

Editorial Note

The attacks on the World Trade Center in New York and the Pentagon in Washington on the 11th of September 2001 had a shocking effect across the world. We became helpless witnesses to brutal terror, knowing that at the exact televised moment when the planes hit, thousands of people died and many more were bereft of their loved ones. Maybe, for the first time, terrorism became part of the global agenda, as terror struck at the heart of power, and within the borders of a nation that up until then had built a perception of invulnerability. However, the brutal effects of terror and war are felt by hundreds of thousands of people every day throughout war-torn countries and areas around the world. For the child whose father is killed by Israeli soldiers, the Israeli child whose mother is killed by a suicide bomber, or the Iraqi family who lose a family member because of the imposed sanctions, the resulting consequences are the same. However, the resources that can be mobilized to help may be very different: e.g., for the many Angolan children that lose a limb by treading on a mine, there may be few artists arranging a concert to raise money for their rehabilitation.

The causes of wars are often attributed locally as the result of historic or religious factors and tribal conflicts. However, wars often have global causes that go beyond local explanations, national character traits, or the personality of leaders. Poverty, international power, trade policies, an unjust division between rich and poor, and the distribution of the world's resources (especially oil), are structural factors that are intimately related to many of the conflicts. Until solutions are found for these deeper root causes and the world becomes a better place to live for most people, not only for those of us fortunate to live in countries that use most of the world's resources, wars and terrorism will continue. The responsibility for most conflicts around the world do not solely lie locally, but internationally as they are connected to deeper structures and reflect the struggle for political and economic power. With a yearly toll of more than 11 million dead children under 5, a special responsibility rests on affluent nations, on world statesmen, politicians, and business people. It is a sign of health that so many people all across the world reacted to what happened on September 11th. But our sense of responsibility and emotional upheaval should not only be triggered by events such as September 11th, but by the plight of thousands of innocent children who every year die without having to die, or who innocently suffer in conflicts across the world.

Professionals who work in the trauma field often deal with childhood trauma, be that directly with traumatized children, or with adults that suffer the consequences of childhood trauma. In this issue of *Traumatology*, the focus is on children and war. The articles go beyond a simple list of reactions and consequences of war, to look at issues concerning the denial of trauma in children, cultural relativism, political impunity and how to make politicians accountable, and the developmental trajectory of children in war areas.

Atle Dyregrov, Leila Gupta, Rolf Gjestad and Magne Raundalen ask whether culture is always right. They point out that although one needs to be sensitive to the local culture when one introduces help following war, one can easily take the position that one should not oppose the culture, even though the culture has prevailing beliefs or practices that run counter to children's needs. Following war, cultural mechanisms that worked well before the war can be rendered

impossible to use afterwards. They argue that the critique against the non-critical use of western models of trauma used in non-western societies is unwarranted, and many represent a continuation of a long tradition of denial of trauma. In most trauma work for children and families during the following war situations, a community-based model where large groups of children are helped is adopted. Only in war-torn societies where the infrastructure for mental health was present before the war and is functioning following the war (i.e., in parts of Former Yugoslavia), can an individually oriented approach be possible as a supplement to other community interventions. The article has a positive view of how knowledge from the trauma field developed in western countries can sensitively be adopted even in cultures radically different from those such western societies.

In the next article, the UN Secretary General's deputy special representative in Afghanistan, Nigel Fisher provides a thoughtful presentation of the politics behind the traumatization of children during armed conflicts. He points to the responsibility of leaders of political factions and fighting groups and how easily they can escape the consequences of their actions with complete impunity. He provides concrete examples of how leaders can contribute to the widespread violence against children when they are not held accountable. He proposes four areas where actions can be taken to secure a better situation for children in warfare: 1) Guarantee children zones of peace, 2) Name names of those who target women and children in situations of armed conflict, 3) Create a climate of compliance and accountability with international norms, 4) Encourage the strengthening of democratic institutions for equitable development and peaceful conflict management. Fisher describes how these causes of actions already have had a positive impact on children of war. Although none of them will guarantee peace, they offer an opportunity to foster positive environments where leaders are encouraged to exercise power and authority for their citizens. The paper presents thoughtful insight in how the situation for children can be bettered on the societal and political level.

On the background of the UN Convention on the Rights of the Child, William Yule depicts the hierarchy of services needed for children under the following war. He provides a concrete example of how the University of London in collaboration with UNICEF and the EU ran a program in Mostar in Bosnia. Here a community-based support service was mounted for children and their families during the war in Former Yugoslavia. He pinpoints the need for evaluation of programs instigated, using a core group of measures to do so. He describes the development of a manual for "Teaching recovery techniques" to children to be used for large-scale interventions. Through the use of five main sessions, this program aims to help children deal with symptoms of intrusion, arousal and avoidance. This manual, developed under the auspices of the Foundation for Children and War has been found to bring immediate relief to children following disaster. Yule also describes and discusses the different levels of mental health services that can be used, from crisis intervention (debriefing) through group treatment to individual treatment where this is feasible.

In the last paper, Raija-Leena Punamäki describes how trauma impacts on developmental tasks throughout childhood. On the basis of research she denotes how objectively similar trauma experiences can bring subjectively different messages to victims and survivors and cause different mental health consequences. By using attachment theory, she outlines how the trauma

victims experience and interpret threatening cues, regulate their emotions and respond to danger and threat. Secure children will deal with the stresses of war in a different manner from that of the insecure avoidant or the insecure ambivalent child. She also looks at personality research, with a special focus on temperament, and how this can contribute to an increased understanding of why children differ in their distress and vulnerability to traumatic experiences. Based on attachment research she discusses how interventions should be tailored to meet the vulnerabilities and strengths of secure and insecure children and proposes that a goodness of fit between environment and temperament should be considered. Coping strategies may also differ and be differently effective based on the personality differences and the goodness of fit described above. Active versus emotion focused coping, or other aspects of child's coping repertoire, may have different effects for children with different temperaments or psychological make up.

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