



Save the Children

Invisible Wounds

The Impact of 6 years of war inside Syria



- Interviewed over 450 children, adolescents, adults inside 7 of Syria's 14 governates.
- 313 individual questionnaires & 17 children FGDs (based on IASC MHPSS emergency guidelines).
- KIs with 20 frontline staff (PSS, teachers, psychologists, doctor).
- Locations & participants were selected based on where we / partner organisations are currently able to work, mainly in opposition-held areas and including several besieged and hard to reach locations.

A Living Nightmare

Bombs & Bullets – biggest source of fear, overwhelming feeling of being unsafe.

“...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, they have a reaction. This is the result of their fear – of the sound of planes, of rockets, of war”

Shattered Education – loss of education as one of the biggest impacts on children’s daily lives.

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, so they can have a sense of the future and accomplish some goals.

End of Childhood – adults highlighted the rise in young boys being recruited into armed groups, girls being married off as young as 12, and children having to find work to support families.

“I see children less than 15 at checkpoints and carrying guns. Others work. I saw a boy cleaning cars – he was almost 8 years old. There are lots of examples of this phenomenon.”

Families Torn Apart – separation, loss, arrest.

Signs of Distress

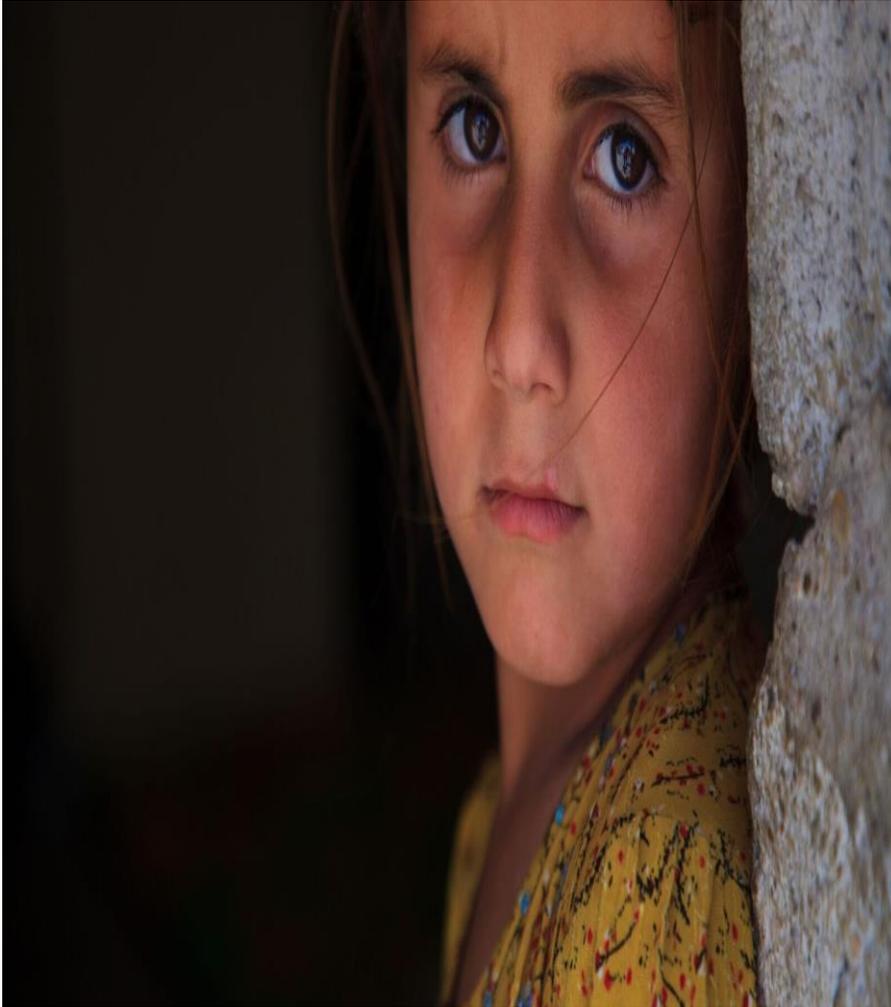
“My sons wakes up afraid in the middle of the night. He wakes up screaming”



- Many children in a constant state of anxiety and severely stressed
- 1 in 4 Syrian children at risk of mental health disorders
- Two-thirds of children have lost a loved one, had their house bombed/shelled, or suffered war-related injuries
- 51% said adolescents are turning to drugs to cope with the stress
- Increases in bedwetting, self-harm, suicide attempts, aggressive or withdrawn behaviors
- Long term consequences if untreated
- Facing a tipping point

An Unbearable Reality:

The impact of war and displacement on children's mental health in Iraq

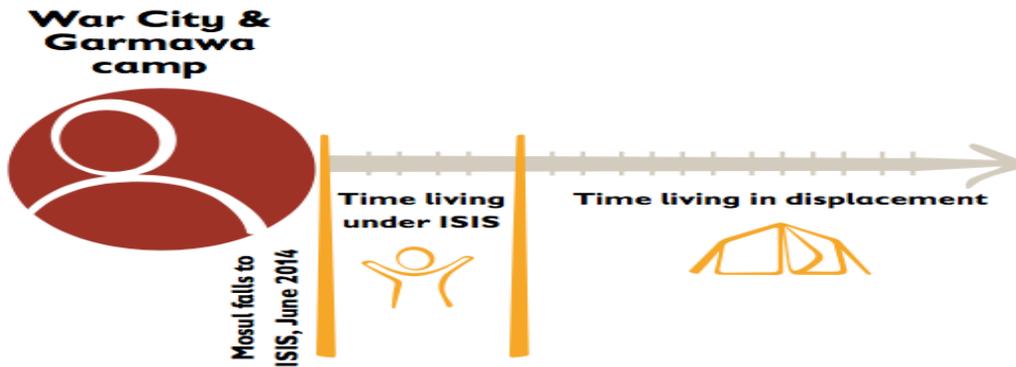


- Interviewed **1,025 children, youth and caregivers** affected by conflict and displacement in Northern Iraq.
- Four focus group discussions in **Hamman al Alil camp – families recently displaced from the offensive on Western Mosul** - with 65 children (33 girls, 32 boys), split by gender and age group (10-12 and 13-15 years).
- MHPSS questionnaires administered to children and adolescents aged 10-17 and caregivers in a **displacement camp (Garmawa)** and an **urban area (War City)** in Northern Iraq. A total of 480 caregivers completed two questionnaires and four questionnaires were administered to 480 children aged 10-17 (251 boys and 229 girls).

A story of two halves



Size of circle roughly corresponds to sample size in location



What children told us? – focus group discussions

- Growing up amidst extreme violence and deprivation – *witnesses to daily acts of violence, living in constant fear for their own lives*
- Harrowing escape – *recounted vivid scenes of corpses, blood, wounded, rockets*
- Not feeling safe yet – *relative safety of camp, BUT haunted by nightmares even in the day*
- Broken families - *vivid memories of family members being killed in violent; many expressed fear as a result of witnessing them being killed.*



What are these children's mental health needs?

- A never-ending nightmare: *“I have bad dreams that everything in Mosul is destroyed: the houses, the schools, the people”*
- Perpetuating violence: *“When I am angry I want to yell a lot to people that made me feel angry. Yelling and hitting back makes me feel more relaxed”*
- Broken childhoods: *“they have this feeling that they are adults...they have been told that they are not children anymore” “robotic behaviour”*
- Behaviours of Compliance: *such as “being polite”, “obeying orders” and not causing trouble.*



What can we do now?

- Protecting children from, and reducing, toxic stress
- Using appropriate approaches – need to build positive coping mechanisms, allow them to re-learn and be children again.
- Safe spaces to express themselves.
- Healing a whole community – collective trauma requires collective responses.





What we already know – Gap analysis?

- ***Invisible Wounds*** and ***Unbearable Reality*** – high levels of toxic stress, wide range of MHPSS issues including nightmares, body aches, bed wetting, extreme anger, sadness, depression, anxiety.
- Staff feel overwhelmed and unsure on how to respond.
- Parents don't know what to do to help their children.
- No-one to refer more specialized cases to, or to provide MH therapeutic one to one support.
- Other agencies turn to us to support children / adolescents.



What is it we all want to achieve?

Strengthened psychosocial wellbeing & resilience of children, adolescents, & their families, through access to high quality, evidence-based (MH)PSS interventions based on IASC (Inter-Agency Standing Committee) guidelines on (MH)PSS (in emergency settings)



This summit is our opportunity to collaborate, learn, share and ensure we support the communities we work in **TOGETHER.**

THANK YOU



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