



Save the Children

INVISIBLE WOUNDS

The impact of six years of war on the
mental health of Syria's children

INVISIBLE WOUNDS

The impact of six years of war on the mental health of Syria's children

“The children are psychologically crushed and tired. When we do activities like singing with them, they don't respond at all. They don't laugh like they would normally. They draw images of children being butchered in the war, or tanks, or the siege and the lack of food.”

Teacher in the besieged town of Madaya to Save the Children

Every child has the right to a future. Save the Children works around the world to give children a healthy start in life, and the chance to learn and to be safe. We do whatever it takes to get children the things they need – every day and in times of crisis.

Acknowledgements

This report was written by Alun McDonald, with support from Misty Buswell, Sonia Khush and Dr Marcia Brophy. Testimonies and other content were collected by Simine Alam and Jonathan Hyams. All are Save the Children staff.

The report reflects the views and voices of children and families impacted by six years of war in Syria, who were consulted in January and February 2017. Our sincere appreciation goes to the 458 children, adolescents and adults who participated in this process.

Save the Children would like to thank our dedicated Syria staff as well as the many Syrian communities, individuals and humanitarian organisations that contributed to this report, without whom it would not have been possible. These include: Violet, Shafak, Olive Branch, Syria Relief, the Syrian American Medical Society (SAMS) and numerous others who wish to remain anonymous in order to continue their efforts to help children in Syria.

To protect the identities of those who participated in the research, all names have been changed and specific locations withheld.

Published by
Save the Children
savethechildren.net

First published 2017

© Save the Children 2017

This publication may be used free of charge for the purposes of advocacy, campaigning, education and research, provided that the source is acknowledged in full.

Cover photo: Saeed, 3, often has bad dreams at night and wakes up screaming (Photo: Save the Children)

Typeset by Grasshopper Design Company

Contents

Introduction	1
Methodology	4
A living nightmare	6
Bombs and bullets	7
Shattered education	8
The end of childhood	9
Families torn apart	10
Signs of distress	12
Searching for support	16
A critical shortage of professional care	17
Social stigma	18
Support from family and friends	18
The need to be heard	19
A tipping point: Syria's future at stake	21
Recommendations	23
Notes	25



Ibrahim, 7, wants to go back to school as soon as he can. His father, Hesham, says “I am worried for their [the children’s] future. What is more dangerous than ignorance in this life?”

Introduction

Dr Marcia Brophy, Save the Children Senior Mental Health and Psychosocial Support Technical Adviser for the Middle East and Eurasia

For the past six years, children in Syria have been bombed and starved. They have seen their friends and families die before their eyes or buried under the rubble of their homes. They have watched their schools and hospitals destroyed, been denied food, medicine and vital aid, and been torn apart from their families and friends as they flee the fighting. Every year that the war goes on plumbs new, previously unimaginable depths of violence against children, and violations of international law by all sides.

The psychological toll of living through six years of not knowing if this day will be their last is enormous. At least 3 million Syrian children under the age of six know nothing but war, and millions more have grown up in fear under the shadow of conflict. They are the next generation who will have to rebuild their shattered country – their future and the very future of Syria is in the balance. The stakes could not be higher.

Studies into the mental health of Syrian refugee children have shown staggering levels of trauma and distress. However, much less is known about the impact on children still inside the country, one in four of whom is now at risk of developing mental health disorders.¹ To begin to further understand and address this urgent problem, Save the Children and partner organisations managed to speak with more than 450 children and adults inside seven of Syria's 14 governorates about how the conflict has affected children's daily lives, their main causes of stress and fear, who they turn to for help, and how they cope with constant war – a waking nightmare that seems to them as though it may never end.

This research – the largest and most comprehensive study of its kind undertaken inside Syria into children's mental health and wellbeing during the war² – revealed heartbreaking accounts of children terrified by the shelling and airstrikes, anxious about the future, and distraught at not being able to go

to school. With a critical shortage of mental health and psychosocial support in Syria, and with parents and caregivers themselves struggling to cope, the majority of children we spoke with show signs of severe emotional distress.

The prolonged exposure to war, stress and uncertainty, means that many children are in a state of 'toxic stress'. This is having immediate and hugely detrimental effects on children, including increases in bedwetting, self-harm, suicide attempts and aggressive or withdrawn behaviour. If left untreated, the long-term consequences are likely to be even greater, affecting children's mental and physical health for the rest of their lives. This will have a devastating impact on Syria's future unless action is taken now. After six years of war we are at a tipping point, after which the impact on children's formative years and childhood development may be so great that the damage could be permanent and irreversible. The risk of a broken generation, lost to trauma and extreme stress, has never been greater.

While the crisis in Aleppo has dominated headlines from Syria in recent months, children throughout the country have experienced enormous trauma. Despite the nominal 'ceasefire' agreed in late 2016, intense violence rages on against civilians on a daily basis. At least 3 million children are estimated to be living in areas with high exposure to explosive weapons.³ In addition to the ongoing conflict, the violence they have already experienced continues to fuel nightmares and plague children's daily lives.

The longer the war is allowed to continue, the greater the long-term impact on children will be. The research conducted by Save the Children and our partners in Syria revealed that:

- 84% of adults and almost all children said that ongoing bombing and shelling is the number one cause of psychological stress in children's daily lives
- 89% said children's behaviour has become more fearful and nervous as the war goes on
- 80% said children and adolescents have become

more aggressive, and 71% said that children increasingly suffer from frequent bedwetting and involuntary urination – both common symptoms of toxic stress and post-traumatic stress disorder (PTSD) among children

- Two-thirds of children are said to have lost a loved one, or had their house bombed or shelled, or suffered war-related injuries
- 51% said adolescents are turning to drugs to cope with the stress
- 48% of adults have seen children who have lost the ability to speak or who have developed speech impediments since the start of the war
- 49% said children regularly or always have feelings of grief or extreme sadness and 78% have these feelings at least some of the time
- All groups said that loss of education is having a huge psychological impact on children's lives. 50% of children who are still able to attend school said they never or rarely feel safe there
- 59% of adults know of children and adolescents who have been recruited into armed groups
- Half of interviewees said that domestic abuse has increased
- In some regions of more than 1 million people, interviewees said there is just one professional psychiatrist
- One in four children said they rarely or never have a place to go or someone to talk to when they are scared, sad or upset.

Although the outlook seems bleak, **it is not too late**. As well as atrocities and suffering, the research found glimmers of hope. Syria's children are incredibly resilient. What came through clearly in the research is that despite all they are going through, many children still dream of a better future, of becoming doctors and teachers who can contribute to building a peaceful, prosperous Syria. All they want is the opportunity to do so. That many children are still showing a range of emotions and have not yet become desensitised to the violence that surrounds them, and are still actively seeking out support from their family and social networks, suggests that we are not yet past the point of no return.

If the right support is provided now, they may be able to recover. Programmes offering mental health and psychosocial support have shown remarkable results, which could and should be significantly

scaled up across the country. To do so will require adequate funding, proper humanitarian access and a new global commitment to Syria's children. Ultimately, children need the main cause of their toxic stress – the violence that continues to rain down on Syria's villages and cities with impunity – to end.

To spare a generation of Syrian children the worst effects of stress and to minimise the risk of long-term impacts, the following urgent steps must be taken:

- The international community must make a new global commitment to support children's mental health and wellbeing in emergencies, recognising the long-term damage that will be done to a generation of children in Syria without proper support. This includes sufficiently funding mental health and psychosocial programming in humanitarian contexts and ensuring that it becomes a core programmatic intervention in emergencies
- Parties to the conflict must immediately halt all attacks against civilians, and refrain from using explosive weapons with wide-area effects in populated areas. They must commit to ending the recruitment and use of children, and stop using sieges as a tactic, allowing full, unimpeded humanitarian access and free movement of civilians
- The UN Security Council must demand that parties to the conflict fully comply with relevant Council Resolutions, and insist that they agree a minimum set of measures to ensure the protection and safety of children in Syria. This includes not targeting schools or hospitals, refraining from the recruitment and use of children, not using explosive weapons with wide-area effects in populated areas, and enabling full humanitarian access
- Donors must increase investments in programmes that support children's resilience and wellbeing and provide an opportunity for them to talk about and deal with their fears. Resources should also be provided to train teachers and community health workers in children's mental health and to support parents who are struggling in extremely difficult circumstances so that they are better able to help their children to cope.

Toxic stress and Syria's children

Alexandra Chen, Child Protection and Mental Health Specialist based at Harvard University

Civilians increasingly bear the brunt of war worldwide. A groundbreaking study on children and armed conflict 20 years ago found that the proportion of civilian casualties in armed conflicts increased continuously over the previous century, from 5% to over 90%⁴ – turning children into primary targets of war.⁵ About half of these casualties are children.⁶ Consequently, as well as increasing the chances of children being displaced, the increasingly deadly nature of modern armed conflict also intensifies the nature of trauma which children experience.

Daily exposure to the kind of traumatic events that Syria's children endure, as detailed in this report, will likely lead to a rise in long-term mental health disorders such as major depressive disorder (MDD), separation anxiety disorder (SAD), overanxious disorder (OAD) – and post-traumatic stress disorder (PTSD) after the conflict ends.

However, as the conflict persists, the combined experience of extreme traumatic events with more subtle forms of threat (such as physical and verbal abuse, exposure to violence, fear of abduction) and deprivation (such as poverty, starvation and chronic neglect) that many Syrian children experience daily, puts them at high risk of living in a state of toxic stress. Toxic stress is defined as the 'most dangerous form of stress response' that can occur when children experience strong, frequent or prolonged adversity without adequate adult support.⁷ Continuous toxic stress response, and multiple causes of this stress, can have a life-long impact on children's mental and physical health, including their cognitive, socioemotional and physical development.⁸

Toxic stress increases the likelihood of children experiencing developmental delays or health problems later in life. The slow grind of toxic

stress can disrupt the development of the brain and other organs, and increase the risk of stress-related diseases, heart disease, diabetes, immune system problems, substance abuse, depression, and other mental health disorders into adulthood.⁹ Given that a child's experiences during the earliest years of life have a lasting impact on the architecture of the developing brain, a continuous state of toxic stress has negative and enduring consequences on cognitive development and emotional regulation. Specifically, the prolonged activation of stress hormones in early childhood can actually reduce neural connections in areas of the brain dedicated to learning and reasoning, affecting children's abilities to perform academically and later in their lives.

Extreme adversity in early childhood can hamper children's healthy development and their ability to function fully, even once the violence has ceased. Thus, while the prevailing framework of children's mental health in conflict focuses almost exclusively on PTSD from past traumatic experiences that occurred in their home country, the reality is that for the children of Syria – both those at home and especially those who are displaced – *there is no 'post'*.

Yet these impacts are not inevitable and, if children have supportive relationships with caring adults early in their lives, the damaging and potentially deadly effects of toxic stress can be reversed. After six years of war, however, many of Syria's children have lost much critical time for development, and the long-term damage has the potential to become irreversible and permanent.¹⁰

There is not a moment to lose in protecting Syria's children from armed conflict, and supporting them and their caregivers to heal and rebuild their lives.

Methodology

“The Syrian people are in need of more than aid. We are in need of people who can feel the same as us and understand. We are so happy that you are trying to understand us and feel what we feel.”

Abdallah, 15–17 years, Eastern Ghouta, Rif Damascus

For this report, Save the Children staff and partners spoke to 458 children, adolescents and adults inside seven of Syria’s 14 governorates – the largest and most comprehensive study undertaken into children’s mental health and wellbeing inside Syria during the conflict.

The research took place between December 2016 and February 2017 and consisted of:

- 313 individual questionnaires¹¹ completed by 154 adolescents aged 13–17 (59 girls, 95 boys) and 159 parents and adult caregivers (61 women, 98 men)
- 17 focus groups with 125 children (56 girls, 69 boys) split into four age groups: 5–7, 8–11, 12–14 and 15–17 years. The older ages were divided into groups of girls and boys
- In-depth interviews with 20 psychosocial workers, children, aid workers, teachers, parents and psychologists.

The research was carried out with trained practitioners who also offered psychological first aid to children involved. It took place in multiple locations in Aleppo, Damascus, Dara’a, al-Hasakah, Homs, Idlib, and Rif Damascus, with additional interviews with experts based in countries neighbouring Syria. The locations and participants were selected based on where Save the Children and our Syrian partner organisations are currently able to work, mainly in opposition-held areas and including several besieged and hard-to-reach locations. Our conclusions are largely based on the experiences of children and families in these areas, although we know that children in government-held and ISIS-controlled areas – where we are currently unable to operate – are also likely to be experiencing traumatic events. To try and address this, we also spoke to a mental health and psychosocial expert working in government-held areas. While all parties to the conflict have committed violations against civilians, the UN Secretary-General has stated that the Syrian government has been responsible for the most violations against civilians¹² and it is likely that children who have been exposed to these violations will have been subjected to some of the most intense trauma in the conflict.



Ahmed, 12, who now lives in an abandoned petrol station with 14 of his family members, having fled the violence in his home town three months ago

PHOTO: SAVE THE CHILDREN

Save the Children's mental health and psychosocial work

Save the Children provides mental health and psychosocial support (MHPSS) and education activities for children across 10 governorates of Syria, as well as in countries hosting Syrian refugees. Our approach to MHPSS programming includes HEART (Healing and Education through the Arts for children) and Child Resilience, and follows the Inter-Agency Standing Committee guidelines on mental health and psychosocial programming.¹³

The HEART programme was designed by Save the Children as a form of psychosocial support in which children benefit from learning to adapt and overcome the trauma they have witnessed as a result of the conflict in Syria, with the objective of empowering children to process and communicate feelings and emotions, particularly through art and creativity. Psychosocial activities like HEART prove essential for children in emergencies, as they allow the space to build trusting relationships between children and teachers, something that is critical for children to adapt and overcome the experiences and stress caused by the crisis.

Our Child Resilience work is a comprehensive programme that addresses children's wellbeing in a holistic way, recognising that children's wellbeing is influenced by their interaction with their parents or caregivers, their peers and others in their community. It therefore involves all of these areas to help improve a child's wellbeing and resilience. Our partners have trained teachers in our education programmes to be able to provide children with basic psychological first aid (PFA), and use simple breathing and stretching techniques that can reduce tension and stress in children.

In addition, Save the Children supports seven primary healthcare facilities and a maternity hospital, conducts vaccination campaigns and distributes household items, hygiene kits and winter kits, among other activities in Syria. To date our programmes have reached more than 2.4 million people inside Syria, including over 1.5 million children.



PHOTO: SAVE THE CHILDREN

Facilitators at a child-friendly space run by Save the Children support children to process and communicate their feelings through activities like drawing, music and sport

A living nightmare

Millions of children in Syria are living in daily fear – of airstrikes and bombs that destroy their homes, killing children and their loved ones; of no longer being able to go to school; of wondering where the next meal will come from; and of being separated from their families.

Six years of war in Syria have created one of the biggest humanitarian crises since World War Two. Today, 13.5 million people inside Syria, including 5.8 million children, are in need of aid,¹⁴ with 4.6 million trapped in besieged and hard-to-reach areas,¹⁵ mostly beyond the reach of humanitarian agencies. Hundreds of thousands of people have been killed, with estimates as high as 470,000,¹⁶ although the United Nations (UN) officially stopped counting in early 2014 by which point at least 250,000 had died.¹⁷ Another 4.9 million

people, including 2.3 million children, have now fled the country in search of safety and aid, the vast majority to neighbouring countries such as Turkey, Jordan, Lebanon and Iraq.¹⁸

Refugee children face their own particular psychological stresses. As well as often having witnessed extreme violence that forced them to flee, a 2015 Save the Children study found the primary cause of psychosocial distress among Syrian refugee children to be the dire economic conditions and poverty facing refugee families.¹⁹ Many adult refugees are unable to work legally and have limited legal status, preventing them from accessing healthcare and schools, and leaving them stuck in identity limbo.²⁰ Children we spoke to for that study were worried about how their parents would pay for rent and food, and about the pressure this puts on their families. Another 2015 study of



PHOTO: SAVE THE CHILDREN

Fatima with two of her ten children. The family had to leave their home three months ago. “In our village, every time I heard a plane I would start to panic. The area was full of mines so I couldn’t even let them go out to play.”

Syrian refugee children in Turkey found that 45% showed symptoms of post-traumatic stress disorder (PTSD) – ten times the prevalence among children around the world – and 44% showed symptoms of depression.²¹ Another found Syrian refugee children suffering from high rates of epilepsy and intellectual and development disorders.²²

However, refugee children in neighbouring countries are generally safe from the bombs and fighting that still traumatise children inside Syria. Save the Children's work with Syrian refugees in neighbouring countries consistently shows that with even basic support, most of the symptoms and signs of psychosocial distress can be alleviated and children are able to resume a normal childhood. Psychosocial workers in Jordan report that over time refugee children's fears decrease and they can convince children that they are safer, with one worker interviewed for this report explaining: "Gradually, they realise they can fall asleep and not wake up to the sounds of potential death."

For children who are still inside Syria, that fear never goes away.

BOMBS AND BULLETS

By far the biggest source of fear identified in our research is from bombing, shelling and the overwhelming feeling of being unsafe. Almost all of the children's focus groups and 84% of adults cited this as the biggest single cause of children's high levels of stress. The associated sounds alone –

of people screaming and shouting or aeroplanes circling overhead, even without bombing – were enough to trigger extreme levels of fear in children. This was witnessed firsthand during the focus group discussions, when the sound of aeroplanes flying above left children too terrified to continue. Two of the sessions for 12–14-year-olds had to be postponed and rescheduled. During one focus group for 5–7-year-olds in northern Syria, a gust of wind slammed a door shut and children screamed in fear thinking a bomb had just gone off.

"I hate the aeroplane, because it killed my Dad."

Marwan, 5–7, Aleppo, who repeated this statement three times, yelling louder each time

Children under 12, who have now spent most of their lives in war, were particularly aware of airstrikes and bombing and the imminent danger they are in. They repeatedly mentioned that they are constantly afraid of being hit by bombs. Many suffer frequent nightmares and have difficulty sleeping for fear of not waking up. Continued long-term sleep deprivation is extremely hazardous to children's physical and mental health. It can raise the risk of psychiatric disorders and has been linked to anxiety, depression, bipolar and attention deficit hyperactivity disorder (ADHD),²³ and in the long term can lead to a range of health problems, including obesity, diabetes, cardiovascular disease, and even early death.²⁴

"Children have difficulties falling asleep, they have a lot of nightmares. This was not there before the war."

Mounif, a psychosocial worker in southern Syria

HOW CHILDREN FEEL

We asked girls and boys in the focus groups to say what makes them feel scared, sad, angry, happy or confused:

*"I always feel **angry**, all the time."*

Aboud, 12–14, Idlib

*"I'm **afraid** of going to school because a plane will bomb us."*

Rihab, 8–11, rural Aleppo

*"I would be **confused** if I didn't hear or see airstrikes, because they happen so often."*

Ala'a, 12–14, Eastern Ghouta

*"I get really **sad** if I cannot get education and I cannot build a future."*

Haya, 15–17, rural Aleppo

*"I feel **sad** when we have a (public) holiday but my parents are not here because I have already lost them, and I am alone because everyone is dying."*

Zeinah, 15–17, rural Aleppo

*"I'm **angry** because my neighbour's child is in hospital because he got blown up and is hurt."*

Khaled, 12–14, Idlib

“[The children] are always stressed. Constant anxiety. We notice that Syrian children, through our work with them, they are not like other children. They’re always stressed. Any unfamiliar noise, if a chair moves, or if a door bangs shut, they have a reaction. This is the result of their fear – of the sound of planes, of rockets, of war.”

Ahmed, a recreational coordinator in Idlib

by the violence. I lost out on two years of school, and my brother has grown up and has hardly studied at all. What if I get old and I continue on this same path and I lose out on my entire future? I want to study and grow up and teach my children as well. I want to be a teacher. What if all these years pass by and I don’t become anything? It’s not fair.”

Zainab, 11, al-Hasakah

As well as feeling scared, children told how the impact of airstrikes brings out other emotions such as anger and sadness, especially when schools are bombed or airstrikes in the area prevent them going to school, or when friends and family are killed. Interviewees estimated that two in every three children have either lost a loved one, had their house bombed or suffered injuries. Half of the children were said to have regular or constant feelings of grief or extreme sadness, and 78% have these feelings at least some of the time.

SHATTERED EDUCATION

“I feel like I’ve seen so many terrible things. We need to go back to school so we can study and get educated. There are some people like my brother [aged nine] who are failing everything and have forgotten everything they knew. When you ask him what is one times two or one plus one he doesn’t know. A lot of children don’t even know the letters of the alphabet, it’s all gone. They’ve been affected

Across all the locations we surveyed, children, parents and caregivers said the lack of schools and education is taking an enormous toll on children and leaves them fearful for their future; 60% of adults cited the loss of education as one of the biggest impacts on their children’s daily life. The result is a generation of uneducated, isolated children denied the opportunity to learn and socialise as children should. This is having an enormous impact on children’s psychosocial wellbeing and has critical implications for Syria’s post-war society.

Since the war began there have been more than 4,000 attacks on schools in Syria²⁵ – almost two a day. One in three schools are now out of use²⁶ as they are damaged by bombs, turned into makeshift shelters for fleeing families, or taken over by armed groups for use as military bases, detention centres or torture chambers.²⁷ Around 150,000 education personnel, including teachers, have fled the country.²⁸ Even where schools remain, the indiscriminate bombing and targeting of civilian infrastructure means that many parents are



Zainab, 11, in her family’s tent in a camp for displaced people in Syria

too afraid to send their children. Schools run by Save the Children partners frequently have to close for days at a time because it is too dangerous to gather children in one place.

For 12–14-year-olds in the focus groups, the thing that makes them most sad or angry is when their schools are bombed or they can no longer attend school. Even for children who do attend school, almost 50% said they rarely or never feel safe there. When 15–17-year-olds were asked what would make them feel better, happier or safer, one of the most common responses was to have schools that they can regularly and safely attend, in order to have some sense of a future and to accomplish their goals. They were unable to imagine a happy future for themselves if there were no peace, security and education.

The link between education and the future came through strongly. Children – particularly those aged 12 and over – were acutely aware that their prospects of a better life are intrinsically tied to completing their education. Prior to the outbreak of war, almost 100% of Syrian children were enrolled in school and literacy rates were at 95%.²⁹ Today, enrolment is among the lowest in the world, with almost one-third of school-aged children in Syria – 1.75 million – no longer in school, and another 1.35 million at risk of dropping out.³⁰ In Aleppo and Quneitra governorates, up to 90% of children have dropped out of school.³¹ Decades of progress on education is being reversed.

As well as traditional learning, schools also provide children with a vital source of safety, stability and routine and are crucial for normal childhood development. They enable children to interact socially with their peers, and teach problem-solving and general coping skills. This can reduce stress levels and help children to navigate the crisis environment relatively effectively and make decisions that support their wellbeing. A key part of the mental health and psychosocial programmes run by Save the Children and our partners in Syria aims to help promote children’s resilience by equipping them with these skills. Without school and similar support programmes, children are at much greater risk of suffering depression, becoming withdrawn and feeling hopeless about their future.

Supporting more schools and education projects is crucial, yet in 2016 education projects inside Syria were only 55% funded.³² Syrian and international aid agencies, together with local communities,

have made tremendous efforts to keep schools running in almost impossible circumstances, opening underground classrooms to reduce the risk from bombing and running informal classes in homes, mosques and abandoned buildings when schools have been destroyed. Teachers often work for no or little pay in overcrowded classrooms without electricity and heating in freezing winter temperatures.

However, when children attend class terrified of bombs, exhausted because of nightmares, and too hungry to concentrate, their education inevitably suffers. More schools alone will not heal children’s trauma. Efforts to provide education must go hand-in-hand with increased efforts to provide children with mental health and psychosocial support, including training and equipping teachers to respond effectively to the anxiety and trauma that children are living through.

THE END OF CHILDHOOD

“I see children less than 15 years old at checkpoints and carrying guns, joining armed groups. Others work. I saw a boy cleaning cars – he was not eight years old, working to secure the livelihood of his mother and his little siblings. There are lots of examples of this phenomenon. If you go to the market you will see children working at small stores, displaying goods on the ground. Child labour has spread to a great extent.”

Tamara, an aid worker in Idlib

The lack of schools and alternative options, along with the growing economic pressures of war which have left 85% of people in Syria living in poverty,³³ puts children at greater risk of violence and exploitation. Although rarely mentioned by the children themselves, adults highlighted the rise in young boys being recruited into armed groups, girls being married off as young as 12, and children of both sexes having to go out and find work to support their families. Recent UN assessments in Syria found that 90% of surveyed locations reported child recruitment and 85% reported early marriage.³⁴

Adults told of children they know who no longer attend school but who are working in shops or garages, engaged in casual labour, or selling goods in the streets and door-to-door. Often these are children from the poorest homes, or who have lost one or both parents to the war. Many parents have

been killed, while others have been arrested and never seen again, or have disabilities preventing them from working.

Although it is a violation of international human rights law,³⁵ and one of the six grave violations against children in armed conflict outlined in UN Security Council Resolution 1612,³⁶ boys³⁷ are at particular risk of being recruited by armed groups to cook and clean for soldiers or man checkpoints, before taking on active military roles as they get older. “War is a business and often the armed groups are the only ones with money to pay them,” said one youth worker. Salaries are said to be relatively high and sometimes supplemented by regular meals, which children do not always get at home.

More than half (59%) of adults said they knew of children in their area carrying or using guns, and almost half knew of children working at checkpoints or barracks. Children as young as seven are known to have been recruited to fight, and over half of children recruited are under 15 years old, with the UN citing at least eight armed groups engaging in this practice.³⁸ Research has shown how, among war-affected children, those who have been recruited or used for military purposes are particularly vulnerable and more likely to endure harsher psychological consequences.³⁹

For girls, early marriage has become increasingly common in many areas. Parents who cannot afford to feed and care for their daughters see marrying them off to a richer family as the best or only way to provide for them. Other parents often feel that a married girl is likely to be safer and better protected from sexual violence and harassment.

For all these reasons and more, the result is that girls as young as 11 are at risk of being married: “In some areas if a girl is not married by 16 or 17, people think her time has passed,” said one aid worker. These girls are extremely unlikely to ever return to school and many will suffer the stress of being forced into marriage on top of the stress of the attacks or poverty that have often forced them into early marriage in the first place.

“We’ve received several young girls who have tried to commit suicide because of the pressure to get married, either because they don’t want to marry or because they don’t like the partner their parents have

chosen. Sexual and gender-based violence is rarely reported, but we receive many cases of rape and abuse of girls.”

Yousra, a psychologist whose organisation runs clinics in southern Syria

Many interviews highlighted the growing threat of sexual violence against girls – as seen in wars all around the world. Local aid workers said such cases often go unreported, and that the magnitude of the problem is frequently underestimated. Some said girls and young women who have been raped or sexually harassed have resorted to suicide attempts, fearful of a scandal or still afraid of the person who assaulted them. Girls living in the informal tented camps for internally displaced people, where large numbers of people are quickly brought together in basic and overcrowded conditions, were said to be particularly at risk.

“When a family goes to a camp the girls are vulnerable to more dangers than boys. A girl can be exposed to sexual harassment and rape, so it is necessary that she doesn’t go out of the camp or out of the house. Her family may go so far as to prevent her from going to university – they want her to stay at home rather than be exposed to the possibility of rape or kidnapping.”

Karim, an aid worker in Idlib

FAMILIES TORN APART

Adolescents in particular highlighted that what made them most upset was the feeling that their loved ones are being taken away from them by the violence. As well as family and friends being killed, many highlighted the fear of arrest and detention, with tens of thousands of people reported missing since the conflict began.⁴⁰ Others fear separation when they have to quickly flee fighting and leave their homes behind. There are now at least 6.3 million people displaced inside Syria. Last year more than 6,000 people were newly displaced every single day.⁴¹

“The children lose their homes through shelling and being displaced, and have to leave the neighbourhood where they were brought up. This has affected their psychological state because of relocating to strange new environments that they were not used to before.”

Muneer, a displaced father in Idlib

Such loss and disruption in their family life can lead to high rates of depression and anxiety in war-affected children.⁴² The importance of the family, and the nurture and support that it provides to children, means that being separated from parents can be one of the most significant war traumas of all, particularly for younger children.⁴³ Children's vulnerabilities to the multiple risks they face greatly increase when they lack key protective factors in their lives, such as living with a caring parent and having supportive friends.

The huge death toll in Syria has left unknown numbers of orphaned children. 77% of adults said they know of children who have lost one or both parents and, while the majority are taken in and cared for by grandparents, uncles and aunts, 18% said they know children who are living alone with no choice but to fend for themselves with little community or institutional support. Many have to work on farms or in shops, steal or beg on the streets, or join armed groups to get by.

"I met four children aged nine, 11, 13 and 16 who left Aleppo after many battles. Their mother was hospitalised in Turkey and they don't know anything about her, and their father passed away. They're living on their own in one of the camps, with no school, stressed and afraid and insecure. They're suffering from many psychological side effects and disorders as a result."

Mustafa, an aid worker in Idlib

"One boy is 15, living by himself because his family left. He survives by selling the furniture from his home, and by stealing."

Nadia, in Homs

The violence children face is not only through bombs and guns. When asked about the types of violence children regularly experience, half of interviewees raised concerns about a rise in domestic abuse – both physical and emotional – against or witnessed by children. Young children in particular raised being hit by family and friends as one of the things that makes them feel most sad and angry. This is consistent with other conflicts, where domestic violence has often increased during and after the conflict, in part due to the frustration, humiliation, violence and lack of jobs and services experienced by male family members.⁴⁴ Men sometimes channel the stress and tension of war by taking it out on the women surrounding them – acts of violence often witnessed by children.⁴⁵

As the war in Syria has dragged on, increasing poverty and the struggle to feed and care for their family has put enormous stress on many parents, with some lashing out at their children. 72% of adults cited the lack of money and jobs as their main worry, and 85% said poor parenting is a major and increasing problem for children and communities. Parents and caregivers seemed conscious of the impact this daily struggle to make ends meet and their feelings of helplessness at not being able to keep their families safe is having on their children. Many recognised that they don't have the mental space or ability to sit and listen to their children or help them cope with stress and distress.

CHILDREN'S MENTAL HEALTH IN GOVERNMENT-HELD AREAS

While this research was carried out in opposition-held areas, we spoke to the head of an organisation providing mental health and psychosocial support in government-held areas of Damascus. Many of the issues reported were similar:

"The economic situation has got worse, and we see a rise in domestic violence as families become poor and take their frustration out on their children. The children need to earn money for their families, so many drop out of school and go to work on the streets. The poor economy and

violence at home has a great impact on children's mental health. We see a lot of children in our centres who have lost confidence in themselves. They feel like they can't achieve anything. Many are in poor physical health, they're thin and have stunted growth as they don't get enough healthy food. They feel ugly and small. Many children have been displaced – often when they come to us they want to be alone and are afraid to take part in any activities. Children have nightmares of bad things happening to their family. They are afraid of dying."

Signs of distress

“My son wakes up afraid in the middle of the night. He wakes up screaming. This is how children have been affected. He has bad dreams and wakes up crying and sometimes runs out onto the street. He has nightmares because of the war and air bombardment. Because of fear. A child was slaughtered in front of him, so he started to dream that someone is coming to slaughter him. When a child witnesses a beheading, how could he not get afraid?”

Firas, father of Saeed

These multiple causes of stress on children manifest themselves in various ways, with the research highlighting significant behavioural changes and psychosomatic symptoms in children, and in the worst cases children turning to substance abuse, self-harm or even attempting suicide.

Eighty-nine per cent of adults said children now suffer persistent feelings of fear, while 80.5% said that being surrounded by violence has seen children’s behaviour become more aggressive, such as fighting and shouting with their friends or bullying other children. Several children spoke of wanting to take revenge for the violence inflicted on them and their family. Save the Children’s experience in the region shows that with the right support, these changes can be alleviated and reversed.

“When an aeroplane hits and I see people dying, I get the feeling that I want to take the aeroplane to ground with my own hands.”

Khalil, 15–17, southern Aleppo



Firas with his son Saeed, 3, who is only able to sleep during the daytime because he’s too afraid to fall asleep at night

PHOTO: SAVE THE CHILDREN

PROVIDING SUPPORT TO CHILDREN BEHAVING AGGRESSIVELY

While many children and adolescents were found to have increasingly aggressive behaviour, this can be helped by getting them supportive care, strengthening their social networks and providing emotional outlets. One aid worker who runs children's activity centres in Syria said:

"We receive many children who are increasingly aggressive as they're surrounded by fighting and violence. We've found that this can be reversed by getting them involved in activities at the centre. We run a choir where they get to join in with other children, singing specially written songs about forgiveness and non-violence. At first, they often find it silly and difficult, but eventually they love it. Drawing also helps them to communicate their feelings. Lots of them enjoy dancing sessions – usually to traditional songs, but sometimes they choose to dance to more modern music like rap. Day by day their behaviour gets better and they feel less aggression. It takes time – not just a couple of days or weeks – but eventually we see most children's behaviour change for the better."

Anas, 8, attends one such centre. He fled with the rest of his family when there was fighting around his home in rural Damascus, and his father went missing. "After losing his father my child became violent, and would beat his brothers and friends in school," says his mother. "He was stubborn and cried a lot, and became worse when he watched TV news about missing people." Staff at the centre noted he was unable to express his feelings and spoke with a stutter.

The centre gave him the space to express his feelings. Through group and individual sessions, he was encouraged to talk about his father, the nice memories of them together and the painful memories when he heard his father was missing. He talked about his nightmares, and his dream of being reunited and returning home, together with sessions of playing, drawing and relaxation exercises. Over time, his behaviour improved remarkably and staff say he is able to control his anger and socialise with friends. "My child changed a lot after these sessions," says his mother. "Now he interacts with us at home. He's stopped fighting his brothers and now sleeps in the same room as them. He tries to help me and listens to what I say."

Seventy-one per cent said children increasingly wet the bed or suffer from involuntary urination in class or in public, and 48% have seen children who have lost the ability to speak or suffer from speech impediments. Children themselves told how their high levels of stress manifest in physical symptoms such as pains in the head and chest, difficulty breathing, and in some cases temporary loss of movement in their limbs.

"Sometimes when a child is very stressed, they lose the ability to speak. They're unable to express themselves, the only way to communicate is to scream. Sometimes just continuous screaming. The war has made men out of children. It has shifted their thinking away from childhood. Instead of playing they are holding weapons, instead of going to school they are trying to earn a living. Fear has led to mental breakdown."

Amira, a psychosocial counsellor in southern Syria

"We see a lot of children suffering from involuntary urination and anxiety following a shock, particularly the sounds of explosions and bombs. A lot of the children have difficulty speaking and are stuttering, and some of them suffer from partial amnesia. We see children from six to 15 who are not able to remember. The psychology of children has changed – a child is always anticipating an attack now. Children have lost their childhood."

Tamara, an aid worker in Idlib

Children exposed to multiple sources of violence may eventually become desensitised and emotionally numb, which increases the possibility of them imitating the aggressive behaviour they witness and considering such violence as normal. Some children desensitise as a way of trying to cope with the violence they see,⁴⁶ with significant risk that they grow up as adults who lack empathy and are indifferent to acts of violence around them. That the

children in this research are still afraid, angry and presenting ‘normal’ emotional responses suggests that they are not yet desensitised to the war. However, how long these responses will remain the same is impossible to determine.

Self-confidence and a positive belief in themselves and their identity can also help children to cope with stress. However, children in the focus groups displayed much lower levels of self-confidence than would normally be expected in children their age, and teachers told us how many of their pupils suffer from a lack of confidence. When asked if they think their friends find them funny on a scale of 0–4, most answered at the lower end, with the average answer being “a little” or 1.3. When asked “Do you like who you are?”, the average answer was only “sometimes” or 2.5. Psychosocial programmes can play an important role in improving children’s self-confidence.

Some children and adolescents turn to drugs, alcohol or self-harm as a means of escaping their surroundings. 48% of adults said children are increasingly turning to whatever drugs are available, and 27% said there has been a rise in children self-harming or attempting suicide. Many areas where the surveys were carried out are deeply conservative and such actions remain taboo and potentially under-reported by communities.

Almost all in-depth interviews with experts and professionals highlighted a rise in such incidences.

“They often take drugs to forget the current situation they’re living in, in order to feel better.”

Rasha, a teacher in southern Syria

“When there are no centres for psychological support, no education projects or health services, young men and women become more vulnerable to issues like drug abuse of hashish or opium.”

Tamara, an aid worker in Idlib

“The children ask a lot about death, and they want to know the details about death. About five to six months ago, a child who was 12 years old committed suicide. We never had something like this before, even for older people. His dad was killed in a car bomb. They tried to explain to the child that now your dad is a martyr and he is going to paradise, so the child thought that if he died he would see his dad. He hung himself with a scarf.”

Sharif, psychosocial worker, southern Syria

In the town of Madaya, which has been under siege since mid-2015, medical staff told Save the Children of at least six children, the youngest a 12-year-old girl, and seven young adults attempting suicide in just two months.

PSYCHOSOMATIC IMPACTS

In recent years, trauma research has shown that the body sometimes retains the imprints of trauma.⁴⁷ Children in the focus groups explained how their stress and feelings of fear, anger and sadness often manifest themselves in physical forms:

“I feel depressed and as if I’m in another world. When I wake up I realise that I’m still here and then I cannot move my body.”

Mohammed, 15–17, Eastern Ghouta

“My father was arrested five years ago. When I remember him my head hurts. I feel like the world is narrowing.”

Ahmed, 15–17, Eastern Ghouta

“My heart hurts because it beats too hard because I am scared.”

Nour, 5–7, Aleppo

“When I sit alone and start to think, my stomach starts to hurt. This is when I really understand the situation I’m in, when I really think about it.”

Tarek, 15–17, Eastern Ghouta

“I get angry when someone in my family or my friends die. My chest hurts and I can’t breathe, so I sit alone because I don’t want to scream at anyone or hit anyone.”

Saif, 15–17, rural Aleppo

Mahmood, 16 months, often wakes up crying in the middle of the night. His mother says that any loud noise frightens him



BESIEGED AND TERRIFIED

The ongoing sieges of towns and cities across Syria have left some of the most isolated and vulnerable children without support. According to the UN, as of February 2017, there are 13 besieged areas in Syria where, in addition to frequent bombing and violence, some 643,780 people are denied aid.⁴⁸ Some besieged areas of Eastern Ghouta have received just one official multisector aid delivery in the past four years.

While our research across Syria found similar issues, children in the focus groups in besieged areas of Homs, Eastern Ghouta and Damascus overall were the most afraid and getting the least support.

In addition to airstrikes – and the active frontline fighting around many of these areas – children under siege suffer from the denial of aid and restrictions on movement that leave them struggling to get the basic nutritious food necessary for normal growth and development and even more cut off from relatives and professional help.⁴⁹

“The children have now become scared of starvation as a result of the siege or the lack of food and nourishment. One child said to me, ‘I really want to eat an apple. I miss eating apples so much. It’s been two years since I ate an apple.’”

Bashir, an aid worker whose organisation works with children who recently escaped the siege in eastern Aleppo

Hala, a teacher in Madaya, explained how the severe shortages of food and the restrictions on movement in besieged areas are having a devastating psychological impact on both children and parents. She sent her children away to live with relatives as fighting around the town intensified and planned to follow them, only for the town to shortly after come under siege. She has been unable to leave since.

“Children wish they were dead and that they would go to heaven [to] be warm and eat and play. They wish they were hit by a sniper, because if they got injured they would go to the hospital and leave the siege and eat whatever they want. No one is scared any more when there is a strike or a bombing. They say, ‘If we’re hit by the barrel [bomb] or the strike, we’re going to heaven with God, [and] we’d eat everything.’ I would love to be next to [my daughter] in these times but they’re not letting anyone out, they’re not letting us meet our children. My children need me. Why don’t I have the right to go out and see my children? There are mothers who haven’t seen their children in a year-and-a-half. One works with us and every day she cries and says ‘I want to scream so my children would hear me and I would hear them back.’ This is our life every day. It’s not a day or two – we’ve been living like this for a year and a half, and this is very hard.”

Searching for support

There is an urgent need to expand and strengthen the protective networks around children suffering in Syria's war. Ever greater numbers of children are in need of mental health and psychosocial support. As in most crises, the very worst affected will need professional and specialised care. However, the majority of children – even some of those who have lost family or witnessed violence – may not need professional therapy and counselling, but are best served by other forms of psychosocial support. Strong family and social networks, a sense of normality, schools, and safe places to play with their friends are vital for helping children to cope.⁵⁰

“There are lots of examples of children who are trying to live with their problems and overcome them, but they can't. Everyone needs help. The biggest thing stressing out caregivers is that they are scared for their children. At home I have three children – if there's an aeroplane above dropping bombs, when you start to hear the barrel [bomb] coming down, what are you going to tell the children? How are you going to make them feel safe? How are you going to reassure them that the bomb won't hit the roof? And the kids are screaming and maybe after a while you're screaming, and your wife is screaming. These are not normal circumstances at all.”

Sharif, a psychosocial worker in southern Syria

Ibrahim, 7, drawing at a child-friendly space run by Save the Children

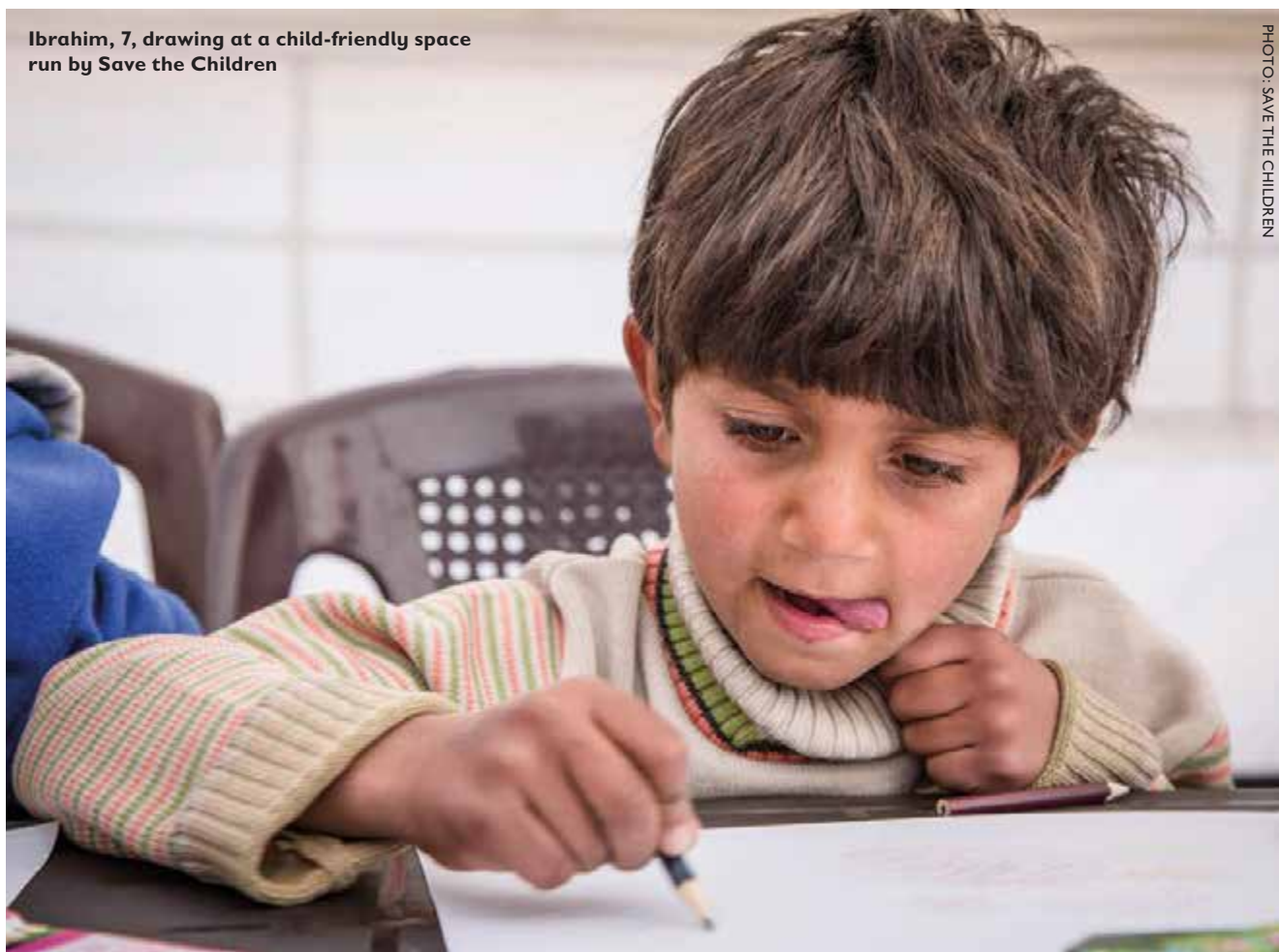


PHOTO: SAVE THE CHILDREN

A CRITICAL SHORTAGE OF PROFESSIONAL CARE

Even before the war, child psychologists and mental health experts were rare in Syria. As one interviewee said, “Outside counselling is not really in our culture and is rarely accepted. People get their support from their family networks.” The war has exacerbated this gap, with many professionals having been killed or fled the country. Hospitals and health centres are routinely targeted and caught in the crossfire, with 101 attacks against health facilities recorded in the first nine months of 2016.⁵¹

Before the war there were only two public psychiatric hospitals in all of Syria,⁵² for a population of more than 21 million people. There are estimated to be only around 70 psychiatrists working in the entire country, most of them in Damascus.⁵³ Today, Save the Children partners report that the vast areas of Eastern Ghouta and Dara’a, where around 1.4 million people live, are served by just two professional psychiatrists. Fighting and checkpoints also leave experts unable to access many areas. Those mental health professionals who remain working are themselves often overwhelmed, burnt out and in need of more support – many having themselves experienced traumatic events or been displaced.⁵⁴

In a previous assessment into the capacity of mental health and psychosocial practitioners in Syria, the majority lacked field training and the skills for

diagnosing and managing mental health disorders related to the current war context, such as sexual abuse, suicide or self-harm, and amputations.⁵⁵ Graduates with bachelor degrees in social work and psychology end up taking on much of the role and need a great deal of training, which usually has to be conducted by experts outside the area over the phone or via Skype due to the dangers and restrictions on movement. The shortage of trained experts and clinics means professional mental health and psychosocial support is rarely available to children who need it. Only 20% of functioning health facilities provide basic mental health services.⁵⁶ Save the Children partners that run centres offering psychosocial support say the demand for places exceeds capacity, with dozens of children stuck on waiting lists at each centre.

Lack of funding is another challenge. Humanitarian programmes in Syria are often funded in very short cycles, sometimes for just six months at a time. This can have particularly critical consequences for mental health and psychosocial support, and sometimes leads to programmes ending just as children are opening up about their distress and are at their most vulnerable. One aid worker said: “We had to stop our activities in the middle due to lack of funds. It destroys everything and you lose all the positive work you’ve done with the children. It can take a lot of time to help these children – some need a year of gradual support, and then the programme has to end after six months. Donors don’t seem to understand the impact this has on the children.”

GETTING CHILDREN HELP IN TIME

Dima, 6, has lived with her mother and grandfather since her father was killed and the family fled Eastern Ghouta. “She became stubborn, disrespectful and very aggressive. She even hit me,” says her mother. “When I remarked on her behaviour, she cried immediately. She became so attached to her grandfather.”

When Dima started attending psychosocial support sessions run by a Save the Children partner, staff noticed she got frustrated at all the activities. She wanted to be the only leader of the group, and refused to abide by any of the

rules. Staff set up sessions to lay out rules and instructions for her to follow, and followed up with sessions where she could discuss her late father and her negative feelings towards her mother. Other sessions got her talking about her positive memories and hopes for the future, and about her country and the society she lives in, which helped her feel closer to the wider group. After many months of sessions, staff saw Dima’s hostility subside and she became more respectful of her friends and her mother. “After [the sessions], I started to help my mother. I’m very happy to do what my mother asks me – unlike before,” said Dima.

SOCIAL STIGMA

The ingrained social stigma of seeking counselling is another major barrier raised by adults in our research. Talking openly about psychosocial problems and care is taboo and leads to embarrassment and fear among children suffering with these issues. Most professionals we spoke to said this negative perception has gradually improved as the war has gone on and its psychological impact has grown, and that there is now more acceptance of younger children seeking help – particularly psychosocial activities through arts and drama. Numerous interviewees in Dara'a praised one particular psychosocial centre for contributing to a change in societal attitudes towards seeking help, and many others lamented the lack of similar centres elsewhere.

However, social stigma and ingrained attitudes to mental health remain a significant challenge. Even now, clinics in some areas told us they do not advertise their work on mental health issues publicly, instead relying on referrals and word of mouth. Older boys and young men are particularly hard to reach and are put under pressure to try and cope on their own rather than seek support.

“Boys face particular pressure to ‘man up’, which leads boys who need help to become more aggressive and assert their masculine identity. Boys who wet the bed are sometimes made fun of at home – they’re told they’re behaving like girls and won’t become a man. This adds new stress on top of the stress which made them wet the bed in the first place.”

Psychologist in southern Syria

SUPPORT FROM FAMILY AND FRIENDS

For most Syrians, the first source of support is their circle of family and friends, and in this research more than 40% of young people interviewed said they could turn to their family when they are scared or play with their friends when feeling sad. Only a very small number, less than 5%, said they would stay alone. Others seek out distractions to escape from the war around them, such as watching television and surfing the internet or pursuing hobbies such as drawing, reading stories, singing, dancing and playing football – like children the world over. Religion often takes on a key role during

crises.⁵⁷ However, only a relatively small number – 9% of adolescents – said they read the Qur’an when they feel scared. Only 2% said they had counsellors, teachers or psychosocial professionals who they turn to when feeling afraid.

That so many children still feel they have someone or something to turn to when they are feeling afraid or sad is a positive sign. However, as the war and the separation of families continues, these important social connections and support systems are being eroded. 24% of children we spoke to said they rarely or never have a place to go or someone to talk to when they are scared, sad or upset. A lack of social support increases the likelihood of children losing hope and seeking other sources of support or escape, often ineffective or dangerous ones, such as smoking, drug use, obsessively watching the news, worrying about others they have no idea are alive or not, and withdrawal.

Most friends and family are not equipped to deal with the issues the children are facing. Caregivers themselves are under tremendous stress due to the insecurity and financial hardship, which creates an environment in which it is difficult for children to thrive. Beyond the need to expand psychosocial support services to reach a greater number of children, it is also essential to recognise the importance of existing support mechanisms and equip parents so that they are better able to recognise and act on signs of trauma and stress. The need for more professional and formal mental health and psychosocial support centres will increase if family support systems are not maintained and strengthened.

Having a safe place to play and socialise is also crucial for normal childhood development and helping children to cope with stress, but children have few opportunities to escape the harsh reality around them. While children said they feel safest in their homes, they said they immediately feel less safe as soon as they step outside. Nearly 40% rarely or never feel safe playing, even right next to their house, while nearly 60% of 13–17-year-olds said they do not feel safe when they are without their parents. Save the Children partners run ‘child-friendly spaces’ aiming to give children a safe space to play, talk and escape from the conflict around them. However, in Syria, the threat of violence is never far away.

“There is a lot of pressure on children at home. There are no playgrounds, nowhere for them to play... they can’t even go on the streets. There is no option for them to leave the house, to do some activity, to play, to play football. This is why children tend to become more aggressive because they don’t get the chance to release this energy in them.”

Mahmoud, psychosocial worker in Dara’a

“Parents get really stressed if the children are away from the house. From the moment the child leaves until he or she gets back, they’re very stressed that something might have happened to their children at school or in the street, anywhere, through a barrel bomb, a strike, a bombing or a rocket.”

Hala, Idlib

THE NEED TO BE HEARD

Children in distress need to feel heard and to know that people care. One of the most common sources of frustration among older children was not being able to communicate with family and friends who have fled Syria, and feeling disconnected from their social support networks. Adolescents in the focus groups also felt abandoned by the international community, stressing on several occasions that they not only need humanitarian aid but also the rest of the world to understand the suffering they are going through. For many children, the research process itself was a welcome and rare chance to talk about their fears and feelings in a safe and supported manner. They said they felt comforted and glad to have been listened to and asked that we return to talk to them again. The children will be able to join psychosocial programmes run by Save the Children partners.

HEALING AND EDUCATION THROUGH THE ARTS (HEART)

Arts and social activities can play a key role in helping to provide psychosocial support for children affected by serious or chronic stress. Save the Children’s HEART programme in Syria uses arts-based group activities, such as drawing, drama and music, to help children process and communicate feelings related to their experiences and to express themselves.

The healing process begins when a child shares his or her memories and feelings, either verbally or through artistic expression, with a trusted adult. This experience helps children to feel less isolated, more connected to their peers, and safer among the trusted adults in their lives. This in turn can lead to a more confident and secure child, more likely to learn and cope with daily stress. This form of psychosocial support is important because it allows children to be children.

“We prioritise children who have lost or been separated from one or both of their parents

and are at risk of early marriage, child labour or recruitment. All children are different at first – many stay quiet and reserved, but others are hyperactive. We get children to do handprints with paint, as it’s very sensory and active and gets them engaged with each other and make human connections. We ask them to write their dreams on a kite or balloon and then set it free. Most want to be doctors or teachers. Gradually we see a big improvement. It builds their character and allows them to think of their future, rather than the nightmares of their past.”

Asma, who works with a Save the Children partner organisation running activities in southern Syria

“I got to know one five-year-old girl through her drawings. She drew her family and the mother was so small. Usually children draw their parents big and themselves and their siblings smaller. When I asked her where her mother was, she said I have one but she doesn’t love me. She didn’t trust anyone or talk to anyone. Eventually we realised that she had lost her mother.”

Rasha, art teacher, southern Syria

WHAT'S IN THE BAG?

We gave children in the focus groups a bag and asked them if they imagined taking something out that would make them feel better, happier or safer, what would it be?

Answers varied enormously, but most revolved around safety, security and peace, while schools and school books were also frequently mentioned. Many children chose to bring back relatives or friends who had died or left, while others wished for a return to 'how things used to be' when there was no war and families could go home. Others took out physical items they would like to have which could help them escape the daily life of the war, with the youngest children opting for toys such as cars and footballs, and older children wishing for mobile phones, laptops and, a few times, the Qur'an and prayers. Others wished for foreign countries that could help their situation, while a few chose to take out weapons for protection or revenge.

"My father was killed and I would like to bring him back to life because he made my life good. He made my life happy."

Ashraf, 8–11, Eastern Ghouta

"I want a school and teachers to teach us and lots of students so we can be happy and get educated and read and learn."

Arwa, 15–17, rural Aleppo

"I want to take out a tank, to bomb all the planes."

Kamal, 8–11, rural Aleppo

We then asked them, if they could put something inside the bag that they want to get rid of, what would it be? Children of all age groups overwhelmingly chose to put weapons such as aeroplanes, bombs, guns and missiles into the bag. Specific parties to the conflict, and countries felt to be fuelling the war, were all frequently chosen, even by the youngest children. Some answers caused confusion: 'Cobras' were mentioned by several children under 11 – which likely refers to Bell AH-1 attack helicopters, commonly known as cobras. Sadness and emotional pain were also mentioned by younger children, with the older 15–17 groups frequently choosing to get rid of 'whatever causes suffering and sadness'.

"There are bombs that don't tick so children can play with them and they don't know they will explode. So I would put them in the bag so children don't get hurt."

Omar, 15–17, rural Aleppo

"All weapons, to keep Syria safe."

Aisha, 8–11, rural Aleppo

"I would put in anything that starts fear and makes the war."

Fadi, 15–17, Eastern Ghouta

"I want to put in a missile because it's killing us."

Hassan, 8–11, Aleppo

"I would put poverty in the bag because people here don't have anything. They don't have blankets, they don't have food. No one looks after them and there's no one to take care of us."

Bashir, 15–17, rural Aleppo

GETTING CHILDREN HELP IN TIME

Kareem, 8, was extremely shy and regularly cried when he joined activities at a centre run by a Save the Children partner. Staff at the centre saw his deep sense of grief for his cousin Omar, who was the same age when he was killed. "Every time I remember Omar I start crying because I love him so much," he said. "I become frightened and can't sleep, so I call my mother to come and sleep next to me."

His mother said Kareem started cursing a lot and hitting his sisters and friends, but his behaviour has changed for the better since participating with other children at the centre. Through months of playing and drawing with new friends, and activities to boost his self-confidence and teach relaxation techniques, he is now able to sleep on his own and is much calmer and kinder around others.

A tipping point: Syria's future at stake

“We don't see the result of this conflict right now. We're going to see the results and consequences in the coming years. In ten years, we're going to see an entire destroyed generation, uneducated or barely educated. An entire generation that's emotionally destroyed. We need a generation that will build the new Syria.”

Mohammad, a youth worker in Idlib

Despite the enormous psychological toll on children, there is cause for hope. The findings of our research show the clear and devastating impact of six years

of war on children's psychological wellbeing, yet they also illustrate the resilience of Syrian children. The majority we spoke to are still showing a range of emotions, able to talk to friends and family, and are not yet completely withdrawn and desensitised to the violence, which mental health and psychosocial experts involved in this research point to as a sign that we have not yet passed the point of no return for these children. That children feel so strongly about going back to school and getting an education suggests they still have hope for the future.

Hesham, a Syrian schoolteacher, with his daughter Nour, 2, at a camp for displaced people in Syria. Talking about his home town in Deir Ezzour, Hesham said, “The most stressful and scary thing for parents there was that a father could go out and would come back and not find anyone from his family left at home. This happened to someone I know.”

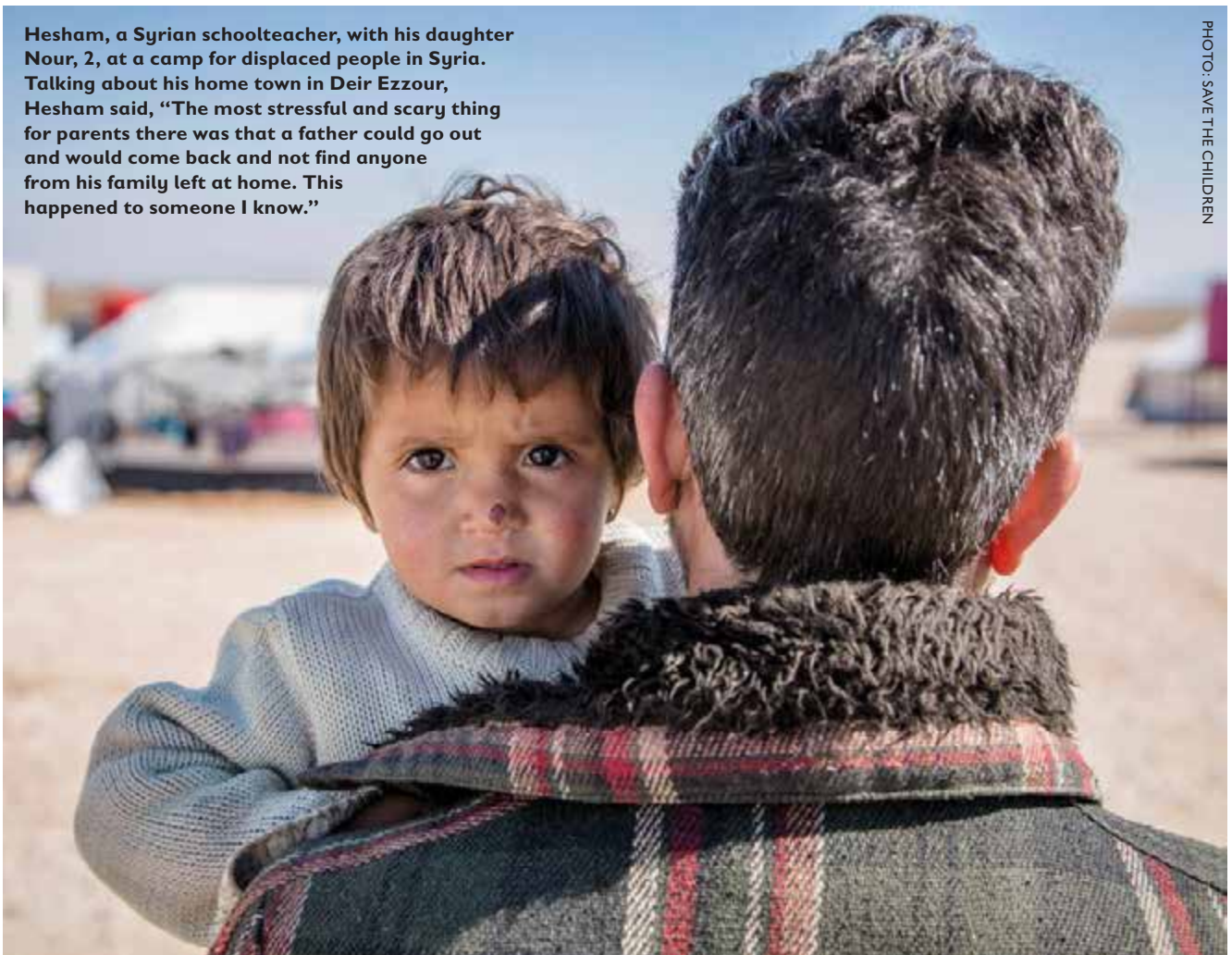


PHOTO: SAVE THE CHILDREN

The findings strongly suggest there is still time to act, and that with the right resources Syria's children can get the help they need to heal and build a better future for their country. With support, and in a safe environment, children who have gone through trauma can recover.⁵⁸ Research into PTSD among US combat veterans⁵⁹ and among communities in post-conflict countries such as Sri Lanka⁶⁰ has shown that even after several years in conflict zones, behavioural therapy and support can significantly reduce symptoms.

However, there is no global research that outlines exactly how much mental distress children in conflict can endure without some level of irreversible damage. We do know that the longer and more repeated the trauma, the harder it is to recover from. For children in Syria, time is rapidly running out. After six years of war, we are now at the 'tipping point', where millions of children have been so consistently exposed to toxic stress that their chances of recovering fully are dwindling by the day. Children who have spent their first few years of life in the warzone, and those who have now been out of school for several years, are particularly at risk of developmental delays, as these formative years are when children attain the key building blocks of social and cognitive development.

We must act now. Failure to ensure that Syria's children get the mental health and psychosocial support they need is not just a betrayal of those children but will have a devastating impact on all aspects of Syria's future.

On children's physical health: Exposure to such extreme levels of violence and abuse has long-term implications for children's mental and physical health. Continual toxic stress can affect the development of the brain and other organs, impair hormonal and immune systems, and increase the likelihood of children suffering delays in their development. It can increase the risk of stress-related disease and cognitive impairment well into adulthood, and lead to health problems later in life, including heart disease, diabetes, substance abuse and depression.⁶¹

On generations to come: The risk of multigenerational trauma, where the untreated effect of the crisis on today's young people is passed on to their own children and future generations, grows more serious every moment the war goes on. We have seen in other conflict situations how higher levels of drug and alcohol abuse, depression, suicide, domestic abuse and extremism are present in communities years down the line.⁶² Children need mental health and psychosocial support to improve their wellbeing in both the immediate term and for years to come.

On the economy: Failing to invest in supporting children and getting them back into school will also cost Syria's shattered post-war economy vast amounts of money. The UN estimates that the total economic loss due to dropout from basic and secondary education is around US\$11 billion – or 18% of Syria's pre-war GDP.⁶³

HAUNTED BY THE PAST, FEAR OF THE FUTURE

Throughout the research, children spoke of the future with fear and trepidation unless the war ends now. Children frequently dreamed of going back in time to before the war started.

At the end of the interviews, adolescents were asked to think of something happy in their lives. Of the 154 interviewees, 140 went back to before 2011 for good memories of family celebrations such as birthdays, weddings and Ramadan or

Eid holidays; trips with family or friends to the mountains, the seaside or other countries; their homes, friends and schools before they were displaced; or receiving and giving presents. Nine children said they could not think of anything happy in their lives at all, while only five mentioned memories from during the war – mainly moments when they were reunited with family members who had been imprisoned or displaced.

Recommendations

Over the past six years, the conflict in Syria has reached new lows in violations of international humanitarian and human rights law and grave violations against children, and there has been a corresponding deterioration in children's mental health and wellbeing. These invisible wounds have the potential to permanently damage an entire generation of Syrian children and hinder efforts at rebuilding their country after the conflict. But this outcome is not inevitable. As this pioneering research shows, there is no time to lose in reversing the situation for children in Syria who continue to endure the impact of six years of relentless violence. The international community must finally acknowledge the grievous harm that is being done to Syria's children and demand an end to the violence. Save the Children urgently calls for the following:

PARTIES TO THE CONFLICT MUST:

- Immediately halt all attacks against civilians, and refrain from using explosive weapons with wide-area effects in populated areas
 - Cease attacks on schools, hospitals, and other critical civilian infrastructure
 - Commit to end the recruitment and use of children (under 18 years of age), and demobilise all fighters or others in their ranks who are under 18. Parties to the conflict should also work with international agencies specialised in child protection to rehabilitate and reintegrate these children into civilian life, ensuring they receive sufficient mental health and psychosocial support
 - Immediately end violations of international humanitarian and human rights law, including all grave violations against children, and investigate and take appropriate action where there are credible allegations of violations
 - Stop using sieges as a tactic in the conflict, allow the free movement of aid and civilians, and permit families to be reunited
- Ensure that the current political negotiations lead to an effective cessation of hostilities as a first step towards a lasting agreement to end the violence and a political settlement to the conflict
 - Ensure sustained safe passage for humanitarian agencies to deliver aid to populations in need, including the delivery of food, medical and heating supplies for emergency and life-saving operations, as well as the provision of protection and health services.

UN SECURITY COUNCIL MEMBERS MUST:

- Demand that parties to the conflict fully comply with relevant UN Security Council Resolutions, including 2139, 2165, 2191, 2258, 2328, 2332 and 2336 in order to ensure the protection and safety of children in Syria
- Insist that parties to the conflict agree a minimum set of measures to ensure the protection and safety of children in Syria. This includes not targeting schools or hospitals, ending the recruitment and use of children by armed forces or armed groups, refraining from the use of explosive weapons with wide-area effects in populated areas and enabling full humanitarian access
- Agree to a new UN Security Council Resolution and ensure its implementation in order to protect education from attack and military use in all conflict settings
- Ensure accountability for violations of children's rights in conflict and send a strong message to parties to the conflict that perpetrators will be brought to justice, and that there will no longer be impunity for attacks on civilians. UN Security Council members should call for independent investigations into all attacks on schools and hospitals and other violations of international humanitarian law and ensure that any investigations feed into to the newly established Impartial and Independent Mechanism to Assist the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011.

UN MEMBER STATES MUST:

- Ensure that the ‘International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic’ since March 2011, newly authorised by the UN General Assembly, and the Independent International Commission of Inquiry on the Syrian Arab Republic are supported and able to effectively carry out their respective mandates. The newly established Independent Mechanism should also include a focal point on children and ensure a strong focus on violations against children
- Together with the UN Special Envoy for Syria, facilitate the participation of Syrian children and young people in peace negotiations and conferences focused on the future of the country, including through consultations and discussions with youth groups.

DONORS MUST:

- Make a new global commitment to support children’s mental health and wellbeing in emergencies, recognising the long-term damage that will be done to a generation of children in Syria without proper support. This includes sufficiently funding mental health and psychosocial programming in humanitarian contexts and ensuring that it becomes a core programmatic intervention in emergencies
- Increase investments in programmes that support children’s resilience and wellbeing and provide them with an opportunity to talk about and deal with their fears. Resources should also be provided so that parents who are struggling in extremely difficult circumstances can support their children to cope better
- Ensure that funding for mental health and psychosocial support programmes is long term and sustainable. Many programmes are currently funded for only six months, which means that children may begin a programme that is subsequently suspended before the child receives sufficient support, potentially risking doing more harm than good. Funding for these programmes should be a minimum of 12 months, and ideally 24 to 36 months in duration

- Assign the necessary budget and human resources to increase mental healthcare services, psychosocial support and public awareness of available care. Find creative ways to integrate mental health and psychosocial services in ongoing and future humanitarian responses as recommended by the Inter-Agency Standing Committee (IASC) MHPSS guidelines.⁶⁴ This includes creating a cadre of teachers and community health workers trained in and sensitive about children’s mental health and psychosocial needs and addressing such needs and alleviating their suffering
- Support education programmes by training teachers and school personnel in conflict-sensitive approaches to education, including how to keep children safe while in school. All schools should have contextualised emergency preparedness plans and safety and security procedures.

HUMANITARIAN AGENCIES MUST:

- Expand mental health and psychosocial support and education programmes for children in Syria, and ensure that psychosocial elements are integrated across all other sectors
- Raise awareness with communities and parents on mental health and psychosocial issues for children and work to reduce the stigma around these issues by highlighting that the symptoms being expressed by children in these situations are a normal response given the persistent violence to which they have been exposed.

Notes

- ¹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2016) *Humanitarian Needs Overview – Syrian Arab Republic*, http://reliefweb.int/sites/reliefweb.int/files/resources/2016_hno_syrian_arab_republic.pdf
- ² For other previous research, see International Medical Corps (IMC) (2015) *Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis*, <http://internationalmedicalcorps.org/document.doc?id=526> and ABAAD (2016) *Capacity needs and resources of mental health practitioners in Syria: Rapid Participatory Assessment*, <http://www.abaadmena.org/documents/ebook.1478606836.pdf>
- ³ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*, https://www.humanitarianresponse.info/system/files/documents/files/2017_syria_hno_2.pdf There are 6.3 million people living in these areas, approximately 3 million of them children.
- ⁴ United Nations General Assembly (UNGA) (1996) *The Impact of Armed Conflict on Children: Report of the expert of the Secretary-General, Graça Machel*, submitted pursuant to General Assembly resolution 48/157 <http://www.un.org/documents/ga/docs/51/plenary/a51-306.htm>
- ⁵ Children have also become forced agents of war, particularly with the technological innovations of inexpensive and lightweight new weapons. Hundreds of thousands of children are now used as soldiers in armed conflicts around the world. <https://childrenandarmedconflict.un.org/effects-of-conflict/six-grave-violations/child-soldiers/> As soldiers, children are often considered the most expendable: during the Iran–Iraq war, child soldiers were sent out ahead in waves over minefields. UNICEF (2009) *Children as soldiers*. <https://www.unicef.org/sowc96/2csoldrs.htm>
- ⁶ United Nations General Assembly (UNGA) (1996) *The Impact of Armed Conflict on Children: Report of the expert of the Secretary-General, Graça Machel*, submitted pursuant to General Assembly resolution 48/157
- ⁷ Center on the Developing Child, Harvard University, <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>; Shonkoff, J P and Gardner, A S (2012) *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, American Academy of Pediatrics, <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663>
- ⁸ Shonkoff, J P, Richter, L, van der Gaag, J and Bhutta, Z A (2012) ‘An integrated scientific framework for child survival and early childhood development’, *Pediatrics* 29(2), pp. 460–472 <https://www.ncbi.nlm.nih.gov/pubmed/22218840>; Tarullo, A R, Bruce, J and Gunnar, M R (2007) *False Belief and Emotion Understanding in Post-Institutionalized Children*, Blackwell Publishing, <https://www.bu.edu/cdl/files/2013/08/Tarullo-Bruce-Gunnar-2007.pdf>
- ⁹ Cohen, J A, Mannarino A P and Rogal S (2001) ‘Treatment practices for childhood posttraumatic stress disorder’, *Child Abuse and Neglect* 25(1), pp. 123–135 <http://www.sciencedirect.com/science/article/pii/S014521340000226X>; Molnar B E, Buka S L and Kessler R C (2001) Child sexual abuse and subsequent social psychopathology: results from the National Comorbidity Survey, *American Journal of Public Health* 91(5), pp. 753–60, <https://www.ncbi.nlm.nih.gov/pubmed/11344883>; Miller G E, Chen E and Parker K J (2011) Psychological stress in childhood and susceptibility to the chronic diseases of aging: moving toward a model of behavioral and biological mechanisms, *Psychological Bulletin* 37(6), pp. 959–997, <https://www.ncbi.nlm.nih.gov/pubmed/21787044>
- ¹⁰ Nelson, C A, Fox, N A and Zeanah, C H (2013) ‘Anguish of the Abandoned Child’, *Scientific American* 308, pp. 62–67 <http://europemc.org/abstract/MED/23539791>
- ¹¹ The questions were based on the Inter-Agency Standing Committee (IASC) guidelines and standard format for Mental Health and Psychosocial Support (MHPSS) assessments
- ¹² Address of UN Secretary-General to the UN General Assembly, 20 September 2016
- ¹³ Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
- ¹⁴ OCHA, *Syria Crisis Overview*, <http://www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis> (accessed 16 February 2017)
- ¹⁵ Statement to the UN Security Council by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O’Brien, New York, 26 January 2017 <http://reliefweb.int/report/yemen/under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator-11>
- ¹⁶ Syrian Centre for Policy Research (2016) *Confronting Fragmentation*, <http://scpr-syria.org/publications/policy-reports/confronting-fragmentation/>
- ¹⁷ UN Security Council statement S/PRST/2015/15, *Alarmed by Continuing Syria Crisis, Security Council Affirms Its Support for Special Envoy’s Approach in Moving Political Solution Forward*, 17 August 2015 <http://www.un.org/press/en/2015/sc12008.doc.htm>
- ¹⁸ United Nations High Commissioner for Refugees (UNHCR), <http://data.unhcr.org/syrianrefugees/regional.php> as of 1 February 2017
- ¹⁹ Save the Children (2015) *Childhood in the Shadow of War*, <https://resourcecentre.savethechildren.net/library/childhood-shadow-war>
- ²⁰ Syria INGO Regional Forum (SIRF) (2017) *Stand and Deliver: Urgent action needed on commitments made at the London Conference one year on*, a joint report by 28 members of SIRF, January 2017, <http://reliefweb.int/sites/reliefweb.int/files/resources/stand-and-deliver-digital.pdf>
- ²¹ Sirin, S R and Rogers-Sirin, L (2015) *The Education and Mental Health Needs of Syrian Refugee Children*, Migration Policy Institute, <http://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children>
- ²² International Medical Corps (IMC) (2015) *Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis*
- ²³ Harvard Medical School (2009) *Sleep and mental health*, Harvard Health Publications http://www.health.harvard.edu/newsletter_article/Sleep-and-mental-health
- ²⁴ National Health Service (2015) *Why lack of sleep is bad for your health*, <http://www.nhs.uk/Livewell/tiredness-and-fatigue/Pages/lack-of-sleep-health-risks.aspx>
- ²⁵ UNICEF (2016) *Children in war-torn Syria risk their lives to go to school*, news note 21 October 2016, https://www.unicef.org/media/media_92943.html

- ²⁶ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*, https://www.humanitarianresponse.info/system/files/documents/files/2017_syria_hno_2.pdf More than 7,400 of the 22,000 schools that were running before the conflict are now closed or inaccessible.
- ²⁷ Save the Children (2015) *Education Under Attack*, http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/EDUCATIONUNDERATTACK_SEPT2015.PDF
- ²⁸ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*
- ²⁹ UNESCO Institute for Statistics (2017) Syrian Arab Republic country profile, <http://uis.unesco.org/en/country/sy?theme=education-and-literacy> accessed 19 February 2017
- ³⁰ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*, https://www.humanitarianresponse.info/system/files/documents/files/2017_syria_hno_2.pdf
- ³¹ Ibid.
- ³² Financial Tracking Service. <https://fts.unocha.org/appeals/501/summary> The UN and partners' 2016 Syria Humanitarian Response Plan requested US\$200 million for education projects inside Syria. By the end of the year only US\$111 million had been allocated.
- ³³ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*
- ³⁴ Ibid.
- ³⁵ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (2016) *Child recruitment and use*, <https://childrenandarmedconflict.un.org/effects-of-conflict/six-grave-violations/child-soldiers/> Human rights law declares 18 as the minimum legal age for the recruitment and use of children in hostilities. Recruiting and using children under the age of 15 as soldiers is prohibited under international humanitarian law – treaty and custom – and is defined as a war crime by the International Criminal Court.
- ³⁶ The 'six grave violations' were identified by the United Nations Security Council in order to "advance the goal of protecting children during armed conflict and ending the impunity of perpetrators". They are: Killing and maiming of children; Recruitment or use of children as soldiers; Sexual violence against children; Attacks against schools or hospitals; Denial of humanitarian access for children; and, Abduction of children. <https://childrenandarmedconflict.un.org/effects-of-conflict/six-grave-violations/>
- ³⁷ There were also some reports of girls being recruited to cook and clean for fighters, however the vast majority felt that boys were at greatest risk.
- ³⁸ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (2016) *Annual Report – Syrian Arab Republic*, <https://childrenandarmedconflict.un.org/countries-caac/syria/>
- ³⁹ Schauer, E and Elbert, T (2010) 'The Psychological Impact of Child Soldiering' in *Trauma Rehabilitation After War and Conflict*, E Martz (ed), Springer Science and Business Media <http://www.usip.org/sites/default/files/missing-peace/The%20psychological%20impact%20of%20child%20soldiering%20-%20Schauer.pdf>
- ⁴⁰ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*
- ⁴¹ Ibid.
- ⁴² Santa Barbara, J (2006) 'The Impact of War on Children and Imperative to End War', *Croatian Medical Journal* 47(6), pp. 891–894, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080482/>
- ⁴³ UNICEF (1996) *The State of the World's Children, 1996: The trauma of war*, <https://www.unicef.org/sowc/archive/ENGLISH/The%20State%20of%20the%20World's%20Children%201996.pdf>
- ⁴⁴ Governance and Social Development Research Centre (2009) *Helpdesk Research Report: Conflict and sexual and domestic violence against women*, <http://www.gsdrc.org/docs/open/hd589.pdf>
- ⁴⁵ Kvinna till Kvinna Foundation (2010) *Links between domestic violence and armed conflict*, <http://www.equalpowerlastingpeace.org/resource/links-between-domestic-violence-and-armed-conflict/>
- ⁴⁶ Gaylord-Harden, N K, Cunningham, J A and Zelencik, B (2011) 'Effects of exposure to community violence on internalizing symptoms: Does desensitization to violence occur in African American youth?', *Journal of Abnormal Child Psychology* 39 pp. 711–719; Seidel, E M, Pfabigan, D M, Keckeis, K, Wucherer, A M, Jahn, T, Lamm, C and Derntl, B (2013) 'Empathic competencies in violent offenders', *Psychiatry Research* 210, pp. 1168–1175
- ⁴⁷ Van der Kolk, B (2014) *The Body Keeps the Score: Brain, mind and body in the healing of trauma*, Penguin
- ⁴⁸ Statement to the UN Security Council by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Stephen O'Brien, New York, 26 January 2017
- ⁴⁹ For more information on life for children in besieged areas, see Save the Children (2016) *Childhood Under Siege: Living and dying in besieged areas of Syria*, https://www.savethechildren.org.uk/sites/default/files/images/Childhood_Under_Siege.PDF
- ⁵⁰ The Inter-Agency Standing Committee (IASC) *Guidelines for Mental Health and Psychosocial Support in Emergency Settings* (2007) categorise four layers of complementary support services: by ensuring the provision of basic services and security; helping people to access key community and family support networks; focused non-specialised support, such as psychological first aid and basic mental healthcare; and specialised services such as psychological and psychiatric support.
- ⁵¹ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*
- ⁵² World Health Organization (WHO), *Mental health care in Syria: another casualty of war* <http://www.emro.who.int/pdf/syr/syria-news/mental-health-care-in-syria-another-casualty-of-war.pdf?ua=1>
- ⁵³ ABAAD (2016) *Capacity needs and resources of mental health practitioners in Syria: Rapid Participatory Assessment*, April 2016
- ⁵⁴ ABAAD (2016) *Self-care needs and resources of mental health and psychosocial support workers in Syria: Rapid Participatory Assessment*, April 2016, <http://www.abaadmena.org/documents/ebook.1478608902.pdf>
- ⁵⁵ ABAAD (2016) *Capacity needs and resources of mental health practitioners in Syria: Rapid Participatory Assessment*, April 2016
- ⁵⁶ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*
- ⁵⁷ Srinivasamurthy, R and Lakshminarayana, R (2006) 'Mental health consequences of war: A brief review of research findings', *World Psychiatry* 5(1), pp. 25–30, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472271/>
- ⁵⁸ American Psychological Association (2008) *Children and Trauma: Update for Mental Health Professionals*, <http://www.apa.org/pi/families/resources/children-trauma-update.aspx>
- ⁵⁹ American Psychological Association (2004) *The Effects of Trauma Do Not Have to Last a Lifetime*, <http://www.apa.org/research/action/ptsd.aspx>
- ⁶⁰ Somasundaram, D and Sivayokan, S (2013) 'Rebuilding community resilience in a post-war context – a qualitative study in northern Sri Lanka', *International Journal of Mental Health Systems* 7 (3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3630062/>

⁶¹ Center on the Developing Child, Harvard University:
<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁶² For example, many Cambodians continue to suffer from mental health disorders decades after the genocide. See Mollica, R F, Poole, C, Son, L, Murray, C C and Tor, S (1997) 'Effects of war trauma on Cambodian refugee adolescents' functional health and mental health status,' *Journal of the American Academy of Child & Adolescent Psychiatry* 36 (8), pp. 1098–1106; M Gerard Fromm (ed) (2012) *Lost in Transmission: Studies of Trauma Across Generations*, Karnac Books

⁶³ OCHA (2017) *Humanitarian Needs Overview – Syrian Arab Republic*

⁶⁴ Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*,
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

INVISIBLE WOUNDS

The impact of six years of war on the mental health of Syria's children

“We don't see the result of this conflict right now. We're going to see the results and consequences in the coming years. We're going to see a generation that's uneducated or barely educated. A generation that's emotionally destroyed. We need a generation that will build the new Syria.”

Mohammad, a youth worker in Idlib, Syria

For the past six years, children in Syria have been bombed and starved. They have seen their friends and families die before their eyes or buried under the rubble of their homes. They have watched their schools and hospitals destroyed, been denied food, medicine and vital aid, and been torn apart from their families and friends as they flee the fighting. The psychological toll of living through six years wondering if today will be their last is enormous.

Research for *Invisible Wounds* – the largest and most comprehensive study of its kind undertaken inside Syria into children's mental health and wellbeing during the war – revealed heartbreaking accounts of children terrified by the shelling and airstrikes, anxious about the future, and distraught at not being able to go to school. The majority of children we spoke with show signs of severe emotional distress.

If the right support is provided now, these children may be able to recover. Programmes offering mental health and psychosocial support have shown remarkable results, which could and should be significantly scaled up across the country. To do so will require adequate funding, proper humanitarian access and a new global commitment to Syria's children. Ultimately, children need the main cause of their toxic stress – the violence that continues to rain down on Syria's villages and cities with impunity – to end.