



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

Hanratty, J., Neeson, L., Bosqui, T., Duffy, M., & Connolly, P. (2016). Psychosocial interventions for reducing the harmful effects of war and conflict-related violence on young children aged 0-11 years (Protocol). Poster session presented at 11th Annual Cochrane Collaboration in Ireland Conference , Belfast, United Kingdom.

### 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](mailto:openaccess@qub.ac.uk).



# 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 risk of psychological effects from war, for example, PTSD, depression or anxiety disorders (Attanayake *et al*, 2009; 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).

## Methods

**Objective:** To assess the effectiveness of psychosocial interventions to reduce the harmful effects of war and conflict-related violence on young children aged 0 to 11 years.

### Secondary objectives:

- 1) To identify whether the effectiveness of psychosocial interventions are mediated by factors such as cultural context or family/community support.
- 2) To determine whether psychosocial interventions have differential effects on children depending upon their age and gender and, if so, whether these differential effects vary for type of intervention.

### Inclusion criteria:

- ✓ RCT's, quasi-RCT's and non-RCT's (interventions delivered in conflict-affected societies are unlikely to have access to resources and/or the stable and secure environment needed to carry out a rigorous randomised trial);
- ✓ children aged 0-11 (who are not refugees, asylum seekers or internally displaced); living in a country presently or recently affected by war or conflict;
- ✓ any individual or group psychosocial intervention, delivered in any setting, to children (or their caregivers) compared with no intervention or a comparison with another relevant active intervention.

### Outcome measures:

Acute stress reactions, internalising/externalising symptoms, resilience, pro-social behaviour and general psychosocial functionality.

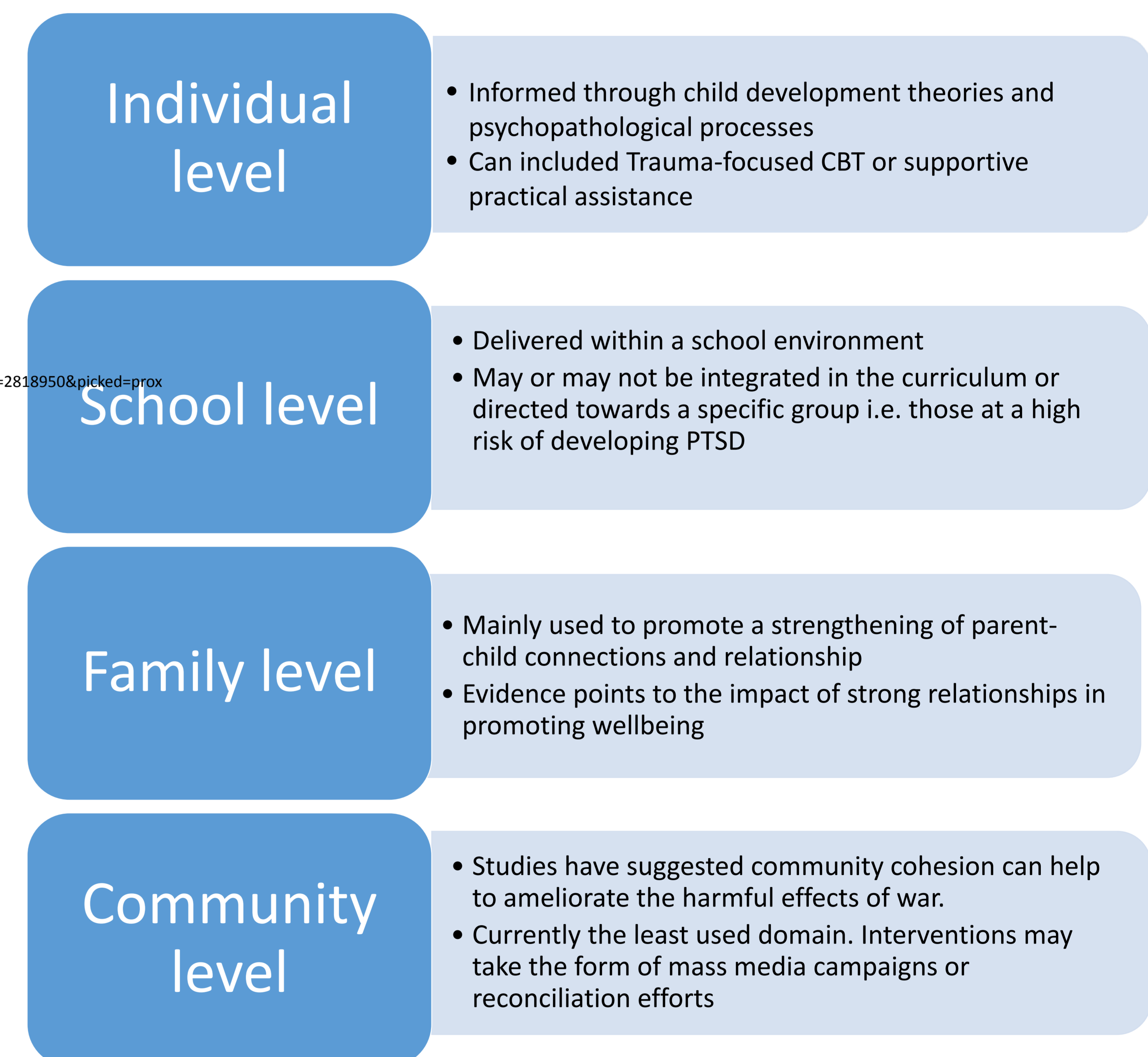


## Psychosocial interventions

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 preventive 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:



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

- Attanayake, V., *et al.* (2009). "Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children." *Medicine, Conflict and Survival* 25(1): 4-19.
- Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., & Tol, W. A. (2013a). Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care. *Harv Rev Psychiatry*, 21(2), 70-91
- Betancourt, T. S., Borisova, I., Williams, T. P., Meyers-Ohki, S. E., Rubin-Smith, J. E., Annan, J., & Kohrt, B. A. (2013b). Research review: Psychosocial adjustment and mental health in former child soldiers-A systematic review of the literature and recommendations for future research. *Journal of Child Psychology and Psychiatry*, 54(1), 17-36
- Dimitry, L. (2012). "A systematic review on the mental health of children and adolescents in areas of armed conflict in the Middle East." *Child: Care, Health and Development* 38(2): 153-161.
- Fasfous, A. F., *et al.* (2013). "Symptoms of PTSD among Children Living in War Zones in Same Cultural Context and Different Situations." *Journal of Muslim Mental Health* 7(2).
- Fletcher KE: Childhood posttraumatic stress disorder. In *Child psychopathology*, Edited by Mash EJ, Barkley R. New York: Guilford Press; 1996: 248-276.
- IASC. (2007). Guidelines on Mental health and Psychosocial support in emergency settings.
- Jordans, M. J. D., *et al.* (2009). "Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war." *Child and Adolescent Mental Health* 14(1): 2-14.
- Punamäki, R.-L., *et al.* (2015). "Trajectories of posttraumatic stress symptoms (PTSS) after major war among Palestinian children: Trauma, family-and child-related predictors." *Journal of affective disorders* 172: 133-140.
- Tol, W. A., *et al.* (2013). "Annual Research Review: Resilience and mental health in children and adolescents living in areas of armed conflict—a systematic review of findings in low- and middle-income countries." *J Child Psychol Psychiatry* 54(4): 445-460.
- UNICEF (2016). "War and Conflict." Retrieved 02/02/2016, from <http://www.unicef.org/uk/UNICEFs-Work/What-we-do/war-conflict/>.



Cochrane  
UK

The  
ATLANTIC  
Philanthropies

Una  
Una is a global learning initiative  
on children and ethnic diversity



## Acknowledgments

We are grateful to The Atlantic Philanthropies and the Bernard van Leer Foundation for providing funding for this systematic review through their support for Una: The Global Learning Initiative on Children and Young People. We also wish to thank the CPDLP Group for their support and advice throughout the review production process and Cochrane UK & Ireland for the provision of training.

Contact: [l.neeson@qub.ac.uk](mailto:l.neeson@qub.ac.uk) for further information