

The Mental Health of War Affected Children: a Community-based Rehabilitation and Reconciliation Program in Sri Lanka's Eastern Province.

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Abstract

The mental health effects of children affected by militarized violence are receiving increasing attention as the magnitude of the problem worldwide and its implications is becoming recognized. The trends in child mental health in Sri Lanka related to war and other factors are reviewed, and local project context in Eastern Sri Lanka is described. Since 1995 research and program development in addresses psychological distress in schoolchildren from multiple factors, many directly war related. The Butterfly Peace Garden in Batticaloa is an after-school program provided to 600 children that offers creative play activities and ethnic reconciliation, integrated with opportunities for trauma healing through art-based processes. Its innovative program has several distinctive features. It is a model of community reconciliation and peace building, supportive of local community-based capacity building; its child-focussed attention embraces universal values e.g. Convention for the Rights of the Child: the right of children to play¹ mediated through local, culturally appropriate activities. The similarity to and divergence from the model of community based rehabilitation (CBR) is discussed in relation to the controversial issues of the pathology of militarized violence² at a societal level, mental illness paradigms e.g. PTSD, and the appropriateness of Western counseling approaches. The program is also presented as an example of a 'health initiative as bridge to peace'³.

The national context: trends in Sri Lanka and child mental health risks

The following overview of Sri Lanka's rising child mental health problems is based on an informal survey of new reports posted on the Internet since late 1999. It is a good starting point to consider the context within which child mental health policy and programming is challenged in its efforts to find solutions. There may be many similarities to other countries in the South Asian region.

Economy, Development and War

According to the 1999 Human Development Index Report by the United Nation's Development Program (UNDP) Sri Lanka boasts the highest standard of living in South Asia. Although Sri Lanka boasts impressive social indicators (adequate health care, with adult life expectancy of 72 years, and a literacy rate of 90%), the island lags on economic gains: Despite relatively high attainments in social development, Sri Lanka has performed unsatisfactorily in the area of economic well-being,⁴ "Fast growing countries, like South Korea, Hong Kong and Singapore, not only exceeded Sri Lanka in income levels, but also left the country far behind in social improvements," it said. Sri Lanka's Human Development Index (HDI) -- which incorporates life expectancy levels, adult literacy levels, education enrollment ratios and real gross domestic product per capita -- ranked 91st among 175 countries. However, the regional pattern of human development in Sri Lanka varied substantially, and the level of poverty was moderately

high with some 18 percent of the population experiencing "deprivation in the dimensions of human poverty."

Sri Lanka's war against Tamil Tiger rebels in the North and East, killing an estimated 60,000 since 1983, was a chief barrier to future progress, the report added. Sri Lanka's GDP is expected to expand by four percent in 1999 against a 4.7 percent growth last year and 6.3 percent in 1997⁵. Sri Lanka spends more than \$850 million a year on the war effort, the defence budget for 2000 set at 52.4 billion rupees (\$701.6 million) and expected to climb to \$880 million, close to 5 % of gross domestic product⁶. Despite more than 100,000 troops deployed in the battle against the Tamil Tigers, and the government's financial and military superiority over the rebels, victory has not been forthcoming⁷.

Army recruitment and compensation have become the primary source of resources transferred into the economy of the rural poor in the Sinhalese-majority regions of the South. As a percentage of the World Bank-defined rural poverty line, "military remittances" increased from 5% to 32% between 1985 and 1997.⁸ Aside for the problematic economic implications for these areas if the war should ever end, the social impact of this phenomenon on children and adolescents is profound. An entire generation of children is growing up without fathers, brothers, and uncles as the number of men in the armed forces (as well as a lower, but still sizeable, number of women) has ballooned to an estimated 235,000 in 1996.⁹ On "the other side" the size of the LTTE force is estimated to be 13,200.¹⁰

Many Sri Lankan villages are losing their men and women -- to the war-front and abroad. These villagers leave to make a living, but the income is often squandered and comes with a heavy price: neglected children and broken families¹¹. Expat workers are the largest net foreign exchange earners for Sri Lanka bringing an annual Rs 74 billion (1.05 billion dollars) into the country. This amount has been increased by Rs. 106 million over the previous year. A number of Sri Lankans work in the Middle East as well as in Cyprus, Singapore, Malaysia and Hong Kong. The majority of them work as housemaids. Sri Lanka is the only Asian country where the number of female migrants far exceeded male labor outflows. Many of the female domestic workers face exploitation working in the Middle East including sexual abuse and at are risk for HIV/AIDS. UNDP reported that each year about 160,000 people go abroad on employment of which 70 to 80 percent are women mostly in the 18 to 40 years age group. According to available statistics, 50% of reported HIV cases in Sri Lanka are housemaids who have returned from the Middle East.¹²

Children and War

Until the LTTE stepped up its terrorist campaign of bombing in the largely Sinhalese South of the island in the early 1990s, Colombo was relatively untouched by the war raging at times only 200 kilometers away. However, unrelated to the ethnic troubles, the south went through the JVP insurrection, which reached its height in 1989-1992 which resulted in excess of 10,000 disappearances. In early 1996 the massive LTTE bombing of the World Trade Centre in Colombo killing 86 people and injuring 1400 and the bombing of the Bank of Ceylon in October 1997, brought the violence to the heart of Colombo Central Business District. Continuing campaigns of LTTE suicide bombers have provoked road blocks, security checks, and continued mass arrests of Sri Lankan citizens of Tamil origin -- reinforcing the presence of war-induced insecurity, even while the military fighting is limited to the North and South. The dynamic of warfare between the state and the LTTE is one in which civilians are the principal victims as both direct and indirect targets of violence and intimidation. However, it is also a war that has seen direct and massive confrontations between government and LTTE troops in "conventional" military battles.

Out of an estimated 900,000 children in the North and the East UNICEF and Save the Children Fund (SCF) found that an estimated 300,000 children have been displaced prior to the LTTE offensive of May 2000. The statistics reveal that 270,000 Sri Lankan children remain displaced today. For example, in Mannar, the government estimates that only 13,000 of the population within the uncleared areas is living in their own homes. In Jaffna alone it is conservatively estimated that 81,000 houses have been damaged by militarized violence. While in Batticaloa (population 300,000) government statistics record for the year 1999 25,955 houses completely destroyed, and 29,087 partially destroyed houses.

A recent United Nations Children's Fund (UNICEF) study concluded by UN agencies found that one million Lankan children have been seriously affected by the war, suffering from a lack of education, health, food and clothing and large numbers displaced due to the ongoing fighting between Lankan soldiers and the LTTE. The destruction of the homes of children and families are but one factor contributing to the problem of internally displaced populations, considered to be among the most vulnerable on the island whether they live in welfare centers, towns or villages throughout the country. The profound loss and uncertain future of children and their families displaced, often multiple times is a highly prevalent mental health risk.¹³

Despite a May 1998 promise by LTTE leaders to the UN Secretary General's Special Representative for Children and Armed Conflict that it would not use children under 18 in combat, it is known that children aged 12 or younger have been enlisted by the Tiger militants. According to estimates taken from the dead cadres of the LTTE, nearly 40 % of their fighters consists of children between 9 and 19 years of age.¹⁴ Very young boys and girls are used as helpers during battles. Many die caught in the crossfire and shelling. During one military operation in December 2000 the army killed 18 rebels; 14 of them were teenage girls. On the previous day, the military claimed that they had killed 142 Tigers and recovered 51 bodies - 17 of whom were Tiger boys and girls deployed on the frontlines to defend against a military onslaught¹⁵.

Rebel recruitment campaigns with staged street performances and presentations at schools in the interior regions lure youngsters and replenish battlefield losses while aid workers, government officials and school teachers are helpless on-lookers. The LTTE determines who shall get the dry rations sent by the government and who gets exit passes to get out of the area.¹⁶ Some children are drawn into their ranks with false promises of restoring them to their families or sending them abroad after three years of voluntary service or promise to return the children after they have served five years. The child soldiers are paid a monthly wage of about 3,000 rupees (40 U.S. dollars) for frontline battle duties while their parents are supplied regular food rations. The child recruit's family also gets farmland and parents are helped to get daughters married without paying dowry. While poor parents find the offer tempting, the young boys and girls are drawn by the chance of going abroad¹⁷.

At an international level, Amnesty International and other NGOs urge for greater international pressure to petition the militants to reaffirm its commitment not to recruit children and allow for a verification process. As well, human rights groups also accuse the Sri Lankan military of using captured LTTE child soldiers for propaganda purposes by taking them before international television cameras.¹⁸

Mental Health Services

Sri Lanka's protracted anti-separatist war is one of the leading causes for the rise in the number of mentally ill young people. According to officials of a leading mental health organization, one in eight Sri Lankans has some form of mental illness, debilitating enough to prompt sufferers to seek psychiatric help, well above the world average of one mentally ill patient in ten¹⁹. Sri Lanka already has the distinction of having the highest suicide rate in the world.

Army rehabilitation officials recently said there was increasing concern over the large number of depressed and psychologically-impaired among the over 9,000 servicemen who had been injured in the war, many of the afflicted between 15 and 35 years. War-related stress, family discord and marriages between close relatives were some of the main causes for the rising figures of the mentally ill²⁰. Despite the high rates, social ostracism of the mentally ill was still prevalent. "These numbers indicate the need for more awareness and empathy towards the mentally ill," he said.

There is an acute shortage of qualified psychiatrists in Sri Lanka. While there are about 200 Sri Lankan psychiatrists working in the US alone, there are just a handful back home. As many Sri Lankan psychiatrists in London UK than there are in Sri Lanka itself²¹.

Mental Health Risks

At least 23 people take their lives daily in this largely Buddhist island (population 18.5 million), more than 7,000 each year, more individuals than are killed directly by the war. Sociologists have been at a

loss to explain the high figure, particularly among teenagers and young adults in the provinces and remote areas. About 1% of the 35 to 41 percent of those committing suicide are mentally ill. Ingesting pesticides and the seeds of the oleander shrub are the commonest methods of taking one's life. The 18-year ethnic war has claimed 63,000 lives, at an annual average of 3,500. Police records of 5412 Sri Lankans suicides in 2000 may well turn out to be the bigger killer. Sri Lanka has the highest female suicide rate and is second only to Hungary in the suicide rate for both the sexes. A recent study by the government's Family Health Bureau, revealed increasing cases of children taking their lives. Depression, and alcoholism and physical abuse in the home is not uncommon. Such cases largely go untreated with few if any government or community social services, particularly because most of the nation's psychiatrists and other professionals have emigrated abroad²².

According to the statistics, the suicidal tendency is higher among the majority Sinhalese as compared to the minority Tamils and Muslims, but lack of government record keeping in the predominately Tamil North East underreports occurrences²³. Another option many youth take is to join the militant groups' fighting units or suicide attack squads in order to seek vengeance or to give one's life meaning by dying for a cause. While programming for War-Affected Children is concentrated largely in the North and East of the island -- where no child has escaped the effects of militarized violence -- there is a general recognition that children from every district in Sri Lanka have been, and continue to be, affected by militarized violence. However, while all youth on the island are affected (along with adult populations), not all are affected in the same way or to the same degree²⁴.

Sri Lanka's record on human rights has improved in recent years but torture remains a problem, with authorities slow in prosecuting members of state agencies for abuses. Last year, the Family Rehabilitation Center (FRC) -- which provides medical care and counsels victims of Sri Lanka's armed conflict -- treated up to 3,400 torture and trauma victims and their families. Torture is still a serious problem in Sri Lanka. It is a hidden issue suppressed by the victim and the perpetrator. Three presidential commissions probing disappearances during 1988-1991 received more than 30,000 complaints from families of victims²⁵.

An average of 4000 complaints of child abuse are reported annually according to the Child Protection Authority (NCPA). In a number of instances there had been collusion between the offenders and the authorities to cover up grave crime such as of rape, torture and other forms of child cruelty²⁶. Sexual abuse has emerged as one of the greatest dangers faced by Sri Lankan children. Studies have found that 20 % of boys and 10 % of girls have been sexually abused, according to the chairman of the Child Protection Authority. A questionnaire study of 1,600 school children showed those most vulnerable to abuse were aged 10-14 and from poor backgrounds. Most of the perpetrators of child sexual abuse were relatives²⁷. According to the Chief Minister for the North East province, child sex crimes are high in Sri Lanka's northern and eastern regions, where record high reports of least ten children a month are sexually abused. There is strong concern about the high risk of catching the HIV and other sexually transmitted diseases²⁸.

The Context of Batticaloa, Eastern Sri Lanka

Batticaloa District is in the Eastern Province (population 330,000) where 30,000 government armed personnel control most thoroughfares and towns while an estimated 1,500 militants operate in 'uncontrolled areas' and villages²⁹. Local population consists of Tamil (60%--largely Hindu, with minority Christian sub-populations) and Tamil-speaking ethnic Muslim (40%). Since 1989 major fighting in 1989-1993, including the failed Indian Peacekeeping Force (IPKF) operation and Tamil- Sinhalese fighting followed by waves of communal violence and displacement along ethnic Tamil / Muslim lines, killing thousands of combatants and greater numbers of civilians. Batticaloa district remains in a militarized stalemate between government army and police forces, with checkpoints, security operations and underlying communal ethnic tensions, armed gangs, and severe economic contraction.

In Batticaloa, a child's family life frequently involves household displacement, separation and loss from death, refugee migration, and extreme poverty. Levels of exposure to war violence are generally higher in the Jaffna and the Wannu jungle areas of the Tamil areas, throughout which an estimated 30% of all 900,000 children in the North and East have been displaced³⁰. As well, tens of thousands of care

providers (mainly women) work in the Gulf States. The district is known for high suicide rates and child recruitment to militant groups. Nevertheless, school attendance, highly valued throughout Sri Lanka, is highly esteemed and relatively well maintained. Otherwise, there are virtually no community resources for children, except a few orphanages. Government statistics indicate that there are 2,065 orphans in Batticaloa alone; welfare homes, supported by private donations rather than the government, can accommodate around 700 children³¹. The enormity of the problem in Sri Lanka for both Sinhalese and Tamil, and other ethnic groups is well detailed elsewhere³².

"The Health of Children in War Zones Project"

In 1992 two centres (international health and peace studies) at McMaster University, Canada co-founded the Health Reach program to 'investigate and promote, within the framework of international covenants, the health and well-being of civilian populations and children in zones of armed conflict'. In 1994 the three year 'Health of Children in War Zones Project (Health Reach) was funded by the federal government to support the International Convention for the Rights of the Child (1992). Projects initiated survey research on psychological distress of children in war-affected communities in former Yugoslavia, Sri Lanka, Palestine, and Afghanistan, in collaboration with local organizations to generate reliable information on conditions facing children and hold consultations and methods workshops with researchers from the various projects³³. The concept of "Health Initiatives as Peace initiatives" was articulated, the various projects intending to advance the health and well-being of war affected children and the de-legitimization of war^{34 35}.

Health Reach's project in Sri Lanka was the first formal study of the psychological impact on Sri Lankan children, based on a survey of over 300 school children in three districts affected by armed conflict: in Batticaloa district (ethnic Tamil, Muslim and non-Muslim); Polonnaruwa (ethnic Sinhalese) and, Sinhalese communities outside the war zone but affected by the JVP insurgency 1989-1992 (Kurunegara). The study's methods, findings and recommendations were published and disseminated in Sri Lanka³⁶, and elsewhere³⁷. The results from the Batticaloa district are presented here.

In Batticaloa the project partner was a Jesuit priest and counselor who established in 1995, a counseling centre for ex-detainees and war widows. The Health Reach team trained and supervised 30 young women interviewers who conducted one-on-one interviews with the children attending in a Year 6 class of the local school over a four day process in each of four communities affected by armed conflict (2 Muslim, 2 Tamil). During four weeks of fieldwork, 170 schoolchildren were interviewed and over 50 home visits conducted.

Based on completion of previously validated psychological questionnaires and war trauma checklists, the study found that 41% of children had personally experienced conflict related violence (e.g. home attacked or shelled, being shot at, beaten, or arrested). 53% had direct family members killed violently, including 'disappearances' of family member following abduction or detention. 95% of the children recalled events for which the definition of PTSD applied (i.e., personal experience or witnessing event(s) of actual or threatened death, serious injury, threat to integrity of self or others); 92% of these events were directly conflict-related, as distinct from other sources e.g. domestic violence, or accident. Severe (20%) and moderate (39%) levels of post-traumatic psychological distress were found, as well as similar levels of depression and unresolved grief reactions. Many children disclosed traumatic experiences previously held as secrets from family members and other adults.

The Butterfly Garden: A creative play and reconciliation program for children affected by war

Parallel to the study project, explorations for a suitable model to psychological healing for Sri Lankan children led to Canadian-Sri Lankan workshops with the Spiral Garden program at the Bloorview MacMillan Rehabilitation Centre, Toronto, Canada an outdoor summer creative play program for children, both able-bodied and those with physical disabilities.

After the end of Health Reach's three-year funding, a local committee in Batticaloa of Health Reach workers and volunteers worked with Paul Hogan, Canadian artist and founder of the Spiral Garden, and in 1995, the Butterfly Garden (Vanatti Poochi Poonga in Tamil) opened its gates as a peace garden for creative healing of affected children. Seed funding came from the Peace Fund, Canadian High Commission. By the end of its first year, operational funding has been generously provided by HIVOS (Netherlands)³⁸. At the Butterfly Garden, "The war ethos of violence and destruction is replaced with the gentleness and creation. Both those aspects of the child which are wounded and those which remain resilient are addressed. By tending to the garden within the human heart as well as the outer garden of earthly experience with equal imagination and compassion, children can heal and become healers within their communities".³⁹

For the past six years the Butterfly Garden has provided after-school and weekend creative play programming to over 600 schoolchildren from 20 communities around Batticaloa representing local ethnic groups (ethnic Tamil and Muslim). Schoolteachers are introduced to the Butterfly Garden in presentations at school. Children with difficulties are selected to attend weekly for a nine-month program; on a given day 50 children attend from 2-4 villages of different ethnicity. The program offers a rich choice of play and art activities (claywork, drama, storytelling, music, arts and crafts) is facilitated by a dozen staff animators, local men and women from the different ethnic groups. Staff animators develop skills through mentoring, hands on experience, attention to his/her own personal healing work, and training workshops arranged with visiting Sri Lankan and international resource people. The program is staffed by local young adults with creative talents and skills with children.

As a local organization it maintains a responsive relationship with the local communities, promoting dialogue about ongoing local communal tensions and offering an approach to reconciliation. A program cycle closes with a grand environmental opera inspired by the children's invention to which over a hundred community members attend. Ongoing collaboration with schools and dialogue with village leaders is encouraged. The program explores ways the children's positive experiences can foster community reconciliation.

The Butterfly Garden opens the children to new experiences: formative relationships with the animators, befriending children from other villages, exploring the garden and its resident creatures, and discovering the energetic and imaginative world of childhood. The animators and the program's process uphold the child's creative spirit and inherent goodness, modeling non-violent behaviour and alternative ways to resolve conflict and disturbing emotional issues. It provides opportunities for creative healing emergent with local culture values that, unlike more medicalized or counseling approaches, are not stigmatizing. While children are selected on the basis of need, the Garden experience reaffirms their basic goodness and natural abilities for growth and healing.

The Logic of the Butterfly Garden serves and, as a sense is driven by, the child. Everything in the Garden is shaped for and by children -- the physical layout; the play structures; the program; the food; the artwork. As one animator put it, "children are the Alpha and the Omega of the Butterfly Garden." The result is a sense of ownership, comfort, and security, an oasis from the war-littered space beyond the walls of the Garden. The structure and process are derived from the children, not dictated by adults 'outside' or by what adults think children need or want. It is within this physical and psychic space that the opportunity for healing arises, allowing the child to leave the narrow - and often constricting and violent - world of adults and enter into the "sacred space" of play. It is through play that children are able to touch their own originality and to see the originality of those around them⁴⁰.

The BFG accompanies children in their communities over adolescence. It 'gives childhood back to the children' providing opportunities to play and have fun, a sanctuary and counterbalance to their often stressful and impoverished circumstances. It provides an alternative 'culture of caring', fortifying eroded social and cultural supports available to children in a highly stressed community. The program evolves responsively to the creative explorations and growth of the children who come to consider the Garden as part of their world, real and 'imaginal'. The program hopes to accompany the children through to young adulthood by providing follow-up session cycles. In the past year up to 60 children who previously

attended the Butterfly Garden four years ago have returned to participate in a Youth Experimental Program offering more intensive art and drama activities.

A research project to design and evaluate approaches to trauma healing in the Butterfly Garden was recently completed support by the Sri Lanka Canada Development Fund (SLCDF) and Primates World Relief and Development Fund (PWRDF)⁴¹. A guided stream of reflective and expressive activities was developed built around the constructing the child's genogram. The genogram game adapts the conventional schema of a family kinship diagram using a set of cards and markers for household members, life events, and relationships. A child with personal distress is welcome to take part in the Amma Appa Journey ('Mother-Father Journey') in the Cuckoo's Nest with a skilled 'guide'. The one to two hour process allows the child "to tell her story", express deep feelings, fears and hopes in a trusting setting, closed with culturally sensitive and adaptable ritual. The children frequently experience healing insights into their lives, and their connection with themselves and with others, past and present. Subsequent one-on-one art sessions with an animator provide further opportunities for expressive transformation.

The program was evaluated by twenty case studies of children experiencing psychological distress who participated in a trauma-healing stream. Figure 1 describes the risk factors present in the children as contributing factors to their distress. Two examples from the 20 case studies are presented below for illustrative purposes. Project work also led to a set of more psychologically reflective activities for groups of children in a quiet cabana in the Garden.

Figure 1: Risk Factors for Psychological Distress in children participating in Amma Appa Journey (20)

Psychological Risk Factor	Not present	Present low	Significant	Highly significant
Trauma event- conflict related	3	2	13	2
Trauma event- non conflict	6	2	7	5
Physical abuse	8	6	5	1
Neglect	0	7	9	4
Divorce/marital separation	15	0	3	2
Separation from key relationship	5	0	6	9
Intra-familial conflict	7	4	4	5
Poverty	0	3	9	8
Alcoholism in family	11	3	3	3
Parental mental illness	11	4	3	2
School difficulties	1	8	11	0
Violent / untimely death of parent	None 7	13 one parent 0 both parents		
Violent / untimely death of close relative	6	14	1x(4), 2(3), 3(5), 4(1), 5(1) mean: 2.4 close deaths	
Household displaced	1	19	1x (2), 2 (6), 3 (4), 4 (3), 5 (1), 6 (2) mean: 2.9 displacements	

Notes: Highly significant- an important causal factor for child's high level of distress

Parental mental illness- does not include alcoholism, physical abuse or other factors listed separately

Two Case Studies

Case Study #1: Shangar

Shangar is an 11 year old Tamil boy from a resettlement community. His teacher referred him to the Butterfly Garden because he had lost his father and his mother works overseas due to family financial difficulties. His school performance was generally poor and he was seen crying and fighting with other children. In the Garden, he often wandered alone or sat by himself watching others play. He rarely took his arts or crafts home. Then on one occasion he sought out an animator to talk about some of his difficult experiences, revealing his loneliness and his desire, mixed with fear and shame, to reach out to others. He was invited to participate in the Amma Appa Game in the Cuckoo's Nest.

In the genogram sessions Shangar described that his family was displaced from their border village when it was attacked by the Sinhalese community. He expressed great resentment that they killed his dear ones and drove them from place to place before coming to the resettlement community where they have put up a house with the government subsidy. He now lives with his maternal aunt and a cousin sister. His father died in a terrorist attack in 1990 when he was very small. For the past four years his mother has worked overseas as a housemaid and he came to live with his aunt. His 13 year old brother lives in an orphanage in Batticaloa. Aunt was widowed when her husband was taken and killed by the army. Her fifteen year daughter lives at home, but her other two daughters live in the girls residential home. Another aunt also lives in the resettlement community with her 3 children; she too is widowed, her husband taken by the army and killed. Three of his grandparents died of illness in their old age, but his maternal grandfather was killed by militants because he sold fish to the army. He saw Grandfather's body, but at the time could not believe he was dead- this left an unforgettable impression.

The family is very poor; Shangar's mother sends some money to support them. Aunt sometimes beats him. He wishes he could live with his mother. He wears a look of worry, and expressed anxiety about his separation from his mother and fear that the terrible experiences he has gone through will happen again. He is introverted and sad. He has the tendency of giving in and lacks initiative. He has good comprehension, but is depressed and traumatized.

Shangar went on to have one-on-one art sessions , with his animator friend and Kattadi Ayah⁴². In the first session he chose an animal friend stencil to make a collage for the cover of a folio for his artwork. Shangar was very quiet but attentive, demonstrating concentration and dexterity in doing the artwork. He chose a rabbit image and glued it on a moon so it became the Moon Rabbit. He enjoyed the artwork, which pleased him immensely and he generally responded well to the one-to-one session. At its conclusion he was invited to consider Shanti as his "garden brother" and Kattadi Ayah as a grandfather to which he broke out in a big smile. He was affirmed and encouraged to try other activities in the Garden to overcome his sense of isolation and inadequacy. In the second session, he continued with his collage enthusiastically, with greater detail, adding an image of himself and a friend along with the rabbit amidst natural scenery of palms grasses, sun and clouds. At the end of the session a small puja (offering ritual) was arranged to chase away any worry, difficulty and hardship that might occur for him. He was given a musical instrument made of shells and sent on his way back to the Garden where he joined others in clay picture activities. In the following weeks his participation and interaction with children and staff progressed well.

In a third session a few months later, he drew and coloured a sequence of images on a roll of paper, which becomes an image reel inside a cardboard box like a television, telling a story. He drew with obvious pleasure. a single dove in a tree; explaining that it was mother dove expecting her husband. He drew a man who lived in a house, the guardian of doves, a picture of a rat chasing a cat, a picture of a plate of chicken curry, and a scene of rain and high floods destroying houses. While painting his pictures, he got great pleasure making up a story to go along with them, which he later recounted to some of his playmates and staff... During the session his behaviour was much changed for the better, with evident happiness. The individual sessions were important for him, giving him means to express his anger and worries. In the past month his mother had returned from abroad for a visit, but was soon to depart again, bringing up his separation anxiety for which the special activities were helpful. In the next session the following week, he was more conversational than before, talking about his mother, siblings and relatives.

A visit was made to Shangar's home with his aunt in a neighborhood which is home for other displaced families. The house has only two small rooms and a kitchen with a thatched roof, still under construction. A wall and the lavatory are not yet finished. Nearby is the school that Shangar attends, a small library and a small dispensary. 300 yards from their house is an army camp.

She recounted details of the family's displacement and deaths of relatives. Shangar has been displaced at least 5 times. His mother has worked in the Middle East for four years to financially help all her sisters' families. Shangar is a very quiet boy at home; she knows the separation from his mother affects him a lot, and that he lacks motherly love. While he is quiet, he is keen to learn. Since attending the Butterfly Garden, there has been much advancement in his creative work and indications of greater abilities. Aunty described her initial concerns about Shangar attending the Butterfly Garden, such as arrangements about food and discipline, but she was readily reassured. Shangar has described to her the Garden: the animals and birds, facilities for ble games, and the staff. He describes the kindness among the children and the staff; he loves attending.

She knows that children of different backgrounds come together in the Garden. She feels this can lead to reconciliation: "Harmony between ethnic groups and communities is vital. We all earnestly wait for ethnic harmony, if it comes there will be no room for violence and destruction. Ethnic and communal harmony will create peace among the children. If children from different ethnic groups mix together in games, they will but befriend one another. Animosity will decrease and friendship will grow. The resulting harmony will not allow hatred to crop up. When people of other ethnic groups come into our village, they must be welcomed. We have to respect them without offending them. If so, respect and affection will arise in their community for our community. If other communities adopt such habits, there will be peace and amity in every community. "

Shangar has been in the Garden for 9 months. Basically, he is a lonely child, uncommunicative and emotionally depressed. His sense of self is vague and he still mourns the death of his father, killed in the ethnic conflict: tears come to his eyes when he talks about his father. Violence in his family has been and atrociously intense. At least 3 of his uncles were killed, two remaining ones are alcoholic. The violent deaths of his uncles are still fresh in his mind. At night he has nightmares of army shooting and killing people. Now he lives with his aunt out of necessity, his brother lives in an orphanage. Another brother who was his emotional support and breadwinner left in the past year to find a job in the Middle East, Describing this all in the session, his eyes and face fill with sadness. When he thinks of his mother he cries.

After coming into the garden he has learned to accept the sad events and better handle his inner feelings. His attitude for future is very positive. Signs of resiliency are there and with time he will bounce back from his sadness. Since attending the Butterfly Garden, life in school, at home, with friends and within himself has improved. The most important aspect of the Garden has been making friendships, to help with his life of problems, much of which has been caused by separation. Expressing feelings through artwork, relating to with the animators, and getting away from his depressing environment have all been helpful. The Butterfly Garden and. experience has helped him immensely. He was found nurturance and relationship with many people in the Butterfly Garden who have helped him to open up, communicate, grow and become hopeful. Now he enjoys his school, playing with friends, doing artwork, coming to the Garden. He handles better his sadness of his father's death and mother's separation, these are positive signs that his Garden experience has been something of a miracle.

Case study #2: Safeeka

Safeeka is a 12 year old Muslim girl from a village who was referred by her teacher because she keeps to herself, but has been the cause of disturbances for other children. It is known that her family has been affected by the conflict. In the Butterfly Garden, she participated in few activities and would associate only with Muslim children and selected animators. When she saw another girl play the genogram game, she became intensely interested and insisted that she also be given the opportunity. So this was arranged.

In, 1990 when she was quite young her father was suspected to be an extremist; the army arrested and killed him. During the troubled years that followed her family took refuge in a Muslim town nearby to live with her relatives. Safeeka did not attend school during that period; she now studies in a class lower to her age. Since then her mother has been working in the Middle East to earn a living for the family. With money sent from overseas they put up a small house where she now lives with her two older sisters, ages 20 and 18, and her maternal grandmother. Safeeka is fond of the middle sister but she has

many petty quarrels with the eldest. During the session she expressed sadness over her father's death, depression over her mother's e able to separation by distance and the impoverishment of her family. She tends to worries over these realities but tries to hide it. She resents the army for the great damage to their family. In the session she avoided eye contact with the guide, looking instead to the female research assistant for confirmation.

In the Garden, she is seldom alone, definitely preferring to be in a group. Her interest in dance is high and she likes to take part in role plays and games. Visit to the Butterfly Garden is a happy event for her. According to her schoolteacher, after coming to the Butterfly Garden, Safeeka relates to people better and without shyness. She works collectively and actively in group activities. Her leadership skills have developed; she now volunteers in the school assembly, religious activities and drama. Her studies are going well.

When a home visit was made, it was learned that she and her elder sisters live on their own. Grandmother used to live there, but now she lives with her son. An uncle lives within hailing distance and he comes to their help when called. Her sisters weave mats, which they sell to vendors who come by the house. They go out only when necessary; otherwise their home is their world. Uncle looks after them from neighbouring house. It was learned that Safeeka's father was 28 when he was shot dead by the army in 1990. They had adopted a boy but he died of illness when he was one year old. Safeeka's mother left for Middle- East when Safeeka was only 40 days old leaving her with grandmother. She has been working in the Middle East for 14 years now, and was there when Safeeka's father was killed. By her work they have bought a piece of land; the house they live in is still in a state of construction. Safeeka's father has 3 sisters, two married with children and one working in the Middle East. Safeeka's mother has five siblings, three of whom have gone to the Middle East for work. None of the aunts or uncles give them any help or visit. **Recently, one of the aunts sent word that she feared** that Safeeka's mother is ill.

Safeeka is fond of visiting Butterfly Garden. She wakes early at dawn on the day she goes to the Garden. As soon as she returned from the Garden she goes to bed, refusing to eat. She doesn't tell anyone at home about the garden. They do not ask; they only see the artwork she brings home. Uncle scolds her for not eating meals and tells her not to go to the garden, but she does not heed and attends the garden as much as possible.

The follow-up AAG session took place at the end of the Butterfly Garden program. Her sense of self has developed but she continues to feel her inadequacies and shortcomings and she is developing negative self- image. Safeeka is physically mature; she is aware of her physical changes, but her shyness prevents her relating to males healthily. She desperately reaches out to the opposite sex, but sometimes her approaches are not appreciated. The garden has helped her to become aware of her life problems, but there is some denial about her problems being sexually mature, physically big, dark-skinned, with no male role models for constant relationship, as well as the separation from her mother. Safeeka has psychological conflicts. She needs to work out these conflicts in follow up programs. The garden has helped her to create the space for growth and experiences. If not for the garden she could be a very disturbed child. Nevertheless, she has a natural resiliency. She has the capacity to laugh healthily. She enjoys playing with other friends and doing handicrafts immensely. Her attitude towards living with differences has developed well: male, female, Muslim, Tamil, Islam, Hindu, Christian differences are better integrated into her life experiences.

Discussion: Models of Community Based Rehabilitation (CBR) and 'Health Initiatives as Peace Initiatives'

At the early stage of five years, the program has been shown to have positive effects on the participating children. More tentative indicators of success as a peace building and reconciliation measure are apparent at the aggregate level of individuals who have been touched directly by the Garden. While a timeline for full evaluation would be properly be long term follow-up of the children into young adulthood, the beneficial effects of their participation is evident by any metric.

Estimating that 40% of Batticaloa's population are children, and that, conservatively, 10% have significant war-related psychological sequelae, far less than 1% of those in need have access to the Butterfly Garden. The challenges and the extent of local need throughout the country is daunting.

The Butterfly Garden endeavours to reflect the same attention to process in its community relations as it does with the children. "Given the depth and intensity of war-experience in each child ..., it would be impossible to even begin nurturing the self-healing process unless a relationship of trust was established between the child and the animator. By building relationships with the children themselves, the space is created for the development of a more intimate relationship. Physical and emotional presence is a necessary - but by no means sufficient - requirement for the development of trust. As importantly, relationships of trust are cultivated with communities themselves - on all sides of the ethnic, religious, and political divides. The Garden thrives within a network of trust: between: children; animator and child; between animators; between the BFG and the community. Any weakness in the net, compromises the programme."⁴³

Over the course of eight years several principles are seen as essential to the success of the program and which may differentiate it from other programs for war affected children. Some features are unique to the local community setting and staff skills, while other may be more generalizable to a model of 'zones of peace for children'.

1. Community Acceptance: The preliminary Health Reach study of local schoolchildren proved quite useful to present to school principals and district authorities when the Butterfly Garden sought collaboration. Formal endorsement by the school reduces parents' initial concerns about their child participating. The Garden is associated with an institution of significant community profile, the town's Jesuit college, and the local psychological counseling centre. This has been vital to community acceptance. However, Batticaloa's community life is divided along ethnic lines, 70% ethnic Tamil (80% Hindu, 20% Christian) and 30% ethnic Muslim. While the children's program is open to and respectful of all faith traditions, the association to a Christian institution has been a source of some contention for some Muslim village leaders. Local religious tensions have been a divisive tool used by both sides of the ethnic war leading to entrenched communal distrust.

2. Tangibility: Who will benefit and in what way? The degree by which school authorities, parents, and community leaders see the Butterfly Garden program as worthwhile grew significantly once there was evidence that children indeed benefited from participation. The program's longer-term objectives of community reconciliation are more tentative as there has been more than two decades of treachery and complex issues. Nevertheless, the Butterfly Garden has become a source of community pride and hope.

3. Security: The program maintains good relations with local security forces and militants as is essential; this also leads to many opportunities for dialogue. For example, the Butterfly Bus is allowed through checkpoints without harassment, respected as a 'weapons-free zone': The program's neutrality, respect for basic child rights, non-violence, transparency and open dialogue are seen as the best security for the site as well as the staff. Its international profile with Dutch and Canadian associations offers a certain level of protection, but unsolicited media coverage and frequent official visitations have been at times problems.

4 Trauma-healing for staff: The Butterfly Garden staff are all from local villages. Others work as volunteers and apprentices, learning to respond and provide activities and support for the children. The staff have lived through war trauma also; this heightens their sensitivity and empathy, but may also interfere with responses to the child. Programming for war affected children needs to have built in healing potential for those who work with children. The animators' work with children is combined with periodic training workshops with an international 'faculty' of various disciplines.. As well, each animator is encouraged to explore their own artistic avenues of expression as a means to catalyze self-healing and maturation of their capabilities.

Next Steps: In terms of next steps, locations elsewhere in Sri Lanka are being explored as possible sites for other 'garden programs'. Steps are underway to assist in a program at a residential home for orphaned boys in another NorthEast town. In Colombo artist volunteers also ran the Serunguli Walakale ('Kite and Clouds') project for street children out of donated space at the municipal zoo for a year. There has been interest in the program as a zone of peace for children, with the Butterfly Garden receiving requests for consultation and collaboration. At this stage a resource centre, geographically

removed from the present BFG site, to hold training workshops is seen as a necessary next step facilitating the development of programs in other communities in Sri Lanka and elsewhere.

Community Based Rehabilitation

Community Based Rehabilitation (CBR) is response...to the need for adequate and appropriate services to be available to a greater proportion of the population with disabilities⁴⁴. The WHO Expert Committee on Rehabilitation defines CBR as an approach which involves utilizes and builds on existing resources in disabled persons themselves, their families, and communities (Rehabilitation International/UNICEF 1989—90).

The Butterfly Garden program follows some of the principles of CBR with respect to local transfer and training, program management and working responsively in the community. Building the personnel team takes steady and dedicated effort. Staff are from the local area, and most aspects of the program are locally generated with the dedicated input of the original artistic advisor and co-founder. Behind the program is a resource group of trainers and consultants that have contributed to capacity building.

The program diverges from the model of CBR as stated above in that there is no public assignment of the mental health issues it addresses as 'disability' per se. This may be a strong interpretation of the term, but it is important that the children, who attend school and live in the community, are not stigmatized by their participation. While the staff may identify mental afflictions in the children, the program does not condone the labeling or self-identification of the children as disabled. The underlying principle is that "the kids are all right" if provided positive opportunities to explore the creative world innate in childhood. If pathology or disability is recognized, it is at a societal level, with the ongoing war and state of tensions and depletion in the community, for which the Butterfly Garden offers a sanctuary, a zone of peace for children.

As well described by Boyden⁴⁵, international humanitarian and human rights efforts by researchers, policy makers and program developers are seeking new understandings and approaches to the impact of armed conflict on children. Most studies on children affected by armed conflict and forced migration have adhered to a medical or psychological paradigm. While a great deal has been learned through this paradigm it embodies certain major shortcomings. It can reduce war to a series of events of mass destruction, concentrating almost exclusively on the effects of exposure to experiences deemed highly 'traumatic' or psychologically overwhelming for children. The broad social, cultural political or economic context of conflict is seldom considered in a more complex model. Children are regarded as universalized victims and studied in isolation from the social relations that surround them and are integral to their lives, or the wider environmental or structural conditions affecting them. More importantly, it may neglect ways in which war-affected children are not just passive victims of overwhelming hardship but show active survival and coping strategies.

Nowhere is the psychological and sociological impact of militarized violence more visible than in the biographies of children in war zones. The everyday stories of children sketch out a genealogy -- indeed, thousands of genealogies -- of violence that reveal both the depth and breadth of impact. The underlying global and local factors fuelling wars like the one in Sri Lanka are grim and complex.⁴⁶ Boxed text containing the words of children conveying their personal experiences of violence may catch public attention but they also risk trivializing and possibly commodifying children's experience in war zones. Advocacy efforts can be well-intentioned, but there is great risk that actions fall short of words as they often do with externally driven short-term programs.

Health Initiative as Peace Initiative

The conceptual model of 'health initiative as peace initiative' offers another perspective to the Butterfly Garden recognizing the importance of the community level impact of a child focused program. This was articulated in the Health Reach project work by the stated aim to "develop effective community based health care and treatment models which address the physical and psychological impact of war on children, at the same time as they encourage peace nurturing and community reconciliation in these regions".⁴⁷ In peace-health initiative opportunities for reconciliation and peace building may arise out of: the strengthening of coping capacities of children and communities; peacebuilding education/ education

for mutual understanding; vocational training as a means of providing alternatives to employment in the war-fighting industry; and so on. Along a continuum from responsive to preventive, programs and projects would contain a hybrid of health and peace measures, as appropriate to the situation and availability of resources.

The described project work in Eastern Sri Lanka is testimony to the value of an incremental community based approach to addressing the ends of children affected by war. It is not clear how successful a 'top-down' approach under the banner of child rights or humanitarian emergency relief would be even if based on identical principles. The values expressed in the International Rights of the Child are often better addressed at a local level in more tangible actions in community sensitive, child-focused initiatives, better likened to a 'seedling' in a garden metaphor than an 'intervention' in acute medicine.

Development workers are questioning how "conventional" development and humanitarian institutions and approaches can be effective to the challenges currently facing war-affected children in and outside of the war zones. There may be a fundamental mismatch, not just a "gap", between the mechanisms of international assistance in conflict settings, and the types of challenges they are ostensibly meant to address. The logic and rules of conventional humanitarian and development may undercut peacebuilding and, sometimes, developmental impacts/outcomes. The logic of efficiency, product-over-process, linearity, "results-based management," donor-country control (in the name of monitoring and accountability) may be at odds with what may be required for sustainable, effective, humanitarian-development- peacebuilding initiatives e.g., approaches which are organic, process-oriented, community-controlled, responsive, and non-linear.

A "gap" suggests that the solution requires the building of a bridge between two unquestioned "givens," while a mismatch or incompatibility suggests that a fundamental rethinking of "givens" are in order. We may require a new and very different approach to our work in conflict-prone regions (both with War-Affected Children, and more broadly) – a very different approach which may be antithetical to our current methodologies and tools. The starting point for the casting of a new approach/instruments is to subvert/ reverse the principles that, so far, have been guiding our work. This is suggested in the list below:

Principles Guiding Present Approach

Structured
Controlled (Externally)
Predictable
Product-Obsessed
Time Limited
Absence
Rigidly Planned
Routine
Boring

Principles to Guide Future Approaches

Unstructured/ Less Structured
Less controlled/ perhaps uncontrollable
Unpredictability
Process-Oriented
Open-Ended-ness
Presence
Responsivity
Creativity
Playful

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¹ Convention for the Rights of the Child, United Nations

² This paper uses the term "militarized violence" rather than "war" because it conveys a more accurate sense of the nature of violent conflict in Sri Lanka. While it includes conventional military engagements between organized forces of war, it also encompasses the full spectrum of abuses that defines "dirty wars" around the world perpetrated by (primarily, though not exclusively) men, in or out of a uniform.

³ Health as a Bridge to World Peace, CSIH Conference Ottawa October 2000

⁴ Sri Lanka Has Highest Living Standard in South ...14/07/99 COLOMBO (July 14) XINHUA -

⁵ 07/21 0417 S.Lanka economy lags social gains, Asia – UNDP COLOMBO, July 21 (Reuters)

⁶ 16/05/00 UPDATE 1-Arms for war derail S.Lanka's defence budget ABC News, May 16.

⁷ An unwinnable war? BBC South Asia, Aug 16 2000: http://news.bbc.co.uk/low/english/world/south_asia/newsid_620000/620631.stm

⁸ Cited in David Dunham and Sisira Jayasuriya, "Is All so Well With the Economy and With the Rural Poor?" Pravada, Vol. 5, No. 10&11, 1998, p. 24.

⁹ S. Kelegama, "Economic Cost of Conflict in Sri Lanka," in R.I. Rotberg (ed.), *Creating Peace in Sri Lanka* (Washington, DC: Brookings Institution Press, 1999)

¹⁰ Sentinel South Asia, November 1999 - April 2000. www.janes.com

¹¹ 23/05/00 Sri Lanka losing village women The Straits Times, May 23.

¹² 16/10/99 HEALTH-SRI LANKA: NGO TAKES HIV/AIDS BATTLE TO ...COLOMBO, (Oct. 15) IPS

¹³ One million children in Sri Lanka affected by the war Frederica Jansz in Colombo, SLT July 15, 2000

¹⁴ '40 per cent of LTTE cadres are children: Envoy' Times of India, 17 November 2000. <http://www.timesofindia.com/today/17nhrs2.htm>

¹⁵ Child soldiers: growing up without a childhood CDN 28 Dec. 2000 <http://www.lanka.net/lakehouse/>

¹⁶ Hindustan Times, July 12, 2000 <http://www.hindustantimes.com/nonfram/130700/detFOR04.htm>

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- ¹⁷ Tamil Tigers Bait Children, Parents IPS July 21, 2000: <http://lk.orientation.com/eg/topstories/2822237.html>
- ¹⁸ Sri Lanka's Tamil rebels hold truce recruit kids Apr 01 2001 123 India.com COLOMBO, April 1 (AFP)
- ¹⁹ Leslie Rajakaruna of Sahanaya, a Sri Lankan mental health non-governmental organization
- ²⁰ Buddhika Karunaratne, Sahanaya mental health service NGO, as reported by India Abroad News Service, Colombo March 14, 2001: "Growing number of mentally ill linked to ongoing war" by Christine Jayasinghe
- ²¹ Tony Clifton, "Sri Lanka: Lost in the Hell of War: an endless rebellion reshapes the national psyche," *Newsweek*, April 5, 1999, p24-26.
- ²² This discussion of suicide draws directly from Chase 2000; and -- Tony Clifton, "Sri Lanka: Lost in the Hell of War: an endless rebellion reshapes the national psyche," *Newsweek*, April 5, 1999, p24-26.
- ²³ reported by P. K. Balachandran, *Hindustan Times* online April 24, 2001
- ²⁴ Bush, Ken *Stolen Childhood- The Impact of Militarized Violence on Children in Sri Lanka*, in preparation, 2000
- ²⁵ quoting Prof. Ravindra Fernando, director of Colombo University's Human Rights Center and quoting Wimal Diyasena, executive director, Family Rehabilitation Centre, Colombo, in: "Torture Cases Pile up Despite..." news report 15/07/1999 Colombo: IPS, .
- ²⁶ 4000 Child Abuse Complaints Annually - Chairman, N.C.P.A. CDN, 03 Jan 2001. References:<http://www.lanka.net/lakehouse/>
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- ²⁸ Child sex on the rise in northeast Frederica Jansz in Colombo,.Dec 4 2000
- ²⁹ Jeyaraj DBS, Lions and Tigers, and Rohan Gunaratna, *Tamil Tigers: Burning Bright*, Himal magazine 12/4 April 1999
- ³⁰ UNICEF, Colombo, *A program for Special Assistance for Children and Women Affected by Armed Conflict, 2000-2001*, 1999
- ³¹ Consortium for Humanitarian Assistance (CHA), 1999
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- ³⁸ HIVOS: Humanistische Instituut Vorr Ontwikkelingssamenwerking Stichting, a Dutch government / church-based humanistic sociocultural funding agency
- ³⁹ *Butterfly Garden* brochure, 1999

⁴⁰ ibid

⁴¹ Chase, R The Butterfly Garden, Batticaloa, Sri Lanka: Final Rep[ort of a Program Development and Research Project (1998-2000) Sarvodaya Vishva Lehka Printers, Ratmalana, Sri Lanka 2000

⁴² Paul Hogan, known by the children as Kattadi Ayyah (Sir Windy)

⁴³ Bush, Ken UNICEF case study Florence, 2000

⁴⁴ Boyce W, Koros M and Hodgson J. Community Based Rehabilitation: A Strategy for Peacebuilding, submitted to Peace and Change journal, 2000

⁴⁵ Boyden J, Children Affected by armed conflict and forced migration, Oxofrod Unviersity Refugee Studies Centre, website posting: www.qeh.ox.ac.uk/rsp

⁴⁶ The gap between the rich and the poor according to the UN Human Development Report 2000 stand at 72 to 1 in favor of the wealthy industrialized nations. Our daily experience here in Batticaloa is one of unending poverty and injustice. Are these two not related? Paul Hogan, personal communications

⁴⁷ A 'health though peace' sub-discipline for those working in medicine and health care in zones of conflict is the subject of an upcoming conference at McMaster University, Canada co-sponsored by the Lancet journal Oct 12-14 2001 [details on website: www.humanities.mcmaster.ca/peace-health]