

Children exposed to war in Afghanistan



Leila Gupta PhD
International Consultant
UNICEF
Kabul
Afghanistan

MORE THAN 40 ARMED CONFLICTS are currently taking place around the world and estimated civilian casualties have increased from 50% in WWII to around 80% for all subsequent wars¹. In 1995 alone 500,000 children died as a result of conflicts, and 300,000 Rwandan children were brutally massacred during a three-month period in the 1994 genocide. The physical, psychological, and socioeconomic consequences of ongoing warfare are devastating and the greatest impact is felt among children. Even more concerning is that generations of children from Afghanistan, the Middle East, and the Horn of Africa who are growing up in violent situations may reach adulthood with the perception that violence is an acceptable means of resolving ethnic, class, or religious differences.

The prolonged conflict in Afghanistan, spanning nearly three decades, has resulted in repeated exposure to war-related violence among children and their families. The Soviet invasion and occupation of Afghanistan from 1979-1989 resulted in the death of more than 1.5 million Afghans with, on average, 240 innocent people being killed every day², and caused widespread displacement and destruction of residences, local businesses, government facilities, hospitals, clinics, farmland, and roads. By the mid 1980s, there were 6 million Afghan refugees living in camps along the borders of Pakistan and Iran. At present, although a significant number of Afghan citizens have returned to their homeland following the USA-led removal of the Taliban regime in 2002, approximately 2.5-3 million refugees remain outside their country.

After the Soviet withdrawal in 1989, civil war continued between the communist government and Muslim mujahideen (holy warriors) from several political parties. In 1992-96, thousands of innocent civilians were killed and maimed by rockets while Kabul was virtually destroyed by rival mujahideen forces who fought each other for exclusive control of the capital city. During this time, in late

1994, a small but cohesive group of Muslim Taliban (devout religious students) began to react against the atrocities committed by the mujahideen fighters. In 1996 the Taliban captured Kabul, and by 1997 they controlled more than two-thirds of the country. The Taliban leaders quickly instituted repressive laws based on their fundamentalist interpretation of Islamic law, and their desire to create the world's purest Islamic state.

Conceptual framework

This assessment focuses on the effects of the pre-Taliban, mujahideen period of intense warfare from 1992-96 in Kabul. In addition to the widespread destruction of the physical and socioeconomic infrastructure that occurred during the mujahideen fighting, the Afghan people faced overwhelming social and interpersonal losses, as well as a persistent sense of insecurity that the rockets and bombs could fall again at any moment. Given the chronic civil warfare in Afghanistan, coupled with the inherent dangers involved in conducting research in conflict zones, it is not surprising that only one scientific study has been undertaken on the psychiatric effects of war stress among this vulnerable population³.

Within this context the author conducted this psychosocial assessment

EDITOR'S NOTE

I first met Leila Gupta in Rwanda, where she was directing UNICEF's inspired Trauma Recovery Programme (See Bereavement Care, 1995; 14[3]:34). In this paper she describes a systematic study, from Afghanistan, of the awful effects on children of the multiple losses and trauma caused by modern weapons of war.

It is this kind of work that helps to bring home the human cost of such weaponry and may even make it possible to alleviate some of the suffering.

'If you have tears, prepare to shed them now' (Shakespeare W. Julius Caesar; III,ii:174). CMP

of children and youth in Kabul for several reasons:

- to assess and document the nature and magnitude of exposure to violence, the severity of psychological distress, and the nature of grief reactions among a representative sample of children who had experienced the 1992-96 fighting.
- to identify potential high-risk subgroups of children and/or youth who might benefit from specialised psychosocial interventions in their local communities.
- to develop a culturally appropriate, community-based, intervention strategy to address the psychosocial needs of war-affected children and youth in Kabul.



Rocket attack drawn in 1996 by a 10-year-old boy who had witnessed the fighting the year before.

Methodology

This cross-sectional survey was initiated in 1997 by UNICEF in collaboration with the Afghanistan Ministry of Public Health. A total of 310 children and youth aged between 8-18 years were interviewed in Dari, the local language, by eight Afghan research assistants representing UNICEF, the Ministry and three non-governmental organisations. A stratified random sampling approach was used to select the participants based on age and gender.

Approximately one-third (100 children) were randomly selected from a list of 432 residents at an orphanage, and two-thirds (210 children) were drawn from the community, representing half of the districts in Kabul. In compliance with the strict gender regulations imposed by the Taliban at the time of the survey, all 155 girls were interviewed by female research assistants.

Social situation

The interviews took place between April and May 1997 and at that time 80% of the participants had moved on average 3.2 times in the previous four years because of the fighting in Kabul. Nearly two-thirds of the children were between 8-13 years old, with a mean age overall of 12.5 years. The gender

balance was evenly split at 50% males and 50% females. About a quarter (23%) of the children had completed 7-12 years of school; 58% had completed four years of primary school; and 19% had no formal education.

Nature of exposure to violence

Overall, the findings of this assessment reflected high levels of exposure to a variety of violent events such as shelling, rocketing, bombing, gunfire, massacres, landmines, torture, and destruction of homes. Virtually all of the children interviewed (95%) reported that they had seen violence with their own eyes, and all of the respondents had heard shelling, rocketing, and/or bombing during the fighting. In fact 82% of the children had been in Kabul during 1993-4, an intensified period of conflict when the city sustained the most damage, and so had been exposed to the greatest level of violence; 15% had witnessed violence for all four years of the 1992-96 fighting.

Two-thirds of the respondents reported that they had seen someone killed by rockets and more than half had seen someone injured or killed by bombs, guns or landmines. Not surprisingly, a majority of the children were bereaved during the conflict with

72% experiencing the death of an immediate family member: 41% had lost a parent; 25% a sibling; 65% a relative.

Tragically, more than one-third of the children directly witnessed the death of their family member(s), while almost two-thirds (63%) saw their own house being rocketed or shelled. Nearly half of the participants (48%) had witnessed a number of people being killed at once, and two-thirds of the sample had seen dead bodies or body parts during the fighting.

One of the most striking findings in this study is that 90% of children interviewed believed that they would die during the conflict, yet only 17% of them were actually threatened with death. Almost all the children had had to hide to protect themselves (93%), and one-third had been separated from their families during the fighting. More than a third (34%) had helped carry a wounded and/or dead relative, neighbour or friend during the war.

Traumatic stress reactions

We used Horowitz's Impact of Events Scale⁴, adapted for children by Dyregrov and Yule⁵, to assess the interviewees' levels of traumatic stress. The findings showed that the majority of these children were still experiencing symptoms of intrusion associated with exposure to multiple violent events between one and four years after they had been exposed to fighting in Kabul.

The vast majority (90%) thought about violent events sometimes or often, even when they did not want to, and 87% said that pictures about the worst event they had experienced sometimes or often popped into their mind. In terms of avoidance symptoms, 78% said that they sometimes or often tried to avoid things that reminded them of the event, while two-thirds said that they tried not to think about it, and 57% tried not to talk about it. The majority of children also reported high levels of arousal symptoms such as hypervigilance and anxiety, and somatic reactions like shaking, sweating or rapid heart rate when confronted with reminders of the violent event. More than half of the participants had difficulty falling or staying asleep, and 73% were worried that they might not live to become an adult.

Grief reactions

The Inventory of Complicated Grief scale by Prigerson⁶ was used to assess children's feelings about the death of loved ones as a result of the war. The respondents were asked to say how they were feeling now about a family member who had died in the previous four years. Among children who had lost family members in the fighting, the mean length of bereavement (of a parent, sibling or close relative) was 2.7-3.2 years. The findings from this assessment indicated that the majority of children (87%) often or always feel upset over their loved one's death, while 79% said that it was hard to do things because they thought about their loved one so much. In addition, more than two-thirds of the participants reported that they were often missing family member(s). Nearly half of the sample often or always felt shocked or numb over the death, and 76% said that they felt angry about the loss of their loved one.

Intervention strategies

Given the magnitude of exposure to war-related violence and the severity of distress reported by the majority of the children interviewed, the following community-based intervention strategies were initiated by UNICEF in collaboration with the Ministry of Public Health, Tahia Maskan orphanage, the Mental Health Institute, and three local non-governmental organisations. These strategies were based on Article 39 of the Convention on the Rights of the Child which aims to 'promote physical and psychological recovery and social reintegration of child victims of conflict'.

The recommendation were to:

- provide an opportunity for war-affected children and youth to address their traumas/grief in a safe environment in the presence of a trusted adult to prevent and/or reduce long-term morbidity
- strengthen local capacity among Afghan mental health professionals, teachers, caregivers, health workers, and community/religious leaders by conducting two-week intensive 'training of trainers' seminars on: basic grief and trauma theory; identification of trauma symptoms and normal grief

reactions at different ages; simple methods of trauma alleviation and grief recovery; facilitating referrals to qualified mental health professionals for high-risk individuals/families who did not respond to the simple methods of expression taught in the seminars

- develop and implement a mass media campaign using the BBC New Home New Life radio series to broadcast information about basic trauma and grief theory in the local language and to normalise the presence of traumatic stress and grief reactions among the general population exposed to chronic warfare (ie explain that intrusive images, fear of militia, jumpiness etc are normal reactions to an abnormal event)

- use culturally appropriate methods of expression such as prayer, drama, storytelling, writing essays, drawing, singing, and dancing to help children cope with their bad memories and painful feelings

The simple, trauma alleviation methods listed above, such as structured drawing activities (see illustration below), writing essays, and telling stories about their war experiences, were implemented with many of the children living in the orphanage, and

with those from the community who visited a popular drop-in centre in Kabul. Although we were unable to evaluate formally the impact of this psychosocial intervention because of our forced evacuation from Kabul in 1998, we have received numerous anecdotal reports from UNICEF colleagues and local leaders about the successful amelioration of intrusion and arousal symptoms among the young people who participated in the trauma healing activities.

Discussion

The results of this psychosocial assessment show that the majority of Afghan children interviewed were exposed to multiple traumatic events. The severity and frequency of violent exposure, personal loss, and perceived threat that these children experienced is difficult to comprehend. Seeing their loved ones killed by rockets and bombs, hearing others screaming for help, and carrying wounded or dead family members and friends had left strong impressions on these children's minds. Their daily lives were plagued by intrusive images, avoidance behaviours, somatic symptoms associated with PTSD, and intense grief



Therapeutic drawings, part of a structured healing activity by 14-year-old Yusef whose father had been killed by a rocket in 1994, three years earlier. Reading the drawing Afghan-style, from right to left, the panel top right shows, in two parts, 'what life was like before the war' (father works as a janitor and the family sits at home and eats together); panel top left, 'the traumatic event' shows his father dying in a pool of blood in the road; bottom right shows 'what life is like now' (Yusef is begging for bread from a local street vendor); bottom left, 'what you hope for the future' (Yusef is learning to be an auto mechanic under a car and the sun shines above).

reactions which were complicated by the sudden, violent circumstances in which they occurred. Moreover, these children continued to live in an insecure political environment amidst extreme poverty in Kabul.

The magnitude of personal and physical losses which affected all levels of Afghan society may have overwhelmed traditional coping mechanisms and undermined customary social support systems, leaving children more vulnerable to emotional neglect by their bereaved and/or traumatised caregivers. Elbedour *et al* propose that the fragmentation of community ties predisposes children to emotional disturbances in times of conflict. In Kabul, these ties were violently severed and the entire social fabric had been devastated by two decades of civil warfare.

Finally, the persistent consequences of armed conflict on children and youth should make us question the belief that children's resiliency automatically reduces their distress levels, as Eisenbruch⁸ has cautioned. The notion of resiliency could easily become a new form of denial of post-traumatic stress and complicated grief reactions among children, whereby government leaders may evade responsibility for helping war-affected children and youth⁹. ●

The author gratefully acknowledges Hafiza Rasouli, UNICEF Kabul Project Officer, for her invaluable assistance with the translation and data collection aspects of this psychosocial assessment.

References

1. Sivard R. World Military and Social Expenditures. Washington, DC, USA: 1988.
2. Maley W. *Crosslines Global Report* August 1996; 6: 22-23.
3. Wardak AH. The psychiatric effects of war stress on Afghanistan society. In: Wilson JP, Raphael B (eds). *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press, 1993.
4. Horowitz M, Wilner N, Alvarez W. Impact of Events scale: A measure of subjective stress. *Journal of Psychosomatic Medicine* 1979; 41: 209-218.
5. Dyregrov A, Yule W. Screening measures: development of the UNICEF screening battery. Presented at the annual meeting of the International Society of Traumatic Stress Studies, Boston, USA, November 1995.

6. Prigerson H *et al*. Inventory of Complicated Grief. *Psychiatry Research* 1995; 39: 65-79.
7. Elbedour S, ten Bensele R, Bastien DT. Ecological integrated model of children of war: individual and social psychology. *Child Abuse and Neglect* 1993; 17: 805-819
8. Eisenbruch M. The mental health of

- refugee children and their cultural development. *International Migration Review* 1988; 22: 282-300.
9. Dyregrov A, Gupta L, Gjestad R, Raundalen M. Is the culture always right? Paper presented at the 12th annual meeting of the International Society for Traumatic Stress Studies, San Francisco, November 1996.

BEREAVEMENT IN THE ARTS

Hecuba

Euripides

Translator, Tony Harrison



London
Faber and Faber,
96pp
£8.99 pb
ISBN 0 571 22791 0

By amazing good fortune, Londoners have been treated recently to two productions of this gripping play, written in 424 BC but as relevant today as then. It is rarely performed, though it should be more often, but it can at least be read in Tony Harrison's excellent translation.

Hecuba, the queen of a defeated Troy, is, with the surviving Trojan women, a captive slave of King Agamemnon, one of the victorious Greeks. A savage indictment of war, the play focuses on the effect on Hecuba of her cumulative losses – her husband, King Priam, Hector, her eldest son, her home, her city, and her freedom. But she has hope in the future because her youngest son, Polydorus, had been sent to neighbouring Thrace, together with the gold of the kingdom of Troy, and is now, as she believes, safe under the protection of the King of Thrace, Polymestor. We, the audience, know better because Polydorus' ghost speaks a prologue, adumbrating what horrors are to come. First Hecuba's beloved daughter Polyxena is condemned to death by the ghost of Achilles (killed by Hector) as a ritual sacrifice to

obtain a wind to carry the becalmed Greek fleet home, then her servant will find Polydorus' mutilated body washed up on the shore, murdered by Polymestor for the gold of Troy sent with him. Tony Harrison's new verse translation has Hecuba say when she sees her son's body:

'Every day I'll ever know
Will have its hours crammed with
woe.'

As the play unfolds, all the now powerless queen in her overwhelming grief can think of, all she feels left to her, is revenge. So horror is piled on horror as she entices the Thracian king, together with his young sons to her tent with the lure of more hidden gold and, with the help of the Trojan women, first blinds the king with brooch pins and then slays the two little boys. The revenge is sweet but short, and the play ends as Hecuba boards a ship to sail to Greece into slavery.

As one commentator says, 'What *Hecuba* demonstrates most clearly is the snuffing out of decencies' brought about by war. The men are full of ugly self-justification for their murderous acts: sacrificing Polyxena to get a wind; killing Polydorus, Polymestor says, to prevent the Greeks from coming back to 'plunder the plains of Thrace for provender'. Euripides, through Hecuba, dismisses this last mealy-mouthed excuse with scorn. Revenge elates but also diminishes Hecuba as well as the Greeks and leaves the audience, as Euripides intends, feeling the full horror of how war diminishes the humanity of us all. Have we learned anything in the intervening 2,500 years? ●

Dora Black

Child and Adolescent Psychiatrist