. Examining stigma and its relationship to longitudinal outcomes in former child soldiers, Betancourt, Agnew-Blais, Gilman, Williams, and

Ellis (2010) examined the role that postconflict stigma played in shaping long-term psychosocial adjustment. The researchers used two waves of data (2002, 2004) from a longitudinal study of male and female former child soldiers in Sierra Leone. They examined the role of stigma (manifest in discrimination as well as lower levels of community and family acceptance) in the relationship between war-related experiences and psychosocial adjustment (depression, anxiety, hostility, and adaptive behaviors). They observed that postconflict stigma had important associations with psychosocial adjustment. Additionally, higher levels of family acceptance were associated with decreased hostility, while improvements in community acceptance over time were associated with adaptive attitudes and behaviors. They found that postconflict experiences of discrimination largely explained the relationship between past involvement in wounding/killing others and subsequent increases in hostility. Stigma similarly mediated the relationship between surviving rape and depression. However, surviving rape continued to demonstrate independent effects on increases in anxiety, hostility, and adaptive/prosocial behaviors after adjusting for other variables.

In a small exploratory study of the reintegration of formerly abducted children from northern Uganda, Corbin (2008) examined the overlap between reunification with family, reinsertion into the community, and experiences outside of the home related to education and income-generating skills. Additionally, Corbin explored the particular experience of young women who reported feeling shamed and stigmatized as a result of past experiences of sexual violation. The study's qualitative findings underscored how families help to mediate the reinsertion of female former child soldiers into community networks through traditional purification rituals and forms of welcome. In addition, Corbin reports that these young women experienced increased community acceptance when engaged in productive activities, such as farming or going to school, and decreased acceptance after sharing their reflections on trauma experiences with community members (c.f., Stark & Wessells, this volume).

Cortes and Buchanan (2007) report similar experiences in a sample of former child soldiers from Colombia (c.f., Buchanan & Cortes, this volume). Participants indicated that educational and vocational activities contributed to a sense of empowerment, agency, and improved incorporation within social networks. Among this sample, reintegration was facilitated by governmental and NGO programs that provided resources and counseling. The authors underscore how, as one of the initial points of contact outside of the armed group, these programs acted as surrogate communities that help children transition back into social networks. They provide a safe setting for the reconnection between families, children, and peers, and establish a task-oriented environment that can help children to navigate more formal resources within the community.

Further studies of the multidimensional interactions between family, school, and peer domains can inform the development of interventions to enhance resilience. One such study of 377 South African youth exposed to community violence (Ward et al., 2007) showed that negative outcomes were further compounded by peer delinquency but mitigated by school support and involvement in conventional after-school activities. While parent support was not significantly related to any outcome variable, the authors speculated that an overlap between violence in the home and parental support may account for this surprising result.

Overall the findings on the influence of social capital, stigma, community acceptance and other aspects of social relations point to the complexity of mesosystem influences on mental health. In particular, much more research is needed on how different settings of child development influence one another, for example, studies of how social capital or community connectedness influence the functioning of families and peer groups over time. In order to deepen our understanding of the relevance of Bronfenbrenner's bioecological theory on the mental health of war-affected youth, researchers must adopt a more multidimensional approach to the examination of these different domains.

The Macrosystem

Cultural Practices

Bronfenbrenner provides an inclusive explanation of macrosystem in his 1994 chapter on ecological models of human development:

The macrosystem consists of the overarching pattern of the micro-, meso-, and exosystems characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options that are embedded in each of the broader systems. The macrosystem may be thought of as societal blueprint for a particular culture or subculture (Bronfenbrenner, 1994, p. 40).

While Bronfenbrenner focuses on the *societal blueprint* as central to the macrosystem, social scientists commonly interpret this as the cultural component of studying child vulnerability, or resilience. For example, it is notable that others have reinterpreted this as the *cultural blueprint* that shapes the other systems (Eamon, 2001; Hong, 2010). There is a growing literature on how practices termed "cultural" may contribute to improved psychosocial outcomes of children affected by war. Psychosocial practitioners, as well as anthropologists and other social scientists, have questioned the appropriateness of Western psychological and psychiatric therapies for survivors of mass violence, especially for children (Bracken & Petty, 1998). They argue that these approaches have the potential of doing more harm than good, in part because they putatively do not incorporate a social and contextual framework, as would be central in an ecological systems approach such as Bronfenbrenner's work.

In the IASC Guidelines (2007), as well as in psychosocial work that preceded the IASC Guidelines, there is a strong emphasis on culturally appropriate social interventions and their advantages over solely importing Western clinical approaches (Dawes & Cairns, 1998; Wessells, 2006; Wessells & Monteiro, 2006). These guidelines and this work emphasized using traditional approaches to conflict resolution and healing,

i.e., locally originating resiliency promoting factors. Moreover, psychosocial interventions categorized as targeting “culture and values” provide opportunities for normal religious practice and work with traditional, religious healing sources (Psychosocial Working Group, 2003). Similarly, the IASC *Guidelines* advise interventionists to “learn about and, where appropriate, collaborate with local, indigenous and traditional healing systems” (IASC, 2007, p. 136).

One of the key examples of interventions touted as culturally appropriate—in keeping with cultural macrosystems—is traditional cleansing rituals to reintegrate children affected by armed conflict back into society. Donor and implementing humanitarian agencies have promoted traditional rituals for reintegration of child soldiers. In Sierra Leone, communities and families employed “rituals of welcome” to incorporate returned girl soldiers into acceptable social positions (McKay & Mazurana, 2004). In Mozambique, traditional healers facilitated reintegrating ex-combatants by “taking the war out of the people” (Nordstrom, 1997, p.146). Rituals have tremendous potential to aid children and communities in a manner that is culturally congruent with locally available resources and practitioners. These reintegration rituals are crucial for interventions consistent with the local macrosystem. In many of the world’s conflict-affected regions, people regard “spiritual stresses as primary” whereas concepts of psychological trauma may lack salience; purification rituals by local healers to get rid of bad spirits are often better suited to handle sources of distress rather than trauma programs (Wessells & Monteiro, 2006, p. 216).

In Angola, traditional healers conduct communal cleansing rituals for child soldiers to purify them of their exposure to killing (Honwana, 2006). Honwana (1997) examines specific rituals such as ancestor worship and purification for use with reintegration of former soldiers and others affected by war. She illustrates how traditional institutions maintain social relations. Trauma healing does not come from outside processes but from elders and traditional practitioners. This focuses on the communal nature of problems, and on the issue

preventing contamination of impurity to the social group. Broader institutions of macrosystem regulate social relations through a focus on harmony in spiritual relations and maintaining spiritual purity, for which war experiences are one form of pollution. This pollution can arise from war exposures such as death and partaking in bloodshed. Living within this macrosystem, reintegration becomes framed in terms of pollution and contamination that needs to be addressed before one can be accepted back: “traditional institutions are essential in bringing back balance, harmony, and social stability” (Honwana, 1997, p. 293). Ultimately, purification is crucial for mental health and psychosocial well-being because if the spiritual pollution caused by blood is not washed off, it is “dangerous because it can contaminate the community and cause insanity” (Honwana, p. 300).

Similar to some descriptions from Angola, cleansing practices were determined to be very successful in facilitating reintegration of war-affected girls back into their communities in Sierra Leone. “Cleansing ceremonies represented a symbolic gesture of community reconciliation in which both the girls and the community had prescribed roles and demonstrated a willingness and desire to be reconciled” (Stark, 2006, p. 206).

Explicit, bounded rituals are obviously not the only manifestation of the macrosystem at work. The macrosystem influences the overall worldview including expectations of what is possible and what is needed to obtain well-being. In Afghanistan, children’s resilience is grounded in Muslim cultural framing of “faith, family unity, service, effort, morals, and honour” (Eggerman & Panter-Brick, 2010). The criteria for self-respect and dignity—possibly especially amidst chronic violence—grow from this worldview.

On an even broader level, one of the cores of children’s resilience in settings of armed conflict is the cultural belief that *children are resilient*. Summerfield (1998, 2000) and Bracken and Petty, 1998 have been two outspoken critics on this issue. Their argument implies that the Western macrosystem comprising medical and humanitarian institutions as well as cultural beliefs regarding psychological trauma threatens

the resilience of children. These authors and others have pointed out that children in many cultural settings are seen as being able to withstand the experience of war still develop in functioning productive adults rather than being “stigmatized as permanently damaged” (Summerfield, 1998), which may be the portrayal from some relief or medical organizations.

While their point is absolutely crucial to keep in mind and avoiding stigma should be centerfold to any intervention, particularly those focused of promoting resilience, with children affected by war, it is important not to romanticize non-Western worldviews without strong ethnographic data. The need for rituals as described in Angola and Sierra Leone demonstrate that families and community members can profoundly stigmatize war-affected children, even before the introduction of Western medicalization. However, both stigmatizers and the stigmatized interpret that discrimination in frames of spiritual pollution rather than psychological trauma. But, as Stark explains, that pollution can lead to insanity. Moreover, in Nepal, one third of adults felt that children who witness violence can have permanent damage to their “brain-mind” leading to permanent impairment in morality, rational behavior, and subscription to caste hierarchy (Kohrt & Maharjan, 2009). This raises our next issue of how to address macrosystem institutions, beliefs, and policies that may be potentially harmful for children’s resilience in conflict settings.

Challenges to Cultural Practices

While the potential positive benefit of rituals is apparent from a social cohesion and integration perspective, there are also threats to well-being possible in rituals. Rituals of re-socialization may come at a cost to participants. For example, child soldiers are threatening to adults because they do not fall into socially expected roles of submission to adult authority (Boyden, 2003b). Rituals may restore the expected socially submissive role of children, but this may represent a lost opportunity for children to gain a greater voice in social processes. The issue of girl soldiers exemplifies this challenge.

Traditional rituals often reinforce gender discrimination by promoting the status of “(older) males” and “threaten the human security and well-being of women and girls” (Denov, 2007). Furthermore, Denov adds, “when assessing whether ‘culture is always right,’ one cannot discount ... the reality and implications of gendered exclusionary practices.” Honwana also observes that cleansing rituals and purification of girls are “more common in rural areas where family solidarity and age hierarchies prevail” (Honwana, 1997, p. 300). Girl soldiers are particularly threatening for patriarchal societies. Therefore, adults may use ritual to disempower girls and return them to socially acceptable subjugated roles. This raises the question of whether rituals are universally the best practice for reintegration of child soldiers, particularly for girl soldiers.

Psychosocial interventionists thus find themselves at the intersection of potentially competing frameworks. On the one hand, psychosocial programs operate from a desire to follow rights-based frameworks that advocate for gender equity and inclusion of children in communal and social processes. On the other hand, psychosocial practitioners advocate following community-initiated approaches and traditional practices consistent with the beliefs and institutions of the macrosystem. Unfortunately, these may be rooted in processes of exclusion such as patriarchy and ethnic discrimination. The advocacy of traditional practices can have the inadvertent outcome of reinforcing stigma and marginalization rather than fostering psychosocial well-being for war-affected children, especially girls. In contrast to reports from Sierra Leone and Angola, the majority of former girl soldiers in Nepal rejected participation in traditional cleansing rituals for reintegration because they viewed it as making them submissive and countering their struggles working toward gender equality (Kohrt, *in press*).

Dawes and Cairns (1998) provide the example of a cultural practice where daughters are traded to another family in marriage or some form of servitude to compensate for other wrongs committed between families. For example, Punjabi families in rural India that regard female children as “an unproductive burden” direct more violence toward daughters than sons (Pettigrew, 1986).

Conversely, cultural beliefs may buffer against child maltreatment. Among indigenous Hawaiians, hitting a child is thought to anger ancestral spirits and cause illness in the abuser; in Papua New Guinea violence toward children violates a woman's status within the community and is not likely to be tolerated by community members (Korbin, 2002). Ultimately, in program implementation, "gender privileging requires understanding of local beliefs, practices, and norms" (Wessells & Monteiro, 2006).

We can surmise that cultural practices can not only contribute to resiliency within the ecological framework but also increase vulnerability. While there are differing camps in the psychosocial community, especially with regard to the specifics of implementation, most practitioners typically fall somewhere in the "blended approach" advocating for pluralistic endeavors incorporating local and imported psychosocial frames and tools for intervention, with careful critical consideration of both the local practices and imported techniques (Dowdney, 2007).

Closing Thoughts

From our review above, it may be surmised that developers of preventive interventions have only a small body of knowledge on protective processes to build on, despite the apparent consensus that strengthening contextual resources for children and adolescents affected by political violence is essential. On the ontogenic and microsystem levels, there is a growing body of promising findings that may inform the development of interventions (see above). This literature could be greatly strengthened by more longitudinal work, examination of transaction processes, and stronger theory development especially in nonindustrialized low-income countries. More specifically, we advocate research into the possible protective role of a flexible coping repertoire and the importance of peer and school supports in strengthening resilience.

Very little research has addressed meso-, exo-, and macrosystem processes. More work is clearly needed in this area, given the lack of clear unidirectional findings on the ontogenic and

microsystem levels (e.g., ideological commitment and religion seem to serve protective functions only under some conditions). We feel this research would benefit from a multidisciplinary and multilevel research agenda, involving the social and medical sciences. Given the large acute needs and the delay in findings from longitudinal studies, we believe that randomized controlled trials that take into account mediators and moderators of treatment should be prioritized in such an agenda.

We end this chapter with three reflections regarding practice. First, there is relatively robust data regarding the importance of family-level (microsystem) variables for the importance of promoting mental health in children and adolescents affected by political violence. Given this data, it is surprising that a recent systematic review (Tol et al., 2011) identified only one rigorous study that addressed an intervention that worked directly with mothers (Dybdahl, 2001). We would highly recommend interventionists to work directly with families or closely involve caregivers in their work with children and adolescents, e.g., in school-based programs.

Second, it will remain important to closely monitor intervention programs with program participants, building on local insights regarding ecological resilience, given the complexities of social processes and the possibility to do harm. For instance, a double-edged sword effect may accompany efforts to strengthen ideological commitment and agency of adolescents when this agency is subsequently taken up in the cause of violence, contributing to a toxic cycle of violence. Similarly, religion may serve a multitude of functions in times of political violence and cannot simply be promoted without examining possible negative consequences. Our discussion of cultural practices should warn against simple "cultural" solutions to complex processes, which is often what time-bound external agents and their funders are hoping for. Interventions should build on detailed context-sensitive assessments that address perceived local needs and resources, a detailed knowledge of the history of armed conflict, and an analysis of local leadership and power relations.

Third, especially with relation to child soldiers, meso- and exosystem findings point to the

importance of stigma for children affected by armed conflicts. These findings indicate the need to address stigma in order to promote the well-being of children and adolescents at the community level, e.g., through mass media campaigns, preparation of community leadership (e.g., teachers, religious leaders, and older women) and during reintegration processes. Further study of the effectiveness of such approaches would then also be indicated.

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