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Thriving in the face of severe adversity: Understanding and fostering resilience in children affected by war and displacement

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Introduction

In 2016, close to one in ten children around the world were living in areas affected by armed conflict (UNICEF, 2016). By the end of 2017, nearly 31 million children had been forcibly displaced, including 13 million child refugees and an estimated 17 million children displaced within their countries of origin (UNICEF, 2018). Conflict-related displacement often lasts for years: towards the end of 2014, half of the world's refugees had been in displacement for longer than a decade, and at least half of all internally displaced people had been unable to return to their places of origin for at least three years (UNICEF, 2016).

Children affected by armed conflict and displacement face a host of challenges to their well-being. The World Bank's *World Development Report 2011* (World Bank, 2011) estimates that children living in fragile or conflict-affected countries are twice as likely to be malnourished, to lack access to adequate sources of water and sanitation or to lose their lives before their fifth birthdays than children in other developing countries. Primary-aged children are almost three times more likely to be out of school than their peers in peaceful developing contexts. These extraordinary challenges, in combination with more ordinary stress factors affecting children as they grow up, place young refugees and those still living in active conflict zones at an increased risk of developing mental-health problems (Garmezy, 1988; Bronstein and Montgomery, 2011; Fazel *et al*., 2012; Reed *et al*. 2012).

Indeed, most available studies show an elevated prevalence of mental-health difficulties in displaced and conflict-affected populations compared with local populations. Exact prevalence rates vary strongly, as many studies are limited by small samples and suboptimal research designs (Bronstein and Montgomery, 2011; Reed *et al*., 2012). A meta-analysis of 17 studies including 7,920 children from various conflict and post-conflict contexts found that, on average, 47 per cent met diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) with some variation across countries (Attanayake *et al*., 2009). A systematic review involving 3,003 displaced children from over 40 countries found levels of PTSD between 19 and 54 per cent, and levels of depression between 3 and 30 per cent, as well as varying levels of other emotional and behavioural problems (Bronstein and Montgomery, 2011). Other reviews have found high prevalence rates for psychiatric disorders among displaced children resettled in low- and middle-income countries (Reed *et al*., 2012), as well as an average prevalence rate of 11 per cent for PTSD in children resettled in high-income countries (Fazel *et al*., 2005). Despite these differences – with the prevalence of PTSD among conflict- and displacement-affected children ranging from 11 to 54 per cent – these findings clearly showcase the trend for widespread prevalence rates among displaced populations.

Despite the severe challenges facing them, the majority of children affected by war and displacement persevere without developing severe psychological difficulties (Barber, 2013; Masten, 2014; Cicchetti, 2010). The question of why some children develop mental-health problems in the face of severe adversity while others do not has inspired an entire subfield within the discipline of psychology that is devoted to the study of *resilience*. This chapter explores common mechanisms of resilience for children affected by conflict and displacement. We start by providing a brief historical overview of the resilience research field, followed by a discussion of the evidence base about risk and protective factors in the context of conflict and displacement. The second part of the chapter discusses implications and outstanding challenges for psychosocial resilience-building interventions, drawing on insights from an interdisciplinary workshop that was hosted at UCL in January 2017.

A brief historical overview of the resilience research field

The first resilience studies emerged in the early 1970s within the fields of psychology (for example, Garmezy, 1971; Barclay Murphy and Moriarty, 1976) and ecology (for instance, Holling, 1973). They were strongly

influenced by systems theory,[1] and shifted the focus of psychological inquiry from the manifestations and causes of psychopathology to the factors that can strengthen and protect children's mental health (Masten, 2014). The processes that help or hinder resilience were further unpacked over the course of the 1980s and 1990s, as researchers tried to better understand why some children had more positive outcomes than others (for example, Rutter, 1987).

Contemporary concepts of resilience are strongly influenced by the so-called bioecological model developed by Urie Bronfenbrenner (1979, 2005), which conceives of child development as a dynamic process that is shaped by the child's interactions with the different systems surrounding them, such as the family, community and broader society (Miller and Rasco, 2004; Cicchetti, 2010; Masten, 2011; Masten and Narayan, 2012; Tol *et al.*, 2013a; Ungar, 2015). The ways in which these systems interact over time result in a variety of developmental trajectories and resilience outcomes, as described by Dante Cicchetti:

> the pathway to either psychopathology or resilience is influenced by a complex matrix of the individual's level of biological and psychological organization, current experiences, active choices, the social context, timing of the adverse event(s) and experiences, and the developmental history of the individual. (Cicchetti, 2010: 145)

In line with a multi-systemic resilience concept, Ann Masten defines resilience as 'the capacity of a dynamic system (individual, family, school, community, society) to withstand or recover from significant challenges that threaten its stability, viability, or development' (Masten, 2011: 494). Another definition emphasizes agency, by describing resilience as 'both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways' (Ungar, 2011: 10).

Contemporary resilience research is increasingly mindful of the difficulty of identifying universal risk and protective factors that would be relevant across time and space (for instance, Ungar, 2015; Ager *et al.*, 2015). There is a growing recognition that the ways in which children adapt to traumatic events and stressful conditions differ depending on the sociocultural context; the resources available within families and communities at a given point in time; and the children's own skills, experiences and capacities. Nevertheless, there are certain risk and protective factors relevant to children affected by war and displacement that have

been evidenced repeatedly in different contexts. We will provide a brief overview of these risk and protective factors and the current evidence base around them, before discussing the implications for developing resilience-building interventions.

Stressors and risk factors facing children affected by conflict and displacement

Children affected by war and displacement who have experienced a severe traumatic event are at an increased risk of developing mental-health problems (Bronstein and Montgomery, 2011; Fazel *et al*., 2012; Masten and Narayan, 2012; Reed *et al*., 2012). They may have lost a close family member; been separated from their family; or experienced injury, torture and abuse. The likelihood of developing trauma or mental-health difficulties increases with the severity of the traumatic experience, and the accumulation of repeated traumatic events.

Direct exposure to trauma, however, does not explain all the variations in mental-health outcomes observed in children with roughly 'similar' experiences of conflict and displacement (Miller and Jordans, 2016). There is a growing body of multi-systemic resilience research that examines the additional, *indirect* pathways through which armed conflict and displacement create stress in children's lives (for example, Masten and Narayan, 2012; Miller and Rasmussen, 2010; Ventevogel *et al*., 2013). Military conflict and forced displacement often disrupt family units and dynamics as well as schooling, the coherence of peer and community networks, public infrastructure, the rule of law and the wider economy. In doing so, they may exacerbate *daily stressors* that also exist in non-conflict environments, such as overcrowded housing, unsafe sanitation, malnutrition and lack of access to education (Miller and Rasmussen, 2010). Violence may also cascade from the political level down to the family level, and intensify daily stressors such as harsh parenting and domestic violence (Panter-Brick *et al*., 2014) or parental mental-health problems (Palosaari *et al*., 2013; Khamis, 2016). Some children may already be experiencing severe adversity in the form of abuse and maltreatment, and have limited resources with which to cope with the additional challenges caused by war and displacement (Fernando *et al*., 2010). Daily stressors are often pervasive and chronic in conflict and post-conflict settings, and the ongoing exposure to these stressful conditions may gradually erode children's mental health and their ability to process singular traumatic events (Sapolsky, 2004; Miller and Rasmussen, 2010).

On a similar note, research on refugees in high-income countries suggests that daily stressors in the host country are equally relevant or even better predictors of mental-health problems than exposure to traumatic events prior to departure (Miller and Rasmussen, 2010). Such stressors have been found to include living in shelters or mass accommodation for refugees, rather than more private accommodation (Fazel *et al.*, 2012); having an uncertain asylum status for a prolonged period of time, or having to relocate repeatedly (Nielsen *et al.*, 2008); and not feeling supported in the country of resettlement (Bronstein and Montgomery, 2011). Daily stressors further include feelings of being discriminated against; a lack of financial support; having a single parent, or a parent who struggles with mental-health difficulties; or, indeed, arriving in an unfamiliar environment as an unaccompanied minor without any parental support (Fazel *et al.*, 2012).

Protective factors

While direct and indirect war-related stressors exist at the individual, family, community and wider societal level, so do resources and processes that can help children to cope with adverse conditions and experiences. These factors – which have the potential to offset risk factors, as least for some young people – are generally referred to as *protective factors* (Garmezy, 1985).

Individual factors

At the individual level, some of the best-evidenced protective factors – both in the general resilience literature and with regard to children affected by war and displacement – are cognitive capacity and flexibility, self-regulation and problem-solving skills (Fayyad *et al.*, 2017; Masten and Obradović, 2008; Qouta *et al.*, 2008; Masten and Narayan, 2012; Tol *et al.*, 2013a), as well as perceived agency (Masten, 2007; Masten and Obradovic, 2008) and competence (Cryder *et al.*, 2006). Children with superior cognitive and coping skills may be better able to process traumatic experiences, but they may also be more effective at negotiating and securing resources within their families and communities that can help them to adapt. Whether individual coping responses effectively build resilience, however, at least partly depends on the type of coping strategy and the psychological symptoms under scrutiny. Raija-Leena Punamäki and colleagues (2004), for example, found that denial and refusal to engage with traumatic memories protected Kurdish children

from developing aggressive symptoms, but did not reduce their likelihood of developing PTSD or sleeping difficulties. These were, however, reduced in children who engaged in active help-seeking as a coping strategy. While there is some consistent evidence pointing to the importance of protective processes at the individual level, the exact ways in which these shape resilience trajectories are complex and not yet fully understood.

The role of gender in relation to resilience also tends to be similar for children affected by war and conflict, as for children growing up in less adverse circumstances. A systematic review of resilience in refugee children resettled in middle- and low-income countries suggests that boys are less likely than girls to develop emotional difficulties, such as depression and anxiety, but more prone to developing behavioural problems – especially after experiencing multiple traumatic events (Reed *et al*., 2012). This is consistent with findings in non-refugee populations. About half the studies of children resettled in high-income countries reviewed by Mina Fazel and colleagues (2012) found similar gender differences.

The extent to which boys and girls are exposed to stressors such as active fighting, gender-based violence or changing family dynamics may differ by gender, as may the ways in which the children, their families and communities interpret and respond to these events (Reed *et al*., 2012). Risk and protective factors may thus interact differently for boys and girls, and lead to different mental-health outcomes. Theresa Betancourt and colleagues (2010), for example, found that former female child soldiers were more likely to have experienced rape than male peers, and that they reported greater degrees of social stigma as a result of their abuse. Exploring experiences of trauma in the context of the First Palestinian Intifada, Samir Qouta and colleagues (2008) found that in highly traumatized Palestinian families, girls tended to describe their parents as attentive and restrictive, whereas boys perceived them as indifferent and rejecting. Boys who had themselves been politically active in the conflict described their fathers as supportive and affectionate, whereas girls who had been politically active tended to perceive their fathers as being punitive and restrictive. These examples showcase the fact that gender is an important factor to consider when exploring the role of risk and protective factors in shaping children's resilience.

Family factors

There is a strong evidence base for the importance of the family environment in fostering children's resilience. Having a supportive parent

available who can help to process traumatic experiences (see, for instance, Masten and Narayan, 2012), high levels of family cohesion (Laor *et al.*, 1997), positive and non-punitive parenting practices (Punamäki *et al.*, 1997, 2001; Qouta *et al.*, 2008) and a close child–carer relationship have been associated with better mental-health outcomes in children living in conflict-affected contexts (see, for example, Tol *et al.*, 2013a), as well as in children resettled in high-income countries (Fazel *et al.*, 2012).

Based on research with families in Palestine, Punamäki and colleagues (2001) argue that it is not only the case that specific parental attributes shape children's resilience but also that the family environment as a whole conditions the ways in which children utilize their own individual capacities, such as intellect and creativity, to develop coping strategies. Highly creative children, for instance, may fail to translate their skills into coping strategies if their parents are dismissive and unsupportive. The importance of family dynamics is further emphasized by Punamäki and colleagues' (2001) finding that children were most likely to develop symptoms of PTSD and emotional difficulties when there was a discrepancy between positive parenting on the mother's side and negative attitudes and parenting on the father's side – thus emphasizing the complexity of resilience processes within the family system.

Community factors

At the community level, functioning schools, the availability of childcare, and safe places to play and learn are among the most widely reported protective factors with regard to children affected by armed conflict (Masten and Obradović, 2008; Masten and Narayan, 2012). There is also some consistent evidence that support from friends and positive experiences in school have a protective effect on refugee children resettled in high-income countries (Fazel *et al.*, 2012; see also Miller and Jordans, 2016), even though similarly robust evidence is missing for children resettled in low- and middle- income countries (Reed *et al.*, 2012). A study by Betancourt and colleagues (2013) found that former child soldiers showed higher levels of pro-social behaviour if they lived in accepting communities. The evidence base is, however, not unanimous, and some divergent findings and complexities are discussed by Weiste Tol and colleagues in their systematic review of 53 studies of resilience among children affected by conflict (Tol *et al.* 2013b).

Sociocultural factors

At the cultural level, spirituality and religious beliefs have been reported as protective factors in a number of studies (Masten and Narayan, 2012; Tol *et al*., 2013a, 2013b). For example, religiosity was associated with lower levels of antisocial behaviour and depression in Palestinian girls (Barber, 2001), as well as PTSD across both genders in Bosnian and Croatian adolescents, and all psychological symptoms in a Ugandan sample of former child soldiers (Klasen *et al*., 2010). Religious commitment was also associated with significantly lower levels of anxiety and depression, as well as increased self-esteem among displaced Bosnian adolescents (Sujoldžić *et al*., 2006). Having interviewed more than a thousand Afghan families, Mark Eggerman and Catherine Panter-Brick (2010) found that many shared the sense of a moral order that was conveyed through cultural values such as faith, family, effort, morals and honour. Feeling grounded within these values was found to act as a 'bedrock' of resilience, as these values fuelled social aspirations, self-respect and dignity (Eggerman and Panter-Brick, 2010: 81). However, these cultural values also represented a source of stress for young people and their families when the realization of social and cultural aspirations was barred by structural inequalities or a lack of resources.

Finally, there is some evidence that political activism and ideological commitment can have a protective function in certain conflict settings. The First Palestinian Intifada (1987 to 1993) was characterized by high rates of youth participation, compared with other political movements (see Barber and Olsen, 2006). Several studies have found that youth who actively participated in the first Intifada had better psychosocial outcomes once active fighting had ceased than young people who had remained passive (Baker, 1990; Barber, 2008; Quota *et al*., 1995a, 1995b, 2008). Brian Barber (2008), for instance, found that activism during the Intifada was associated with significantly higher subsequent levels of empathy and lower levels of antisocial behaviour among young men, and higher social competence and civic engagement among both men and women. In turn, Punamäki and colleagues (2001) found that those who had actively participated in the conflict had lower rates of PTSD and emotional problems several years after active fighting had ceased.

Summary

In summary, recent studies suggest that the resilience of children facing extreme adversity is strengthened by similar factors and processes to

those that promote adaptation under less extreme circumstances, such as cognitive capacity and intelligence, self-regulation and parental support (Masten, 2001; Barber, 2013; Tol *et al.* 2013a). At the same time, however, the evidence for a particular protective factor often relates to specific psychological symptoms, with variation across contexts, children's developmental stages and the phasing of a conflict. Resilience processes are highly complex and result from the interplay of risk and protective factors at the individual, family, community and sociocultural levels. They are thus both historically and culturally embedded, which makes it nearly impossible to predict trajectories or list protective factors and processes that are universally valid (Ungar, 2011).

Understanding the complex pathways and processes by which children adapt to adverse conditions, and by which they can recover from stress and trauma, is, however, crucial for developing effective psychosocial interventions to support the well-being of young people affected by conflict and displacement. In the remainder of this chapter, we present insights on multidisciplinary working between practitioners and researchers from a recent UCL workshop on the issue of building resilience for children in low- and middle-income countries, and we discuss some of the implications for intervention.

Insights from an interdisciplinary workshop and the implications for intervention

Rationale and purpose of the workshop

In January 2017, the Evidence Based Practice Unit (EBPU), a collaboration between UCL's Faculty of Brain Sciences and the Anna Freud National Centre for Children and Families in London held a one-day workshop entitled 'Building Resilience for Children in Low- and Middle-Income Countries'. The workshop was funded through the UCL Grand Challenges Scheme and incorporated the scheme's agenda of developing cross-disciplinary research collaborations to address pressing societal challenges. It was also part of the EBPU's mission to bridge the gap between evidence and practice, and of influencing national and global policy agendas with regard to mental-health provision for children and young people.

Initial conversations with workshop collaborators pointed to an evident disconnect between practitioners who pioneer resilience-building interventions in the context of conflict and displacement in

low- and middle-income countries, and psychologists and academics working on trauma and resilience in the UK. The workshop aimed to promote evidence-informed practice and practice-informed evidence, by bringing these parties together for a day of mutual learning. This was based on the conviction that there is ample knowledge, good practice and learning to be gained from low- and middle-income countries that could be brought to light and built on by practitioners in high-income contexts. Over 60 attendees came together to share insights about what works in building resilience for children in low- and middle-income countries, increase understanding of how to demonstrate the impact of resilience-building interventions and build collaborations between stakeholders.

Examples of resilience-building interventions presented by the speakers

The workshop speakers'[2] focus varied within the parameters of building resilience for children in low- and middle-income countries, but spanned the interconnected themes of conflict, displacement and trauma.

Despite the fact that 250 million children are currently growing up in conflict-affected settings, the evidence on what works in responding to trauma and strengthening resilience is still scarce (a notable exception being Ager and Metzler, 2017). Speakers highlighted the fact that psychosocial models of trauma treatment developed in high-income countries can be ineffective and unsustainable in resource-poor contexts due to the demands that they place on time, financial resources and the standard of mental-health training required. While protracted displacement is widespread around the world and many refugees are rendered forcibly immobile in different camp and non-camp spaces (Fiddian-Qasmiyeh, 2016, 2019), Mark Jordans (2017), for instance, has emphasized the fact that many established psychosocial interventions may require too many subsequent sessions to be successfully implemented with displaced populations – including those who either remain 'on the move' for months, and at times years, after their initial displacement.

While recognizing the importance of providing specific trauma treatment to children suffering from PTSD, speakers also emphasized the need to address more chronic daily stressors. In line with the contemporary debates outlined in the first part of this chapter, they promoted ecological concepts of resilience whereby resilience is not a personal attribute but arises from the interplay between individuals, their families, communities and societies. Jordans (2017) presented a holistic intervention model developed by the charity War Child[3] to strengthen

and mobilize resources at all levels of this ecology. War Child's approach involves specialized trauma and mental-health treatments in combination with life- and income-generating-skills training, teacher training, providing temporary education where schools have been closed or destroyed, working with families, and strengthening community cohesion and resources. In doing so, holistic approaches may be able to build a comprehensive system of care and to strengthen resources for resilience at all levels of the child's environment.

Other concrete examples of resilience-building interventions were presented by Tasha Howe (Humboldt State University in California) and Sarah Hommel (Save the Children UK). Howe introduced the ACT (Adults and Children Together) Against Violence Raising Safe Kids programme developed by the American Psychological Association. The programme fosters resilience by reducing sources of toxic stress within the family environment, and by promoting safe, stable and nurturing family relationships through parent-training programmes (Howe, 2017).[4] Hommel discussed the Healing and Education through the Arts (HEART) programme developed by Save the Children UK, which provides psychosocial support for children affected by serious chronic stress in 15 countries around the world. Through arts-based activities, HEART aims to help these children to process and communicate their feelings and experiences (Hommel, 2017).[5] Rather than providing specialized trauma treatment, both the ACT and HEART thus address sources of chronic stress as key risk factors and build up resources within the family and the individual children, respectively.

Considerations and challenges for effective resilience programming

The concluding panel discussion raised a number of questions around conceptualizing and delivering resilience-building interventions for children affected by war and displacement in ways that are effective, collaborative and ethically sound.

Resilience building as a 'band aid' solution?

A key issue raised was how to conceptualize resilience and whether it meant to simply survive in the face of adversity, to achieve positive outcomes or to engage in different forms of resistance. In line with predominant definitions of resilience in the literature, the panellists agreed that

resilience refers to the ability for an individual to not just survive but to thrive in the presence of risk and adversity (see also Luthar *et al.*, 2000; Barber, 2013; Masten, 2014). However, panellists raised concerns that in actual practice building resilience may serve as a 'band aid' solution where it aims to alleviate distress in the short term, even though this distress is an understandable reaction to structural adversities such as conflict, chronic poverty or human-rights violations that would require longer-term solutions. These concerns resonate with critical voices in the field of global mental health (for instance, Mills and Fernando, 2014) that criticize a 'pathologization' of upset and distress in low- and middle-income countries, stressing that a significant part of suffering is caused by social and political conditions that would need to be restructured in order to promote well-being. This underscores the need for psychologists to work across disciplines – with social scientists, economists, policymakers and practitioners from fields such as poverty reduction and peace keeping – in order to promote resilience in holistic ways that not only strengthen children's individual coping skills but that also build and sustain supportive environments around them.

Accommodating local resilience concepts and strategies

Panellists also discussed how to avoid imposing universalist understandings developed in high-income countries, and how to accommodate local or group-specific concepts and processes of resilience. Gang membership, for instance, could be considered a sign of maladaptation but might also have a protective function when it promotes self-confidence, a sense of belonging and peer support among young people. Another example is the protective function of participation in armed and non-armed forms of resistance among Palestinian youth discussed above. As emphasized by Michael Ungar (2015), behaviours that might be considered risky or undesirable in some contexts can have an adaptive function in other contexts. At the stage of designing an intervention, such behaviours should thus be considered in terms of their *function* in a context marked by adversity rather than dismissing them as undesirable per se. The risks and benefits of 'atypical' coping strategies will need to be carefully assessed in order to make informed decisions about how to build a resilience intervention around them.

More generally, the development of interventions should be based on a detailed understanding of the cultural, political and social context. This should include an assessment of the dynamics underpinning the conflict, local leadership and power relations (Tol *et al.* 2013a), as well as

a detailed mapping of the resources and resilience strategies that already exist in communities (Ager and Metzler, 2017). Interventions must also consider the timing of an intervention with regard to children's developmental stages, and the phasing of the conflict and adverse events – as is evidenced by the examples discussed above. Finally, careful monitoring and evaluation should be embedded along with intervention design and implementation throughout an intervention's lifecycle in order to ensure that it complements existing resources and builds on local knowledge and competencies rather than interfering with local or individual processes of recovery, which would reduce effectiveness and sustainability in the longer term (Tol *et al.* 2013; Jordans, 2017; Ager and Metzler, 2017).

Concluding remarks

This chapter has attempted to provide a brief overview of the current evidence around mechanisms that endanger or promote the resilience of children affected by war and displacement. It has examined processes of resilience from a multidimensional, systemic perspective exploring frequently evidenced risk and protective factors at the individual, family, community and sociocultural levels, and showcased the complex and context-specific ways in which these factors interact. As discussed in the second part of this chapter, any efforts to strengthen resilience among children affected by war and displacement will need to be highly sensitive to the intervention context, to catalyse rather than undermine the resources and processes already present in communities. In building on contemporary academic debates, holistic interventions will also need to reflect ecological and systemic understandings of resilience – and not only provide direct trauma treatment but also address chronic stressors, and the structural risk and protective factors that shape the child's wider ecological environment.

Notes

1. Development systems theory is a theoretical framework that goes beyond looking at nature and nurture influences on patterns or aspects of behaviour separately. Systems-theory proponents argue that behaviour is influenced by multiple factors that are context sensitive, with the influencing developing systems extending beyond the individual (Johnston, 2010).
2. The speakers included resilience-focused researchers Jessica Deighton and Elena Fiddian-Qasmiyeh from UCL, Tasha Howe from Humboldt State University in California, Mark Jordans from King's College and Panos Vostanis from the University of Leicester, as well as practitioners from non-governmental organizations such as Sarah Hommel from Save the Children UK, Carlotta Raby from Luna Children's Charity and Helen Stawski from Islamic Relief UK.

3. War Child is a non-governmental organization founded in the United Kingdom in 1993 with the aim to protect and educate children affected by war, and to advocate for their rights (www.warchild.org.uk).
4. More information about the ACT is available at http://www.apa.org/act/.
5. More information about the HEART programme is available at https://www.savethechildren.org/content/dam/global/reports/education-and-child-protection/heart.pdf. On the role of the arts in promoting well-being, see Chatterjee *et al*. in this volume.

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