Children and Armed Conflict: Interventions for Supporting War-Affected Children

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Mental health, psychosocial, and peacebuilding supports are badly needed to support war-affected children in diverse countries. To meet the scale of the needs in an accountable manner, it is essential to have a broad vision of systemic supports for populations of war-affected children. This article, which introduces the 2nd Special Issue on Children and Armed Conflict, outlines 3 pillars of systemic supports for war-affected children: comprehensiveness, sustainability, and Do No Harm. It shows how supports should be multileveled, resilience-oriented, multidisciplinary, tailored to fit different subgroups, and attentive to issues of policy and funding. The achievement of sustainability requires additional attention to building on existing supports, adapting to the local culture and context, focusing more on capacity building than on projects, greater power sharing with local actors, embedding supports in local institutions, and strengthening the evidence base regarding sustainability. The Do No Harm principle requires self-critical practice and the prevention and management of unintended harms related to issues such as discrimination, the use of orphanages as the first resort for war orphans and separated children, raised expectations, dependency, and picking open the psychological wounds of war-affected children. With these pillars as a framework, the article ends with a brief overview of the 8 articles that comprise this 2nd Special Issue.

Keywords: children, armed conflict, intervention, sustainability, Do No Harm

An estimated one billion children worldwide live in territories affected by armed conflict (UNICEF, 2009), predominantly in low- and middle-income countries (LAMIC). These staggering figures, the meanings of which are evident in the agonies of Syria, Sudan, Chad, Central African Republic, Afghanistan, and a host of other countries, indicate the enormity and urgency of the needs for intervening on behalf of war-affected children. The needs for interventions on behalf of war-affected children were highlighted in the previous issue (Wessells, 2016) in this set of two Special Issues on Children and Armed Conflict.

A key question, however, is what is our collective vision of the mental health, psychosocial, and peacebuilding interventions needed to support war-affected children. This question is less about particular psychotherapies or community-based interventions than about the whole of the interventions on behalf of war-affected children. Also, it is less about how to support particular children than about how to support populations of war-affected children. This article aims to outline a broad vision regarding interventions for war-affected children that has been developed over the past two decades through research and also through practitioner dialogues and collaborative development of standards. First it examines three central pillars of intervention strategies—comprehensiveness, sustainability, and respect for the humanitarian principle Do No Harm—on behalf of war-affected children. Then it introduces the lively mix of empirical, review, and policy-analytic articles that comprise this special issue.

Comprehensiveness

A comprehensive approach to supporting war-affected children derives conceptually from children's rights as set forth in the UN Convention on the Rights of the Child (CRC; see Brownlie, 1992) and its associated instruments. Because children's rights do not end at the border of war zones, it is critical to work in a manner that can address the broad array of children's survival, development, and participation rights. A crucial feature of child rights is that they are entitlements that cannot be given or taken away by a government. A government that has been at war with an armed opposition group might feel that it has no obligation to rehabilitate and educate children who had been exploited as soldiers by the armed group. From the standpoint of child rights, such discriminatory views and practices cannot stand, even if they are enshrined in national law. Indeed, the CRC (Article 39) states that a child who is a victim of any kind of violence is entitled to psychological and social recovery supports.

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As useful as child rights standards are, they tell us more about *what* children's entitlements are in sectors such as health, education, and mental health and psychosocial support than they do about how to fulfill them. For this reason, this section focuses equally on the "how" and the "what" of supports for war-affected children and families, paying particular attention to psychological and psychosocial aspects of support.

Interventions for War-Affected Children

Despite the weak evidence base (Betancourt & Williams, 2008; Steel, Silove, Phan, & Bauman, 2002; Tol et al., 2011), a rapidly growing literature has attested to the fact that much can be done by both international and local actors to support war-affected children (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Boothby, Strang, & Wessells, 2006; Derluyn, Mels, Parmentier, & Vandenhole, 2013; Fernando & Ferrari, 2013; Jordans, Pigott, & Tol, 2016; Miller & Rasco, 2004; O'Sullivan, Bosqui, & Shannon, 2016). Table 1 shows some relatively widely used mental health, psychosocial, and peacebuilding interventions in support of war-affected children.

It is worth noting that many natural supports and other interventions that benefit war-affected children appear neither in Table 1 nor in extant literature reviews. Everyday practices such as a parent hugging a child or a teacher advising a student can have significant psychosocial impact yet may not be written about or regarded by local people as psychosocial interventions. Also, external interventions have positive mental health and psychosocial impact yet may not be described as mental health or psychosocial interventions (Williamson & Robinson, 2006). For example, shelter interventions that provide for privacy may improve the psychosocial well-being of children and families (Inter-Agency Standing Committee [IASC], 2007), yet the shelter designers may not have intended to improve children's psychosocial well-being. Thus, it is challenging to obtain a complete picture of interventions for war-affected children.

At the same time, the provision of diverse interventions or activities does not insure that there is comprehensive support. As discussed later, the provision of comprehensive supports requires having a holistic schema that guides holistic, systemic supports.

Multilevel Supports

Regarding intervention supports for war-affected children, a fundamental point is that there is no "one size fits all." A child who suffered rape may need trauma counseling, whereas a child who was displaced but not attacked may need help addressing everyday distress resulting from family separation. Further, a particular

Table 1

Sample of Mental Health and Psychosocial Interventions on Behalf of War-Affected Children

Intervention	Description
Child Friendly Spaces (CFSs)	Safe spaces that provide a mixture of child protection, psychosocial support, and emergency education for groups of children. CFSs may include different activities for groups of children of different ages and are intended to be platforms for engaging with and mobilizing communities and families.
Community-based child protection mechanisms	Child protection is a key arm of prevention of mental health and psychosocial problems. Nongovernmental organizations (NGOs) often facilitate the formation of Child Welfare Committees that monitor, respond to, and educate about risks such as sexual abuse, trafficking, and landmines and unexploded remnants of war. War-affected communities may support vulnerable children such as orphans through existing religious groups or traditional practices.
Community-based psychosocial supports	These are community-organized, NGO-facilitated group supports that promote self-help, collective empowerment, activation of local networks, normalization, expression of feelings, and social integration. Activities often include play, song, dance, drama, story-telling, drawing, and sports. They may also include traditional practices, economic assistance, and support groups for women, girls, children, and so forth.
Disarmament, demobilization, and reintegration supports	These supports are designed to help former child soldiers put down their weapons, transition out of armed forces or groups, and integrate into civilian families and communities. Psychosocial supports include elements such as identity transitioning, expressive activities, group counseling, learning of expected behavior in civilian life, traditional healing rituals, restorative justice activities, livelihood support, and so forth.
Family support	Family support may include steps to reunify separated and unaccompanied children with their families or customary caregivers; nonviolent conflict resolution; the development of parenting skills such as communication, nonviolent discipline, and self-regulation; increasing parents' understanding of children's development; and stress management, among others.
Peacebuilding	In regard to mental health and psychosocial supports, these may include processes of nonviolent conflict resolution, mediation, peace education, forgiveness, reconciliation, collective memorialization and healing, social cohesion, truth telling, restorative justice, and transformation of structural violence.
Psychological First Aid	This involves nonspecialist-provided support during and soon after a crisis. Elements include accompaniment, supportive listening, providing information, helping people to access needed services, and self-care and self-regulation, among others.
Psychotherapy	Often conducted in a group format, psychotherapies may include group-trauma-focused cognitive–behavioral therapy (CBT), interpersonal psychotherapy, or traumatic grief psychotherapy. Some therapies provide for structured processing of one's war experiences.
School-based supports	These include the wide array of group and individual mental health and psychosocial supports. Processes may include child supportive classrooms and interactions with teachers, expressive activities, nonviolent discipline and resolution of conflicts, CBT focused on creative expression, referrals for children who need more specialized support, and so forth.

Note. Interventions are listed in alphabetical order rather than by order of priority.

war-affected child may need numerous supports of different kinds. A separated child, for example, may need not only help with family reunification but also supports related to education, housing, and nutrition.

An important step toward comprehensive supports was the development of the first global, consensus guidelines on how to support children affected by war and other calamities—the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007), hereafter referred to as "the Guidelines." Agreed on by psychologists, psychiatrists, and social workers from diverse countries and from the 27 UN and nongovernmental organization (NGO) agencies that conduct most of the work on mental health and psychosocial supports in conflict settings, the Guidelines call for multiple levels of support that can be envisioned as a pyramid with four layers, which together comprise a comprehensive system of supports.

The base (fourth layer) of the pyramid, which applies to the greatest numbers of war-affected people (including children), calls for the inclusion of social considerations in basic services and security. The idea is to provide life-saving supports such as food, water and sanitation, health care, shelter, and security in a manner that includes a psychosocial lens or dimension. For example, sanitation in camps for displaced people could be done with an eye toward preventing gender-based violence. Instead of building unlocked, poorly lit latrines that become sites of sexual assaults, one should have separate, well-lit, lockable latrines for women and men.

The third layer of the pyramid, strengthening family and community supports, recognizes that armed conflict frequently separates children and families, shatters education, or creates social divisions that weaken the social fabric or increase problems of joblessness and crime at the community level. For these reasons, the Guidelines call for family supports such as the tracing and reunification of separated children and for community supports such as the conduct of community rituals of bereavement, educational supports, and community planning and action on behalf of vulnerable children.

The second level of the pyramid consists of focused, person-to-person nonspecialized supports that are not provided by specialists such as clinical psychologists. These could include psychological first aid, or nonspecialist counseling or advising to former child soldiers on how to manage stress, among many others. The top layer of the pyramid consists of specialized supports such as psychotherapy or mental health care by trained professionals. This layer is often the most difficult to implement because in a war zone there may be few trained psychologists or psychiatrists. Yet it is crucial because in many war zones, there are thousands of people who need specialized support, and the emotional wounds of war persist long after the fighting has stopped (Marshall, Schell, Elliott, Berthold, & Chun, 2005; Steel et al., 2002).

For these multiple layers of support to become fully effective, functioning referral mechanisms across levels are required. For example, if children in school exhibit excessive suffering and distress, they should be referred for specialized treatment and support. Or, if a girl who received specialized treatment for anxiety such as cognitive–behavior therapy disclosed that she was distressed by lack of shelter, she should be referred for assistance in securing shelter.

No single psychologist or agency could possibly provide the entire system of mental health and psychosocial supports envisioned in this intervention pyramid. What is needed is a collaborative, interagency approach in which different groups and organizations use coordination mechanisms to harmonize their interventions. From this standpoint, it would be inappropriate for a psychologist or group thereof to provide assistance to war-affected children without coordinating with others and helping to develop the systems approach envisioned in the intervention pyramid.

Ecological Resilience Approach

A comprehensive intervention approach incorporates supports at multiple levels of children's social ecologies such as the household, neighborhood, school, community, and societal levels. A social ecological approach is necessary because some of the greatest risks to and sources of distress for children arise at these different levels of children's social environments. Because of the interconnections within and across levels, intervention effects may be amplified or made sustainable by simultaneously addressing a problem at multiple levels in an interconnected manner (Tol, Jordans, Kohrt, Betancourt, & Komproe, 2013).

It would be a mistake, though, to develop an ecological approach that focuses mostly on deficits or risks to war-affected children. For example, a focus on sexual violence against girls in war zones can inadvertently stigmatize girl survivors at the moment when they most need support. Further, deficits approaches frequently underestimate children's resilience and can undermine the empowerment that is needed for healing and also sustainability (Wessells, 2016). A better approach centers on resilience and builds on the ecological resources and strengths at multiple levels that support children's well-being. Even in the midst of a war zone, children may receive important support from people such as parents, friends, teachers, and religious leaders. From this standpoint, what is needed is an ecological resilience approach (Tol et al., 2013) that recognizes risks but builds upon the protective and promotive factors that help war-affected children to cope amid difficult circumstances and that provide leverage for prevention.

Multidisciplinary Approaches

Although the need exists for specifically psychological interventions for children in war zones, such interventions combined do not comprise a comprehensive approach. Imagine, for example, a boy who is being treated by psychologists for posttraumatic stress disorder (PTSD) but who lives in a highly impoverished neighborhood where rebel groups are actively recruiting children and paying them to join and where parents encourage children to join in order to help support their families. In such a context, PTSD treatment is necessary but would have limited value unless there were also economic supports such as livelihood supports for families that help to prevent recruitment into armed groups. More broadly, psychological work in war zones should be poverty-sensitive and include or link with complementary efforts to reduce poverty and its associated stresses. Team approaches in which psychologists and economists collaborate can be useful in this respect. Also useful is interagency collaboration in which one agency takes primary responsibility for psychological elements and the other takes primary responsibility for the economic ele-

ments. The challenge in such approaches is to not only coordinate the agencies' work but also to integrate as fully as possible the psychological and economic components.

In addition, mental health and psychosocial support is not something to be done by psychologists only (IASC, 2007; Wessells, 2016). As discussed earlier, humanitarian workers in different sectors can potentially boost their impact by building in a psychosocial lens, that is, by working in a manner that decreases stress on children and helps them to feel safe and supported.

A multidisciplinary approach is particularly important regarding linking peacebuilding with mental health and psychosocial supports for war-affected children (Hamber & Gallagher, 2015; Hamber, Gallagher, & Ventevogel, 2014). Although these topics are often regarded as separate and have their own funding streams, peacebuilding efforts may reduce the intergroup tensions and violence that harm children both physically and psychologically. Also, steps toward peace may bring with them new opportunities for education, employment, and the ability to meet one's basic needs, thereby reducing everyday distress and building hope for the future. Conversely, because psychological wounds of war frequently become warrants for retaliation and ongoing fighting (Königstein, 2013; Volkan, 1997), the reduction and management of children's wounds of war may help to break cycles of violence and to prepare the groundwork for peace.

Tailoring of Interventions According to Children's Status

Because the category "war-affected children" is far from homogeneous, it is essential to tailor interventions to meet the characteristics and circumstances of the child. A tailored approach is particularly important in supporting war-affected children who differ according to their age or developmental stage, vulnerability status, and gender.

Age. A useful, if rough, categorization of children involves three age groups: young children (0–8 years), middle age children (8–12 years), and teenagers (13–18 years). Comprehensive interventions include systematic, proportional attention to all three subgroups of children. As was true regarding the implementation of the Guidelines, an interagency approach is best suited to supporting all three groups.

Such a balanced approach, however, is not the norm. Typically, NGO-organized supports focus more on school-age children, particularly those between 8 and 12, using interventions such as Child Friendly Spaces that are relatively easy to implement on a wide scale. Less attention is typically devoted to young children (0–8 years) even though increasing evidence has indicated the importance of supporting young children (Huebner et al., 2016; Leckman, Panter-Brick, & Salah, 2014; Wessells & Monteiro, 2008). Similarly, teenagers frequently receive less support despite their being potentially significant actors who have the energy and creativity to help themselves and many other war-affected children (J. Hart & Tyrer, 2006; Sommers, 2015; Women's Commission for Refugee Women and Children, 2000).

Vulnerability status. It is much easier to develop interventions that support the majority of war-affected children than it is to reach and support the most vulnerable children. Many highly vulnerable children are both relatively invisible and difficult to reach. In war zones, one typically sees large numbers of children

but not the children who have disabilities and are hidden away by their families, children who abuse substances, or children who engage in dangerous labor. A high priority, then, is to enable inclusive interventions that support highly vulnerable children.

Gender. Comprehensive supports must also recognize the distinctive experiences and needs of girls, who frequently are exposed to risks such as sexual exploitation and abuse, early marriage, early pregnancy, and female genital mutilation or circumcision. Also, interventions are frequently developed with boys in mind, thereby continuing the gender discrimination already present in many LAMIC societies. Gender also comes into play in engaging men, for example, in efforts to limit the family violence that affects many children in war zones.

Policy Supports

Although policy and practice are typically viewed as different worlds, they are richly interconnected regarding intervention on behalf of war-affected children. Appropriate policies can set the stage for and provide a mandate for quality intervention on behalf of war-affected children. For example, a government mental health plan and related policies regarding supports for children can help to enable the comprehensive supports that war-affected children are entitled to. Also, policies related to nondiscrimination can, if they are enforced, help to reduce the stresses associated with discrimination along lines such as gender, ethnicity, or religion. It is a high priority, then, to enable appropriate policies related to war-affected children as part of the practical efforts to enable the children's well-being.

Sustainability

The second pillar for interventions is sustainability, which refers to the durability over time of either the intervention process or positive outcomes for children, or both. In previous decades, sustainability was seen as a more appropriate goal for long-term development settings than for emergency settings. The logic was that wars and other emergencies required an emphasis on saving lives, regardless of whether the interventions were sustainable. From this standpoint, efforts to strengthen systems of mental health or child protection were not appropriate in emergency settings.

This view, however, is giving way to the new reality of protracted armed conflicts and prolonged refugee crises. Consistent with the long-term challenges evident in Afghanistan, Colombia, the Democratic Republic of the Congo, Sudan, and Syria, among many others, the UNHCR (2015) reported that most of the refugee and displacement situations of its concern persisted on average over 15 years. This fact alone has ignited the desire of humanitarian workers to develop sustainable supports for war-affected children. Also, humanitarians increasingly recognize that emergencies such as armed conflicts are opportunities for strengthening systemic supports for children's protection and psychological well-being (World Health Organization, 2013). In fact, the first global standards on child protection in humanitarian settings identified the strengthening of child protection systems as a core principle (Child Protection Working Group, 2012). Such strengthening efforts are viewed as valuable steps in a much longer process of building comprehensive mental health or child protection systems.

The achievement of sustainability depends largely on one's way of working. Keeping the intervention costs low can be an important consideration (Betancourt et al., 2013), although few detailed costing studies are available regarding diverse mental health and psychosocial interventions on behalf of war-affected children. Of particular importance are building on existing supports, strengthening longer term capacities for ongoing support, the promotion of local ownership, and the strengthening of the evidence base regarding sustainable supports for war-affected children.

Building on Existing Strengths

Interventions on behalf of war-affected children have tended to reflect universalized approaches that have low context sensitivity and do not build on the strengths and assets that are already present in war-affected settings. Fitting poorly with the local context, such external interventions tend to promptly collapse when the external funding has ended. This problem may be avoided by building on existing supports, which reflect local values and practices and are most likely to be sustainable.

An important first step in this approach is to learn in depth about the local context and the extant supports for war-affected children. Particularly valuable are methods such as ethnography (Eggerman & Panter-Brick, 2010; Wessells et al., 2012), participatory learning (Ager, Stark, & Potts, 2010; Chambers, 1994; Curry & Heykoop, 2012; R. Hart, 1997), and free listing (Hubbard, 2008; Stark, Wessells, King, Lamin, & Lilley, 2012) that allow open-ended learning about who or what already supports children. Using such methods, one often learns that existing family and community supports, and so-called traditional practices such as cleansing rituals and burial rituals, are more often used by local people to support vulnerable children than are formal "mental health interventions."

This information makes it possible to develop mental health interventions in ways that fit the local context and are more likely to produce durable benefits to war-affected people. For example, one can include selected local practices and rituals in more comprehensive interventions (Gielen, Fish, & Draguns, 2004; Kostelny, 2006; Stark, 2006; van de Put & Eisenbruch, 2004; Wessells, 2006; Wessells & Monteiro, 2001). Similarly, one can build interventions around existing social groups or structures such as families, religious groups, women's groups, or youth groups, which are more likely to be sustainable than are externally facilitated structures. In addition to being more contextually appropriate, this approach also reduces the likelihood of undermining existing supports.

Capacity Building

Building sustainability requires systematic efforts to strengthen local capacities for mental health, psychosocial, and peacebuilding supports. Because many war zones have a chronic shortage of mental health professionals, an important priority is to build local skills for supporting severely affected children. However, it would be a mistake to assume that the primary needs for capacity building relate to the development of specialized supports. Conflict-affected countries such as Bosnia or Israel have relatively large numbers of clinical psychologists and psychiatrists who provide services for severely affected children. Yet such countries may not offer pro-

portional access to holistic, community-based psychosocial supports. Thus, capacity-building efforts should be guided by local needs and designed to help establish the comprehensive system envisioned in the IASC Guidelines.

Power sharing and local ownership.   Participation and power sharing are two interconnected priorities in developing capacities to support war-affected children. If capacity building were done in a top-down manner, psychological training could become a neo-colonial enterprise that attempts to reproduce Western and Northern approaches in a hegemonic manner in the global South. Such top-down approaches have low sustainability, in part because local people tend to see them as alien and to lack a sense of local ownership for them (Wessells, 2009b, 2015; Wessells & Kostelny, in press; Wessells et al., 2015).

A better approach involves outside universities or NGOs seeking appropriate partners within the war-affected country and then working in a manner that shares significant power and decision making with the local partners. This type of locally driven process, which is much needed in the humanitarian world (Humanitarian Policy Group, 2016), is slow and complex because it requires ongoing attention to power dynamics. Yet it is more likely to generate significant local empowerment and ownership, which in turn lead to ongoing investment in and efforts to maintain the approach.

Institutionalization.   Institutionalization also plays a key role in the development of sustainable supports for war-affected children. Emergency supports for children are awash in short-term projects driven by short-term funding. This project fixation, however, can be countered by enabling the institutionalization of supports for war-affected children. For example, schools can institutionalize teachers' psychosocial support for war-affected children by rewarding it and providing in-service training and ongoing supervision for teachers. Wider institutionalization can be achieved by integrating psychosocial support into the national teacher preparation curriculum and teachers' job descriptions. In this manner, one can get beyond a project focus and help to make sustainable steps toward supporting war-affected children on a national scale.

Strengthening the Evidence Regarding Sustainability

Evidence regarding the sustainable impact of interventions is embryonic at best. Badly needed are longitudinal studies that track war-affected children over time, well after an intervention, to discern longer term effects on their problems, coping, and resilience. Further research is needed on whether war-affected children who had received a particular intervention are better off 10 years later than are children who had not received the intervention. Particularly valuable would be studies that systematically compare the developmental trajectories of children who did or did not receive a particular intervention. Also needed are comparative studies of which interventions are most likely to have a durable impact.

Do No Harm

The Do No Harm principle is a central ethical pillar for interventions that aim to support war-affected children (Wessells, 2009a, 2013). This principle is crucial because many, perhaps most, well-intended humanitarian interventions have unintended

consequences, some of which are negative. For example, Western psychologists who have been moved by images of war-affected children but have no experience working in war zones, may travel to war zones in hopes of doing some good. The typical result of this "parachuting" into a war zone with little understanding of the context includes using psychological approaches that do not fit the context, weakening coordination processes, and fueling unrealistic expectations among local people. Because awareness of potential problems is an essential first step toward addressing them, it is useful to outline some of the common sources of unintended harm caused by interventions for war-affected children.

Discrimination

Unintended discrimination by humanitarians may occur in conflict zones. For example, a government might guide NGOs to operate in particular areas, with the result that children who belong to a particular ethnic or religious group do not receive support. NGOs may face hard choices in such contexts. If they conform with the government wishes, they reinforce structures of oppression and discrimination that may have contributed to the conflict (Anderson, 1999). If they confront the government or ignore its guidance, they may be denied a license to operate or be ejected outright, further depriving children of needed supports (Slim, 2015).

Moreover, the humanitarian system itself can cause unintended discrimination. Because donors typically demand quick results on a scale, NGOs frequently concentrate their efforts on the capital city, where there is ready access to large numbers of children, when the greatest needs may be in rural areas (Slim, 2015; Wessells, 2009a). Further, humanitarian efforts frequently marginalize teenagers (Women's Commission for Refugee Women and Children, 2000), thereby adding to their distress and possibly contributing to political agitation and unrest (Sommers, 2015; Wessells, 2006). In work on the reintegration of former child soldiers, girls typically receive fewer supports than do boys, and this adds to gender discrimination and structural violence (McKay & Mazurana, 2004; Wessells, 2006).

Orphanages First

In war zones, many children become orphans or are otherwise separated from their customary caregivers. Wanting to help, private groups such as churches in Western countries may set up orphanages or homes to support orphaned or separated children. Unfortunately, this often has negative consequences. In most settings, including war zones, most of the children who live in orphanages have a living parent (Williamson & Greenberg, 2010). Although children frequently get placed in orphanages by parents who face significant economic pressure, this action deprives children of the family care that has been shown consistently to be one of the strongest supports for children's well-being (Dozier, Zeanah, Wallin, & Shauffer, 2012; Huebner et al., 2016; Williamson & Greenberg, 2010). Extensive research has indicated that most orphanages or group homes are substandard environments that fail to provide the stimulation, social integration, or access to necessities that fulfill children's rights (Dozier et al., 2012). Efforts to improve the quality of such environments may unintentionally continue the separation of children from their families.

Raised Expectations

Among the most pervasive Do No Harm issues is raised expectations of local people, who in war zones may live with many unmet, urgent needs and a paucity of supports. A personal anecdote illustrates the problem. Following the brutal, decade-long war in Sierra Leone, returning people found their homes and farms destroyed and suffered widespread food insecurity. I arrived with an NGO that had worked in Sierra Leone before the war with the intent of having quiet discussions aimed at first learning more about the situation. Even before I could introduce myself, several local adults exclaimed: "Thank God the NGO is here. Now all our needs will be met." No amount of talking could have reversed these wholly unrealistic expectations.

Psychologists frequently play into this problem by providing short-term, emergency supports that may be needed but that also raise expectations for long-term support (Wessells, 2009a). When the external funding ends and the project has ended, people may have powerful feelings of frustration and abandonment in their hour of need (Wessells, 2009a, 2013).

Dependency

Overall, the international humanitarian enterprise has operated in a manner that creates dependency on outside supports (Humanitarian Policy Group, 2016). The widespread use of top-down approaches tends to impose supports on local people without building upon the natural supports that are already present in the affected population. This imposition not only creates dependency but also undermines the use of the extant supports (Wessells, 2009a).

Dependency is the enemy of well-being, local empowerment, and sustainability. If, for example, the local people depend on an external NGO for access to education, the departure of the NGO can cause unintended harm to children by decreasing their access to education. Similarly, when an external NGO holds the power and makes the key decisions regarding a project, this undermines people's sense of agency and collective self-efficacy, which are vital for well-being (Bandura, 2001; Hobfoll et al., 2007; IASC, 2007). Further, the focus on short-term projects rather than long-term capacity building may lead to a situation in which the external supports end yet local people lack the requisite skills and capacities to enable children's longer term well-being.

Picking Open Children's Psychological Wounds

In many war zones, it is not uncommon to find psychologists, NGOs, and even community-based organizations inviting children to draw pictures or tell detailed stories about the worst things that had happened to them during the war. Although these initiatives are typically guided by the belief that healing comes through the emotional expression of horrible experiences, open expression may also have negative effects. Jones (2013) reported higher levels of well-being among Bosnian adolescents who looked forward and spent less time talking about the war and trying to find meaning in their experiences. Also, a longitudinal study of former boy soldiers in Mozambique reported better mental health outcomes among those who used an avoidance strategy and did not try to express and work through their feelings of loss and horror (Boothby, Crawford, & Halperin, 2006).

Timing and culture are important considerations regarding emotional expression. Immediately following life-threatening and horrific experiences such as losing one's parents and home, the emotional wounds may be so fresh that it is difficult to contain or manage them. Once unleashed, they can be overwhelming, and professional support may not be available. In addition, the Western approach of sharing one's innermost feelings with a psychologist who is a stranger has no basis in many LAMIC societies, where it is more appropriate to talk with one's family, friends, or religious leaders (Watters, 2010; Wessells, 2013).

Fortunately, problems related to violations of the Do No Harm principle are mostly preventable. With appropriate habits of critical reflection, humility, collaboration, and willingness to adjust one's intervention approach, it is possible to prevent, reduce, or manage the unintended harms that could arise otherwise in supporting war-affected children.

Overview of This Special Issue

This Special Issue resonates with the pillars of intervention outlined in this article and brings forward a rich mixture of conceptual and empirical analyses. Ager et al. (2017) show that although NGO promoted interventions have positive effects, children in no-intervention comparison groups often recover at a slower pace, to the same level that had been attained in the intervention groups. In one case, an external intervention did not so much improve children's well-being as guard against the erosion of children's well-being that would have occurred without the intervention. The upshot is that war zones contain resources and strengths (protective factors) that can support children's recovery, even without an external intervention. Yet amid the complex and dynamic balance of protective factors and risk factors, well-designed interventions may indeed add value in supporting war-affected children. Ager and Metzler's work serves a poignant reminder that interventions should build on existing resources and strengths and avoid the unintended erosion of natural supports and sources of children's resilience.

Working at the interface of peacebuilding and psychosocial well-being, Heykoop and Adoch (2017) examine youth-led truth telling in postconflict northern Uganda. In contrast to adult-led or legalistic approaches that require war-affected children to testify in court, Heykoop and Adoch enabled participatory action research undertaken with and driven by young people who included formerly abducted children, children with war-related disabilities, displaced children, and children who had been born in captivity. Using methods such as group dialogues, social mapping, creative arts, and participatory ranking, as well as working in an atmosphere of mutual trust and respect, the participants generated important parameters for truth telling. The participants called for truth-telling processes that use flexible, creative strategies for meaningful engagement, are guided by young people's decision making and views of the best interests of children, enable protection and also participation, promote both individual and collective healing, and strengthen empowerment and well-being. This ground-breaking work points toward a new generation of transitional justice approaches that feature young people's agency, power, and insight.

Vindevogel (2017), herself a resilience researcher, analyzes misconceptions and potential misuses of resilience-oriented frameworks. Having shown the limits of individualized approaches to strengthening the resilience of war-affected children, she develops a highly relational approach that is grounded in children's social ecologies. Also, she analyzes how current resilience frameworks underemphasize the macrostructural aspects of the social environment that either enable or impede children's resilience. These macrostructural aspects frequently limit what can be accomplished through self-help, either individually or collectively. Further, ideas of collective resilience through collective decision making and action can potentially be misused by governments as an excuse for not providing needed supports. Her analysis shows that resilient children need supports in particular domains and that resilience can never be allowed to become an opportunity for governments to evade their responsibilities.

Boothby (2017) highlights the importance of changing the behavior of donors in developing appropriate supports for war-affected children. He points out how fragmented funding by the U. S. government, together with the absence of a comprehensive plan, led to poor coordination and reduced ability to meet children's needs in a systematic manner. He tells how he and a talented team developed the first coordinated plan for supporting vulnerable children, with strong science playing a unifying role. The action plan called for, among other things, investing in quality care during the crucial first thousand days following birth and in family care versus institutional care, as well as national efforts to protect children from all forms of violence, exploitation, abuse, and neglect. Boothby also analyzes the institutional barriers that limited or undermined the implementation of the action plan. His article serves as a poignant reminder of the work that needs to be done on policy advocacy, influencing, and institutional change to support war-affected children.

Murphy, Rodrigues, costigan, and Annan (2017) provide an ecological analysis of how war affects parenting, develop a conceptual framework for understanding the predictors of parenting in war zones, and review the available evidence on parenting interventions. Their conceptualization features the importance of parenting knowledge and skills, parents' mental models, and parent stress and psychological well-being. Their review identifies some positive interventions and developments yet notes that, for the most part, the interventions have not been developed for use with children in diverse, conflict-affected settings. Noting significant gaps regarding interventions that could reduce family violence, address poverty-related issues, and engage more effectively with the macrosystem, they help to light the path for future research and practice on war-affected children through the use of parenting interventions.

Cook, Mack, and Manrique (2017) address by example the difficult question of how intervention can be done in highly dangerous circumstances. They focus on Communa 13, one of the most violent communities in Colombia, which has been affected by armed conflict and narcoterrorism for over 50 years. They show how training on positive parenting, including empathy for young children (0–6 years), contributed to children's healthy development and engaged parents in community-based advocacy on behalf of young children. Local facilitators (promotoras) conducted community workshops on violence, helped mothers to protect young children, and strengthened links between formal (governmental) and nonformal (family and community) processes. Also, youth participants contributed to municipal planning that supported chil-

dren's rights and the reduction of violence in children and families. This multilevel, empowerment-oriented work suggests the value of bottom-up approaches to strengthening wider child protection systems.

McEvoy-Levy (2017) provides a thought-provoking analysis of how popular media, which young people find captivating, can become useful vehicles for peace education. Using Susan Collins' trilogy *The Hunger Games*, *Catching Fire*, and *Mockingjay*, she illuminates how it is possible to help students explore issues such as the perils of violence, gender inequity, economic and political oppression, child soldiers, and government manipulation of populations through the media. She also points out how such media can be used to inspire empathy, work on peace and social justice, and promote gender equity. Her article embodies the teacher's adage that it is important to "meet students where they are" and use the fiction that ignites their imagination to awaken their political consciousness and commitment to peace.

Veale, Worthen, and McKay (2017) examine the reintegration of young mothers who had been former child soldiers in Sierra Leone, Liberia, and northern Uganda. Relatively little is understood about how to enable the reintegration of young mothers, who carry a heavy burden of stigma. Following a participatory action research approach, the girls, with support from community advisers, formed groups and engaged in livelihood activities that enabled them to earn an income and meet their own and their children's needs. Analyzing narrative data, Veale et al. illuminate how the girls' work changed the community hostility toward them into a situation of positive emotional interconnectedness. Also, transformational synergies arose between the girls' sense of agency and their public engagement. By the end of the project, the girls' groups had been legitimated and the girls were seen as giving back to their communities, thereby strengthening both individual and community resilience. This timely work illustrates how reintegration is an interconnected process of individual transformation and community transformation.

Of course, a single issue can give only a taste of the state-of-the-art research and thinking that now permeates research and practice regarding children and armed conflict. Yet it illustrates that psychologists have much to contribute, and it gives the outlines of the what and the how that make for effective intervention.

References

Ager, A., Stark, L., & Potts, A. (2010). *Participative ranking methodology: A brief guide (version 1.1)*. New York, NY: Program on Forced Migration & Health, Mailman School of Public Health, Columbia University.

Ager, A., & Metzler, J. (2017). Where there is not intervention: Insights into processes of resilience supporting war-affected children. *Peace and Conflict, 23,* 67–75. http://dx.doi.org/10.1037/pac0000211

Anderson, M. (1999). *Do no harm: How aid can support peace—Or war*. Boulder, CO: Rienner.

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology, 52,* 1–26. http://dx.doi.org/10.1146/annurev.psych.52.1.1

Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., & Tol, W. A. (2013). Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry, 21,* 70–91. http://dx.doi.org/10.1097/HRP.0b013e318283bf8f

Betancourt, T. S., & Williams, T. (2008). Building an evidence base on mental health interventions for children affected by armed conflict.

Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 6, 39–56. http://dx.doi.org/10.1097/WTF.0b013e3282f761ff

Boothby, N. (2017). U. S. Government Action Plan on Children in Adversity: In pursuit of a coherent foreign assistance framework for vulnerable children. *Peace and Conflict, 23,* 31–37. http://dx.doi.org/10.1037/pac0000201

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. *Global Public Health, 1,* 87–107. http://dx.doi.org/10.1080/17441690500324347

Boothby, N., Strang, A., & Wessells, M. (Eds.). (2006). *A world turned upside down: Social ecological approaches to children in war zones*. Bloomfield, CT: Kumarian Press.

Brownlie, I. (Ed.). (1992). *Basic documents on human rights,* 3rd ed. (pp. 182–202). Oxford, UK: Oxford University Press.

Chambers, R. (1994). The origins and practice of participatory rural appraisal. *World Development, 22,* 953–969. http://dx.doi.org/10.1016/0305-750X(94)90141-4

Child Protection Working Group. (2012). *Minimum standards for child protection in humanitarian action*. Geneva, Switzerland: Author.

Cook, P., Mack, E., & Manrique, M. (2017). Protecting young children from violence in Colombia: Linking caregiver empathy with community child rights indicators as a pathway for peace in Medellin's Commuma 13. *Peace and Conflict, 23,* 38–45. http://dx.doi.org/10.1037/pac0000194

Curry, V., & Heykoop, C. (2012). *Child and youth-centred accountability: A guide for involving young people in monitoring and evaluation*. Victoria, British Columbia, Canada: International Institute for Child Rights and Development.

Derluyn, I., Mels, C., Parmentier, S., & Vandenhole, W. (Eds.). (2013). *Remember: Rehabilitation, reintegration and reconciliation of war-affected children*. Cambridge, United Kingdom: Intersentia.

Dozier, M., Zeanah, C. H., Wallin, A. R., & Shauffer, C. (2012). Institutional care for young children: Review of literature and policy implications. *Social Issues and Policy Review, 6,* 1–25. http://dx.doi.org/10.1111/j.1751-2409.2011.01033.x

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 71,* 71–83. http://dx.doi.org/10.1016/j.socscimed.2010.03.023

Fernando, C., & Ferrari, M. (Eds.). (2013). *Handbook of resilience in children of war*. http://dx.doi.org/10.1007/978-1-4614-6375-7

Gielen, U. P., Fish, J. M., & Draguns, J. G. (Eds.). (2004). *Handbook of culture, therapy, and healing*. Mahwah, NJ: Erlbaum.

Hamber, B., & Gallagher, E. (Eds.). (2015). *Psychosocial perspectives on peacebuilding*. New York, NY: Springer International publishing. http://dx.doi.org/10.1007/978-3-319-09937-8

Hamber, B., Gallagher, E., & Ventevogel, P. (2014). Narrowing the gap between psychosocial practice, peacebuilding and wider social change. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 12,* 7–15. http://dx.doi.org/10.1097/WTF.0000000000000029

Hart, J., & Tyrer, B. (2006). *Research with children living in situations of armed conflict Concept, ethics & methods*. Oxford, United Kingdom: University of Oxford Refugee Studies Centre.

Hart, R. (1997). *Children's participation*. New York, NY: UNICEF.

Heykoop, C., & Adoch, J. (2017). Our stories, our own ways: Exploring alternatives for young people's engagement in truth commissions. *Peace and Conflict, 23,* 14–22. http://dx.doi.org/10.1037/pac0000200

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., . . . Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes, 70,* 283–315. http://dx.doi.org/10.1521/psyc.2007.70.4.283

Humanitarian Policy Group. (2016). *Time to let go: Remaking humanitarian action for the modern era*. London, United Kingdom: Overseas Development Institute.

Hubbard, J. (2008). *Using brief ethnographic interviewing as a method for understanding an issue, problem, or idea from a local perspective*. Unpublished manuscript, Center for the Victims of Torture, Minneapolis, MN.

Huebner, C., Boothby, N., Aber, J. L., Darmstadt, G. L., Diaz, A., Masten, A. S., . . . Zeanah, C. H. (2016). *Beyond survival: The case for investing in young children globally* [Discussion paper]. Washington, DC: National Academy of Medicine.

Inter-Agency Standing Committee. (2007). *The IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland: Author.

Jones, L. (2013). *Then they started shooting*. New York, NY: Bellevue Literary Press.

Jordans, M. J. D., Pigott, H., & Tol, W. A. (2016). Interventions for children affected by armed conflict: A systematic review of mental health and psychosocial support in low- and middle-income countries. *Current Psychiatry Reports, 18,* 9. http://dx.doi.org/10.1007/s11920-015-0648-z

Königstein, H. F. (2013). *The influence of mental health on reconciliation in post-war Lebanon: An explorative field based study using grounded theory research* (IFHV Working Paper, Vol. 3, No. 2). Bochum, Germany: Institute for International Law of Peace and Armed Conflict.

Kostelny, K. (2006). A culture-based, integrative approach: Helping war-affected children. In N. Boothby, A. Strang, & M. Wessells (Eds.), *A world turned upside down: Social ecological approaches to helping war-affected children* (pp. 19–38). Bloomfield, CT: Kumarian.

Leckman, J. F., Panter-Brick, C., & Salah, R. (Eds.). (2014). *Pathways to peace: The transformative power of children and families*. http://dx.doi.org/10.7551/mitpress/9780262027984.001.0001

Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C.-A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *JAMA: Journal of the American Medical Association, 294,* 571–579. http://dx.doi.org/10.1001/jama.294.5.571

McEvoy-Levy, S. (2017). The Hunger games: Theorizing opportunities for peace education. *Peace and Conflict, 23,* 23–30. http://dx.doi.org/10.1037/pac0000203

McKay, S., & Mazurana, D. (2004). *Where are the girls? Girls in fighting forces in northern Uganda, Sierra Leone and Mozambique: Their lives during and after war*. Montreal, Quebec, Canada: Rights and Democracy.

Miller, K., & Rasco, L. (2004). *The mental health of refugees*. Mahwah, NJ: Erlbaum.

Murphy, K. M., Rodrigues, K., Costigan, J., & Annan, J. (2017). Raising children in conflict: An integrative model of parenting in war. *Peace and Conflict, 23,* 46–57. http://dx.doi.org/10.1037/pac0000195

O'Sullivan, C., Bosqui, T., & Shannon, C. (2016). Psychological interventions for children and young people affected by armed conflict or political violence: A systematic literature review. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 14,* 142–164. http://dx.doi.org/10.1097/WTF.0000000000000110

Slim, H. (2015). *Humanitarian ethics*. New York, NY: Oxford University Press.

Sommers, M. (2015). *The outcast majority: War, development, and youth in Africa*. Athens, Greece: University of Georgia Press.

Stark, L. (2006). Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 4,* 206–218. http://dx.doi.org/10.1097/WTF.0b013e328011a7d2

Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S. (2012). *A grounded approach to the definition of population-based, child protection and well-being outcome areas*. London, United Kingdom: Inter-agency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002, October 5). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: A population-based study. *Lancet, 360,* 1056–1062. http://dx.doi.org/10.1016/S0140-6736(02)11142-1

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., . . . van Ommeren, M. (2011, October 17). Mental health and psychosocial support in humanitarian settings: Linking practice and research. *Lancet, 378,* 1581–1591. http://dx.doi.org/10.1016/S0140-6736(11)61094-5

Tol, W., Jordans, M. J. D., Kohrt, B. A., Betancourt, T. S., & Komproe, I. H. (2013). Promoting mental health and psychosocial well-being in children affected by political violence: Part I—Current evidence for an ecological resilience approach. In C. Fernando & M. Ferrari (Eds.), *Handbook of resilience in children of war* (pp. 11–27). http://dx.doi.org/10.1007/978-1-4614-6375-7_2

UNHCR. (2015). *World at war: Global trends: Forced displacement in 2014*. Geneva, Switzerland: Author.

UNICEF. (2009). *Machel study ten-year strategic review: Children and conflict in a changing world*. New York, NY: UNICEF and the Office of the Special Representative of the Secretary General for Children and Armed Conflict.

van de Put, W., & Eisenbruch, M. (2004). Internally displaced Cambodians: Healing trauma in communities. In K. Miller & L. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp. 123–159). Mahwah, NJ: Erlbaum.

Veale, A., Worthen, M., & McKay, S. (2017). Transformative spaces in the reintegration of former child soldier young mothers in Sierra Leone, Liberia and northern Uganda. *Peace and Conflict, 23,* 58–66. http://dx.doi.org/10.1037/pac0000212

Vindevogel, S. (2017). The strengths perspective as framework for supporting war-affected children: A critical analysis of contemporary conceptions and interventions to support their resilience. *Peace and Conflict, 23,* 76–84. http://dx.doi.org/10.1037/pac0000214

Volkan, V. (1997). *Bloodlines: From ethnic pride to ethnic terrorism*. New York, NY: Farrar, Strauss and Giroux.

Wagner, & D. Winter (Eds.). *Peace, conflict, and violence: Peace psychology for the 21st century* (pp. 262–275). Upper Saddle River, NJ: Prentice Hall.

Watters, E. (2010). *Crazy like us*. New York, NY: Free Press.

Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.

Wessells, M. G. (2009a). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist, 64,* 842–854. http://dx.doi.org/10.1037/0003-066X.64.8.842

Wessells, M. G. (2009b). *What are we learning about protecting children in the community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London, United Kingdom: Save the Children.

Wessells, M. (2013). Reflections on ethical and practical challenges of conducting research with children in war zones: Toward a grounded approach. In D. Mazurana, K. Jacobsen, & L. Gale (Eds.), *Research methods in conflict settings: A view from below* (pp. 81–105). http://dx.doi.org/10.1017/CBO9781139811910.008

Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect: The International Journal, 43,* 8–21. http://dx.doi.org/10.1016/j.chiabu.2015.04.006

Wessells, M. G. (2016). Children and armed conflict: Introduction and overview. *Peace and Conflict, 22,* 198–207. http://dx.doi.org/10.1037/pac0000176

Wessells, M. G., & Kostelny, K. (2017). Child rights and practitioner wrongs: Lessons from inter-agency research in Sierra Leone and Kenya. In M. Ruck, M. Peterson-Badali, & M. Freeman (Eds.), *Handbook of Children's Rights: Global and multidisciplinary perspectives* (pp. 579–596). New York, NY: Taylor & Francis.

Wessells, M. G., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies, 7,* 211–227. http://dx .doi.org/10.1080/17450128.2012.708798

Wessells, M. G., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2015). The limits of top-down approaches to managing diversity: Lessons from the case of child protection and child rights in Sierra Leone. *Peace and Conflict, 21,* 574–588. http://dx.doi.org/10.1037/pac0000130

Wessells, M. G., & Monteiro, C. (2001). Psychosocial interventions and post-war reconstruction in Angola: Interweaving Western and traditional approaches. In D. Christie, R. V. Wagner, & D. D. Winter (Eds.), *Peace, conflict, and violence: Peace psychology for the 21st century* (pp. 262–275). Englewood Cliffs, NJ: Prentice-Hall.

Wessells, M., & Monteiro, C. (2008). Supporting young children in conflict and post-conflict situations: Child protection and psychosocial well-being in Angola. In M. Garcia, A. Pence, & J. Evans (Eds.), *Africa's future, Africa's challenge: Early child development in Africa* (pp. 317–330). Washington, DC: World Bank.

Williamson, J., & Greenberg, A. (2010). *Families not orphanages*. New York, NY: Better Care Network.

Williamson, J., & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention: Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 4,* 4–25.

Women's Commission for Refugee Women and Children. (2000). *Untapped potential: Adolescents affected by armed conflict, A review of programs and policies*. New York, NY: Author.

World Health Organization. (2013). *Building back better: Sustainable mental health care after emergencies: Overview*. Geneva, Switzerland: Author.