

The impact of the Eritrean-Ethiopian border conflict on the children in Eritrea; the role of protective factors

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This article describes a study on the impact of war on Eritrean children living in an internally displaced persons camp in the Gash Barka region. It is based on a psychosocial needs assessment conducted within the framework of a psychosocial project by the Dutch non-governmental organisation (NGO) 'War Child'. Key research questions used included; the nature of the traumatic experiences of the children, the prevalence of psychosocial problems, and the need for therapeutic intervention. Methods included; the analysis of previously conducted studies in Eritrea, open interviews and focus group discussions with key informants, and systematic observation of war-affected children. Findings suggest that powerful factors protected children from the impact of the war, and thus prevented the occurrence of severe post traumatic stress reactions.

Introduction

During the past two decades, the effect of war and (political) violence on the mental health of people and communities has received ever-increasing attention.

Commitment to the psychosocial well being of war-affected communities has become a prime objective of the international care giving community. Research and scientific understanding of the (long term) psychosocial impact of war is also increasing. In light of this, a psychosocial needs assessment con-

ducted in Eritrea in 2001 - 2002 disclosed some interesting protective factors that seem to have prevented severe exposure to stress, and the occurrence of post traumatic stress reactions in the assessed children. This article describes the background to these findings.

Context

Eritrean history and culture have been moulded by the 30 years of struggle for independence from Ethiopia. Eritrean freedom fighters have virtually waged a 30-year war for independence on their own. This resistance to Ethiopian rule, popularly known as 'The Struggle' was an extraordinary event in the history of Africa. It shaped Africa's youngest nation, its people, and its national identity. After the Eritrean gained military momentum, and a regime change in Ethiopia at the end of the 1990's, the State of Eritrea was formally declared independent in April 1993. However, tensions with Ethiopia remained and eventually resulted in an intense border dispute in 1998. About 250.000 people were displaced, initially. After two year of sporadic conflict, fierce fighting erupted again in May 2000 when Ethiopian troops moved deep into Eritrean territory, displacing 1 million people. This

stage of the conflict has been the most intense and costly in terms of humanitarian consequences. The Government of Eritrea coordinated the international response as international NGO's and United Nations (UN) agencies addressed the need for shelter, food, water, sanitation, reconstruction, reunification of families, education, de-mining and mine awareness.

Women and children constitute about 90% of the Internally Displaced People (IDP). They are living in camps, often situated in remote and frequently inhospitable areas characterized by arid, windy, desert circumstances. The IDP camps' administration supplied people with shelter, food, and water. At the time of this research, basic needs were not always being met in every camp. People depended on the haphazard arrival of a truck to fulfil their daily water needs. They lived in tents or huts made of scrap materials. Unemployment was high and there were a high proportion of women living alone; widowed or separated by the war. Some camps had recreated a sense of normalcy by the presence of small shops, hairdressers, or markets. However, uncertainty prevailed about the length of stay in the camps, as it was unclear if or when people could return to their villages. Emergency primary schools were present in each camp and the majority of the children were able to attend school. The classrooms were made of straw mats, tents, or iron boards (makeshift classes). However, the straw mats were often eaten by donkeys, or destroyed by wind. Only a roof delineated some classrooms. Schools frequently lacked both furniture, and teaching materials.

Target group

The psychosocial needs assessment was focused on children living in IDP locations as described above and attending the (emer-

gency) primary schools. The sample of the assessment was selected from three IDP camps located in the Gash Barka region and from one war-affected village situated near the border. The Gash Barka region is the largest region of Eritrea, covering 27% of the total surface of the country, and one of the worst war-affected in the country. At the time of the research, the region hosted approximately ten IDP, refugee and/or returnee (from Sudan) camps or settlements. The sample counted 348 children participating in recreational activities and included children of both sex and from different ages; ranging from 8 to 18 years old ($M= 11.8$). The majority of the children were from the Tigray or Tigrinya tribe and originally came from rural villages close to the border with Ethiopia. A small minority were from the Kunama or Saho tribe. They did not always attend school because of language differences and the nomadic life style of their native tribes. They were included in the assessment through participation in community projects.

Methodology

In order to determine the psychosocial needs of the target group, data on the psychosocial well being of the children was collected through both qualitative and quantitative means.

1. As a first step, and as a broad exploration of the needs assessment context, all previously done research and developed materials on this issue in Eritrea were collected and analysed (The State of Eritrea- Ministry of Health Report, 2000; Ministry of Labour and Human Welfare, 1999, 2000; UNICEF, 2001; National Union of Eritrean Youth and Students and Save the Children Fund-UK, 2001).
2. Open interviews with key informants were held. The key informants included

expert organisations, ministries, parents, caretakers, teachers, social workers, and national psychologists. The interviews consisted of open-ended questions related to the (psycho-social) state of the children in the camp, to their (culturally) appropriate development, their cultural background, and their existing needs. Before the actual interviews with parents/caretakers, the interpreter visited the family homes in order to provide the families with a brief description of the study, and its purpose. In total, 33 individual interviews, in collaboration with an Eritrean interpreter, were held including: four school directors, 25 parents/caretakers, and four professionals informed in this field (social workers, public health workers, and national psychologists).

3. Focus group discussions with teachers were organised around four open-ended questions, including the school performances of the children, their behaviour, the social support structure around them, and the related needs of the children. The meetings were organized in the selected IDP schools, aiming to gather additional information about the children, to explore existing social support systems and at the same time to raise awareness of potential problems, children may experience. Focus group discussion meetings were held with 68 teachers from six schools and with one parent-teacher association.

4. Children participating in extra curricular recreational activities (sport and music games) were systematically observed by the researcher, by the national group workers organising the recreational activities, and by the teachers, following a list of pre-set observation criteria. The observation criteria was based on items of psychosocial instruments frequently used with children and adolescents following different traumatic events, like the Impact of Events Scale (Dyregov, Kuterovac, & Barath, 1996) and the Hopkins

Symptom Check list - 25. The final criteria in the observation checklist were the participation of the children in the proposed activity (five items); four anxieties related items, four somatic complaints and seven hyper arousal and watchfulness items. The items are listed in the box below. Items were rated on a scale from 0 to 3 and the observations were analysed

Box 1 Observation checklist

How did the children participate in the activity?

The children were:

Interested
Excited
Passive

How did the children behave towards you?

The children were:

Pleasant
Obedient
Accepting/ respectful

What was the condition of the children?

The children complained of, or were experiencing:

Headaches
Stomach pains
Breathing problems
Nausea or fainting
Nightmares
Fear/anxiety
Memory loss/poor concentration

How did the children behave towards each other?

The children were:

Talkative
Relaxed
Gentle
Independent
Tense
Hyperactive
Aggressive

with an SPSS programme. Before the actual data collection, the translation into Tigrinya of each item of the checklist was discussed with the national group workers and with an interpreter during assessment training. A definition and description of each item was agreed on. In this way, culturally appropriate and unanimous understanding of the items was reached.

Outcomes

The majority of the assessed children did not directly witness the war of 1998 - 2000. Most of them had fled before the conflict erupted. There had been increasing political tension before the conflict started and therefore local communities, especially women and children, had time to flee to the IDP camps set up by the government. Therefore, in most cases, displacement took place before the actual fighting in the villages began. A few people had to flee while soldiers were shooting and looting, but most women and children got to safety before the fighting. One exception was the village where the assessment was conducted. There, the target group directly witnessed and experienced the war. Children saw people dying (including classmates, a few teachers and the school director), and receiving wounds. They also had to flee from bullets and bombs. Overall, the displacement was well organised. Villages and communities were kept together and settled in the same location. Children moved together with their family, their friends, their neighbours, and sometimes their teachers and other members of their community. Small children were shielded from all forms of violence. The extended family system played an important role in providing support to children who had been separated from their parents. Orphans were, and are still, being cared for by relatives and in some cases, unrelated families. The

assessed children were displaced into a designated IDP camp where they depend on external aid for their basic needs and where there is constant uncertainty if or when they will return home. They go to school, but teachers complain of students sleeping during class; 'they are weak and dormant'. This is due to lack of food and tiring household chores such as fetching wood or water from distant locations. Many children have lost close family members (father, brother, or other relatives) and now live in single parent households. Teachers clearly indicated that as a result, the children have too many responsibilities, which creates anxiety and frustration about their living conditions. The majority of the children were also worried about missing relatives, the loss of their fathers and brothers, and what life will be like without them. Many children also expressed concern about the loss of their livelihood (cattle, land); they speak and think about it a lot. They worry about their future, and about the risk of the war starting again. Attitudes regarding returning home are divided; most children wish to return but are at the same time afraid of what they will find and wonder if they will be able to continue their education. Teachers observed a high level of fighting amongst the students. The children get angry easily and fight quite cruelly. According to the teachers, the disruption of the school system, the teaching conditions (open classrooms, wind) and the lack of teaching materials affect the children the most; 'they are affected because their daily lives are affected'.

The opinion of interviewed parents and/or caretakers about the psychosocial impact of war on their children was also divided. Forty four percent indicated that the behaviour of their children was not affected by the war. Some children expressed problems (nightmares and bad dreams) shortly after the con-

flict, but these have disappeared now. 'They are obedient and respectful (...) the war has not brought any serious impact on the children's behaviour'. Thirty six percent clearly indicated that their children have directly been affected by the war. Children fear loud noises, suffer from nightmares and bad dreams, and in particular, fight amongst themselves and are sensitive or get angry easily. They also talk about the war and play war games. Playing war games was generally viewed as a very serious, and perhaps the most, negative consequence of the conflict; 'they have learned about aggression'. A few parents however indicated that these problems might also be related to their living conditions and that 'it's normal'. In total, 60% of the parents and/or caretakers expressed their concern that children worried about their current living conditions, and about their future; 'living in a tent is a problem in itself (...) the displacement has it's own impact'.

Analysis

In all previous research on the impact of war on Eritrea children, no apparent signs of traumatisation or adjustment problems were found. Findings suggest that children were well protected in the war and the social network is still intact. The main conclusion of a report on the appropriateness and the need to implement a psychosocial program in Eritrea (Médecins Sans Frontières- Holland, 2000) was that a mental health program that addresses traumatic stress and psychosocial problems on a community level would not be appropriate. Special points of interest were that some children and women had bad dreams and other emotional reactions after their experiences, but after some time these reactions diminished or disappeared. The identified protective factors in that research were unity, connectedness, and community support.

In this psychosocial needs assessment, the systematic observations of the children also indicated that the target group did not show signs of (abnormal) stress directly related to traumatic experiences of war. A few children showed some post traumatic stress reactions shortly after the conflict, but the reactions mostly disappeared quite quickly. One exception was the children who experienced the actual fighting and who lost classmates and teachers in the bombing of their school. They do score slightly higher on hyper arousal and watchfulness items than the children who did not have those kinds of experiences. On the whole, the observed reactions seem to be directly related to the stressful living circumstances and to unfulfilled basic needs. The most prevalent observation was that children are tense. They are sensitive, get angry easily, have difficulties concentrating in class, and relaxing during recreational activities.

In their displacement, the children left their home and livelihood behind; they had to flee and became a 'displaced person' living in inhospitable areas. They are worried about their everyday basic needs and about their increased responsibilities. They live in an environment that does not provide them a basic sense of security. Children are often engaged in survival strategies, which sometimes requires aggressive behaviour and fighting. They attend school in classrooms without walls, or with 70 other children from very different age groups. This also may explain the observed lack of concentration. Moreover, the schools generally lack facilities and materials, but also the manpower to create an enjoyable learning environment for the children.

These findings suggest that children suffer from their current situation and that during the conflict; some powerful protective factors were at play. Through this assessment, four protective factors were identified.

1. *The organization of displacement:* The majority of the children in the assessed area of Gash Barka were not directly caught up in the border conflict; they fled before the fighting erupted to safer areas and therefore did not witness many violent events. Being prepared for conflict by anticipating its outburst takes away the 'suddenness' of the conflict and could mitigate the psychosocial impact. The children from the sample did experience some important elements of a traumatic experience as defined by Kleber & Brom (1992), namely the powerlessness, the extreme discomfort and the acute disruption of one's existence; but the experience was a little less 'acute' as they had time to prepare themselves. This may have also left them feeling little less powerless than they would have if the conflict had started without any clear-cut warning.

2. *Social network:* In the displacement, villages and communities were kept together. Children moved together with their family, their friends, their neighbours, often their teachers, and with other members of their community. By displacing whole communities, the social support network within the community was not interrupted; safety, trust, and stability were largely continual. Maintaining the social structure around children seems to act as a strong protective factor. For governments and the military, these findings could argue for the development of early warning systems for the eruption of conflicts, so that women and children can be displaced in time and in an orderly fashion, thus preventing long term psychosocial effects on the next generation.

3. *Family support:* The assessed children were shielded from the conflict by their families. An important protective factor in this respect was the continuous presence and connectedness of the family (nuclear and extended), which cared for the children and protected

them. This finding confirms the assumption the children exposed to the stresses of war benefit most from the presence of family and relatives (Kjerstin, 1998; de Jong, 2002). The care for orphaned children extended beyond the family context to the whole Eritrean community, as the government of Eritrea is known for caring for these children by placing orphans in foster families and orphanages.

4. *The outcome of the battle:* Talking about the conflict, children express a deep sense of pride and respect for the fighters and for those who gave their lives for 'The Struggle'. The children did not seem to resent the conflict or feel they were war victims. They indicated a familiarity with conflicts, with the suffering of war and with losing family members as 'martyrs' or 'heroes' of war. An important fact in this respect is that the people of Eritrea feel like winners and are proud of their resistance. Another protective factor, therefore, seems to be the feeling of victory; is it easier to cope with the devastations of war when the battle has been won? The expressed sentiments of the children could also relate to the findings of Eldebour and his colleagues (1997) on the moral reasoning of children in trying to make sense of what happened in war-like situations. Further studies on the role of political struggle and national identity, as a protective factor is recommended.

Reflection

The psychosocial needs assessment conducted in Eritrea demonstrated that the assessed children were protected from the direct harm of war and violence by some powerful factors. However, the children are continuously affected by the stress of their living conditions. The stress of everyday life, which are the indirect effects of war, could be equally, or even more, important for many children

than exposure to organised violence (Parson, 1996). A long-term study would be needed for verification. At the time of the assessment, children were surviving and hoping to return to normal living conditions. At such times, psychosocial aid programs should promote the protective factors at play and focus on the displayed strengths of the children. Scientific research should focus on the role of protective factors and how these might be used in prevention programs for children in armed conflicts.

On the longer term, the psychosocial well being of the assessed children remains uncertain. It is unclear and unpredictable what will happen when normal life returns. When most basic needs are met, or when the feeling of victory subsides, attention may shift to more psychological needs, giving traumatizing experiences the opportunity to surface. Children may also unlearn the necessary skills for independent living in a normal, non-war society (Quouta, El-Sarrai, & Punamaki, 2001). Certain preparedness or a safety net in the case of problems arising in the near future therefore seems necessary. According to Eritrean professionals, preparedness should be established through sensitization and public awareness campaigns at grass-roots level, and through the building of professional capacity on an institutional level. However, the analysis of earlier research and reports conducted by different experts and institutions show the lack of professional expertise in the field of psychosocial health care in Eritrea.

This brings us to a last important dilemma for international psychosocial health care interventions in war-affected areas. When psychosocial needs assessment demonstrates the relative psychosocial well being of war-affected children, international (emergency) aid organisations usually decide not to implement an intervention. On the other hand, the

preparedness for delayed psychosocial effects of war may require capacity building and the development of national safety nets. Therefore, it is recommended that organisations take this risk of long term or delayed (direct and indirect) effects of war into account while assessing the needs for psychosocial interventions in war-affected areas.

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