

# Children and adolescents in the stresses of war

## AN OVERVIEW OF SELECTED RESEARCH FINDINGS

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**The article summarizes key data and research findings on the effects of war and displacement on children and adolescents, and briefly discusses protective factors, supportive conditions and interventions for young people traumatized by war.**

The misfortune of being affected by a war at an early age is one that children and adolescents in Ukraine share with millions of young people around the world. In 2020, **1 in 6 children worldwide** were growing up in a conflict zone (Save the Children, 2021). At present over 450 million children are affected by violent conflicts, over which they have no influence whatsoever. These conflicts lead to grave violations of their rights, which often go unpunished. Children and adolescents not only suffer from the direct and indirect consequences of war; they are also deliberately targeted, to spread horror and fear in the rest of the population. For many young people, the stresses of war are dramatically exacerbated by forced displacement.

Even if children survive war physically unharmed, the trauma they have experienced can severely impair their subsequent development and lead to long-term psychological effects, which can last for generations (Kadir et al., 2019). This article will present a summary of selected data and research findings on the effects of armed conflicts on children and adolescents.

Save the Children (2021). Stop the war on children: a crisis of recruitment. Available at: <https://resource-centre.savethechildren.net/pdf/SWOC-5-5th-pp.pdf> [16.1.23]

Kadir, Ayesha, Shenoda, Sherry & Goldhagen, Jeffrey (2019). Effects of armed conflict on child health and development: A systematic review. PLoS ONE, 14(1), e0210071.

### DATA ON THE SITUATION OF CHILDREN IN ARMED CONFLICTS

Since the Russian invasion of Ukraine on February 24, 2022, at least 372 young people have been killed and 635 injured, some seriously (as of September 5, 2022; OHCHR, 2022). It is estimated that 3.1 million children have had to flee Ukraine with their families and seek refuge in neighbouring countries, and around another 3 million children have been displaced within Ukraine (as of August 2022; Save the Children, 2022). Countless families have been ripped apart as a result of the war. Worldwide, **452 million children** were growing up in a conflict zone in 2020, a 5% rise compared to 2019. The risk of being recruited and used as a child soldier has more than tripled since 1990 (1990: 99 million, 2020: 337 million). This means that in 2020 **around 1 in 8 children in the world** lived in a conflict zone in which at least one party to the conflict recruited and used children as soldiers (Save the Children, 2021). According to UNICEF estimates, there were 36.5 million displaced children worldwide at the end of 2021; this is

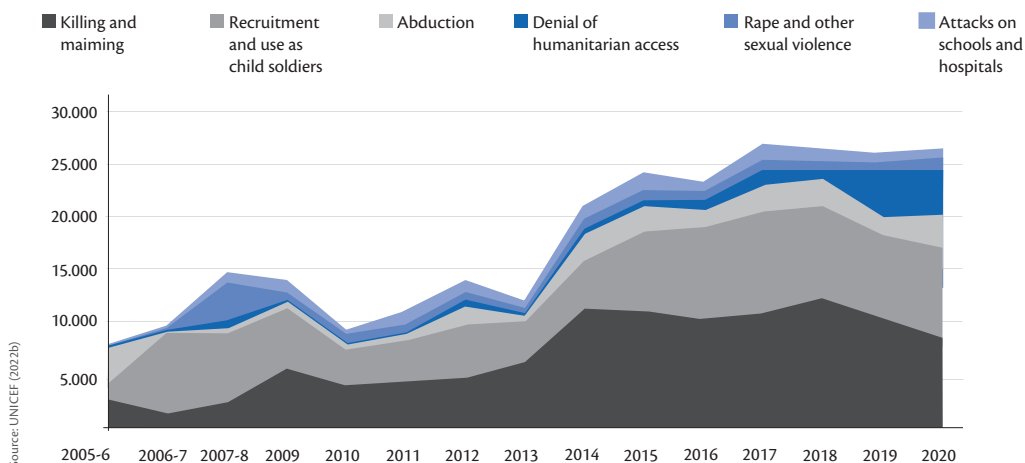
the highest number since the Second World War. Of these, nearly **22.8 million children** were displaced due to conflict and violence in their home countries (UNICEF, 2022a).

The United Nations distinguishes 6 types of **grave violations against the rights of children** in armed conflicts (UNICEF, 2022b):

1. Killing and maiming of children
2. Recruitment and use of children by armed forces and armed groups
3. Rape and other forms of sexual violence against children
4. Attacks on schools and hospitals
5. Abduction of children
6. Denial of access to humanitarian assistance

According to UNICEF (ibid.), more than 104,100 children were verified as killed or maimed in armed conflicts between 2005 and 2020 (III. 1). More than 93,000 children were recruited and used as soldiers by parties to conflict. At least 14,200 children and adolescents were raped, forcibly married, sexually exploited, or suffered other forms of grave sexual violence. During this period, the United Nations verified more than 13,900 attacks on schools and hospitals. At least 25,700 children were abducted by parties to conflict. In at least 14,900 cases, children were denied access to humanitarian assistance. Existing studies on the frequency of post-traumatic stress disorder (PTSD) in refugee children from war zones indicate **a high level of mental stress** among these children. In the context of

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Ill. 1: Grave violations of children's rights in armed conflicts worldwide, 2005-2020

On the other hand, they are much more vulnerable and in need of protection, because they have less experiential knowledge and fewer coping strategies to fall back on (Kleina, 2018).

Because of their traumatic experiences, children from refugee families are particularly at risk of developing serious cognitive and socio-emotional disorders. Separation from

their families further increases young people's vulnerability, for example to sexual abuse (Fegert et al., 2017).

the Syrian civil war, a study of refugee children in a German reception centre detected PTSD in 26% of those aged 0-6 and in 33% of those aged 7-14 (Soykoek et al., 2017). A study of children from Iraq and Syria reached similar conclusions; in a comparison with clinical reference samples it found particularly high values for anxiety and depression, social withdrawal, and attention problems. One third of the children in the study showed symptoms of PTSD and behavioural and attentional disorders (Buchmüller et al., 2018). In a study of refugee children from the Turkish-Syrian border zone, 45% of the children manifested signs of PTSD and 20% showed signs of clinical depression (Sirin & Rogers-Sirin, 2015). A meta-analysis found that unaccompanied minor refugees experience a particularly high level of mental stress and that in some cases up to 50% of these adolescents display post-traumatic disorders (Witt et al., 2015).

UNICEF (2022b). 25 years of children and armed conflict: Taking action to protect children in war. Available at: <https://www.unicef.org/media/123021/file/25%20Years%20Children%20in%20Armed%20Conflict.pdf> [19.9.22]

Soykoek, Seval et al. (2017). Post-traumatic stress disorder in Syrian children of a German refugee camp. *The Lancet*, 389(10072), 903-904.

Buchmüller, Thimo et al. (2018). Exploring mental health status and syndrome patterns among young refugee children in Germany. *Frontiers in Psychiatry*, 9(212).

Sirin, Selcuk & Rogers-Sirin, Lauren (2015). The educational and mental health needs of Syrian refugee children: Young children in refugee families. Washington, DC: Migration Policy Institute.

Witt, Andreas et al. (2015). *Hilfebedarf und Hilfsangebote in der Versorgung von unbegleiteten minderjährigen Flüchtlingen. Eine systematische Übersicht.* *Kindheit und Entwicklung*, 24(4), 209-224.

Kleina, Wibke (2018). *Krieg, Flucht und Ankunft als traumatische Erlebnisse im Kindes- und Jugendalter.* *Pädagogische Rundschau*, 72(2), 259-276.

Fegert, Jörg et al. (2017). *Aus Kriegsgebieten geflüchtete Familien und ihre Kinder: Entwicklungsrisiken, Behandlungsangebote, Versorgungsdefizite.* *Kurzgutachten.* Berlin: Bundesministerium für Familie, Senioren, Frauen und Jugend.

### The experience of children

In childhood, the experience of war is essentially characterized by **incomprehension** (Kleina, 2018). War and displacement give people of all ages direct experience of their own powerlessness. Generally speaking, the younger they are, the harder it is for them to process the traumas of displacement and war and integrate them into their life history, with some prospect of eventual acceptance (Zito, 2010).

According to Kropač (2011), the **lack of life experience** means that children, because of their age, have seldom had the chance to experience self-efficacy. Their understanding of the world is severely shaken by the war, and no longer offers any orientation. Their age also means that their identity is not yet firmly fixed, and their personality is not yet fully formed, making it vulnerable to long-lasting trauma-induced

### THE EFFECTS OF WAR AND DISPLACEMENT ON YOUNG PEOPLE

The impact of armed conflicts on the health and development of children and adolescents has so far mainly been studied in relation to **psychological effects** (Kadir et al., 2019). The existing state of research suggests that the reactions of children to traumatic experiences in war differ from those of adults because their memories and brains are not yet sufficiently developed; this development is essential for the processing of stressful experiences. On the one hand, this means that children can deal with traumatic experiences more spontaneously, flexibly and impulsively.

OHCHR (2022). Ukraine: civilian casualty update 5 September 2022. Available at: <https://www.ohchr.org/en/news/2022/09/ukraine-civilian-casualty-update-5-september-2022> [19.9.22]

Save the Children (2022). Sechs Monate Ukraine-Krieg: "Werde ich auch sterben?" Available at: <https://www.savethechildren.de/news/sechs-monate-ukraine-krieg-werde-ich-auch-sterben/> [19.9.22]

UNICEF (2022a). Nearly 37 million children displaced worldwide – highest number ever recorded. *Press release*, 17 June 2022. Available at: <https://www.unicef.org/leap/press-releases/nearly-37-million-children-displaced-worldwide-highest-number-ever-recorded> [16.1.23]

changes. Furthermore, children generally only have **limited agency**, since they are dependent on their parents and have limited opportunities for self-determined action. These experiences can cause increased anxiety and a great sense of insecurity (ibid.). The **lack of interpretive resources** also makes it harder, especially for younger children, to cope with the trauma they have experienced: in keeping with their stage of cognitive development, they have a limited capacity for concentration, abstraction, and verbalization of their emotions (Kleina, 2018). This may lead to developmental disorders and delays, and regression to earlier stages of development.

A particular source of stress is the formative element of **uncertainty** experienced by children who have had no protected, safe space in their childhood, and no space to learn, because they have spent their whole lives in crisis areas or as refugees (Fegert et al., 2017). Since their **sense of security** within the family has been profoundly shaken and experienced as fragile, children affected by war often develop a severe separation anxiety and a general feeling of agitation and overstimulation. They may also react with **anger, grief and a sense of guilt** (Adam et al., 2016).

Even if children do not yet show any mental health problems in the prepubescent latency stage, their efforts to cope may nonetheless take a dysfunctional course. Old enough to grasp the stressful situation their family is in, they suppress their own emotions and needs so as not to cause even more stress. Previously effective coping strategies may fail at the next stage of psychological development or the next traumatizing event (such as the experience of displacement, death or abuse). The **“sleeping effect”** means that the effects of war-related trauma in children often appear some time after the event, a fact that is sometimes not recognized by adults (Fleischhauer, 2008).



Ill. 2: The experience of war and displacement can lead to long-term effects on children's, adolescents' and adults' mental well-being

Zito, Dima (2010). Traumatherapie bei jungen Flüchtlingen. In Petra Diechhof (ed.), *Kinderflüchtlinge* (pp. 113-123). Wiesbaden: Verlag für Sozialwissenschaften.

Kropač, Ulrich (2011). Trauma – Trauer – Theodizee: Brechungen im aktuellen Paradigma von Kindheit. *Diakonia*, 42(2), 104-111.

Adam, Hubertus, Bistrizky, Heidi & Inal, Sarah (2016). *Seelische Belastung von Flüchtlingskindern und die Auswirkung in Schule*. Sonderpädagogische Förderung heute, 61(1), 12-22.

Fleischhauer, Johanna (2008). Von Krieg betroffene Kinder. Eine vernachlässigte Dimension von Friedenskonsolidierung. *Budrich: UniPress*.

### The experience of adolescents

In adolescence, the experience of war is mainly about **endurance** (Kleina, 2018). Even without aggravating circumstances, adolescence is a challenging phase, characterized by developmental leaps and the quest for identity and individuation. In the stresses of war, it becomes much harder to cope with these developmental tasks, which makes adolescence a time of particular susceptibility to **new trauma or retraumatization** (ibid.).

In this developmental phase, the concern and responsibility that adolescents feel for their threatened families compete with the desire for separation, potentially triggering severe **feelings of guilt** (Adam et al., 2016). The horrors of war and displacement they

have experienced can lead to erratic progression and regression in identity formation. Furthermore, there is a diametric opposition between the **caution and avoidance behaviour** shown in response to the experience of danger, and the developmentally appropriate impulsivity of youth (Kleina, 2018).

In contrast to children, adolescents do experience a sense of agency in the context of displacement. Sometimes they display **precocious psychosocial maturity** combined with childish behavioural patterns and great emotional neediness (Zimmermann, 2012). On the other hand, if young people perceive themselves as being able to cope in threatening situations this can boost their **resilience**. Often adolescents affected by war seem older than they are, and have a high degree of self-reliance, enabling them to survive extreme situations.

Since adult role models are often lacking, and adolescents witness the impunity with which laws and ethical norms are violated in wartime, they often have difficulty **readjusting their values and norms** after war or displacement. This can lead to integration problems in the host country (Adam et al., 2016). Traumatized adolescents

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can display self-destructive behaviour (such as drug abuse), accompanied by sadness and anxieties. An increase in aggression can occur even if the traumatized adolescents have not been the victims of military violence themselves, but have witnessed violence over a long period of time (Catani, 2010). Unprocessed experiences of violence and a lack of secure social attachment also make adolescents vulnerable to **being used in combat or terror attacks** (Fleischhauer, 2008).

Zimmermann, David (2012). Migration und Trauma. Gießen: Psychosozial-Verlag.

Catani, Claudia (2010). War at home – a review of the relationship between war trauma and family violence. Verhaltenstherapie, 20(1), 19-27.

### The experience of families

Experiences of war and displacement cause psychological stress not only for children, but also for their parents (Ill. 2). The risk of detrimental effects on children's development is substantially higher in families where parents suffer from **poor mental health** as a consequence of war (Fegert et al., 2017). Traumatized families show a considerably higher incidence of inadequate parenting, lack of care and attention, and verbal and physical violence than families unaffected by trauma. Children with mental health problems are particularly affected by their **parents' inability to cope** and the **lack of positive parenting strategies, care and attention** (ibid.).

Findings on families living in war zones support the hypothesis that military violence can be transferred to the family (Catani, 2010). Children who have suffered from violence in war-traumatized families show externalizing behavioural problems such as increased **aggression**. This is par-

ticularly tragic given that the family as a protective space and the restoration of everyday routines are especially important for traumatized children (Masten et al., 2015).

In the context of forced migration, the **model of sequential traumatization** (Zimmermann, 2012) shows that young refugees and their families can be traumatized not only by individual events but also by several cumulative events at different times (Ill. 3).

The decision to flee is often associated with **ambivalent feelings**: refugees who leave their homeland have to give up their possessions, lose their familiar social environment, and leave behind close attachment figures. While the family is on the move it is often the children who suffer most from fear, the unpredictability of events, and physical stresses and strains. The initial period in the country of arrival brings frequent changes of location for the children, and various problems for the parents with regard to their legal, social and economic situation. Nonetheless, this **phase of apparent safety** is very important for refugee children and their chances of positive psychological development: this is an opportunity to break the **chain of traumatization**, to focus on mental healing and to seek therapeutic help (Thümmler, 2020).

The "chronification" of the provisional situation occurs when refugees have problems integrating in the country of arrival because it is assumed that they

will return home, or when the impossibility of returning home becomes a certainty, bringing a major break in identity. Voluntary return can lead to **conflicts within families**, while forced deportation can have (re)traumatizing effects. When refugees become (re)migrants, displacement and exile not only make up part of their individual life experience, but are handed down over generations (ibid.). Children who have been traumatized by war early in life **remain vulnerable throughout their lives** and retain an altered **view of the world**, which can also be transmitted to their own families. Research has found ample evidence of **transgenerational transmission** of trauma from war or persecution (Glaesmer et al., 2011).

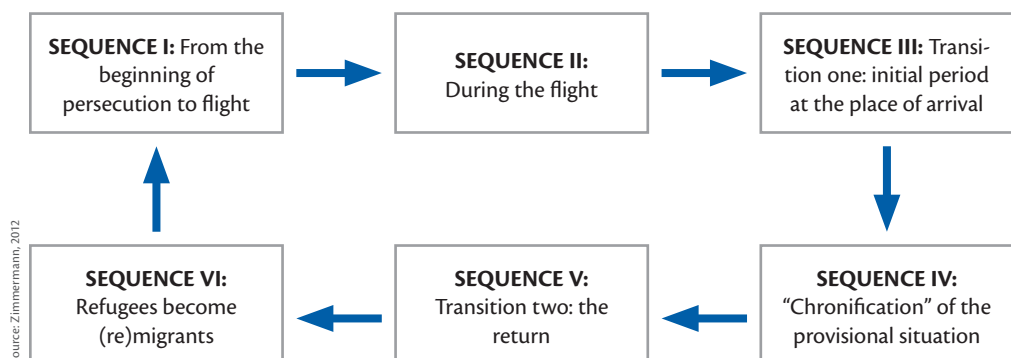
Masten, Ann et al. (2015). Children in war and disaster. In Richard M. Lerner (ed.), Handbook of child psychology and developmental science. Oxford: Wiley. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/9781118963418.childpsy418> [19.9.22]

Thümmler, Ramona (2020). Bedeutung von Flucht und Migration für das Aufwachsen von Kindern. In Gabriele Müller & Ramona Thümmler (eds), Frühkindliche Bildung zwischen Wunsch und Wirklichkeit (pp. 42-65). Weinheim: Beltz Juventa.

Glaesmer, Heide et al. (2011). Transgenerationale Übertragung traumatischer Erfahrungen. Trauma & Gewalt, 5(4), 330-343.

### PROTECTIVE FACTORS, SUPPORTIVE CONDITIONS, INTERVENTIONS

The young people exposed to the stresses of war are an extremely hetero-



Ill. 3: The model of sequential traumatization describes the mechanisms of persecution, displacement and forced migration

geneous group; they therefore react to these stresses in very individual ways. Their reactions depend fundamentally on their age, their stage of development, their subjective experience and their personal resilience. Individual genetic dispositions also seem to play a part (Liu, 2017).

The current state of research suggests that the ability to cope with traumatic experiences of war and displacement primarily depends on successful **social support at individual, institutional and social level**. A long-term study involving 1,600 child refugees from Syria found that every second child was at increased risk of mental health problems, but that 20% of the children in the study were **resilient** (Popham et al., 2022). Children who live in a **safe environment** after the war have a reduced risk of stress disorders. The study suggests that good mental health of parents and siblings and positive psychosocial experiences (e.g. at school, at kindergarten, or in leisure activities) are important **protective factors** for children traumatized by war (ibid.). Other studies show that **positive parental behaviour** and parental care are important protective factors and can reduce both anxious and aggressive behaviours in children (Fegert et al., 2017).

As well as the emotional availability of attachment figures, other factors found to have supportive effects are participation in leisure activities, new

social networks, and safe accommodation with private spaces (Zito, 2017). For children who are able to return to their home country, it is important to establish everyday routines within and outside the family (Masten et al., 2015). **Psychosocial interventions** for children traumatized by war focus on (re)integration into social groups and (re)learning to live in reciprocal relationships (Fleischhauer, 2008). Such interventions should aim to reinforce feelings of safety, self-efficacy, and connectedness in these children (Liu, 2017). The parenting competence of refugee parents can be boosted by teaching positive parenting skills (**parenting enrichment**) and offering trauma therapy (Fegert et al., 2017).

Children's day-care centres and schools in the host country play a key role in the integration of refugee children (Adam et al., 2016). In the pedagogical context, responses to the suffering and trauma caused by war should be developed with the **participation** of the children and adolescents themselves. Given the huge loss of autonomy and control they have experienced during war and displacement, they need to be included in **dialogue** and called on as experts here (Kleina, 2018).

The concept of sequential traumatization is also important for the question of supportive conditions, because it rigorously highlights the **sociopolitical dimensions** in the phase of life after the war. Policymakers and society in

the host country share the responsibility for ensuring successful recovery and integration (Zimmermann, 2012). Sequential traumatization shows that the understanding of trauma should not focus on the individual, but that the treatment of traumatized minors "is a significant humanistic and altruistic learning opportunity, which affects all people and especially those providing a place of exile"<sup>1</sup> (Kleina, 2018, p. 273). ■

Liu, Michelle (2017). *War and children*. The American Journal of Psychiatry Residents' Journal, 12(7), 3-5.

Popham, Cassandra et al. (2022). *Predictors of psychological risk and resilience among Syrian refugee children*. Journal of Child Psychology and Psychiatry. Online first, July 12th 2022. doi: 10.1111/jcpp.13670.

Zito, Dima (2017). *Flüchtlinge als Kinder – Kinderflüchtlinge*. In Cinur Ghaderi & Thomas Eppenstein (eds), *Flüchtlinge* (pp. 235-256). Wiesbaden: Springer VS.

## NOTE

<sup>1</sup> Translated from German

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