# A Focus on Resiliency in the Psychosocial Support of Children in Crisis:

## Lessons Learned from Programming in Conflict and HIV/AIDS Affected Communities



3rd Annual Nebraska Disaster Behavioral Health Conference.  Omaha, Nebraska  July 14-15, 2005

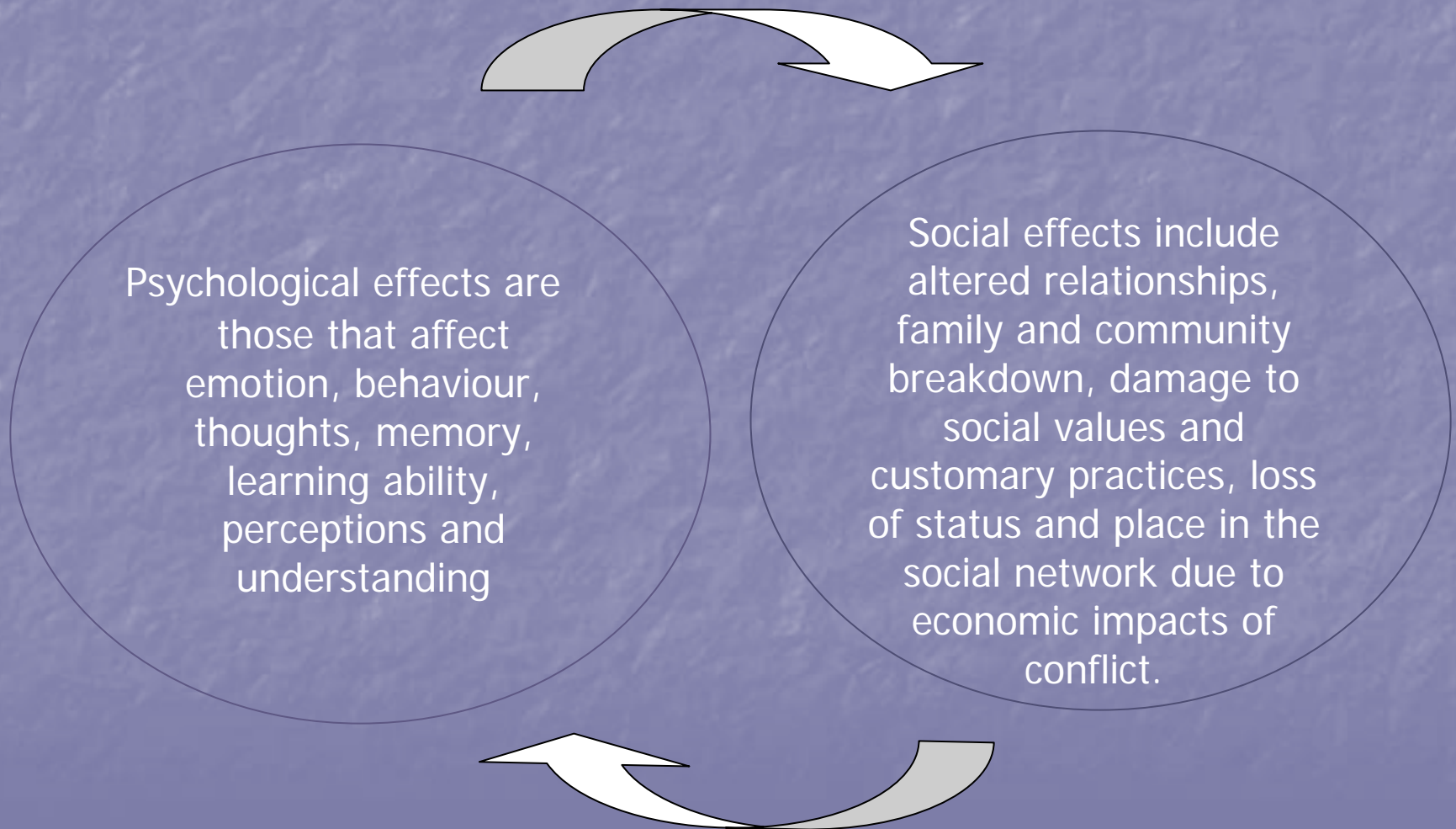2005 Disaster Behavioral Health Conference

# Sources:

- Literature review and analysis of documentation on programming to promote psychosocial well-being in conflict and HIV/AIDS affected contexts

- UNICEF expert psychosocial consultation in Uganda (June 2005)

- Field experience in conflict-affected countries in Africa and the Asia tsunami response

# Definitions:  *Psychosocial*

- Defining what is meant by *psychosocial*, or *psychosocial programming* has been difficult, and at times contentious

- Commonly accepted definition came from UNICEF workshop in 1997

# The dynamic relationship between psychological and social effects of experiences, each continually influencing the other

Psychological effects are those that affect emotion, behaviour, thoughts, memory, learning ability, perceptions and understanding

Social effects include altered relationships, family and community breakdown, damage to social values and customary practices, loss of status and place in the social network due to economic impacts of conflict.

- Difficult to define what is a *psychosocial intervention*

- Focus should be on outcome (psychosocial well-being)

- Realized by a wide range of interventions
    - Shelter
    - Health (physical, environment, emotional)
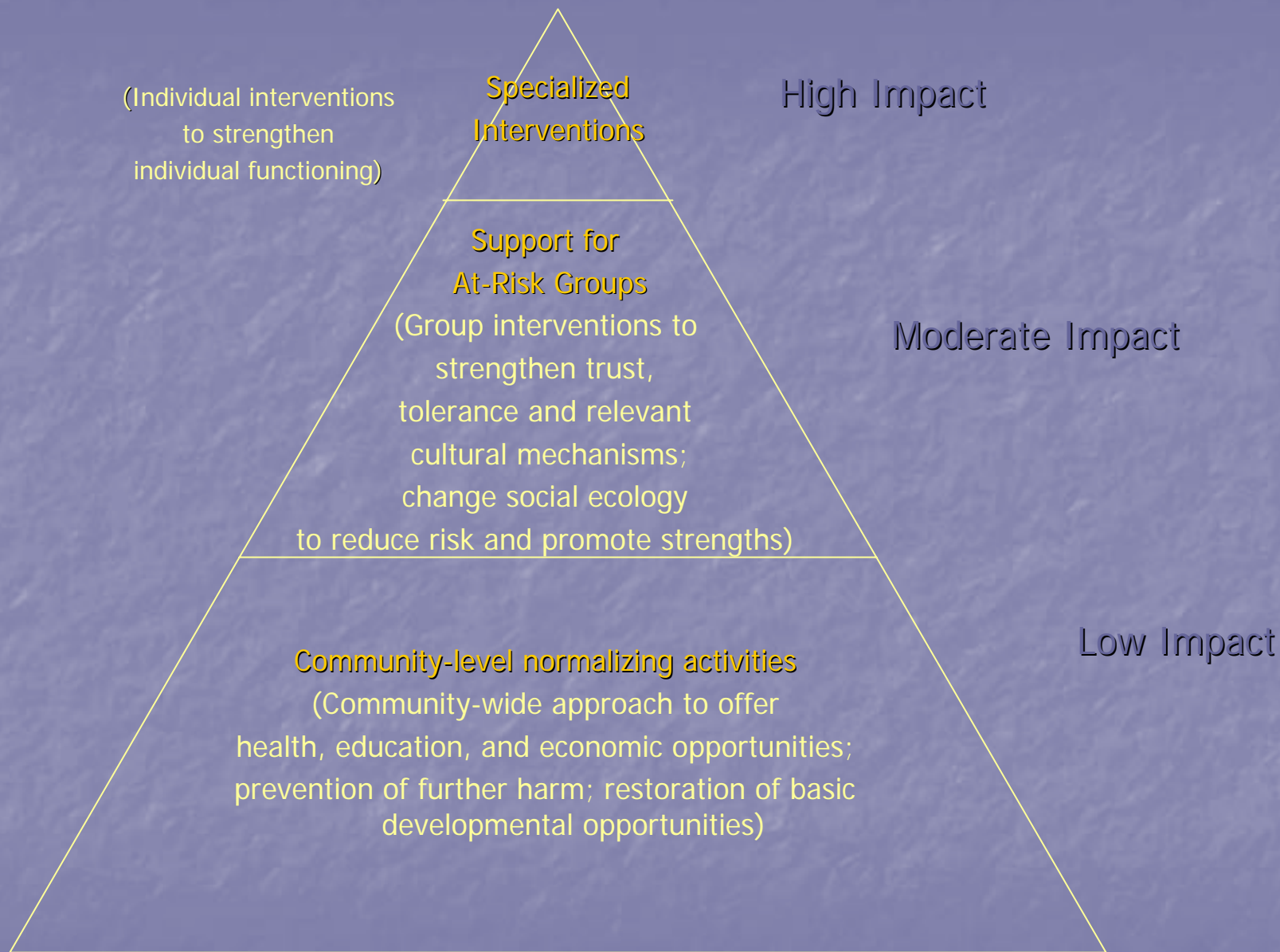    - Protection
    - Economic

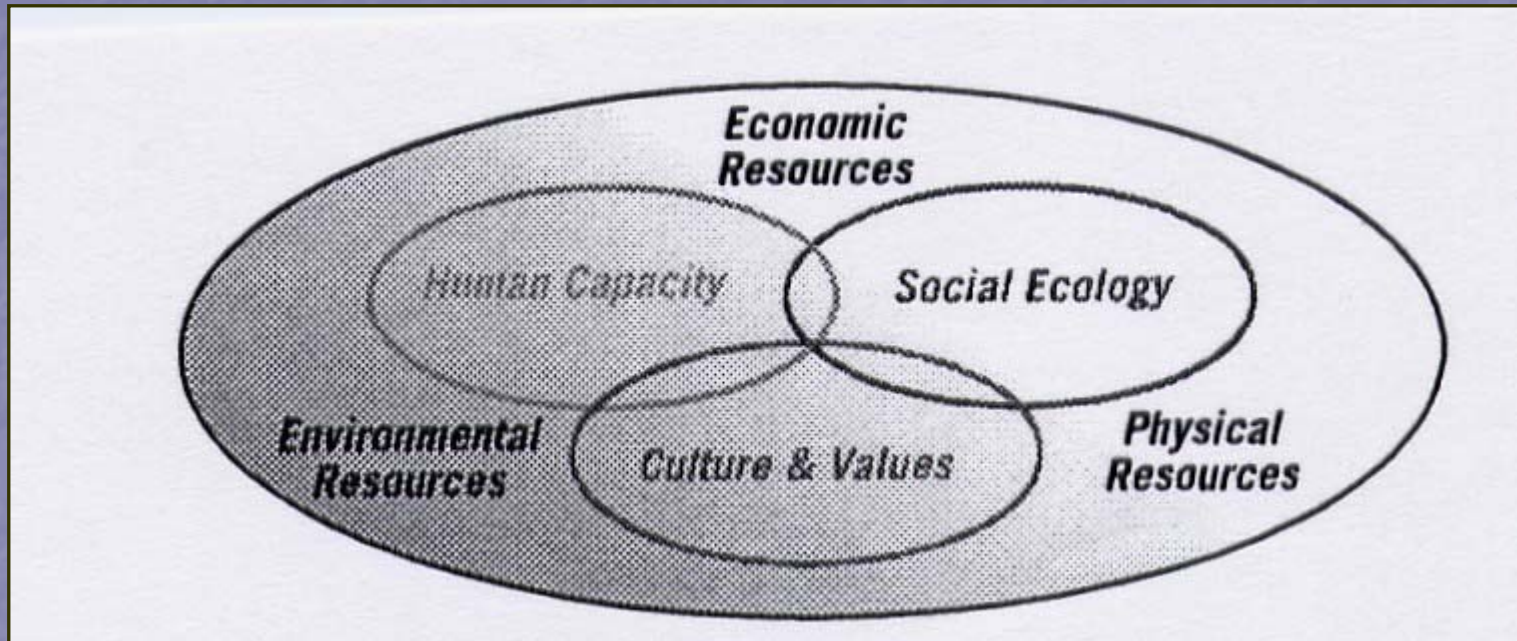# Conceptual Frameworks

- Biomedical model (trauma healing)

  - Focus on effects of exposure to traumatic events

  - Informed by psychology and psychiatry

  - PTSD

  - Critiques of trauma framework in humanitarian interventions
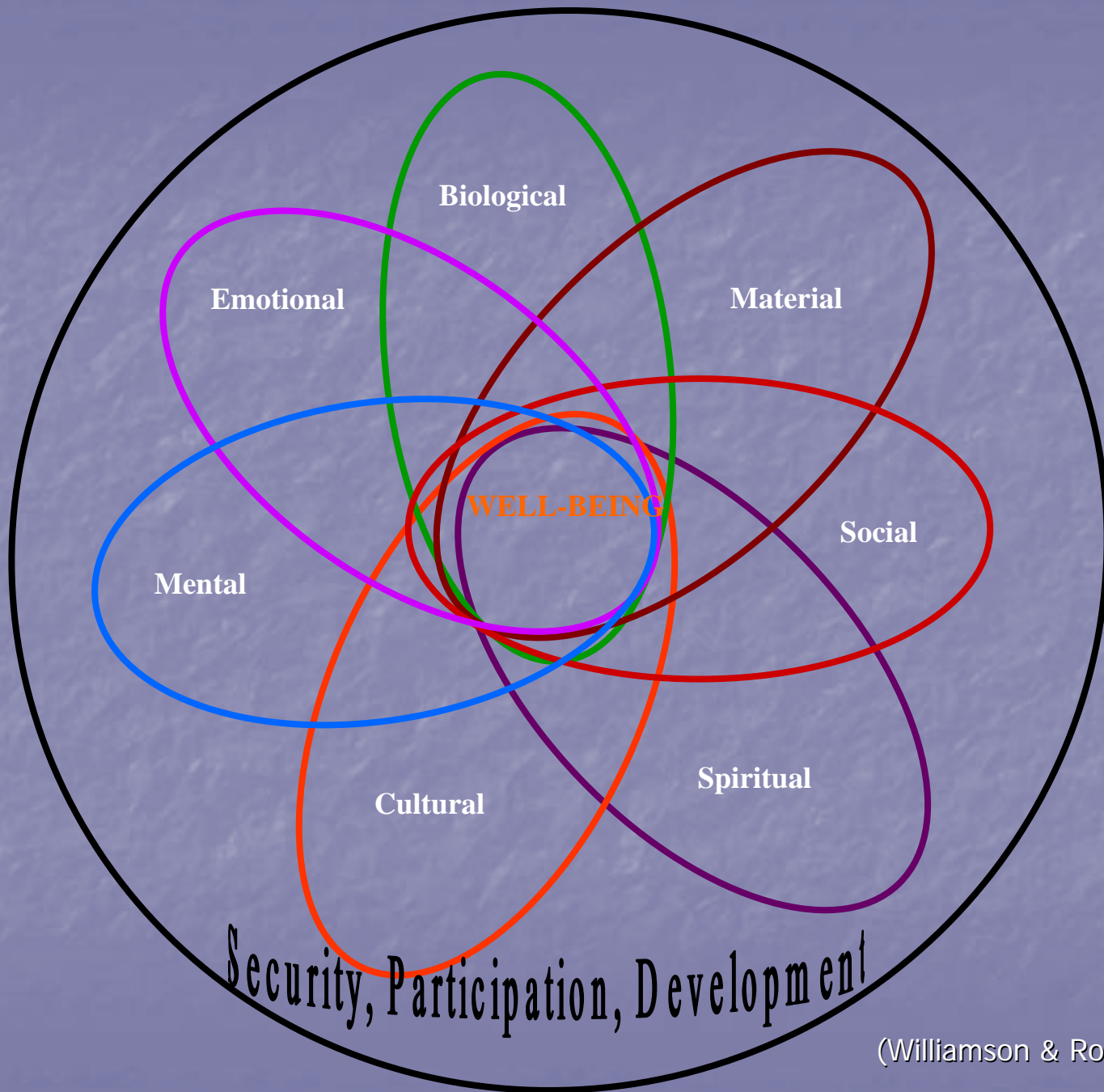
# Conceptual Frameworks

- **Risk**: *variables that increase an individual's likelihood of psychopathology or their susceptibility to negative developmental outcomes* (Goyos in Boydon & Mann 2004:4).
  - Internal & External

- **Resiliency**: *an individual's capacity to recover from, adapt and remain strong in the face of adversity* (Boydon & Mann 2004:4).
  - Depends on:
    - Individual and group characteristics
    - Environmental factors

- **Protective Factors**

- Behaviors and emotions are considered normal responses to (abnormal) events experienced

- Consequences of the experiences of the individual and community are real life problems that must be dealt with in order to move forward

- Emphasis on social reintegration and communal action to restore normal routines and promote self-reliance lead to healing/recovery

- Changes to a child's life pathway may have more damaging consequences for his/her well-being than the traumatic event itself

(Individual interventions
to strengthen
individual functioning)

**Specialized
Interventions**

High Impact

**Support for
At-Risk Groups**
(Group interventions to
strengthen trust,
tolerance and relevant
cultural mechanisms;
change social ecology
to reduce risk and promote strengths)

Moderate Impact

Low Impact

**Community-level normalizing activities**
(Community-wide approach to offer
health, education, and economic opportunities;
prevention of further harm; restoration of basic
developmental opportunities)

The Psychosocial Working Group, 2003

(Williamson & Robinson, 2005)

# Goals of Psychosocial Programming

- Secure attachments with caregivers
- Meaningful peer relationships, friendships, and social ties; social competence
- A sense of belonging
- A sense of self-worth and value, self-esteem and well-being
- Trust in others
- Access to opportunities for cognitive and spiritual development
- Physical and economic security
- Hope, optimism, and belief in the future

(Duncan & Arntson, 2004)

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# The Changing Nature of Conflict

- 1990 – 2003: 59 different major armed conflicts
- An estimated 90% of global conflict-related casualties have been civilian
- 80% of those women and children

*(UNICEF State of the World's Children 2005)*

- Effects on children during the last decade:
  - 2 million dead
  - 4-5 million disabled or seriously injured
  - 1-2 million uprooted from their homes
  - 2 million homeless
  - 1 million orphaned/separated from families

*(UNICEF:  State of the World's Children, 1996)*

# The experience of conflict



- Displacement
- Abduction
- Participation in fighting forces
- Disruption of services

# Risks

## Physical

- No shelter
- Malnourishment
- Sexual/physical violence
- Physical trauma

## Socio-Economic

- Separation from family
- Poor economic opportunities
- Social/cultural cultural norms eroded, changed, destroyed
- Family and community conflict

## Cognitive/Emotional

- Exposure to distressing events
- Lack of opportunity for cognitive development

## Spiritual

- Meaning systems affected
- Inability to practice religion

# Impacts

## Physical

- Poor health
- Impaired physical development
- Disability
- Death

## Socio-Economic

- Impaired social development
- Loss of trust
- Isolation
- Poverty
- Cultural transmission disrupted

## Cognitive/Emotional

- Stress/distress
- Emotional trauma/mental disorders
- Impaired cognitive and emotional development

## Spiritual

- Loss of faith
- Loss of hope
- Understanding of world may be fundamentally changed

# The experience of HIV and AIDS

- Chronic illness
- Death
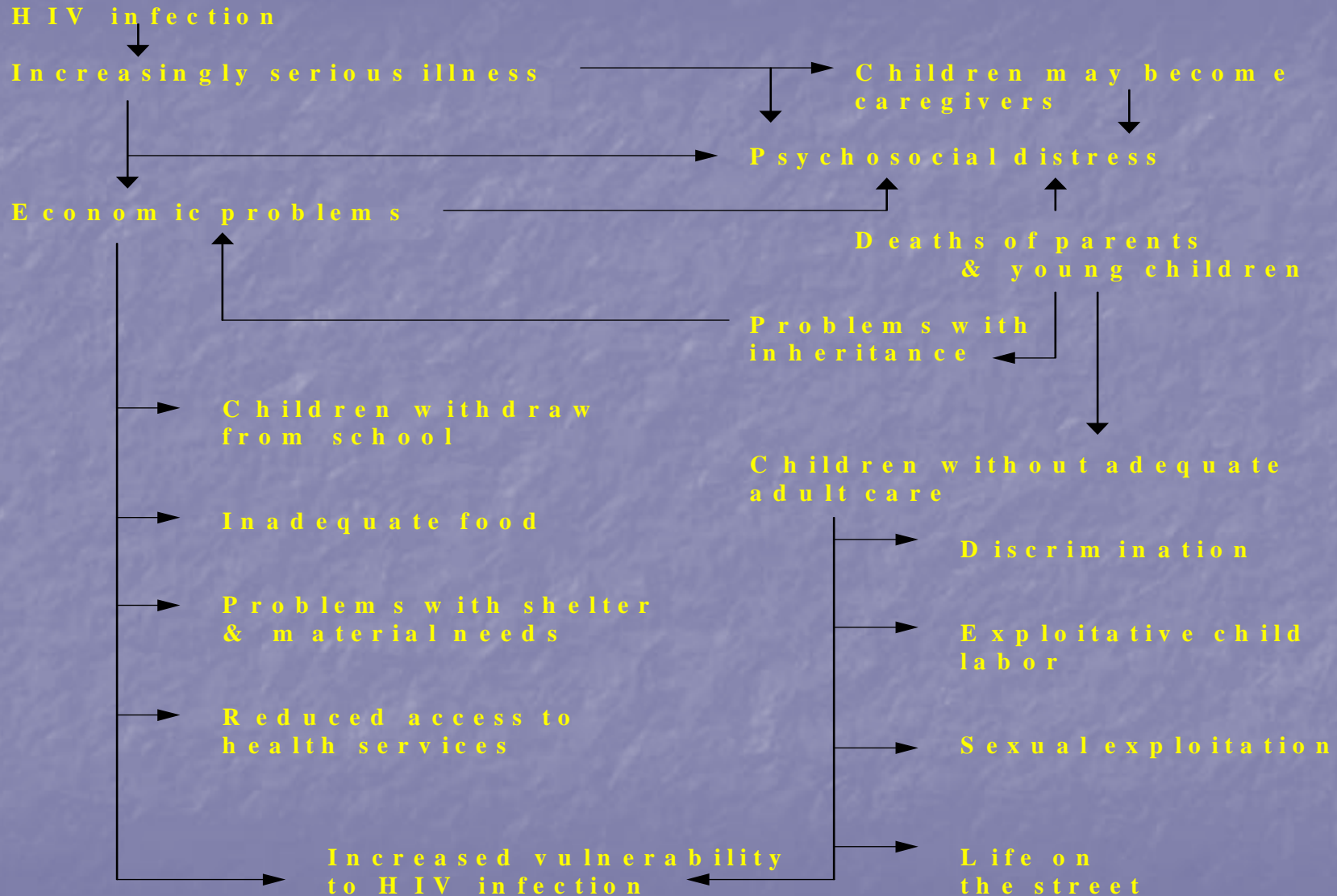- Children as caregivers and heads of households
- Orphans

# HIV/AIDS Context: Children Left Behind

- Orphaning:
  - 14 million children under age 15 have lost one or both parents, majority in sub-Saharan Africa
- Nearly 3 million children infected
- Enormous numbers of children made vulnerable
- Loss of adults and structures to provide a social and support framework for children to grow, learn and thrive.

*Resources: Children on the Brink, 2004 and The Framework: for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS, July 2004*

# PROBLEMS AMONG CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS

HIV infection

Increasingly serious illness → Children may become caregivers

Psychosocial distress

Economic problems

Deaths of parents & young children

Problems with inheritance

Children withdraw from school

Children without adequate adult care

Inadequate food

Discrimination

Problems with shelter & material needs

Exploitative child labor

Reduced access to health services

Sexual exploitation

Increased vulnerability to HIV infection

Life on the street

*The impact of adverse circumstances
may not always be negative . . .*

# It is possible that some children will:

- Develop a positive self-image/identity from their experiences
- Gain new knowledge and skills that will assist in their future
- Contribute positively to their family's and community's well-being
- Develop enhanced coping and protection mechanisms

# Resilience

# Resiliency Variables
## (from Apfel & Simon, 2001)

- Resourcefulness
- Curiosity and intellectual mastery
- Flexibility in emotional experience
- Access to autobiographical memory
- Goal for which to live
- Need and ability to help others
- Vision of a moral order

# International Resilience Project

- Individual Traits
- Relationship Factors
- Community Contexts
- Cultural Factors

*(www.resilienceproject.org)*

# Resiliency Variables
### (from Boydon & Mann, 2004)

- Presence of at least one supportive adult

- Supportive peer relationships

- Strong community institutions and networks

# *How can interventions enhance resiliency?*

- Caring for caretakers

- Community mobilization

- Promotion of creativity and play

- Reconnection to social and cultural linkages

- Restoration of moral order

(from Apfel & Simon, 2001)

# Critiques of the Resilience Discourse:

- Terminology and conceptual differences

- Cross-cultural applicability

- Can be used as an excuse to do nothing

# What we've learned . . .

# Core guiding principles for work promoting psychosocial support and protection in situations of conflict and HIV/AIDS affected communities:

- There should be an emphasis on early response and prevention of further harm.

- The need to recognize the diversity of psychosocial impacts—gender, age, class, ethnicity, etc.—and that they alter how one is affected and determine which modes of intervention are appropriate. There is no *one-size-fits-all* approach.

- Recognize and, as appropriate, support traditional approaches to promoting psychosocial recovery and well-being.

- Responses should be community-based, building upon and mobilizing the strengths and capacities of communities, and working within their social and cultural frameworks.

(continued)

- Participation of children, caregivers and affected community members is important in every step of the process

- Responses, even in emergencies, should take a long-term developmental approach to promoting psychosocial well-being.

- Access to essential services should be ensured for all who may require it, avoiding a narrow approach to service provision for targeted groups.

- Responses should be carried out in strong coordination with governmental, international and community–based organizations involved.

- Capacities of local and national structures, including governments, should be enhanced

# *How can these lessons*

# *inform our work here at home?*

*THANK YOU!*

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