

On Second Thought...

With Emily Renee Verseveldt, BA

Q&A

With Dr. Claudia Catani

How did you become interested in studying this topic?

The purpose of this section is to highlight some of the international research that is being completed in the field of marriage and family therapy. The article being highlighted for this issue, *Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka*, is written by Claudia Catani, Elisabeth Shauer and Frank Nuener, all of whom are connected to Vivo International, an organization committed to working with victims of violence and conflict. (For detailed explanation of Vivo's mission, visit http://vivo.org/about_vivo/index_eng.html).

Catani et al go beyond the immediate effects of war trauma to reveal a correlation between domestic violence and war trauma in Sri Lanka and Afghanistan. Without appropriate intervention, broken systems develop and further perpetuate the trauma for children. Even if the child has not directly witnessed or experienced the war: "...they still suffer from indirect consequences of the war" (p.168). This is a good reminder for those in the field of marriage and family to remember to look at the intergenerational effects of war trauma on families. In the wake of war, variables such as poverty, family size, child labor, and substance abuse can leave "...families particularly vulnerable to engaging in child abuse" (p. 172).

An effective therapy that Catani and her colleagues have developed for dealing with such trauma is the use of Narrative Exposure Therapy (NET). NET works by "repeatedly talk(ing) about the worst traumatic event in detail while re-experiencing all emotions that are associated with this event. In the process, the majority of patients undergo a habituation of the emotional response to the traumatic memory, which consequently leads to a remission of PTSD symptoms" (p.167). However, this is an individual form of therapy that does not necessarily consider other variables that may be in play. Thus, Catani et al. note the importance of dealing with the trauma of war, within the context of each survivor's own life story, so as to avoid the possibility of a fragmented narrative occurring, which could reinforce an individual's experience of PTSD. As such, considering survivors' entire familial and socio-cultural context becomes crucial in understanding their overarching narratives.

As a result, this article's authors argue for the importance of treating the whole family system (something for which MFTs would be particularly skilled), attending to their contextual realities and not just one individual's experience.

I remember that at the beginning of our field research with war affected children in Sri Lanka I was convinced that the central problem reported by children would be experiences related to the war and their effect on their psychological well-being. Then, during the clinical interviews, I quickly had the impression that family violence, particularly physical violence by a caretaker, was almost as frequent as war experiences. When asked about their worst or "most scary" experience, many children would not report being in a shelling or bombing but rather things like "being tied to a tree by my father" or "being hit by mother for getting bad school marks". At that point we decided to include a standardized questionnaire to assess family violence in the children (later on also in their parents). We continued to do this in almost any epidemiological study with war- or post-war societies.

Apart from these personal clinical experiences, a closer look at the literature on the effects of mass trauma revealed that research was mainly focused on the direct, personal consequences of the experience of war on children and adults. However, evidence with respect to the multifaceted effects of war on family life, on parenting behavior as well as on the social and economic conditions that affect the family, was very limited. Thus, we tried to design and conduct studies that were able to fill this gap of empirical research. In fact, instead of only assessing one member of the family, our present epidemiological studies in Sri Lanka and Uganda include clinical interviews (and video observations) with children as well as with their fathers and mothers in order to better understand the interplay of risk and protective factors on various levels (individual, family, community) and their effect on child adaptation and family well-being in the context of war.

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CITATION:

Catani, C., Schauer, E., & Neuner, F. (2008). Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka. *Journal of Marital and Family Therapy*, 34, 165-167.



→ *With Dr. Claudia Catani*

Q&A

What are the clinical implications of your research?

Our research has strong implications for the development and evaluation of interventions for traumatized children (and their families) in war affected countries. We know now that cross-contextual approaches are needed in order to successfully treat and protect children in war-affected families. Such approaches should consider individual factors (war experiences, mental health), parenting strategies and the use of violence in the family, and specific characteristics of the community and society such as norms with respect to violence and the intake of alcohol and drugs as well as gender inequality, children's rights and poverty. Psychosocial interventions should aim at reducing symptoms of posttraumatic stress in children affected by war trauma but they should also try to interrupt the continuity of violence within the family by targeting child maltreatment as well as intimate partner violence.

As far as societal factors are concerned, psychological interventions are only of limited help. For instance, combating violence against children in Afghanistan by prohibiting child labor cannot be successful, if other ways of income generation are not being created, to guarantee the survival of the family. After all, the psychological problems in countries affected by organized violence are always also a political problem so that mental health interventions cannot be effective unless political and social needs are perceived and tackled at the same time.



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