CHILDREN AND WAR
REPORT ON "THE PSYCHOSOCIAL IMPACT
OF VIOLENCE
ON CHILDREN IN CENTRAL AMERICA"

AREA OFFICE FOR
CENTRAL AMERICA AND PANAMA

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CHILDREN AND WAR

REPORT ON "THE PSYCHOSOCIAL IMPACT OF VIOLENCE ON CHILDREN IN CENTRAL AMERICA"

SAN JOSE, COSTA RICA
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UNICEF GUATEMALA AREA OFFICE

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EXECUTIVE SUMMARY

The following report presents the summary proceedings, conclusions and recommendations produced at the UNICEF-sponsored conference on "The Psychosocial Impact of War on Children: Assessment and Intervention in the Central American Context", convened in San José, Costa Rica, from 26 - 30 March, 1990. The conference brought together more than forty child-care specialists, psychologists, practitioners and other professionals, all of whom have extensive experience in assessing and responding to the needs of children, families or communities traumatized by war. The conference was intended both to inform UNICEF staff in Central America as to the mental health needs and priorities of Central American children, and to promote an intensive exchange of ideas and experiences among the participants, with a view towards advancing work in Central America on behalf of child victims of war.

The report provides background into the social, political, economic and historical context of Central America and then summarizes the proceedings of the conference, providing an overview of mental health investigations and programmes currently underway in Central America and other countries with recent histories of violent conflict and social upheaval. Participants discussed themes such as latent fear among communities, adolescent identity formation, and the role of psychologists working within communities affected by war. All psychosocial interventions should be grounded in an understanding of these issues and in the social context of the specific country or region.

Participants generated numerous recommendations for future programme planning, such as the importance of understanding coping mechanisms existing within a
community, the importance of involving community leaders and working within existing social structures, the critical task of the mental health worker in establishing a relationship of trust and confidence within the community, and the impact of such work on the mental health workers themselves.

Finally, participants offered specific guidelines for future UNICEF action in this field, emphasizing, among other things, the value of the Convention on the Rights of the Child.

UNICEF considers the conference a success in light of the vast amount of advice and experience exchanged among the participants, and between the participants and UNICEF staff. UNICEF Central America believes that this conference was a first step towards the conception and implementation of responsive, national level programmes on behalf of children suffering the psychosocial effects of war.
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I. BACKGROUND: THE CENTRAL AMERICAN CONTEXT

1. Violence increasingly and persistently victimizes poverty-stricken families of Central America. As a result, ever more creative and courageous responses have been devised and implemented by local, community-based, and national NGOs. Increased recognition and support on the part of the international community and its organizations concerned with child survival and development are now required.

2. War has produced critical issues of survival for hundreds of thousands of families in Central America throughout the 1980s. These issues embody the problems and challenges that gave birth to UNICEF over forty years ago: "how to respond to the urgent needs of children living with the traumas and tensions of violence?"; "how to improve their lives and guarantee them a peaceful, healthy future over which they have control?"

3. In 1986, in recognition of the impact of armed conflict and violence on new generations, the UNICEF Executive Board announced a renewed commitment to serving the needs of this special population of children and families throughout the world, and, as part of this initiative, a commitment to strengthening international bridges of cooperation that foster peace among nations and their peoples.

4. The children and families of Central America live with the consequences of structural economic inequalities and extreme poverty and thus, with the inevitable social violence, including armed conflict. Over the past decade, more than 200,000 Central Americans (100,000 in Guatemala, 70,000 in El Salvador and 30,000 in Nicaragua) have been killed as a result of war and armed struggles. This is approximately one individual killed for each two hundred people living in the subregion.

5. At present, some 2 million are living as refugees or displaced persons in Central America. Millions have suffered less visible manifestations of violence: the loss of family members, the witnessing of violence, forced separation from family and community, pervasive fear, cultural prejudices, racial and social discrimination, violations of human rights, and authoritarianism, as well as policies that inhibit full human development and participation.
### CENTRAL AMERICA AND MEXICO

REFUGEES, REFUGEES WITH NO IDENTIFICATION PAPERS AND INTERNAL DISPLACED

<table>
<thead>
<tr>
<th>Country</th>
<th>Identified Refugees</th>
<th>Refugees with no Identification Papers</th>
<th>Internal Displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELIZE</td>
<td>5,100</td>
<td>25,000</td>
<td></td>
</tr>
<tr>
<td>COSTA RICA</td>
<td>40,800</td>
<td>250,000</td>
<td>400,000</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>500</td>
<td>20,000</td>
<td>100,000</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>3,000</td>
<td>250,000</td>
<td>22,000</td>
</tr>
<tr>
<td>HONDURAS</td>
<td>37,000</td>
<td>200,000</td>
<td>22,000</td>
</tr>
<tr>
<td>MEXICO</td>
<td>53,000</td>
<td>120,000</td>
<td>350,000</td>
</tr>
<tr>
<td>NICARAGUA</td>
<td>7,000</td>
<td></td>
<td>100,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>146,400</td>
<td>873,000</td>
<td>872,000</td>
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*Source: ACNUR-CIREFCA (1989)*

6. Children and their families are affected by the omnipresence of violence, resulting in incalculable psychological and physical consequences. An entire generation has grown up in a “culture of violence and fear”. Economic costs have been staggering as well. Defense budgets have taken priority over social service and development programmes, further perpetuating the spiral of violence and suffering.

7. Children and mothers are especially vulnerable in situations where the traditional bonds and security of everyday living are broken. In Central America, the separation and disintegration of families and communities are increasingly commonplace, with the vast majority of the refugee and displaced populations being women and children— their close relatives and friends often killed, spouses separated from one another, and usual sources of economic support gone. They are frequently passive victims of the violence, forced to observe and accept it, lacking the means either to prevent or stop it.

8. Vital social services have also been interrupted—schooling and basic health care curtailed and, in some places, halted for as long as four or five years. In certain countries, schools and health centres are burned or closed down, their personnel attacked and sometimes killed.

9. Harvests are lost, business and trade interrupted. Standards of living have plummeted as a result of these factors and the unfavourable conditions of the economic system and foreign debt burden. Malnutrition and illness are on the increase as are the numbers of street children living abandoned in urban areas. In some countries, the spec-
tacular gains won as a result of primary health care programmes, such as massive vacci-

10. The Central American crisis presents a simple choice: support and strengthen

11. A devastating combination of factors has placed hundreds of thousands of

A. Nicaragua

11. A devastating combination of factors has placed hundreds of thousands of

a. 1,098 young people between 15 and 19 years of age killed, 18,055 others

b. 457 children under 15 years old killed in armed conflicts.

c. 13,900 total or partial war orphans due to their parents' murder or kidnapping.

d. 150,000 war-displaced children under 15 years of age.

e. 50,000 children under 15 years of age displaced and now in recently created

f. 18,800 children repatriated after years of exile, almost all of them belonging
to Miskito ethnic groups.

g. 6,000 street and working children, of which 5% are girls under 15 years of age,
according to the Nicaraguan Social Security and Welfare Institute.

h. Finally, the war has resulted in the destruction of 64 schools and 100 hospi-
tals, health centres and posts, the forced abandonment of 600 learning
centres and 840 popular education collectives, and total or partial damage to
15 child-welfare centres.

12. On February 22, 1990, Violeta Chamorro was elected president in the first
democratic, multi-party elections since 1979. The UNO (Unión Nacional Opositora)
government will inherit a serious economic and military situation including the challenges of demilitarization, repatriation of refugees and reconstruction of a peaceful society.

B. El Salvador

13. The Republic of El Salvador enters the decade of the 1990s having suffered through ten years of extreme political and military violence. These years have claimed a toll of more than 70,000 dead among regular forces, insurgents and the civilian population; about 500,000 persons (10% of the total population) have become internally displaced, extending poverty belts of the main cities, and overstretching the capacity of health and education facilities. As a result of the conflict, 447 schools have been closed due to total or partial destruction, or because they do not offer secure conditions for children and teachers. Frequent combat has occurred in 30 per cent of the territory, but the high incidence has turned the entire national territory into a zone of sporadic fighting.

14. Respect for the original Geneva Conventions of 1949 and the Protocols of 1977 is difficult to verify in the country. Children are the highest-risk group to fall victims of explosive mines. Studies have identified more than 300,000 children under 14 years of age with some type of war-related disability inflicted during the last ten years. Women head 60 per cent of the homes of displaced families and 57 per cent of those displaced are children under 16 years of age.

15. Aggravating the consequences of war in 1986, a two-second earthquake in El Salvador left 1,500 people dead, more than 10,000 wounded, 127,000 homeless and 40,000 families in worsened conditions of poverty. One hundred and fifty schools were damaged and there were 800 water leaks due to damage to 50 kilometers of pipes and cisterns.

16. In the cities of San Salvador, Sonsonate and Santa Ana there are approximately 10,000 street and working children. Approximately 20,000 children are in public and private institutions in San Salvador, Ahuachapán, San Miguel and Sonsonate. They live in precarious conditions due to cutback budgets which only manage to pay salaries and basic food needs. More than 50 per cent of the arable land of the country is eroded and the combined effects of the war and the use of firewood for fuel have resulted in El Salvador’s having only 1 per cent of forest reserves remaining.

17. In November 1989 the war escalated with much of the fighting concentrated in heavily populated urban areas. There is no region of El Salvador that has been left untouched by violence.

C. Guatemala

18. Approximately 85% of Guatemala’s 9 million inhabitants are indigenous and
live in conditions of extreme poverty, a characteristic which permeates the country’s en-
tire history and geography. This majority is made up of more than twenty ethnic groups
speaking more than twenty-five languages. The indigenous population was excluded
from the process of organizing the institutions of the Guatemalan State and, hence, the
structure of public basic services has not been designed to meet the basic needs of this
national majority. For decades, since the government of Jacobo Arbenz was overthrown
in 1954, the country was in the hands of military governments. Guatemala has been the
scene of armed confrontations which continue to the present. In 1975, the country spent
6.6 per cent of its national budget on defense and security; in 1985, this percentage rose
to 23.2 per cent.

19. The reign of violence gave rise to large groups of internally displaced per-
sons, the numbers of which are difficult to estimate; some sources recognize 100,000
displaced persons and other sources proclaim 1,000,000 persons. More than 40,000 per-
sons have sought refuge in Mexico. The populations most affected by the violence, so
much so that they have experienced major changes in their demographic structure, are
those of the northwestern region of the country: the Departments of Huehuetenango,
Quiché, Chimaltenango, Sololá and San Marcos.

20. The forced movements of such large populations have contributed, in turn,
to the dramatic growth of urban slum settlements bordering Guatemala City and a
demand for basic services that far exceeds supply. According to the Juvenile Court of
the Supreme Court of Justice, more than 60,000 cases of orphaned children had been
reported by 1986, and this figure is considered to be a low estimate.

21. Children of Guatemala have been seriously affected by prolonged episodes
of armed violence and social conflicts: as direct casualties of war, as witnesses to the
deaths of their relatives and neighbors; as displaced persons hiding in the mountains
without food or protection against the elements; as orphans lacking their parent’s affec-
tion and support. Serious psychological traumas among Guatemalan refugee children
in Mexico, and orphans placed in foster homes in Guatemala clearly show that the prob-
lem is greater than the few statistics suggest and stress the need for a mobilization of
national and local resources in favour of Children in Especially Difficult Circumstances
with the assistance of UNICEF and local NGOs.

D. Costa Rica

22. Costa Rica is host to some 40,000 official and 250,000 unofficial refugees
who have fled violence in other countries in Central America. Many of these refugees are
children and many bear the physical and/or psycho-social scars of war.

23. During an uninterrupted period of democratic government since 1948, Costa
Rica experienced an economic growth rate of 8 per cent in the 1970s. However, since
1982 Costa Rica has suffered a 9.1 per cent drop in real production, a 179.5 per cent increase in prices and a doubling of overt unemployment. Stabilization policies resulted in a continuous and growing reduction of social sector investments, which curtailed the operational capacity, coverage and quality of services. By 1988, economic growth had fallen to 0.8 per cent annually, a reduction which nearly doubled the number of poor families from 27 per cent to the current figure of 47 per cent. In Costa Rica, the average salary no longer covers basic family needs and, in a nation in which almost one-half of the 2.7 million inhabitants are children, the repercussions of this growing poverty have been devastating.

24. Socioeconomic conditions have made it exceedingly difficult for refugees to integrate themselves into the work force, and have created an increasingly unwelcoming atmosphere. Undocumented refugees are denied their basic identity and are not afforded the special care and assistance generally available to recognized refugees. Preservation of national identity and pride, education, and avoidance of a “culture of dependency” are critical components of refugees’ lives.

25. A growing number of Costa Rican children are confronting Especially Difficult Circumstances in their daily lives. The officially-declared number of abandoned children doubled between 1995 and 1996, and doubled again in the next year. It is estimated that there are between 4,000 and 5,000 street children, especially in urban areas. New problems such as child labour, drug addiction and child abuse are cropping up and institutions have not developed adequate responses. The number of adolescent mothers is increasing in the country: 11.9 per cent of adolescent women in 1970; 12.8 per cent in 1984 and 17 per cent in 1987. In more depressed regions on the Atlantic Coast the percentage rose to 23.6%.

26. In the domestic and subregional arenas Costa Rica has played a strategic role in generating Central American peace and integration, two components of UNICEF's overall strategy for subregional programming.

E. Political Priority for Children Affected by Violence

27. When the Central American presidents signed the "Esquipulas II" Treaty in 1987, they directly addressed the international community:

"We have Central American ways of achieving peace and development, but we need help to make them a reality. We ask for an international agreement that will guarantee the development, so that the peace that we are seeking will be a durable one. We want to make a really strong point in that peace and development cannot be separated."

28. This indication of political will has encouraging implications for Central American children, and UNICEF hopes to contribute to the realization of both goals:
peace and development. UNICEF contributed in the past when in El Salvador, a truce was finally achieved to permit the massive vaccination of children through the valuable mediation of the Catholic Church. Since 1985 there has been a truce agreement every year in favour of the Salvadoran children.

29. In 1988, the Meeting of Central American First Ladies voiced support for the solution of the problems of children affected by violence and encouraged the creation of a Central American fund to finance such projects. UNICEF also advanced this initiative by preparing the Subregional Programme for Children in Especially Difficult Circumstances.

30. The Costa Rica Meeting on “The Psychosocial Impact of Violence on Children in Central America” is intended to promote an exchange and sharing of experience and ideas—such that both UNICEF and the participants might begin to clarify means of identifying, assessing, and responding to the psychosocial needs of Central American children affected by war. To this end, UNICEF has invited child and community specialists and psychologists from Central American and other regions of the world with recent histories of violence. The methodologies, intervention strategies, and the understanding and awareness of the specialists themselves can be creatively and productively adapted or revised to advance programmes and promote the well-being of children in Guatemala, Nicaragua, El Salvador and Costa Rica. In short, there are valuable experiences worth sharing in a mutual apprenticeship on behalf of Central American children.

F. The Psychosocial Impact of Violence on Children

31. Children have long been both direct and indirect objects of violence, directly involved as aggressors (soldiers or guerrillas) and as victims of bombardments, cross fire, massacres, or other combat. Children are victims of torture or kidnapping and intimidation. Some children are forced to carry arms, thus unwillingly participating in the cyclical perpetuation of violence and social injustice.

32. In addition to these forms of violence, many children are affected indirectly as by-standers and witnesses to violent acts, including the deaths of family members, neighbours and others. Children suffer the hardships of living in hiding or in basements or other shelters.

33. The physical impact of violence on children include wounds from combat, loss of limbs, loss of vision or hearing, and chronic pain and suffering which often result from torture. As noted above, the socio-economic causes and consequences of warfare may have physical outcomes such as increased malnutrition, increased mortality caused by lack of essential services, displacement and separation of families. That such a situation fosters serious social illness manifesting itself in a wide array of psychosocial symptomatology is abundantly clear.
34. Any one child, family or community may suffer a wide range of direct and indirect war-related experiences over time, potentially and dangerously resulting in societal acceptance of the abnormal (war, fear, separation, loss) as normal. Many children who suffer the physical devastation of violence consequentially develop severe psychological traumas, disorders or illnesses. In addition, children living in war zones where violence and fear are commonplace, live in a perpetual condition of stress. Child witnesses to the torture or death of family members, relatives or friends may develop psychological disorders ranging from fear and distrust of strangers or loss of appetite, to severe mental illness and psychosis. In the short-term, many children suffer post-traumatic stress disorders, while in the longer term these problems may progressively become chronic or deteriorate into more severe manifestations of anxiety disorders.

35. At present, relatively little quantifiable information is available about the psychosocial impact of violence on children in Central America. The ongoing wars in El Salvador, Guatemala, and Nicaragua have impeded large scale research and the knowledge currently available is based primarily on the observations of small groups within each country who have access to national or International field workers on a continuing basis. The documented experiences of other countries such as Argentina, Chile, Lebanon and Mozambique suggest that the problem in Central America may be widespread, unrecognized, and calling for immediate and sustained examination and response.

G. Meeting on the Psychosocial Impact of Violence on Children
San José, Costa Rica, 26-30 March, 1990

36. The Meeting on "The Psychosocial Impact of Violence on Children in Central America" is an outgrowth of a number of trends in Central America. As noted above, children affected by violence gained increasing attention during the last several years. A large number of non-governmental organizations have begun to recognize that the children and communities they assist via education, nutrition, public health programmes, etc. also demonstrate psychosocial symptoms resulting from their war-related experiences. Such NGOs, along with community-workers, health promoters and trusted community members, have begun to seek ways of addressing psychosocial needs through existing programmes or community structures.

37. In November 1989, a global meeting was convened in Costa Rica to discuss the psychosocial impact of state-sponsored violence. The present UNICEF-sponsored meeting will build on the previous meeting by focussing regionally (on Central America), and substantively on the needs and priorities of children and their families and communities.

38. Given UNICEF’s origin and mandate, and in light of recent Executive Board recommendations concerning Children in Especially Difficult Circumstances, UNICEF’s
Central America office seeks to define the potential role of UNICEF in providing services and care to children affected by war and societal conflict.

39. In 1985, UNICEF began a health and child survival programme in Central America called “Health as a Bridge to Peace”. The “Days of Tranquility” in El Salvador which are described above are, perhaps, the most striking example of the success of this programme.

40. During 1989-1990, UNICEF Central America developed two major new sub-regional programmes related to the needs of children affected by war. The first of these is the “Education for Development” programme which seeks to provide essential educational services to all children, including those in areas of conflict, using long-distance and non-formal educational methodologies. The second programme under the rubric of “Children in Especially Difficult Circumstances”, specifically addresses the needs of street children and children affected by war. Note that any one child may easily traverse the boundaries of each separate CEDC category; thus a child separated from his family due to war may find himself working and living on the street. Both of these programmes will be presented to the UNICEF Executive Board in April 1990.

41. As part of UNICEF’s intent to enhance efforts on behalf of Central American children, UNICEF has invited the consultation of a group of experts with field experience working with children suffering war-related psychosocial traumas.
II. OPENING ADDRESS OF DR. AGOP K. KAYAYAN
UNICEF REPRESENTATIVE FOR CENTRAL AMERICA AND PANAMA

42. I would like first to welcome you to this consultation sponsored by UNICEF. We have invited you in your capacity as specialists with experience on the subject of the psychosocial impact of violence on children.

43. I would like to stress that this is really and truly a consultation. UNICEF conceived of this conference with two broad objectives. UNICEF hopes to benefit from your advice about actions that can be taken to help alleviate the negative effects of violence on the psychosocial development of children. UNICEF has virtually no experience in this area in Central America. Equally important is our goal of providing people working with children affected by war in Central America a chance to meet and to share ideas with their colleagues from other parts of the world that have suffered similar violence and conflict.

44. UNICEF in Central America has worked to improve the physical conditions of children affected by violence. We have supported, for instance, programmes in health, nutrition, education and a number of other areas. In all of our work in Guatemala, El Salvador and Nicaragua, we have been constantly aware that systemic social and political violence has had negative psychosocial effects on children. However, we have not yet found an effective way to use UNICEF’s capacity for mobilizing resources to support broad-based programmes designed to improve families’ and communities’ abilities to cope and to protect their children from the effects of war.

45. In other words, we want to make productive use of your experience and understanding of the issues—whether in Central America, Latin America or in other parts of the world—and to achieve a clearer perspective as to action-possibilities which might be applied to the problems of Central American children suffering the psychosocial impacts of violence. What we would like to know from those of you already working with children in Central America, is whether the ideas and experiences of the people from other areas of the world are relevant and useful in the context of Central America.
46. I want to stress that we are not coming to this meeting with any pre-conceived plans or actions which we want you to validate. We want to increase our support to children affected by war and violence and we believe that the area of psychosocial trauma is one we have neglected to date. Over the last decade so many innocent children have died as a result of violence, and so many adults have died trying to protect them. UNICEF has not remained unaware, rather we have been frustrated by our lack of clarity as to exactly how best to proceed.

47. I am convinced that through this meeting we are consulting the people most knowledgeable on the subject. It is my hope that, after this consultation, UNICEF will receive funds to implement effective and responsive programmes for the large numbers of children affected by violence in Central America. We have a general proposal which is being presented to our Executive Board in April 1990. I hope that you will help us define a conceptual framework for our interventions in this area, and that in doing so we can avoid pitfalls in future programme implementation.

48. Let me repeat UNICEF’s objectives:

1. A solid conceptual framework for understanding, assessing and responding to the mental health needs of children and communities affected by war in Central America;

2. Concrete programmes to mitigate or prevent the psychosocial damage done to children as a result of the ongoing violence in Central America; and

3. National programmes that can reach large numbers of children at a cost sustainable by governments and local NGOs.

49. I hope that you will find this meeting as interesting and useful to you in your work as I know that we in UNICEF are going to find it. I ask only that you all be honest and frank in your suggestions and assessments of UNICEF’s potential role, and that you bear in mind that the meeting’s primary purpose is to provide useful advice to those working in Central America. I also would like to thank the Dutch Committee for UNICEF for its financial support in this event.
III. APPROACHING THE PROBLEM OF CHILDREN AND WAR:
SUMMARY PROCEEDINGS OF THE CONFERENCE

A. Introduction by Mr. Francisco Espert, Senior Regional Advisor for children in Especially Difficult Circumstances

50. Mr. Espert welcomed all of the participants and introduced the main themes of the conference. He signaled the importance to UNICEF of this gathering of approximately forty child-welfare specialists, and explained that UNICEF is currently seeking practical methods and techniques of attending to the psychosocial needs of large numbers of children affected by war in Central America.

51. Mr. Espert listed three major objectives UNICEF sought to satisfy via this conference: (1) a better understanding of simple diagnostic techniques to assess the extent of psychosocial damage inflicted on children; (2) a description of the human resources necessary to undertake assessment and intervention in Central America, including a consideration of the types of workers needed at different levels of intervention and their needs for professional training; (3) an initial identification of the types of action and existing counterparts available in each country, to form parts of guidelines for future UNICEF action on a scale large enough to match the magnitude of the problem of traumatized children in Central America.

52. Mr. Espert stressed the fact that UNICEF is not seeking a recipe with which to address all of the psychosocial outcomes of exposure to violence. Rather, through this conference UNICEF hoped to gain a deeper insight into the key issues and salient questions to be addressed in the design of each specific psychosocial intervention and rehabilitation programme, and simultaneously, to provide an opportunity for the exchange of ideas and experience among specialists in the field with a view towards advancing the work of those in Central America.

1. Panel 1: The Central American Context

53. The plenary opened with a panel intended to provide concrete information on the nature of war-related trauma in children in Central America (i.e., the extent and nature of community exposure to violence, the structure of local support systems, the
economic, social and cultural context of the specific country as it concerns mental health needs and treatment possibilities). In fact, this panel proved crucial in setting the tone for the remainder of the conference, and hopefully for all future work to be done in this field. Several points were made and reiterated throughout the presentations of all four Central American countries; these will be reviewed with brief distinctions drawn between the conditions, needs, priorities, and circumstances of each country in terms of mental health needs and experiences.

54. The structural nature of both the causes and the consequences of war itself was a theme that ran consistently through the presentations of the participants from El Salvador, Nicaragua, and Guatemala. Structural injustice (the negation of even the most basic human rights), economic inequalities, racial, ethnic and/or social discrimination were all cited as causes of the wars. An understanding of the Central American context mandates, some recognition of the colonial and imperial histories of the region, and the prolonged and cyclical nature of the violence. Not only are the majorities in certain countries dealt with an uneven hand by the very structure of the socio-economic systems, they are also disproportionately suffering the consequences of the wars: increased poverty, reduced levels of education, deterioration of health and social services, decreased quantities of land that can be safely and profitably cultivated.

55. It is important to consider the view of many participants that a durable and stable peace implies more than a mere cessation of hostilities—it implies a social, economic, and political restructuring, in short, a new social contract.

56. One fundamental obstacle to the realization of peace is the fact that in much of the region war has become institutionalized in all sectors of society. The dynamic between the individual and society has been altered to such an extent that Salvadorean psychologists have identified a state of sharp social polarization, increasing militarization of civil society, self-regulated behavior on a wide scale, and emotional numbness. They have come to conclude that society has reached a point at which the "abnormal" (war, violence, loss, fear) has become "normal".

57. Nicaraguan psychologists note similar consequences, including high incidences of intra-familiar abuse of women and children. The participant from Nicaragua further stated that in spite of recent indications that democratic process has proceeded unhindered, people still exhibit signs of insecurity, trepidation, silence and doubt. It is important to note that effects of exposure to traumatic experience can manifest themselves at a much later date, and that in many cases there is an inter-generational effect.

58. As the new Nicaraguan government comes to grips with the resettlement of 150,000 displaced persons, and the needs of at least 6,000 street children, not to mention the demilitarization of civil society and the reintegration of refugees into villages replete with mistrust and potential anger, they should recognize and prepare for the ways
In which the war has taken a toll on the psychosocial well-being and social relations among Nicaraguans.

59. Clearly, peace in its most superficial form will not be enough to alleviate the causes and consequences of war, both of which threaten long-lasting and debilitating physical and psychosocial consequences for the poorest and most vulnerable populations. Even when the bombing and disappearances stop, a community may remain permeated with fear and distrust, struggling to understand the loss of loved ones, the loss of homes and belongings, jobs and self-confidence. Without exception those hardest hit are the children.

60. The rural highland population of Guatemala suffers from many of the same inequities delineated above. A brief review of diverse documents on Central America suggest the difficulty of accurately assessing the extent and scope of the conflict and its consequences. Estimated numbers of displaced persons may range anywhere from 100,000 to 1,000,000 depending on the source. The difficulties inherent in defining the scope of an affected population has critical negative implications for the provision of basic services as well as for the development of programmes aimed at treating psychosocial outcomes.

61. For years it was impossible for local Guatemalan workers even to mention the principal cause of much misery and impoverishment; the war per se was a taboo subject. As in El Salvador and Nicaragua, the majority of the population is rural "campesino", with the added dimension that some 65% of the population is of indigenous origin.

62. Fear and mistrust, even among neighbours or within families have resulted in extreme social polarization.

63. Over the past three to four years many families and communities have either returned or have been brought down from their hiding places in the mountains. Researchers have noticed two distinct emotional reactions among this group of people: feelings of apparent tranquility (a belief that the persecution has subsided) and feelings of great loss (now I am poorer and worse off than ever before). Often these people are made to live in a centralized non traditional manner. Their social relations are completely altered. Traditional values may no longer be respected. There is no space to cultivate the land and no space in which one can feel truly secure. In fact, the Guatemalan participants picked up on the theme of the Salvadoreans in their portrayals of a large group of people forced to adapt to an "abnormal" situation which has unfortunately become the societal norm.

64. The Guatemalan participants raised an important point which was to become a theme of the whole conference: over the past decade of violence, the impoverished,
rural, and often Indigenous Central American population has devised coping mechanisms and strategies which have bolstered their capacity to survive the most devastating circumstances. Any programme intended to assist this population to overcome the psychosocial consequences of violence, loss, and destruction simply must recognize, seek to understand, and support those coping mechanisms already existent within the family and community.

66. With regard to Costa Rica, it was noted that the refugee population living in camps risks being trapped in a "culture of dependence", whereas those remaining undocumented suffer economic exploitation and discrimination. The prolonged nature of the wars in both El Salvador and Nicaragua has resulted in a manifest loss of hope on the part of refugees. While struggling with the uncertainty of where they may finally be able to live a "normal" life, their children may grow up without a national identity or cultural heritage and often without a family structure that can provide a measure of the security they need.

66. A number of the Central American participants noted an important role for UNICEF in the training of mental health and community workers. The sole caveat, and a critical one at that, was that UNICEF and others hoping to intervene on behalf of children must recognize and accommodate the fear and stress which form as much a part of the life of the mental health worker as that of the population they work with. Forefront in the mind of any mental health programme planner must be an acknowledgement of the objective risk to the life or safety of the local mental health worker.

67. Another fundamental consideration, taken into account by UNICEF and reemphasized by the participants, was that it would be impossible to arrive (at the end of five days) at an agreement on a concise model for treatment of war-trauma in children applicable in all countries. What would be even more useful and practical would be to come to an understanding as to which questions a programme planner should ask in designing an intervention technique, such that the programme takes into account the important and inevitable variations in country-specific context. In short, each programme must be adapted to respond to several key factors (and many subtle ones) which will almost certainly vary from country to country and possibly even from region to region within a country.

68. At the close of this session there appeared to be a thankfulness on the part of the participants for UNICEF's recognition of the severity of the psychosocial impact of war on children, some curiosity as to precisely what UNICEF would be able to achieve programmatically given the limitations inherent in the potential of an inter-governmental organization in highly politically-charged countries, and some hope that UNICEF would indeed take bold and greatly needed steps to increase the protection of children in war.
69. The concept of systemic, community based psychology derives from the perspective, sketched above, that time and war have so altered the social fabric and dynamic of social relations in Central America, that the abnormal has evolved into the norm, and it is society itself which suffers from mental illness and not necessarily the individual. This perspective, which builds on concepts outlined above concerning the structural origins of the violence in El Salvador, attempts to identify and redefine traditional definitions of "mental health"—acceptance of and adaptation to societal norms and values—and "mental illness"—deviation from that norm.

70. The speaker posited that such a definition must be "completely turned on its head" in the case of El Salvador, where, as mentioned above, abnormal social relations have become the societal norm, and traditional psychology is being used to maintain the status quo to the advantage of the few and at the expense of the many. It was suggested that community psychologists working with war-affected communities today in El Salvador perceive the need to treat society as a whole, as it is the dynamic between the individual and society which displays signs of "illness" and not necessarily the individual him/herself.

71. One of the most salient features of this redefinition of mental illness and the new role of the psychologist is, therefore, to desinstitutionalize treatment. Community therapy is the preferred means of reconstructing devastated social relations, both because of the community-based nature of the illness, and because of the severe lack of human and financial resources available for individual treatment.

72. Discussion of this topic generated several important comments by international participants. With regard to an earlier comment by the Guatemalan participants concerning existing coping mechanisms natural to the affected populations, several participants stressed the need to take into account those social, political, and economic resources available to the population and which might be supported or increased to enhance the efficiency of traditional coping methods.

73. An Argentine participant noted the long-lasting effects of traumatic experiences, and suggested that pervasive fear and the knowledge that perpetrators of violence profit from almost blanket impunity, engender further disorders in the population even after "peace" is obtained.

74. Several comments came together to produce yet another prevalent conference theme. It was widely acknowledged that in light of the fear and distrust rampant in the most affected Central American populations, any attempt even to assess the ex-
tent and nature of the psychosocial outcomes must be seen as a form of intervention. Thus, from the very start of any programme, the mental health worker must understand his/her role in attempting to open a space of confidence and trust within a family or community. If such a space is not carefully and considerately established from the outset, there may be no good reason to continue the programme, as the information given to the investigator may well be incomplete or unreliable.

75. At the same time, it must be understood that the mental health workers (whether community members, health promoters, or psychologists) are themselves affected by the environment in which they work, and that the psychosocial effects of fear and persecution which the mental health workers may suffer, will in turn affect their capacity and effectiveness as the work progresses. The importance of this dynamic was stressed over and over again, and perhaps can be better understood in light of the following panel discussion.

2. Panel 2: Latent Fear in the Community as a Consequence of Violence

76. The first panelist raised a general point which appeared to hold true across countries: the objective experience of a war-related event will produce a wide range of mental health outcomes, depending on the subjective understanding and processing of the event by different individuals (depending, for example, on one’s history, lifestyle, religion, socio-economic situation).

77. She noted that in Chile (much as in Guatemala today) widespread fear was systematically created and expertly imposed on the population. She noted that research and assistance should be linked and that both activities should be solidly grounded in social reality. To work in such a situation one must be disciplined, and understand that the prolonged duration of the violence has produced a state of continuous stress (as opposed to a facile diagnosis of post-traumatic stress disorder). She felt that a multi-disciplinary team might be the most adequate approach, since the consequences of the trauma often inhibit a range of developmental processes, from biochemical to sociological to educational.

78. Juridical assistance and the capacity to learn and create methods of teaching people about their human rights and means of realizing them is equally important in the care and empowerment of populations affected by situations of prolonged violence. Mental health and human rights are inseparable, each providing a tool in the struggle for the other, and the attainment of each feeding the eventual realization of the other. In this respect, it was felt that UNICEF could play an important role not only by working at the policy level to achieve ratification of the U.N. Convention on the Rights of the Child, but also by accepting the duty of ensuring that the internationally accepted norms and standards embodied in the Convention are implemented and respected.

79. The next panelists commented on the fact that often mental health workers
themselves are unable to objectively understand the effects of the stressful situation on themselves and their work. Very often people are not overly conscious of the presence of fear, except, of course, in cases of explicit threat.

80. Fear that stems from a generalized societal condition, as it does in Guatemala and El Salvador, results in a “culture of fear”. Detecting the manifestations of prolonged exposure to societal fear is especially difficult with children, given their limited abilities to verbally express themselves. Creative interventions and contextual understanding are required.

81. One participant stated that it is impossible to generalize ways of measuring or discerning fear in adults, to children. A recent study on fear among children victims of violence in the Philippines, using drawings and narratives of children, showed (1) fear of the tools of war, (2) limited visions of their own futures, and (3) fear of loss and/or separation anxiety. The study found that fear creates the “adult child”, one who copes in ways similar to adults. A key recommendation of the study is, quite simply, to reinvigorate the community with trust and confidence; again, structural solutions must be sought for structural problems.

82. Fear will clearly be one dimension of the subjective filter through which all objective experience will pass, and any attempt to understand the outcomes and reinforce people’s abilities to cope with the situation must also be designed and implemented in the context of this all-encompassing emotion. Fear can be understood as a natural response to aggression, and aggression too is defined in accordance with each person’s subjective reality.

83. When fear is used to manipulate and control (resulting in what one participant termed a “pathology of fear”) it is difficult to perceive of a political solution to the conflict: all sectors are affected from the individual to the national levels. It may be of interest to note that the oppressors themselves are not immune to the “culture of fear”; perhaps their greatest concern is that at some point the tables may turn and they will come to experience the other side of the situations they have perpetrated.

84. Even after a political solution is reached, fear retains its hold on the population. Fear that the war and violence will return at any time, fear of letting one’s guard down and speaking openly among others, fear of change and the likelihood that change will bring even worse conditions, all combined with the knowledge that often law provides immunity to those responsible for past violence, may perpetuate the “culture of fear” long after the cessation of hostilities.

85. This session evoked emotional and informative responses from a number of participants who have themselves worked for years within cultures of fear and have often recognized the consequences in themselves. Interestingly, the Philippino participants
noted a drastic decline in membership in a local mental health organization in response to a media advertisement submitted by the army labeling the organization as "communist". In contrast, generalized fear was much less obvious in reaction to the targeted assassination of a well-known mental health worker. Thus the possible conclusion that generalized fear, fear of unknown or uncertain consequences can have much more damaging and paralyzing effects than targeted events which are "understandable" in the abnormal context of the country. A Salvadoran participant added that after the November 1989 offensive in El Salvador, the number of workers in a local community mental health organization dropped from fifteen to four.

86. Several participants expressed the belief that in situations such as these, the only tools one can cling to are a firm commitment to human rights principles and the rule of law, as embodied in the Convention on the Rights of the Child. Understanding and use of human rights principles on behalf of children may in fact serve to empower a family or community and may consequently offer mental health benefits. Thus the question raised by several participants: exactly how far can UNICEF go towards active advocacy on behalf of the rights of children?

87. Recalling the fact that objective war-related experience necessarily passes through a subjective filter before manifesting itself in any number of mental health outcomes, we now have a better understanding of one important dimension of the subjective appraisal: fear. We have seen that fear affects all sectors and all levels of society, and we understand that because violent society itself produces and results in mental illness, effective treatment strategies should be community based and should take account of existing community coping strategies.

88. The next panel, focusing specifically on subjective understanding and appraisals of war-related experience, added another dimension to our understanding of the nature of psychosocial consequences of war for children.

3. Panel 3: Personal and Collective Meanings and Values as Coping Mechanisms and Intervention Tools

89. The first panelist provided the theoretical framework for understanding the development and importance of identity, meaning and purpose in children's lives. He explained that in general children pass through various stages of psychosocial development, and that distinct "stage-salient tasks" can be associated with distinct phases in children's lives. For example, security of attachment is a developmental process associated with early childhood, feelings of empowerment/efficacy or helplessness/inefficacy are associated with middle childhood years, and the development of identity, meaning and purpose are identified with early to middle adolescent years. Thus, in simpler terms, we can chart the progressive psychosocial development of children in terms of love, empowerment, and identity.
90. Equally as important as these internal developmental imperatives, are the external social, political, and economic imperatives that make up the objective reality of children’s lives.

91. The forging of an identity may include political, personal, and social struggles. How might a child exposed to violence over a long period of time approach this task? If the child has not benefitted from a secure attachment to a primary care-giver, can not depend on the protection of family or community, has been exposed to chronic danger and fear for extended periods of time, how might he/she approach the struggle of identity formation?

92. We must attempt to understand a wide range of possible responses. Initial exposures to violence may, for example, produce an attempt to cope, whereas repeated exposures may result in “learned helplessness”, maniacal attempts to control a chaotic world, or, alternatively, a dependence on chaos itself as the organizing factor in one’s life. In short, identity formation may be very tied up with the violence itself and may be affected by numerous factors including language (how “the struggle” is defined) and/or level of participation (in certain situations participation in the fighting is elevated to a “rite of passage”).

93. As an illustration of several of the points made above, the Palestinian participant asserted that language is indeed an important aspect of the Palestinian struggle (“intifada” literally means “to shake off”) and that external (social, political, and economic) imperatives must be understood before attempting to approach the problems of children. He proposed that children in the West Bank are bolstered by feelings of empowerment, religiosity, high levels of politicization, and direct physical involvement in the fighting. He has found that depression is highest among those children not participating in the intifada. With regard to this last point, questions were raised as to the potential, long-term danger of an entire generation growing-up associating violence with power and justice, not to mention the immediate physical risk of participating in violence. The speaker confirmed just such a dangerous possibility, and commented that signs of disobedience are already prevalent among adolescents in the West Bank.

94. Finally, the Salvadorean panelist agreed that an understanding of the causes of the war helps children to cope with the consequences, but posed the important question of “whose explanation? whose ideology?: the therapist’s or the patient’s?”. He posited that in fact, ideology enters the equation as soon as one defines a psychosocial outcome as a “problem” in need of treatment.

95. Numerous drawings by Salvadorean children, who had been removed from conflict zones two to five years earlier, displayed a persistent predisposition for portraying the tools of war (army planes, houses on fire, bodies strewn on the ground), as do their games (war-related games). The speaker proposed that perhaps therapists and
psychologists were misplaced in their labeling of these children as "sick"; in light of over 2000 years of human violence and aggression, perhaps these children are simply, and accurately reflecting objective reality and thus commenting on the nature of mankind?

96. The discussion following this panel generated several important points concerning intervention techniques. Comments were generally directed towards identifying those areas of children's lives most important in providing them with protection against the effects of stress and trauma and thus, most in need of external support.

97. Several people mentioned the family, and stressed that often households are headed by single mothers, themselves extremely affected by the consequences of the war. In the case of displaced persons, very often a community breaks down into individuals, each fighting desperately to obtain a portion of very limited resources.

98. One participant took the discussion one step further, adding that we should not rely solely on mothers, or primary care-givers, to provide necessary support, since the war often disrupts their ability to do so. Activities in refugee camps, for example, should not focus solely on children, but rather also on the adults equally in need of attention and support.

99. At this juncture the participants broke into four small working groups, each focusing on one particular country: Guatemala, El Salvador, Nicaragua, and Costa Rica. The rationale for this format was to stimulate the international participants to think creatively about how their own experiences could be adapted, revised, or replicated in a specific Central American context.

100. Each group was given a list of suggested topics to discuss, and group leaders (chosen by each group) reported their conclusions to the plenary. All groups were asked to keep in mind UNICEF's two basic objectives: (1) to obtain recommendations as to methods available for addressing the psychosocial needs of very large numbers of children, families and communities, and (2) ways in which such programmes might be implemented at costs sustainable by governments or local NGOs. Following are brief summaries submitted to the plenary by each group.

101. The El Salvador group reviewed the various ways in which Salvadoran children are affected by violence: refugees, displaced families, repatriated families, children of assassinated parents, disappeared persons or political prisoners, children directly involved in combat. Some data indicate that of 600,000 displaced persons, 200,000 are children and that 3,000 children directly subjected to violence. Children in prison and tortured children were among the highest priority group for immediate attention.

102. The group discussed the work of ACISAM in detail and gained an overview
of the work of a number of other local NGOs, in order to have a better understanding of
the context in which mental health work is conducted and what methodologies already
exist. ACISAM undertakes community-level work geared towards parents, teachers and
children. The underlying premise is that mental health should be a community objective
and should be achieved through the existing community infrastructure. Because all sec­
tors of Salvadorean society are touched by the war, technicians are trained to confront
an on-going situation of persistent stress from which they themselves will not be immune.

103. Community mental health promoters, trained by ACISAM and supported by
teachers, churches and other community members, are the primary programme im­
plementers. Initial diagnoses are done by the mental health promoters (more difficult
cases may be referred to individual or group therapy). ACISAM has drafted an easily im­
plementable diagnostic tool, which serves to provide a basic mental health profile of the
person or group being treated. Human sensitivity and commitment are emphasized both
on the part of the investigator and in the treatment.

104. The group agreed that institutionalization of children produces negative
results and that children should be reunified with their families if at all possible.

105. Finally, the Salvadorean psychologists emphasized the fact that mental
health workers must be able to count on supervision and support; the risks they take are
very real and the repression they suffer is unrelenting.

106. The Guatemala group thoroughly reviewed the local background and the
most prevalent types of violence. Of a population of 9 million, 4.5 million are children
under the age of 15. According to various sources, the violence has produced from
120,000 to 500,000 orphans, and 100,000 widows. The overall illiteracy rate is 65%, reach­
ing as high as 90% in rural areas where one out of ten children may receive medical care
and schooling is intermittent. 85% of the population is poor, and half of this group lives
in extreme poverty.

107. The Guatemalan participants reviewed the history of violence in Guatemala,
and concluded by stating that the prolonged, undeclared civil war has ceaselessly vi­
olated the full range of basic human rights, damaged the economy and permanently
traumatized children instilling fear, mistrust, and confusion in the communities.

108. The group recommended that UNICEF focus less on quantitative analyses,
which are virtually impossible given the circumstances, and focus instead on well­
planned qualitative analyses, in order to build a UNICEF programme plan.

109. The group reviewed some of the child and community survival actions cur­
rently underway in Guatemala and suggested that psychosocial programmes be built
into existing health, nutrition, informal education, and income-generating projects. Heavy
emphasis was placed on the need to build trust and confidence from the very first stages of any projects.

110. The Nicaragua group reviewed the difficulties of collecting data on the psychosocial impact of violence on Nicaraguan children, and enumerated some of the war-related events most frequently experienced by children (e.g., living in combat zones, experiencing bombardments, being forcibly displaced due to violence).

111. The group felt that a comprehensive situation analysis would facilitate an understanding of the extent and nature of the psychosocial outcomes, and enable resources and programmes to be directed towards the priorities of the community and towards the communities most at-risk. The group appreciated the relevance of the Philipino, Argentine, and Chilean experiences.

112. The group recommended that mental health workers be chosen from among the community in which the children live, and that they should be persons with direct and trusting relationships with children and their families (e.g., primary school teachers, religious and community leaders).

113. The Costa Rica group reviewed the refugee situation both out and inside of refugee camps, and went on to discuss a recommended profile of a ‘mental health worker’. The population in the camps includes some 6,000 women and children under the age of 12. Health care, education and nutritional support are provided in the camps. Camp workers have noticed a rising ‘culture of dependency’ and a related decrease in children’s esteem for their parents. Costa Rica does allow for some refugee peasants to join communities of local, extremely poor peasants. It was suggested that income-generating activities and efforts to rebuild lives among new communities may go a long way towards bolstering the refugees’ self-esteem and confidence.

114. The group recommended that mental health promoters should live and work among the communities so as to detect and alleviate latent fear. The mental health promoter should also be familiar with the Convention on the Rights of the Child and should promote the drafting and implementation of legislation in favor of children.

115. The next panel was dedicated to a review of two very distinct assessment methodologies, and the discussion which followed raised important points to consider in the design and implementation of assessment and intervention techniques in Central America.

4. Panel 4: Assessment Methodology: Usefulness, Application and Analysis of Data

116. The first speaker outlined the methodology and results of a study undertaken in her native Lebanon, where years of combat have taken their toll on the mental well-
being of thousands of children. In spite of the constant physical presence of the war, a very high percentage of children continue to attend school. Therefore, conducting a quantitative assessment of the scope and nature of war-related experience was logically conducted via the Beirut schools. It was believed that a quantitative assessment, defining which sectors of the population were most affected by the war and thus at highest risk for negative psychosocial outcomes, would assist in the targeting of programmes to the children and communities most in need.

117. Questionnaires were distributed to a random sampling of teachers, who subsequently distributed them to students and instructed them to have their parents assist in filling out the responses. The speaker attributed the high rate of returned questionnaires to a positive feeling of involvement among the participants in the study. She stressed the importance of a clear and well defined methodology, acknowledged that even at this early stage of her study she was aware that her questionnaire itself was a form of intervention, and emphasized the importance of returning something positive to the participants as a result of the study.

118. Following the analysis of the data, the investigator returned to the schools and gave the teachers brief training sessions in ways of responding to the behavioral symptomatology apparent in their students as a consequence of their exposure to the war.

119. The next panelist spoke from both a psychological and an anthropological perspective and from the vantage point of having spent eighteen months as an integral member of an indigenous, highland Guatemalan community. Her presentation emphasized the critical importance of establishing a basis of trust and confidence among the population with which one hopes to work.

120. Her work has been complicated by numerous factors, ranging from the high level of community fear, to the fact that violence and danger are hardly abating in rural Guatemala. Furthermore, that over 22 languages are spoken among the indigenous population, that there may be many words for a given emotional state, and that one must truly take an ethnographic approach if one is to understand what induces fear, anxiety, mental health and mental illness in a given community, combined to make her work even more intensive and complex.

121. For various reasons the methodology used effectively in Lebanon would encounter serious drawbacks in Guatemala; few rural children attend school consistently, teachers are vastly over-burdened and under-compensated, the construction of the instrument would have to account for the many languages and linguistic nuances, and the notion of recording one's experiences on paper might well be far too intimidating a venture to achieve a useful response.
122. On the other hand, it is useful to view both techniques as potentially positive initial intervention steps. Both investigators used their access to affected populations to create spaces of trust, confidence and involvement. It is equally likely that both investigators opened the first spaces in their respective communities for a frank and open verbalization of extremely tragic, stressful and traumatic events.

123. In the discussion following the panel, participants commented on the obvious need to reach a clear understanding of a child’s ecology (e.g., school, religious groups, family, etc.) in order to direct the methodology at those most capable of providing reliable responses and most able to benefit from the results.

124. With regard to the feasibility of technical, scientific methodologies, one participant felt that, for example, random sampling might not be of the utmost importance when one hopes to discover the level and nature of trauma within a specific community, as opposed to among various communities.

125. Among the participants there was much discussion as to specifically how entree to the community was achieved and how assistants were chosen and trained.

126. The following panel provided an opportunity for the international participants to outline the dominant characteristics of their own countries, the environments in which they work, the methodologies and programmes developed by their own organizations. The discussion generated by each presentation demonstrated the value of this exchange both for the participants from Central America and for UNICEF.

5. Panel 5: Intervention Models

127. The Philippino context bears many political and historical similarities to the Central American context. The first panelist reviewed the experience of the Children's Rehabilitation Center ("CRC"), an NGO which treats 350 cases per year and has a staff of 35, half of whom are local people trained to do para-professional work. CRC takes a holistic approach in treating children, insisting that neither the political-social context nor the importance of the family can be ignored.

128. Instead of purely clinical methodologies, CRC uses an organized community approach to diagnosis—allowing the community members themselves to identify any “problems”. Multi-disciplinary mobile teams (often including a foreign journalist for protection) go directly to the communities and may attempt to initiate nutrition, education or income-generating projects. Especially difficult cases are occasionally referred to specialists. She and many subsequent panelists took the view that all such activity serves as a psychosocial intervention in and of itself. In terms of assessment, CRC is currently compiling a stress profile.
129. In accordance with their philosophy of taking the treatment to the people, CRC locates people living in the streets and assists in finding shelter, they regularly visit children held in juvenile detention, and at great risk they often conduct fact-finding missions in evacuation centres (where large numbers of people are held following either “forced” or “voluntary” evacuations of villages). Schools offer another important treatment environment, and CRC uses this forum to conduct drawing campaigns (drawing for peace, etc).

130. It was noted that UNICEF could provide an important service by assisting CRC to gain entrance to the evacuation centres and by accompanying the team; even minimal involvement on UNICEF’s part would offer an important measure of protection to the CRC team. Among the instruments produced and used by CRC is an in-home illustrated manual aimed at mothers. The kit includes individual handbooks on relevant topics such as fear, mourning, and loss. They have found significant differences in the emotional responses of persons mourning a death and those awaiting information following a disappearance (other panelists were to make the same observation). CRC is presently drafting a “barefoot psychology manual” aimed at mental health promoters with more advanced training.

131. In terms of intervention, CRC has both small group and large group projects, reverting to individual therapy only in the most extreme cases. Their consistent presence in the lives of the children and the communities offers some measure of stability in otherwise chaotic lives. Group work includes the use of art, music, psychodrama, and often includes activities as simple as taking children out doors in order to provide a sense of space and freedom.

132. The speaker made several specific recommendations for UNICEF action. She suggested that UNICEF find a balance between working only at the highest political levels of government bureaucracy, and working directly with local NGOs.

133. In terms of the suggested profile of a mental health worker, virtually all panelists reiterated the importance of providing a network of support for the workers, and noted that often those persons trained to assist in the assessment phase come to be integral to the success of future stages. This may be due in large part to their important task of establishing a relationship of mutual trust and confidence within the community.

134. Finally, in light of the danger attached to mental health work, the hope of taking such work to scale is impossible without the commitment and assistance of UNICEF. At present, the only evidence many mental health workers have that they have truly created a limited space within which to work, is the fact that they are still alive.

135. The next panelist, from Uruguay, suggested language (the redefinition and
usage of certain words such as solidarity, creativity, hope) as an important component of therapy. She stressed the importance of regaining one's rightful identity (lost due to the kidnapping and disappearance of the mothers and the subsequent "adoption" of the infants). And she emphasized, as had the Philippino panelist, that latent fear is still widely manifest in the population in spite of the return to constitutional government. Particularly in Uruguay, where the "law of impunity" exempts ex-officials from responsibility for past crimes, people are still unable to place their trust in social justice and the rule of law.

136. The next panelist, from Chile, pointed out the very sophisticated level of repression inflicted on the Chilian population over the past seventeen years, and, like many other panelists felt that the long-term, generational effects would continue to display themselves well into the future, in spite of the recent transition to democracy.

137. She recalled the difficulties inherent in working with torture victims at a time when the occurrence of torture was officially denied. But she highlighted the importance of recognizing how a community has managed to overcome suffering, stress, and trauma, and subsequently targeting resources and assistance to bolster those very methods. Her own work focuses on families and communities, and involves persons traditionally present and trusted by the community.

138. The next panelist, from the West Bank, began by explaining that due to the military occupation and application of Israeli military law in the West Bank, there are virtually no overt intervention models to speak of. He felt that the classification of such things as the wearing of traditional head-dress (which often covers almost the entire face), or the prominent display of PLO colors as security offenses, results in high levels of externally imposed behavior control. Lack of human and economic resources, and the extended closure of the local university have also impeded psychosocial work.

139. In spite of the difficulties, a small team of psychologists has begun to seek ways of incorporating psychosocial therapy into various existing structures of daily life. For example, the team visits patients being treated for physical wounds in local clinics, or visits families in their homes, or local shopkeepers who have daily and consistent contact with the community.

140. This speaker raised an issue of great concern and importance for several Central American countries: what sorts of psychosocial problems can be expected to surge once a political solution to the conflicts is reached? He confirmed that it is much easier for children and adults in the West Bank to define themselves in terms of the conflict, to develop their identities in terms of the struggle, than it is, for example, for Palestinians in Jordan where there is no "intifada".

141. It has been noted that once the Sandinistas gained power in 1979 (in Nicaragua), many who had previously taken an active part in the revolution and had
defined themselves in terms of the struggle, suddenly found themselves in desk jobs, administering the newly won political power; many had tremendous psychosocial difficulties adjusting to the new, less "heroic" circumstances.

142. In the case of El Salvador, where membership in the armed forces has grown from approximately 5,000 to at least 75,000 over the past decade, psychologists anticipate numerous psychological readjustment problems (as well as among the guerrilla forces) once a negotiated peace is achieved.

143. During the discussion period participants stressed the lingering fear apparent in the Southern Cone as a result of the failure of social justice (impunity laws); emphasized the importance of involving community leaders in intervention programmes; and suggested that UNICEF assist at the political level in the recognition of a child’s right to his/her true identity (especially in the cases of Argentina and Uruguay).

144. The final panel provided an opportunity for feedback from the Central American participants—an opportunity to review the assessment and intervention models they presently use, and to discuss with the group those suggestions, experiences, programme models, perspectives, etc. presented at the conference, which they had found most potentially useful for their future work.

6. Panel 6: Intervention Models in the Central American Context

145. The first panelist from Guatemala urged UNICEF to take an active advocacy role in protecting the rights of children and in raising consciousness and International awareness as to the gravity of the Guatemalan situation.

146. The next Guatemalan panelist outlined the training and intervention programme developed by a local NGO. The organization provides a number of community services, including primary health, maternal/infant health, arts and crafts production, etc. They take a community and family based approach, targeting their training and intervention programmes at mothers, widows and midwives. As of 1985, 3900 health promoters had been trained and mental health was introduced as a component of the training. They currently work with over 1,200 widows, 200 of whom have been trained to become “multipliers” (using a training of trainers approach). Health promoters undergo five weeks of training each year for a period of four years.

147. The speaker felt that the conference had been a useful exchange of information and a valuable opportunity to share the hidden story of the conflict in Guatemala. Several Guatemalan participants suggested that UNICEF assist local NGOs in the publication of educational materials concerned with mental health, and assist in the training of community members to confront mental health issues within the community thus tapping the community’s own potential to cope with the devastating consequences of the
war, and promoting community self-sufficiency and independence.

148. A Salvadorean panelist stated his hope for a negotiated peace entailing social, political and economic democracy, and reaffirmed his belief that a significant change in the dominant psychology as well as in the attitudes of many psychologists is necessary. At present, his NGO strives to recreate positive social relations by working at the community level as opposed to the individual level. Therapy is aimed at preserving culture and identity, and at prevention of the damaging consequences of the violence.

149. The organization collaborates with popular organizations, churches, universities, community service organizations. Within the community work is organized at three levels: training, support groups, and assessment/intervention. Mental health promoters are trained in theory as well as in the practice of interviewing people, recognizing symptoms and elaborating intervention plans for a given community. Full-time psychologists oversee the projects, assist in assessment and evaluation of programmes, design educational materials, and provide training for para-professionals.

150. In recognition of the generational effects of traumatic experience, and given the extreme and persistent nature of the poverty in which the vast majority of Salvadoreans live, the Salvadorean psychologists felt it was important for psychosocial therapy to promote an understanding of the causes of poverty and promote an understanding among the people that they were not predestined to live their lives in poverty.

151. At this point one participant declared that throughout the conference we have seen evidence of the growth of a “new psychology” – one that recognizes the resources existent among the affected populations and acknowledges the presence of an “existing psychology”, one in which psychologists learn from the people how best to assist them, and one which forces psychologists to go beyond the boundaries of their formal training and integrate themselves into the infrastructures of the community, recognizing the invaluable assistance to be offered by local community members.

152. The panelist from Nicaragua presented the structure of a mental health training and intervention programme currently functioning in Nicaragua. The programme takes a training of trainers approach in which supervisors train “multipliers” who in turn train “brigadistas” within the community. Multipliers may be health promoters, teachers or community workers. During three-day workshops the multipliers discuss their own problems and perspectives on the war, in order to better understand and cope with the sort of problems they will surely encounter among the communities. They are briefed in child development, family relations, and the problems of refugees, displaced persons, families of combatants, etc.

153. Within one year, 1000 multipliers and 3000 brigadistas have been trained and are working at various levels: teachers, nurses and health promoters work at the ser-
vice-provision level; others work within barrios and existing community structures; others work as an emergency team confronting situations such as kidnappings. The speaker was unable to predict what would come of the programme now that a new government was coming to power; however, as in the Southern Cone and the Philippines, one can predict the continued necessity of psychosocial programmes.

154. In terms of psychosocial work among the refugee population in Costa Rica, one organization sends multi-disciplinary teams to work directly in the camps, within the framework of existing services and structures. The organization trains and supervises mental health promoters and encourages them to learn from the community and to build relationships of trust and confidence in order to facilitate their work. She cited a high incidence of child abuse as one consequence of stress and trauma, and reiterated that the majority of the refugees remain undocumented and thus beyond the scope of this particular programme.

155. At the close of this panel, several Central American participants stated that they were pleased with the results of the conference and appreciated this opportunity to learn more about the objectives and priorities of UNICEF. They appreciated the fact that by recognizing the severity of war's psychosocial impact on children, UNICEF has helped to widen the space in which the participants work.

156. The participants met in their small working groups for a final discussion of assessment and intervention programmes in a specific Central American country, and attempted to produce recommendations for future UNICEF initiatives. The conclusions of each group are presented below.
IV. REVIEW OF RECOMMENDATIONS FOR FUTURE UNICEF ACTION IN CENTRAL AMERICA IN RESPONSE TO THE PSYCHOSOCIAL IMPACT OF WAR ON CHILDREN

157. The Guatemala group felt that intervention models should be based on the following concept of mental health. The group perceived of mental health as a continuous growth process within a human being, determined by his/her relationship with society and by external determinants such as the historical, economic, political and cultural context. They felt that mental health as a field should deal with the person as a whole. Thus, mental health would express itself as the capacity to think, to act and to feel and these capacities are integrally linked to the person's relationship with his/her "human environment": the family, social and cultural values, etc. The treatment of mental health or mental illness should not remain the exclusive domain of specialists, rather such work should be the concern of all persons.

158. Based on this conception of mental health, the group outlined several general phases of an intervention model. The first step would be diagnostic: an examination of the needs and priorities of the community in order to develop a realistic and practical programme. Mental health diagnosis and intervention should be built into existing societal structures: health services, nutrition, informal education, recreation, or income-generating projects.

159. Mental health workers should be chosen from within the community (teachers, health promoters, midwives, children, widows, etc.). The selection of workers should be done carefully and with a view to security and respect for the values and principles of the community.

160. Two levels of training were recommended: (1) the first step would be a training of trainers, conducted by a multi-disciplinary team of persons with a high level of technical and/or academic training and a concrete grounding in the social reality; (2) at the next level, the trainers would in turn train community level workers or "monitors".

161. The group offered three concrete recommendations for future UNICEF action:
(1) that UNICEF undertake the development of its programme for child victims of war in close collaboration with and support of local NGOs;

(2) that UNICEF seriously consider organizing working conferences in each country, with the active participation of local, national, and international NGOs already present in that country, in order to identify existing resources and organize activities;

(3) that UNICEF strive for the ratification and implementation of the U.N. Convention on the Rights of the Child, and that UNICEF urge governments to produce educational materials on the rights of the child.

162. The El Salvador group offered eight recommendations:

(1) that UNICEF continue participating and promoting the efforts of the United Nations to achieve peace in El Salvador, in order that programmes on behalf of children can function more effectively.

(2) that UNICEF undertake a detailed situation analysis of the health and mental health initiatives currently functioning on behalf of children, conducted by NGOs, churches, universities and others. This study should include an inventory of the human and material resources available to each of these programmes.

(3) that UNICEF recognize the danger inherent in conducting mental health work in El Salvador, and realize that conditions mandate the limited scope of the work of local NGOs.

(4) given the vulnerability of mental health workers in El Salvador, the group recommended that UNICEF attempt to coordinate the work of the various local NGOs and provide some measure of protection and safety for the workers.

(5) that UNICEF assist in the training of mental health promoters, including courses in supervision and evaluation of projects, and assist in the production of educational materials and dissemination of information via means of mass communication.

(6) that UNICEF promote ratification and respect for the Convention on the Rights of the Child, and that such activities form an integral part of UNICEF's Central American programme.

(7) that UNICEF investigate the possibilities of conducting literacy programmes via radio, and that such programmes include aspects that contribute to
improving the mental health of those populations most affected by the war.

(8) that UNICEF provide access to technical assistance in order to advance the methodologies currently in use for assessing and treating persons suffering the negative psychosocial impact of the war.

163. The Nicaragua group responded directly to several UNICEF concerns, making the following recommendations:

(1) the group emphasized their belief that the first step towards effective, large-scale, low-cost programmes addressing the psychosocial needs of children in war, would be for UNICEF to declare at the international level that respect for the Convention on the Rights of the Child would be impossible so long as war persists;

(2) they felt that UNICEF should commit itself to working closely with NGOs concerned with mental health at the community level;

(3) with specific regard to Nicaragua, the group stated that several community-based organizations already exist (such as those treating orphans or handicapped persons), and they proposed that UNICEF make an effort to link itself to such organizations;

(4) they felt it is important that UNICEF work with organizations independent of the government and controlled directly by the community. The reason for this recommendation was a belief that only this type of organization can achieve the level of trust and confidence within a community necessary for an effective mental health programme during time of war;

(5) finally, the group recommended that UNICEF make all necessary efforts to protect the safety of mental health workers, especially those working in conflict zones.

164. The Costa Rica group made the following recommendations:

(1) that UNICEF promote the ability of refugees to make individual and voluntary decisions as to repatriation;

(2) that UNICEF collaborate with the Inter-American Institute for Human Rights to establish a national plan for human rights education, including education in the rights of the child;

(3) that UNICEF forge closer links to local NGOs working with children at-risk, in order to maintain a constant flow of information;
(4) that UNICEF establish relationships with research centers in order to systematize the field experiences of groups working with children and to produce products that will contribute to the more effective development of programmes;

(5) that UNICEF campaign for the protection of the rights of the undocumented refugee child (such as the right to education or health);

(6) that UNICEF promote the right of indigenous children to preserve and use their native languages;

(7) that UNICEF develop income-generating and other types of programmes which promote self-sufficiency and independence, thus alleviating feelings of passivity and desperation often found among refugees in camps;

(8) the group identified the following groups of persons as potential target populations for UNICEF programmes (each category may include documented or undocumented refugees, and/or indigenous Costa Ricans):
   - women heads of households
   - undocumented or documented refugee children
   - indigenous Costa Rican children
   - abused, neglected, sexually exploited children
   - children exposed to the violence of combat
   - children and families in danger of losing their national or cultural identities
   - adolescent refugees (pregnancy, maternal health issues)
   - children outside of the traditional educational system

(9) in terms of the mental health workers themselves, the group recommended the formation of multi-disciplinary teams, involving NGOs and universities, and composed of persons with high levels of commitment to the work. The workers should be very carefully selected in light of their technical and professional training and their level of community endorsement. The team and the mental health promoters they train should at all times remain in close contact with the network of community leaders.

(10) The training of mental health promoters should include: (1) primary diagnostic and preventive measures applicable within the particular community, and (2) emphasis on specific programmes that promote further training of
mental health promoters at all levels and that will involve the community
directly in supervision and implementation.
V. CLOSING REMARKS OF DR. AGOP KAYAYAN, UNICEF REPRESENTATIVE FOR CENTRAL AMERICA

165. Dr. Agop Kayayan, UNICEF Representative for Central America, closed the final plenary by congratulating the participants for the success of this conference and assuring them that their participation and advice had greatly increased UNICEF's understanding of the issues in Central America. He stated that the suggestions, major issues discussed, and strategic guidelines proposed by the participants would greatly assist UNICEF in presenting their Subregional Programme on Children in Especially Difficult Circumstances to the Executive Board in April 1990.

166. Dr. Kayayan emphasized the importance of the work being done by local NGOs, explaining that very often the experience and advice of local NGOs form the bases of UNICEF projects long before UNICEF is able to develop ways of taking such projects to scale at a national level. Dr. Kayayan felt that in the attempt to respond effectively to the needs of children traumatized by war, UNICEF would be well placed to learn from the experience of local NGOs before attempting to expand projects to a broader scale. The results of the conference have confirmed that point of view, and in light of the large quantity of experience exchanged during these five days, the conference has been a success.

167. Dr. Kayayan reviewed on-going UNICEF activities on behalf of children in war (i.e., “days of peace” in El Salvador during which vast numbers of children are vaccinated), and went on to sketch the evolving role of UNICEF in the field of “Children in Especially Difficult Circumstances”. He explicitly emphasized the importance of the U.N. convention on the Rights of the Child, and declared UNICEF’s intention to make productive use of the instrument through active advocacy programmes in each of the Central American countries. Clearly, the Convention is fully applicable to children affected by war and should be actively promoted, in conjunction with existing relevant international and/or national legislation, for improved protection of children.

168. More specifically, Dr. Kayayan expressed the belief that the Convention will become a truly effective tool once its contents are known and understood by children and their families; only when people understand their rights and the mechanisms avail-
able to achieve them, can they participate in the full legal protection of their children. To this end, UNICEF intends to assist in the wide dissemination of the Convention. Four countries of the area, Belize, El Salvador, Nicaragua and Guatemala have already ratified the Convention. In Costa Rica, the Convention has passed through a second debate in Congress.

Dr. Kayayan closed his remarks by expressing his gratitude, on behalf of UNICEF, to all of the participants and to the Dutch Committee for UNICEF which provided the funding for this conference.