A visit to the 'Children in Need' project in Montenegro

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AN INVITATION FROM UNICEF

The Iaglo 'Children in Need' project in Montenegro is one of many receiving assistance from UNICEF. Apart from providing urgent humanitarian and medical aid in former Yugoslavia, UNICEF is developing an extensive psychosocial programme to address the needs of a growing population of children traumatised by war. The programme has broad, long-term aims: to provide direct help for children, to provide training for local professionals and paraprofessionals, and to document the effects of war on children so as to raise the awareness of professionals, service-planners, the public, and most importantly, politicians.

At the same time, UNICEF is committed to evaluating new projects in order to find out more about the needs of traumatised children and how best to help them, both immediately and in the years ahead. A good example of this is the project in Mostar, Bosnia, set up jointly by UNICEF and the University of London, which has been training teachers to identify and help traumatised children within schools.

Dr Dora Black was asked by UNICEF to visit and give advice on the Iaglo project and she invited me to join her. I spent three weeks there.

The 'Children in Need' Project

The 'Children in Need' Project was set up two years ago at the Igalo Institute at the initiative of local professionals. Igalo, a spa town, was a popular tourist resort and its institute was famous as a rehabilitation centre for patients with chronic medical conditions. Prior to the war, they had capacity for 800 patients at a time, coming from all over Yugoslavia as well as many other European countries. Fortunately the links with some of these countries, particularly Norway, have continued in the form of ongoing funding for this project.

The project provides short-respite stays away from the war-zone for 30 Bosnian children aged between three and 17 years who stay for four weeks to receive medical and psychological treatment. Most children suffer from chronic physical diseases, especially asthma and rheumatic conditions, which are inadequately treated due to shortage of medical facilities in Bosnia. Some have war-related injuries – amputations, burns and shrapnel wounds. To compound their frail health, many are in a very poor state of nutrition. While familiar with these medical problems, the small staff group (now consisting of five doctors, two psychologists, one social worker, two part-time teachers and 30 nursing staff) have increasingly been confronted by the needs of children who have experienced, and continue to endure, the losses and psychological traumas of war.

At the same time, the project is also a home for 15 'unaccompanied' Bosnian-Muslim infants whose orphanage was destroyed in the war. They are growing up without families since intercountry adoption is not possible in Montenegro. Although the project welcomes all Bosnian children, irrespective of national or religious affiliation, few parents, other than Serbs, will now send their children to what they perceive as a 'foreign' country.

HOW ARE THE CHILDREN SUFFERING?

From the moment of our arrival at Dubrovnik airport, we were starkly confronted with how different a world we were entering. Earlier that day, a grenade attack on the airport had left one person killed and several injured.

However, not until I saw the first group arrive did I realise that the children literally have to risk their lives to come. They are collected from around Sarajevo in Bosnia and brought on an eight-hour bus journey, often through areas under threat of shelling and sniper attacks. Without their parents and without knowing each other, they arrive in a strange place in the middle of the night and, like frightened animals, huddle together in the few available beds. It was several days before I saw them smile and play spontaneously.

Virtually no information comes with the children, but within a few days their stories are heard – stories of loss, confusion, horror and cruelty. I heard many of these in the initial debriefing groups, conducted along the lines of Dyregrov's crisis centre in Bergen. It was profoundly moving to be a witness as the children told their life stories – who they were, where they came from, who they had lost, what they had seen, their worst moment, and their hopes for the future. These debriefings were followed by individual interviews and therapeutic workshops which explored in more detail, through words, drama, and art, the children's personal experiences of war and helped to normalise their feelings and concerns.

With each group, the staff are developing a greater awareness of the children's suffering and are increasingly able to offer reassurance, support and advice. However, the children come with a wide range of psychological and social difficulties, not all of which can be resolved through such a brief intervention.

Traumatic stress

As documented in other war-zones, a very high proportion of children are suffering from post-traumatic stress disorder, as well as continuing exposure to traumatic stress. Typical experiences included losing parents, family, friends, seeing others being tortured, injured or killed, having to leave their homes, schools and villages, living in underground shelters, and being afraid they would be captured, killed or die from hunger and cold. Many were relieved to talk about these for the first time, but others could only 'remember' through play. One seven-year-old boy repeatedly played out his experience which was to have seen, while pretending to be dead, the rest of his family put on a bus and driven to their execution.

Multiple bereavements

Nearly all the children had lost family members and close friends, and about a third had lost one parent. These bereavements were further

complicated by the traumatic circumstances, breakdown of normal mourning rituals, lack of community supports and, often, irrational guilt about whether the child could have prevented the death. One 11-year-old girl who was very withdrawn on arrival described her brother being killed on enemy soil one year earlier. It only emerged later that two weeks previously his remains had been exhumed for a body exchange across a front-line, an event which had retriggered a delayed grief reaction.

Chronic displacement and 'separation anxiety'

Most of the children were either displaced or refugees. As well as actual bereavements, children were often estranged from their families, with siblings in different refugee camps, fathers away or 'missing' in action, and relatives who had gone abroad. Without the usual communication systems, they were often plagued by fears about the safety of their loved ones and whether they would ever see each other again. One 15-year-old girl had not seen her parents for three years, as they were trapped behind enemy lines near Sarajevo.

Shattered world views

A great number of the children were suffering in more pervasive ways which are not easy to describe. Many younger children seemed to have forgotten how to be children, to sing and laugh, to play, to be curious, to trust the adults and world around them. Older children and teenagers carried a sense of helplessness and hopelessness, perhaps realistic, about their lives and plans for the future. Many had experienced moral corruption in various forms and were cautious of involvement or intimacy with their peers or adults. For all children, the therapeutic work often uncovered the deeper psychological effects of war, such as traumatic expectations, omnipotent revenge fantasies, preoccupations with survivor guilt, and a sense of a world in perpetual chaos.

THE BENEFITS OF THE PROJECT

There is no doubt that the children leave Igalo with their physical well-being greatly improved, if not restored. Their physical rehabilitation is achieved through a healthy diet and effective medical treatment which includes traditional methods such as hydrotherapy and peloidotherapy (mud applications), as well as drug treatment and intensive physiotherapy. Also it was possible for them to have much-needed surgery at a local military hospital.

Hearing about the experiences of other children and being listened to by them eased their sense of feeling alone. In the de-briefing groups, it was very moving to see children comforting and embracing each other during painful self-disclosures. These experiences may have taught them that sharing their feelings and worries can be helpful.

The therapeutic work specifically addressed and improved many of their most disabling symptoms, eg flashbacks, phobic symptoms and nightmares. Furthermore, by resolving some of the psychological trauma, children were able to begin their own mourning process and to separate their personal losses from the overwhelming losses of their communities and country.

How was I affected?

My visit to Igalo had a very profound and moving effect on me. I felt I absorbed much of the raw pain, confusion and despair of these children, without the opportunity to discuss my own experiences with colleagues or friends. It helped me appreciate not just the value, but necessity, of regular peer support and supervision. It was not until I returned to England that I myself experienced many reminiscences and vivid dreams.

I was left with many unanswered questions about the project. Do the benefits last? Are there any risks? What more could I and others be doing to help? While still feeling very concerned about the fate of the few children I met, I also wonder what is happening to the vast population that they represent, who struggle in the craziness without any relief or comfort from the outside world.

The impact of our visit

As a brief intervention, I am in no doubt that our visit had a number of beneficial effects. We ran training sessions and workshops for the staff, and were also able to give direct advice. We set up formal evaluating systems, using proper instruments, to give credibility to the work going on there. With £2000 raised in the UK, we bought equipment to bring out with us – educational and play materials for the children, a tape recorder, camera and relevant books for the staff. We helped to raise the profile of Igalo by appearing on television, and by various other PR efforts.

In addition, our report will be used to good purpose by UNICEF to provide ongoing financial and technical assistance in the future to this and other projects.

Most of all, I hope that our brief stay in Igalo, just like the children's, will be remembered as a time when something different happened which brought new hopes and possibilities for the future for us all.

BOOKS AND VIDEOS

AVAILABLE FROM CRUSE BEREAVEMENT CARE

Making the Most of a Funeral by Dr Jenny Hockey. pb. A study of how ministers of Christian denominations approach funerals, and the reactions of bereaved people to their efforts. Foreword by the Archbishop of York. £3.25 + p&p.

Healing Pain: Attachment, Loss and Grief Therapy by Nini Leick and Marianne Davidsen-Neilsen. pb. Group therapy in bereavement counselling. £11.99 + p&p.

Bereavement Counselling and Supervision. A set of four Cruse videos to help in the training of bereavement counsellors and supervisors. £235 (inc.VAT) + p&p.

Supporting Bereaved Children and Families. Consultant Editor: Dr Dora Black. pb. A training manual from Cruse containing the essential knowledge base on which counselling skills with children and their families can be built. Includes practical ideas for helping children to express their loss, and setting up groups for bereaved children. £9.95 + p&p.

Caring for Bereaved Children by Mary Bending. pb. Children feel grief but may show it differently to adults. This excellent booklet enables parents, relatives, teachers and others to understand the child's grief, and suggests ways of helping. Available only from Cruse. £1.60 + p&p.

The Gift of Tears by S. Lendrum and G. Syme. pb. Summarises the best-known academic work on loss, grief and mourning, relating it to practical counselling skills. £11.99 + p&p

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