The Effects of Armed Conflict on Child Mental Health: A Global Perspective, Part I

■ Eli Breger, M.D.

Introduction

There are at this very moment an inordinate number of armed conflicts raging worldwide with indiscriminate and callous attacks against families.

About one-third of the world's refugee children, numbering at least five million, are in settings outside their country, and twelve million are homeless within their own country. In either case, there is limited hope for reuniting with a family member.

Since the end of World War II, the nature of war has changed dramatically in that civilian populations are intentionally targeted. This has impacted the children directly in response to the traumatic event and indirectly in response to the loss of parents, displacement to camps, discontinuity of education, lack of adequate medical care and, for many, the need to assimilate into a new culture and nation or to orphanage life. Unique features of today's children of war include kidnapping and conscription of youth into renegade military factions, training them in the ways of combat often under the influence of drugs. Children may be set adrift with few caretakers and must care for themselves as they trek enormous distances in search of safe shelter. Others congregate into inner city groups of street children attempting to survive.

Adversity, Vulnerability and Resilience

A brief review of the concepts of *adversity*, *vulnerability*, and *resilience* is in order.

Although serious life *adversity* has long been known to be deleterious to emotional well-being, the focus on the effects of armed conflict on families and children is a more recent source of world concern.

War disrupts the normal developmental patterns and psychological development of children. Although war is only one of the numerous traumatic events children experience, it is in many ways more profound, disorganizing, and durable as compared to natural disasters and family violence. In today's world, it affects more children and their families by far than any other emotional trauma. It changes the child's view of world hopefulness, personal integrity, feelings of safety and internalized sense of key attachments.

Some effects are initial (the horrendous events themselves), while others are delayed but ongoing (displacement, refugee camps, cut off from nurturing community).

Viewing the trauma within the context of the child's stage of development provides insight into the disruption which may occur because of the psychosocial tasks being worked through and emerging dysfunction.

In spite of war impacting so very many children, not all are significantly affected. Those who are vulnerable react with a variety of biologic, psychologic and social manifestations —Post-Traumatic Stress Disorder (PTSD) or lesser stress reactions, personality disorders, self-injurious behaviors, and disorganization of neurochemical regulation with psychosomatic manifestations.

Traumatic exposures are occurring during critical periods of personality formation when there is ongoing mastery of the inner model of the world and one's place in it—a time of emerging personality and character.

Of late, increasing interest has been focused on those children who, in the face of severe adversity due to war, are able to demonstrate coping skills, competence, and positive adjustment. This *resilience* is likely the result of many factors within the child's inborn makeup (temperament) as well as developmental history, physical health, prior indications of emotional disorder,

Although war is only one of the numerous traumatic events children experience, it is in many ways more profound, disorganizing, and durable as compared to natural disasters and family violence. In today's world, it affects more children and their families by far than any other emotional trauma. It changes the child's view of world hopefulness, personal integrity, feelings of safety and internalized sense of key attachments.

psychosocial quality of the home and the family's relatedness to the community, and the community's protective services.[1]

Mental health professionals may play a vital role in organizing skillful psychosocial recovery. It is lamentable, but understandable, that the mental health needs of war victims are put in the background while basic life sustaining services are provided. Indeed, strength of character is often born out of tragedy, and creativity out of adversity. The resilient child has a natural ability to rise to the challenge and seize control.

Role of Global Media

The direct personal experience with traumatic war events is extended universally by global media coverage, vivid and repeated, such that one can posit indirect effects on vulnerable children who, by exposure, may undergo some of the same reactions to the adversity as if they were in the midst of it. There is less conjecture about children's development of aggressive behavior and tolerance for violence through such viewing, making them more prone to join the ranks of terrorists and criminal militias.

Refugee Status and Acculturative Stress

Child victims of armed conflict, with their family or alone, find themselves in a variety of settings. They may find shelter with a relative, a religious institution or, most often, in a camp within their country. Duration of such displacements is quite variable. Many are able to return home when the conflict settles, others remain in camps indefinitely, and of these, a smaller number will attain refugee status in another nation.

These refugee youth and their parents face the awesome challenge of adjusting to a new culture in a new land.[2] The process of acculturation is dynamic and calls for particular psychological strategies if it is to be attained. The child's already established ethnic identity needs to navigate the vicissitudes of language, physical appearance, skin color, dress and mores of the new cultural setting. It is difficult to establish a sense of belonging, develop positive attitudes, and gain entry into the newer society, especially at vulnerable ages such as adolescence. This acculturative stress may lead to assimilation and integration or separation and marginalization.

Parents, too, are struggling with identical issues, adding to the complexity of the transition and thereby creating a significant potential for mental health problems. Such issues have been studied and reported upon. ■

Dr. Breger is an AACAP Life Fellow, a member of AACAP's International Relations Committee, and a Fulbright Senior Specialist. He is committed to teaching and training child psychiatry in medical schools in developing nations. As Associate Professor of Pediatric Psychiatry, United Arab Emirates Faculty of Medicine and Health Sciences (1991-95), Dr. Breger served with UNICEF Middle East/North Africa developing psychosocial recovery programs for children of armed conflict.

References

1. Vanistendael,S., (1996) Growth in the Muddle of Life, International Catholic Child Bureau, Geneva.

2. Kvernmo,S., Heyerdahl,S., (2003) Acculturation strategies and ethnic identity as predictors of behavior problems in Arctic minority adolescents, J.Am.Child Adolescent Psychiatry 42:l, January 2003

Barnhill from page 285

helps sculpt the emerging brain by eliminating 20–30% of misplaced neurons—especially cells that have no dendritic or axonal contacts. The downside is that in injured cells, mitochondria activate enzymes that release intracellular calcium that eventually destroy the neuron. In this sense, mitochondria are also doomsday machines.[3]

This brings us to the role of mitochondria in child psychiatry. We have rushed through billions of years to find the roots of mitochondrial disorders. Next up, what can go wrong, will. ■

Dr. Barnhill is Director of the Developmental Neuropharmacology Clinic at the University North Carolina School of Medicine in Chapel Hill, NC.

References

1. Cohen SS. Are/Were Mitochondria and Chloroplasts Microorganisms? In Skinner B (Ed). Paleontology and Paleoenvironments 1981.William Kaufman Press: Los Altos California. pp 34–43.

2. Cloud P. Evolution of Ecosystems. In Skinner B (Ed) Paleontology and Paleoenvironments 1981. William S. Kaufman: Los Altos California: pp 6–19.

3. DiMauro S, Schon EA. Mitochondrial Respiratory-Chain Diseases. NEJM 2003; 348: 2656–68.

4. Fortey R. Life: A Natural History of the First Four Billion Years of Life on Earth 1998: AE Knopf: New York. pp 29–75.

5. McKusick VA. Mendelian Inheritance in Man 12th Edition 1998. Johns Hopkins University Press: Baltimore. pp xxxi–xxxii.