MCAI Maternal & Childhealth Advocacy International

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International perspectives on child maltreatment and child mental health during wartime

The effects of armed conflict on children 1.

War .. is when some adults who don't know what good is and what love is are throwing dangerous war toys which injure innocent people. Tamara aged 10 years

- The concept of children being actively engaged by war is appalling to all with an interest in child welfare. Despite this, almost every major armed conflict is having devastating effects on the child population. The unrestrained destructive process of war is pitted against an evolving, carefully entrained process, of child development
- In peaceful advantaged countries it is required of parents that they provide a safe nurturing environment in which a child can grow play and learn. They are not permitted to abuse their children, physically, emotionally, or sexually. The statutory powers that oversee child welfare have considerable powers of sanction if it is felt that parents wilfully neglect or abuse their children. In countries in conflict, with parents trying their utmost to provide a basic level of care for their children in an environment that is anything but safe and nurturing, effective assistance from their own leaders or from other countries with available resources is urgently required.

Minimising the effects of armed conflict on on children 2.

The changing face of war.

Increasingly, there has been a move away from battles between armies at a distance from civilian population centres.

Deliberate targeting by increasingly powerful artillery of homes and community centres, of schools, and of hospitals and the forced migration of disrupted families has led to 90% of fatalities in today's wars being civilians including children who suffer specific medical and psychological consequences.

Minimising the effects of armed conflict on on children 3.

The nature of death suffered by children in war zones

The number of children, parents, other relatives and close friends dying in conflict varies depending on the actions of their government. Ukraine has been extremely effective in preventing child deaths compared for example with the situation in Lebanon or Gaza.

For some children death is sudden and unexpected for example when out playing and deliberately killed by a sniper's bullet, indiscriminately by a drone, or killed in the night with the rest of the village by an advancing enemy.

Much worse is the child who suffers a more lingering death after being caught in a hail of shrapnel that killed his or her playmate, receiving extensive burns, or after losing both legs to an anti-personnel mine.

Deaths are further increased by those children whose illness or injury is left untreated because of the deliberate destruction of basic and specialist medical services where the tortured process of dying is not even relieved of pain because of the absence of analgesic drugs or of personnel able to administer anaesthesia

For some children, death follows kidnap or when older, experience on the front-line fighting to protect their community.

Minimising the effects of armed conflict on on children 4.

After having suffered the pain of the injury, many children are severely disabled by armed conflict.

The child has to endure the rest of his or her existence in an uncertain world with the certainty that they cannot play a full part in it.

Many children suffer sleep disorders, paraplegia, blindness, deafness, epilepsy and major learning difficulties from brain damaging injuries.

Minimising the effects of armed conflict on children 5.

Loss of homes and family pets

Many children lose their homes having been internally displaced or made refugees

With a loss of home goes the loss of security; with the loss of country goes the loss of their ability to voice their own concerns and needs.

Deliberate damage to homes by invaders can result in extreme hunger or, in winter, hypothermia

Family pets are critically important in the lives of families and children. Along with The Lebanon, Ukraine is one of few countries at war who has recognised and tried to deal with this.

Dog rescued from apartment block in Odesa following Russian missile attack on 5th March 2025

Minimising the effects of armed conflict on children 6.

Life for children who are displaced

For children of all ages, life in refugee or displaced person camps may be particularly worrying. In addition to the lack of normality, there can also exist the potential for abuse.

If not prevented, there is a massive potential for physical, sexual, and emotional abuse of children by family members (under stress), by invading soldiers, especially paramilitary groups, and sometimes by humanitarian aid workers.

These assaults occur at a time when the child is at his or her most vulnerable and most in need of personal security protection. Protection is even more difficult if their vulnerability is increased by the loss of one or both parents.

Minimising the effects of armed conflict on children 7.

Psychological trauma

Huge numbers of children suffer significant psychological trauma. This can result in severe anxiety, severe depression, sleep disorders, disruptive and aggressive behaviour, and school phobia

It is likely that some of the horrors inflicted on children by today’s wars, are the fruit of seeds sown in the minds of yesterday's children by previous armed conflicts.

Minimising the effects of armed conflict on children 7.Psychological trauma (continued)

Reactions to what has happened and what might happen to them in in in an uncertain future

- Reactions depend on many factors including the age and maturity of the child. Children may lack supportive family structures including role models through missing absent or dead parents. Their community is disrupted, moral and cultural values are questioned, and the distinctions between right and wrong are blurred. Children are prone to feel guilt. They may feel vulnerable and hopeless. Although they may have been forced to grow up and adopt an adult role, they may remain emotionally immature.
- Adolescents are already vulnerable. The natural formation of their identity, the development of an independent and self-supporting existence, the need to cope with aggressive and sexual impulses, are difficult in the best of times but during war are magnified.
- Unlike younger children, adolescents do not usually adopt play or fantasy to help them cope. Although adolescents are more able than younger children to talk about their problems they (especially boys) may be willing unwilling to do so.
- Adolescents can be prone to self-destructive behaviour including suicide. They take risks and may engage in self-abusive acts such as drug dependence and smoking. They may withdraw, feel hopeless, and expect the worst to come (sometimes tragically true). They may become aggressive to others.

Minimising the effects of armed conflict on children 8.

Death of mother, father or both or other close family members

It is difficult to estimate the damage done to the psychological state of any child who has witnessed the death of one both parents or other close family members.

It leaves the child vulnerable with an absence of his/her major protectors and nurturers who would have likely previously acted selflessly on behalf of that child.

It potentially leaves a door wide open for abuse by previously unknown individuals; particularly when living within institutions.

Minimising the effects of armed conflict on children 9.

Responding to the crisis

- Any response must recognise that children do not have unlimited time available for their development whether by education, growth or just enjoying a period in their lives when they are uninhibited by the pressures and expectations of adulthood.

- The United Nations and its constituent parts have an important role in coordinating diplomatic and peacekeeping efforts to end the hostilities, as well as to provide relief for those affected. They may also be mandated to advocate for the rights of specific groups such as children (UNICEF) or refugees (United Nations High Commissioner for refugees). Please see attached document A describing the ways in which the UN and international laws are supposed to protect civilians.

- However, UN decisions are arrived at by diplomats answerable to the politicians of the countries they represent; often countries with over-riding interests in maintaining regional balances of power.

- Many of the most powerful countries in the UN are also those who manufacture and export arms because of which they may have a vested interest in the continuation of conflict.

Possible strategies to protect children and their families; a planned response

- Protecting children is not achieved by accepting the demands and limitations on interventions laid down by warring factions, but by recognising the duties that exist under international law to care for children and families affected by war (see Attachment A)
- The starting point should be a clear aim to achieve the goal of total protection. The international community should lend whatever support:- logistic, financial, and indeed military for protection rather than offence, that is required to achieve the stated end.
- Intervention on the side of children should follow the guidelines used to protect children in peacetime, should be well planned following surveillance and monitoring, and preferably instituted, not when an emergency situation has already developed, but in anticipation of the need.
- The thrust of the intervention should be the **protection of children within an environment in which they can be safe and feel safe.**

Minimising the effects of armed conflict on children. 11

Strategies of support

First and foremost, children must be protected as much as possible from the effects of war. This protection should aim to include the whole environment of the child within the family if possible.

Logically the following might be attempted and sometimes appropriate:

1. evacuation of all children with their mothers, fathers and close family

2. enforcement of the rule that war is to be between armies only and targets where civilians might become injured must be regarded as war crimes

3. creation of truly safe areas

The third option is perhaps the only practical one in today's world. Protection must adhere to the same principles whether it involves preventing and managing abuse of the child in his/her home or community **or** wherever the child is after an attack has occurred. Children must be separated from abusers or potential abusers and regrettably this may require force.

Minimising the effects of armed conflict on children 11.

Safe areas

Within a zone of protection, programmes aiming to ensure the maintenance of as normal as possible living conditions for children of different ages is important.

Repair of some of the psychological and physical damage experienced by families should be implemented when possible.

Humanitarian experts (teachers and nurses) working within safe areas must be safe themselves and must be screened and monitored to ensure they do not abuse children. They should not be subject to or promote propaganda or misinformation.

National and internationally mandated safe areas that are adequately protected should be devoid of all structures military and administrative which could make them targets for incoming missiles.

Safe corridors should enable supplies of essential food, safe water and medical support.

Establishing safe areas involving a new UN Security Council or UN General Assembly Resolution for child protection within families in Ukraine

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At present there are few if any effective safe areas within the many war zones around the world.

An international mandate/UN Security Council or UN General Assembly resolution that identifies and establishes designated areas to become zones of protection for children and their families to live in, could represent a way forward until conflict has ended.

The following slides summarise how this might work.

Establishing safe areas involving a new UN Security Council or UN General Assembly Resolution for child protection within families in Ukraine

Safe areas 1.

- Each area must be cleared of all structures whether military or administrative that could make it a military target, thereby removing all justification for incoming shells, drones, bullets or rockets.
- Soldiers returning home to their families on leave would need, on entry, to hand weapons to UN protection forces. Importing of heavy weapons into the safe area by defending local armed forces must be prevented. Only UN forces would have weapons, and they must handle them as discreetly as possible in the presence of children.
- Within each area should be a protective force of international personnel, including UN soldiers, working together with local staff such as teachers, healthcare workers, and psychologists/psychiatrists who will provide for the needs of the children and their families.
- Each safe area must have protected *"rights of passage"* for incoming aid. Hospitals, health centres and schools would attempt to function as normally as possible together with such programmes as psychosocial care.

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Safe areas 2.

- Within each of these settings international workers would be available to help local counterparts since the area will be relatively safe. Incoming professionals should be able to function better knowing that their lives are not as threatened as is generally the case at present in war zones.

- Children must be able to play in the open without fear. They should not have to live in basements or bunkers. A strong local civilian police force with UN support should minimise life threatening child abuse, intimate partner violence, as well as other crimes.

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Safe areas 3.

- Outlying smaller towns or villages will continue to have difficulties in protecting families. They must be allowed to make their own decisions regarding when they should, for safety reasons, leave their homes to move into safe areas.

- Within these UN safe areas, it would be appropriate to assemble in advance temporary accommodation for future displaced families. UN forces should protect families during any journeys they would make into or out of safe areas.

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Safe areas 4.

- Within each safe area should be a UN agency whose sole function is to coordinate all incoming aid.

- The targeting of any UN designated safe area must be regarded as a war crime since it indicates direct aggression against children and be subject to action by the International Community.

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Provision of primary health care

- With depletion of medical staff, community healthcare takes on a greater relative importance. After a period of inaccessibility, screening programmes could identify important health needs for children.

- UN protected mobile health clinics on outreach from the UN Safe area can also be valuable when Primary Health care facilities and their health workers have been damaged or destroyed

- The international community has an abundance of trained personnel who are willing, and even keen to work for relatively short time periods in war zones, particularly if there is adequate protection. In our experience short-term international consultants through training and practise can make large improvements in the healthcare of children. In addition, local non-medical workers can be recruited and trained to perform essential tasks such as immunisation

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Health education Health education is particularly important and scarce during wars leaving depleted medical staff with restricted access to literature and training.

- Conflict also brings new and difficult medical and surgical problems thus creating the need for outside help.

- Again, the locally available protection from UN forces could help encourage international experts to work in countries at war.

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The importance of parent, family and child health records

- Many people can become displaced at a great distance from the storage sites of their health records. Sometimes, these records are destroyed or taken from them.
- Unfortunately, rapid resolution of conflict is unusual, and then medical records become essential, particularly for the monitoring of the health of children and pregnant mothers.
- The development and use of Parent and Young person Held Record and Advice booklets (PHRA) can be particularly helpful. These booklets need to be translated into the local language. They place power in the hands of parents and young people by containing information on medical histories, immunisation, growth records and health education.
- Particularly relevant is education they contain on pregnancy, breastfeeding, drugs, HIV infection, accident prevention, hygiene, and home treatment of common illnesses.
- Such records also contain a section that can be filled in by doctors and nurses during intercurrent illnesses.
- In the absence of a functioning healthcare system, the PHRA booklets can help to minimise health problems and accidents. In addition, they can be supplemented through the use of posters, the local media, and a child-to-child approach.
- They may also help local paediatricians and family doctors to keep up to date with the latest developments; particularly relevant in situations where medical libraries have been destroyed and the war has been present for some time.

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Hospital care for children with serious illnesses or injuries

- Field hospitals might be required if major facilities have been destroyed or captured.
- Equipment donated to existing hospital facilities must be coordinated, be easy to use and maintain, and sufficient disposables must be provided. Manuals for using the equipment must be translated into local language and training must be available for local professionals.

- International paediatricians, even working for relatively short time periods, can provide invaluable support to local professionals who are sometimes tired and demoralised. Such support has to be given gently and with an understanding of the different opportunities for training that may have been available to visitor and resident.

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Hospital care for children with serious illnesses or injuries: medical evacuation

- It is essential to recognise that children with serious medical or surgical problems that were not caused by war cannot wait long for treatment. Some conflict caused injuries may need urgent attention that cannot be provided because of the war.
- In the absence of appropriate local hospital facilities, other countries must provide beds for medical evacuation. Such children must be accompanied by a parent and dependent siblings and return home as soon as the condition has been treated adequately. Receiving countries must be given detailed and precise information.
- Sometimes, medical evacuation can be circumvented by sending specimens for analysis to other countries and the provision of local treatment based on the results.
- Some children have special needs and support services such as physiotherapy and speech therapy may need to be supported by internationals.
- Urgent cases requiring medical evacuation must be implemented without hindrance by military or bureaucratic hurdles

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Helping to keep children active and happy

- Encourage sports and other communal activities such as music, theatre etc. Such facilities should be easy to set up in UN safe areas
- Resources such as toys, footballs, artificial grass and other play areas can improve the quality of children's lives when they are trapped by war.
- Avoid the separation of children from their families, friends, pets, and community.
- Maintain normal routines thus helping to engender security.
- Encourage them to express their feelings through art, writing, and storytelling.

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Helping to keep children active and happy

- Listen with care and sensitivity to their concerns and encourage children to talk about their position in the conflict. Try not to judge right and wrong. Encourage them to design a peaceful resolution of the conflict.
- Encourage them to share their experiences with their peers and adult role models, such as teachers and community leaders. Encourage them to think about rebuilding their community when peace arrives.
- Encourage them, if old enough, to help in hospitals, in schools where there are younger children, and with UN and NGO international organisations.
- Stress the importance of schooling. Support the maintenance of discipline and structure by teachers in the schools. Encourage moral and ethical group discussions about the conflict. Promote self-help peer groups Encourage thoughts of peace and reconstruction.
- Provide teaching about accident prevention, in particular about road safety, and about avoiding mines and firearms.

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Specific medical problems that may affect children in war zones

Secondary Bed Wetting

Never punish. Provide clean clothes before bed each night. Try not to give caffeinated drinks, tea, coffee, hot chocolate, cocoa, fizzy drinks or blackcurrant juice as these can make it more likely

Reduce fluids in the evening.

Exclude urinary tract infection and new medical problems such as diabetes.

Reduce exposure to violent discussions or television in the evenings. Provide fluid sensor alarms if available. Provide sufficient desmopressin tablets and nasal spray if possible

Nightmares where children are awake afterwards; reassure them. Next day encourage discussion of contents. Encourage them to think nice thoughts before going to sleep.

Night terrors children are asleep and therefore do not try to wake them up. Remain with them until they remain calm or until they wake-up.

Reduced school performance

Talk about problems especially just before going to bed. If due to the intrusion of stressful memories, encourage them to talk. Do not punish poor performance but provide positive reinforcement such as *"I know it is hard for you to do well at school, but I am proud of you for trying".*

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Specific medical problems that may affect children in war zones

- **Anxiety** Honest responses and support
- **Aggression** Try to provide an opportunity to express feelings verbally. Avoid an aggressive response. Withdraw attention and request they leave the group; at home they should go to their room for a while. Increase physical exercise. Never use physical punishment.
- **Depression** Find out why by discussion. Share sadness. If appropriate integrate with peers. Ensure regular exercise, food and sleeping times. Build self-confidence.
- **Severe depression** be alert to the danger of suicide. Seek psychiatric support.
- **Grieving** Parents should be advised to consider displaying their own grief. Grieving should be allowed and supported in children if possible before they have to take on an adult role.
- **Risk taking** Parents to be advised oppose this even if they are rejected as a result. Confront with potential consequences to those they love. Keep structured home environment with rules. Adult role models can help. Be firm but caring. Show you love them all the time.
- **Psychosomatic pains** Help by talking. Ensure medical causes are excluded. Don't allow the symptoms to result in too much attention or sympathy. Do not allow psychosomatic pains to result in missed school.

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Specific medical problems that may affect children in war zones

- **Addiction** Watch for restlessness, inability to sleep, slurred speech, lost or overspent money.
- **Immunisation** Regular immunisation schedules may be disrupted and should be aggressively pursued inside and outside the safe areas. An adequate cold chain must be established.
- **Loss of glasses** This may mean an effective loss of vision a major problem for a developing child. A retinoscope is an easy-to-use device which can screen children for visual acuity problems allowing prescriptions for glasses to be made-up, if necessary, in another country. Seek the advice of relevant NGOs who can address the problem.

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Specific medical problems that may affect children in war zones

- **Post Traumatic stress disorder**

Symptoms include:

- 1. recurrent memory phenomena including flashbacks (sensory reliving of trauma, smell, taste, sight, sound) nightmares and intrusive thoughts
- 2. hyper-arousal (sleeping problems, irritability, aggression, concentration problems)
- 3. somatic symptoms (fatigue, sickness and abdominal pain, headaches, diffuse aches and pains
- 4. anxiety reactions (panic attacks)
- 5. sadness and grief (depression, loss of appetite, loss of interest in previously enjoyed activities and suicidal thoughts)
- 6. avoidance of situations reminding victim of trauma (phobias, emotional numbness, body numbness).
- PTSD can affect a large proportion of the population of children in war zones. Individual patients may require psychiatric and psychological support as it is essential that this problem is identified and managed. In some instances, children with severe psychiatric symptoms, for example following the deaths of both parents, may need medical evacuation for treatment along with supporting relatives

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Specific medical problems that may affect children in war zones

Sexual violence 1

- Defined as sexual acts performed on another person without his or her consent. During war it is a life-threatening experience. It invades a person's innermost physical and emotional integrity. It occurs in boys and girls but is grossly under-reported, particularly in boys. it is under-reported particularly in certain cultures and religious communities
- Sexual violence is a violation of the UNCRC articles 19 and 34. The EU and UN war crimes Commission in 1993 estimated that between 10 and 20,000 persons in the former Yugoslavia had suffered sexual violence. Many victims were adolescents. The Commission on Human Rights for the former Yugoslavia also stated that rape in the context of ethnic cleansing is a grave breach of the 4th Geneva Convention and as such is a war crime.

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Specific medical problems that may affect children in war zones

Sexual violence 2

- Children are particularly at risk for sexual violence if they are unaccompanied or unsupported. Such violence may occur in a number of situations (in prison, in exchanges for arms, for refugee status, for food, for medicines, or for money). When committed by armed gangs, violence is a major feature including genital and other mutilation It is part of organised prostitution and may also occur within families.

- Sexual violence causes permanent psychological damage. It may result in HIV infection, other sexually transmitted diseases and self-mutilation by the victim. Pregnancy is frequent (leading sometimes to subsequent non-medical abortion, miscarriage of an existing pregnancy, infanticide or rejection of the child).

The vital role of advocacy 1.

How can paediatricians help?

- Paediatricians demonstrate their involvement in child protection by identifying and advocating for the needs of children in their own countries. However, here they are in the enviable position of usually being able to speak on public platforms about the needs of children and have governments listen to them.

- All paediatricians, whether or not they live in Ukraine, should use their power by identifying the shameful catalogue of abuses to which children have been subjected in wars around the world.

- No longer should paediatricians be seen as bystanders, neutral on what for children, are the greatest issues of their lives.

The vital role of advocacy 2.

How can paediatricians help?

National paediatric associations worldwide should promote children's rights in conflict.

They should condemn the international arms trade to autocratic regimes.

They should openly condemn all atrocities and war crimes.

They should be prepared to send Emergency Teams to crisis situations where they can help with the effective delivery of medical and humanitarian aid.

Through international advocacy and global witness, they must help families in countries at war achieve protection.

Global advocacy for protecting the rights to health of women, babies and children

Provision over the last 30 years of humanitarian medical aid for pregnant women, babies and children in the following countries: Bosnia, Kosevo, Albania, Sri Lanka, Pakistan, Afghanistan, Liberia and Ukraine

Advocacy concerning the need to re-construct the UN Security Council so that it can effectively protect countries such as Ukraine, Syria, Israel (Gaza and West Bank, Lebanon) from the devastating effects of armed conflict

Campaigning for better regulation of the international trading in weapons

Helping to improve child health care in Ukraine where armed conflict has been present for more than 4 years

Publications, videos, and books on emergency care for pregnant women, babies and children

Focus on systems for the protection of children from abuse

End of life care for children with untreatable illnesses

Pain control in infants and children in hospital

Task-sharing of train senior nurses to undertake major paediatrics and neonatal emergency care, including non-invasive ventilation

Links to books on neonatal and paediatric care:

The Maternal and Child Friendly Healthcare Initiative (MCFHI) A manual for health workers based on a medical ethics approach to healthcare

Neonatal handbook 2021; updated 2024.

Handbook 1 Hospital care of emergencies in infants and children in low resource and conflict settings August 2021

Handbook 2 Hospital care for children with severe injuries and illnesses August 2021