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# The Effects of War on Children

## *School Psychologists' Role and Function*

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**ABSTRACT** War may be the most profound psychosocial stressor on child and adolescent development, for it has the potential to inflict loss, disruption of stability, deleterious health effects and family/community system disorganization. This article reviews the literature regarding the effects of war on children and explores the role and function of the school psychologist with respect to the profession's responsibilities regarding war and peace. Recommendations are made for local, national and international efforts.

**KEY WORDS:** advocacy; children and families; ethics; peace; professional role; school psychologist

I dream of giving birth to a child who will ask, 'Mother, what was war?'. Eve Merriam

How many roads must a man walk down  
Before you call him a man?  
Yes, 'n' how many seas must a white dove sail  
Before she sleeps in the sand?  
Yes, 'n' how many times must the cannon balls fly  
Before they're forever banned?  
The answer, my friend, is blowin' in the wind,  
The answer is blowin' in the wind. Bob Dylan

Social scientists (and psychologists in particular) have a long tradition of seeking to better understand war and peace and reframe the context of social scientific work (Lykes, 1999). For example, the task of the psychologist has been identified by Martín-Baró as 'trying to make a contribution toward changing all those conditions that dehumanize the

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majority of the population, alienating their consciousness and blocking the development of their historical identity' (Aron and Corne, 1994, as cited in Lykes, 1999: 1). Similarly, the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000) designates 'responsibility to community and society' as a broad area of ethical practice. An expanded view of psychologists' role that extends beyond assessment, intervention and consultation and encompasses greater social responsibility opens the door to new opportunities for school psychologists. This article considers the impact of war on children and families, addresses educational and school psychologists' role and function with respect to war and peace and makes recommendations for international collaborations.

### **The impact of war on children and families**

Without a doubt, war exacts a cruel toll on children and families. Professionals working with children affected by war must develop competencies in treating war's consequences. Specifically, school psychologists need proven methods for helping children who display stress-related symptoms and/or behaviours/emotional disorders due to war. Professionals living in areas directly or indirectly affected by war may also encounter bureaucratic obstacles to the delivery of much-needed interventions. For example, a health officer for UNICEF in El Salvador reported 'it was difficult for his agency to establish psychological services since there was a lack of research documenting the need to address psychological issues' (Flores, 1999: 24). Although more research is needed to help practitioners obtain practical and effective interventions, common risk factors and effects can be addressed.

There are a variety of factors that seem to influence children and their reactions to war. One strand of research suggests that a higher degree of exposure to war is associated with greater emotional and physical consequences. According to Jensen and Shaw (1993), the 'massive exposure to war overwhelms the child's defenses', whereas 'moderate exposure probably leads to development of adaptive, self-protective strategies' and 'minimal exposure may not invoke self-protective mechanisms' (p. 699). Thus, it is not surprising that the child living physically closer to the crisis will suffer more psychological symptoms than children who are not in close proximity to high conflict zones. Individual differences may also be predictive of outcomes, as well as the nature of the warfare experienced. Lykes (2002) notes that 'although individual children respond in quite distinct ways to loss and traumatic events a small number of relevant studies suggest that children in situations of institutionally-structured violence generally experience higher than usual levels of fear, anxiety, insecurity, and aggressiveness'

(p. 2). The effects of war can have a negative effect on 'children's developing security and emerging personality' (Jensen, 1992: 986).

Children that are affected directly by war are killed, threatened, injured, become refugees, recruited as soldiers and/or often suffer from starvation and disease due to poor sanitation and malnutrition. Exposure to war can come from living close to or living in a conflict zone, living in or near an area that has been or could be attacked or having a parent in the military. Children who have parents in the military and children living in high conflict zones both may have to deal with worry about loved ones, separation from parent(s), loss of a parent or loved one and feelings of uncertainty and anxiety.

Research shows mixed results when trying to determine whether or not children of military families have a higher degree of psychological stress. Research by LaGrone (1978) discusses the 'military family syndrome' due to findings of high rates of behaviour disorders in children of military families. This research notes these high rates could also be attributed to common traits of military families such as authoritarian parenting styles and frequent relocation (LaGrone, 1978). Several years later Morrison (1981) conducted similar research and found no differences between military family and civilian children. More recent research has confirmed these results finding that military children are 'not inordinately preoccupied with the threat of war, are not unusually anxious, and cope quite effectively' (Ryan-Wenger, 2001: 242). Flores (1999) examined two degrees of war exposure. Children in the 'Direct War Exposure' group were in the high conflict zone, whereas the children represented in the 'No Direct War Exposure' group were in an area that did not experience direct conflict. The results from this study concluded that although both communities has similar SES and demographics, the Direct War Exposure group experienced a significantly higher incident of war related events, disruption of schooling and disruption of families, than the No Direct War Exposure group (Flores, 1999).

Children living in conflict zones often experience major disruptions in their daily living and actions. Their schools close down, recreational activities end, they are no longer safe playing in the neighbourhood with friends and/or home life is often altered due to lack of shelter or having to move to another area. In some countries children live with the prospect of becoming combatants. Children not living in or near direct combat zones are often exposed to war through television, movies and hearing adult conversation. So whether a child is suffering from the symptoms of war due to direct or indirect exposure the psychological effects can be significant.

Although it may be that risk factors increase with direct exposure opposed to non-direct exposure, many children deal with various levels

of the same psychological symptoms and children respond differently based on personality, their developmental age and previous experience with stressful situations. Other risk factors include a history of mental illness, recent exposure to trauma and lack of resources. The symptoms of psychological distress due to exposure to wartime situations can be emotional and/or physical and may be immediate or delayed responses. According to the US Department of Veterans Affairs (Carlson and Ruzek, 2006) emotional symptoms in response to traumatic experiences can include anxiety, fear, aggression, anger, depression and sleep problems. Children may also show signs of regressive behaviours, behaviour problems, have trouble concentrating or thinking clearly, they may be experiencing reliving a previous trauma or worry about the possibility of trauma. Children in direct combat zones may have additional stress due to the fact that they must often learn to conform to living in situations where they are deprived of basic needs such as shelter, medical resources, water and food. These children may become passive victims over time due to having no control over their situation. According to Odland (2003) these children become 'conditioned', believing war is the only option and as they become adults they do not explore peacekeeping options. The term 'abnormal abnormality' is defined as a response set by individuals who have experienced long-term trauma (Lykes, 2002). The direct and/or indirect repercussions of war (e.g. starvation, disease, etc.) become daily occurrences to these children (Lykes, 2002). The child begins a process of norming these experiences and develops a sense of him or herself in the unimaginable situations. Children also exhibit physical symptoms which may include headaches, dizziness, shaking, weakness, chest pains or accelerated heart beat. These children may also complain of stomachaches, cold hands and/or feet or numb or tingly feelings or sweating.

### **Recommendations**

Based on our review of the literature regarding war and its effects on children and families, we make the following recommendations for school psychologists' professional response to children's needs. We acknowledge that these recommendations are not exhaustive and welcome readers' input for further suggestions.

Establish an international committee of school psychologists devoted to the promotion of peace and response to children affected by war. Such a committee could develop and disseminate tools for school psychologists worldwide to assist children.

Develop an IPSA position statement that unambiguously identifies school psychologists as advocates for children and, by extension, peace. School psychologists know that war is harmful to children and families,

and that advocacy for peace ultimately serves our professional purpose.

Promote social skills interventions that value peaceful conflict resolution, tolerance and non-aggression. Additionally, we should encourage prevention programs that foster an understanding of cultural, religious and ethnic differences.

School psychologists should collaborate with other professions in our efforts to promote child welfare and peace. Doctors Without Borders, the Women's International League for Peace and Freedom and Children's International Summer Villages are examples of organizations that could potentially partner with school psychologists. Such collaborations would address the International School Psychology Association's mission 'to initiate and promote cooperation with other organizations working for purposes similar to those of ISPA in order to help children and families'. See Appendix 1 for web-based resources.

With a firm understanding of social learning, school psychologists have daily opportunities to model peaceful interactions with students, parents, teachers and administrators. Compromise, one-downsmanship, collaboration, active listening and demonstration of empathy serve as positive examples for others.

The selection, implementation and evaluation of peace curricula could be incorporated into the school psychologist's role. Utilizing program evaluation skills, knowledge of child and adolescent development, and social skills training expertise, school psychologists are well suited to work with other school professionals to effectively develop or implement peace curricula. See Appendix 1 for examples of curricula.

Compile a collection of evidence-based interventions to help children cope with the effects of war. School psychologists know that many crises cannot be prevented, but that preparation for crisis facilitates effective response. By developing a set of proven interventions, school psychologists will be better prepared to help children and families affected by war.

School psychologists may serve an instrumental role in building school-community partnerships to promote peace, cooperation, conflict resolution and collaboration. School psychologists recognize that home, neighbourhood and community are significant environments, and that the promotion of student success includes work across systems.

Peace must be promoted in the home, within neighbourhoods and communities, and across borders. School psychologists cannot independently remedy the world's problems, but in collaboration with others, we can promote peace and help heal the wounds of war. Working together in our schools, professional organizations and international partners, school psychologists have the potential to make a significant contribution to the promotion of peace, health and happiness for children and families worldwide.

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## Appendix 1

### *Web resources for peace organizations*

- Doctors Without Borders: [www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)  
Women's International League for Peace and Freedom: [www.wilpf.org](http://www.wilpf.org)  
Children's International Summer Villages: [www.cisv.org](http://www.cisv.org)

### *Curricula that promote peace*

- Workable Peace: <http://www.workablepeace.org>  
UN Cyber School Bus Peace Education: <http://www0.un.org/cyberschoolbus/peace/index.asp>  
Peace by Peace Curriculum: <http://peacebypeace.sa.utoronto.ca/curriculum.php>