Psychosocial interventions for reducing the harmful effects of war and conflict-related violence on young children aged 0-11 years (Protocol)


Document Version:
Other version

Queen's University Belfast - Research Portal:
Link to publication record in Queen's University Belfast Research Portal

Publisher rights
© 2016 The Authors.

General rights
Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Download date: 26. Jan. 2020
Psychosocial interventions for reducing the harmful effects of war and conflict-related violence on young children aged 0-11 years (Protocol)

Dr Jennifer Hanratty, Laura Neeson, Dr Tania Bosqui, Dr Michael Duffy, Prof Paul Connolly

Queen's University Belfast

Background
UNICEF (2016) have estimated that one in ten children currently live in a conflict-affected society and these children are at risk of being exposed to daily violence in their communities. Children exposed to violence are thought to be at increased risk of harmful effects.

The literature mainly focuses on the psychological risks of conflict effects, for example, PTSD, depression or anxiety disorders (Attanayake et al, 2000; Fasfous et al, 2013; Jordans et al, 2009; Punamäki et al, 2015). PTSD is the most common mental health condition associated with conflict, however children display a wide range of stress reactions. A meta-analysis of rates of PTSD in children and adolescents exposed to trauma found that, overall, 36% were diagnosed with PTSD (Fletcher 1996).

Until recently, rather less attention was paid to the influence of mediating variables (e.g. cultural context or family/community support) and their importance in reducing the impact of war or conflict (Tol et al, 2013). Many children are remarkably resilient in the face of exposure to conflict but, with increasing exposure, the risk factors to their well-being grow (Dimitry, 2012).

This understanding has informed preventative psychosocial interventions, which aim to promote resilience and improve protective factors for children living in war affected societies. Having certain elements included, such as promoting community cohesion and self-efficacy, may help reduce the negative effects of living in a war or conflict affected society (Betancourt 2013b; IASC 2007).

Psychosocial interventions
Psychosocial interventions to improve outcomes for young children living in a conflict affected society have not yet been subject to a Cochrane Systematic Review. Psychosocial interventions can be defined as any intervention offering psychological and/or social support that aims to help a child overcome challenges and attain or maintain good mental health. Crucially, psychosocial interventions do not use pharmacological interventions.

Psychosocial interventions can be categorised as falling under two general themes: prevention focused or treatment focused. Preventative interventions usually aim to improve or increase the supportive or protective factors a person needs to maintain good mental health. Treatment focused interventions are delivered to people diagnosed with a condition, for example, PTSD.

Both treatment and preventative interventions can be delivered in a multitude of settings and they can be very diverse in their form. Betancourt (2013a) provides a useful narrative overview of the four domains: at an individual level, a school level, a family level or at a community level:

**Individual level**
- Informed through child development theories and psychopathological processes
- Can included Trauma-focused CBT or supportive practical assistance

**School level**
- Delivered within a school environment
- May or may not be integrated in the curriculum or directed towards a specific group i.e. those at a high risk of developing PTSD

**Family level**
- Mainly used to promote a strengthening of parent-child connections and relationship
- Evidence points to the impact of strong relationships in promoting wellbeing

**Community level**
- Studies have suggested community cohesion can help to ameliorate the harmful effects of war.
- Currently the least used domain. Interventions may take the form of mass media campaigns or reconciliation efforts

Adapted from Betancourt 2013a

Impact & Future Research
Children living in conflict-affected societies have unique needs for support and services. As such, any intervention delivered should be designed and implemented using the best available evidence. Professionals, policy makers and service providers will benefit from this review as to ‘what works’ for children living in these areas. Further exploration via doctoral research is planned to further extend the impact of this review. The aims are to:

- Further explore and increase our understanding of the most important outcomes of the systematic review using online survey analysis methods.
- Contribute to our understanding of the experiences of developing and delivering psychosocial interventions in conflict-affected areas (this will be achieved by selecting a sample of survey respondents to interview).
- Contribute to theoretical understandings of the impact of conflict on psychosocial outcomes amongst children.
- Inform the future development of interventions by considering the implications of the findings and making recommendations for policy and practice.

References