



Save the Children

ROAD TO RECOVERY

Responding to children's
mental health in conflict

Contents

1 The war on children: a mental health crisis	1
Invisible wounds, inadequate services	1
Tackling the crisis	2
2 The impact of conflict on children’s mental health	4
Five drivers of mental health and psychological distress	4
The impact and effects of distress on children	6
3 Education, mental health and wellbeing	8
4 A way forward	10
Recommendations	11
Endnotes	12

Save the Children fights for children every single day.

We stand side by side with children in the toughest places to be a child.

We do whatever it takes to make sure they survive, get protection when they’re in danger, and have the chance to learn.

Because every child should be able to make their mark on the world and build a better future for us all.

Published by
Save the Children
1 St John’s Lane
London EC1M 4AR
UK
+44 (0)20 7012 6400
savethechildren.org.uk

First published 2019

© The Save the Children Fund 2019

The Save the Children Fund is a charity registered in England and Wales (213890) and Scotland (SC039570).
Registered Company No. 178159

This publication is copyright, but may be reproduced by any method without fee or prior permission for teaching purposes, but not for resale. For copying in any other circumstances, prior written permission must be obtained from the publisher, and a fee may be payable.

Cover photo: Destin’s father was killed when an armed group attacked their village in Congo. She’s now living in a camp in Uganda, where she goes to a child-friendly space run by Save the Children. “In the future I want to become a teacher, because teachers love children, and don’t beat them,” she says. (Photo: Fredrik Lerneryd/Save the Children)

Typeset by Grasshopper Design Company

Some names in this report have been changed to protect identities.



PHOTO: DAPHNEE COOK/SAVE THE CHILDREN

“He kept shaking when he was asleep”

Mohammed Arab, age ten, is a Rohingya refugee from Myanmar, now living in a camp in Bangladesh. Here his mother, Sara, describes what happened to him.

“When the armed groups came to our village, they burned lots of houses and raped lots of girls. We fled with our family and our neighbours. It took us five days to reach the bank of the river between Myanmar and Bangladesh. We stayed on the bank of the river for another five days.

“The situation affected my Mohammed very badly. He was so traumatised, he kept shaking when he was asleep. He kept having nightmares. His heart beat so fast, the doctors said it was because he was so afraid. He would sweat so much and pass out. It took a long time for him to calm down.

“When we arrived in Bangladesh, we went to the doctor to get some medicine to calm him down. Now he does not pass out like he used to and the doctor says he is OK.

“Mohammed learned to draw in Myanmar, but he didn’t do it much there. He draws a lot here. He keeps drawing all the day when he is at home. I think he draws because he loves it and feels better doing it.”

1 The war on children: a mental health crisis

Boys and girls are bearing a disproportionate burden of modern conflict. Latest figures reveal that 142 million children are living in high intensity conflict zones¹ and millions more have been forced to flee as refugees, often to unstable settings in other countries. Since 2010, the number of children living in conflict zones has increased by 37%, yet the number of verified grave violations against them – including killing and maiming, recruitment into armed forces and sexual violence – has increased by 174%.²

In 2019, the World Health Organization estimated that 17% of adults living in conflict zones have mild to moderate mental health disorders, which require non-specialised mental health support, with an additional 5% of adults likely to experience a severe mental health disorder.³ Assuming that similar rates apply to children and adolescents, it is estimated that approximately 24 million children living in conflict today could be experiencing high levels of stress and have mild to moderate mental health disorders needing an appropriate level of support. An additional 7 million children are at risk of developing severe mental health disorders.

Each airstrike, siege and grave violation can have serious negative consequences on children's mental health and well-being. Fear, anxiety, traumatic events and separation from caregivers can prolong children's exposure to severe or toxic stress – in turn affecting brain development, behaviour and their overall sense of wellbeing.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health and psychosocial support (MHPSS) is a composite term used to describe any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health disorder.⁴ This includes multiple methods of intervention, from non-specialised community-based support to highly specialised mental healthcare.

INVISIBLE WOUNDS, INADEQUATE SERVICES

For children to be well, they need to feel safe and loved, and to have their basic needs met. They need to be cared for by their family and to be supported by their community – for example, through school. But for millions of children living in conflict zones, these critical needs are unmet. The impact of conflict on children's health – both physical and mental – is devastating. The experience of living in areas that are bombarded, occupied and besieged destroys children's sense of safety and of mastery of their environment. The loss of or separation from a parent or caregiver may lead to intense grief and anxiety. Children who are directly impacted by violence and exploitation, including the six grave violations identified by the United Nations,⁵ are likely not only to suffer physical injuries, but to experience intense fear. Such events can lead to a profound negation of a child's self-worth, resulting in high levels of distress and impacting their social and emotional development.

However, children can also demonstrate resilience even in the most extreme circumstances, particularly if they are supported to recover. The bedrocks of such care are ensuring children are safe; their basic needs are being met; families are preserved or reunified, or alternative care is put in place; and that children have community-level support, such as schools. Alongside this, many children, particularly those who have face profound and/or long-term distress, will need further support.

But support for children's mental health needs in conflict situations is woefully inadequate. Our

TOXIC STRESS

Toxic stress is a type of stress response that occurs when children experience strong, frequent or prolonged adversity without adequate caregiver support to help them manage it in a healthy way.⁶ Given that a child's experiences during the earliest years of life have a lasting impact on the architecture of the developing brain, toxic stress can have serious and enduring negative consequences on cognitive development and emotional regulation, potentially resulting in life-long impact on a child's mental and physical

health. It is another huge social cost that conflict imposes on future generations.

Children are incredibly resilient and are able to recover from psychosocial distress. However, this often depends on the stability of their daily lives and the support that they receive from caregivers, other adults, educators, their peers and the wider community. And of course, conflict can have a devastating impact on these sources of support and stability for children.

analysis in 2019 found that just 0.14% of all official development assistance from 2015–17 was for MHPSS programming.⁷ For child protection the number in 2017 was 0.5%,⁸ and for education in emergencies it is on average just 2%.⁹ More funding and action across the board is urgently required. The systemic problem of harm to children's mental health requires systemic solutions. Within a multi-sector, system-wide response, there are multiple windows of opportunities for impact. The overall funding for MHPSS is a critical issue that requires concerted attention. One of the most effective ways to address it is to increase MHPSS intervention delivery through education (see section 3, page 8).

TACKLING THE CRISIS

Save the Children has set out three drivers of children's exposure to harm in conflict. First, states and parties to conflict are failing to uphold and enforce international rules and standards designed to protect children.

Second, perpetrators of grave violations against children are not being held to account. Failure to enforce international rules, norms and laws designed to protect children affected by war is at the heart of the mental health crisis affecting children in conflict.

Third, the sheer scale of the mental health epidemic demands a more effective response in diagnosing and treating psychosocial issues and in supporting children in their recovery. This final pillar is critical. Where the international community is unable to prevent harm to children taking place, then children must be supported to recover, and this includes increasing the funding available for critical interventions addressing the different levels of need children may have.

The 2019 UN General Assembly represents an opportunity for states to take steps and make commitments against these three areas for change. Our *Stop the War on Children* report¹⁰ sets out the full list of recommendations we want states to take action on.

However, within this, and as an immediate step, we're calling on states to make financial commitments to Education Cannot Wait (ECW). These are to fully resource the replenishment of the pooled fund for education and to provide additional resources to implement mental health and psychosocial support services within ECW projects. By meeting the full replenishment, donors will enable ECW to deliver education in emergencies at scale, thereby increasing the community-level support that education provides children. In providing specific funding for MHPSS, donors will be scaling up the support available for millions of children who are experiencing distress.

(See our recommendations on page 11.)

The war on children



PHOTO: FREDRIK LERNER/SAVE THE CHILDREN

Mangeni and her family have been living in Uganda for two years. Before that, she lived in the Congo, where her parents ran a shop. Life was good.

But then the conflict started. One day armed men arrived at their house. They beat her mother and took Mangeni and her father into the forest where they shot him dead in front of her. Then they blindfolded Mangeni and took her to their camp. She was 11 years old.

Every day Mangeni had to cook and clean for the soldiers. They beat her with sticks and stood on her stomach, which has left her incontinent. Many people were killed while she was there; she was one of the few survivors. One night she escaped. When all the men fell asleep, she ran into the woods. She says she saw the bodies of dead children in the forest as she ran. After running for a long time, she came to a banana plantation, where she slept. In the morning a man found her and took her in. He went to the nearby villages to ask if anyone knew her. Mangeni's mother immediately recognised her and they were re-united.

Mangeni's mother burst into tears when they met. She thought Mangeni was dead. Almost a year after she was captured, Mangeni was back with her family. She and her mother fled to Uganda to escape the violence. They now live in a refugee settlement, where Mangeni attends a child-friendly space run by Save the Children. She helps her mother with her younger siblings. But the physical and mental scars remain: Mangeni struggles with the trauma and injuries she suffered at the hands of the soldiers.

2 The impact of conflict on children's mental health

Conflict affects children's mental health and wellbeing in different, overlapping ways. Here we set out five drivers of psychological distress and the pyramid of interventions to address mental health needs in conflict settings.

FIVE DRIVERS OF MENTAL HEALTH AND PSYCHOLOGICAL DISTRESS

The impact of conflict on children's lives is complex, with the effects on children's mental health similarly varied and interlocking. However, it is possible to identify some common themes.

First, as the number of children living in conflict zones has risen and the risks they face have increased, millions of children are exposed to the horror of violent conflict – including the threat to them and their families and friends of being killed and injured. Those experiences of violent attacks can haunt children's lives. In interviews, Syrian children repeatedly expressed fear and distress relating to airstrikes and, by association, planes in general.¹¹ Caregivers in Gaza reported that for 78% of children their greatest fear was of bombing and aircraft sounds.¹²

Second, a protracted lack of access to basic services can affect children's mental health and wellbeing. According to UN data, the denial of humanitarian access in conflict situations increased 15-fold between 2010 and 2017 – leaving children and their support networks without adequate access to health, education, nutrition and livelihoods.¹³ Modern wars – waged in urban areas with civilians on the frontline – often rupture the community fabric that supports healthy child development, such as schools and health facilities.¹⁴ In the occupied Palestinian territory children report fear of passing through military checkpoints simply to get to school.¹⁵ In a recent study commissioned by Save the Children, 64% of caregivers in Afghanistan stated that children feel most scared on their way to school.¹⁶

Third, during and after conflict there can be increased risk of violence in the home, at school, by peers and from bullying. Children are often at greater risk of gender-based violence, including domestic violence and sexual violence, exploitation and abuse and other forms of physical and psychological violence. Across 12 conflict-affected countries, our consultations with children revealed boys and girls being exposed to child labour, gender-based violence (including sexual violence) and recruitment into armed groups. All of these can exacerbate existing inequalities and vulnerabilities and negatively affect children's mental health and wellbeing further.

Fourth, insecurity, uncertainty and fears for the future – both real and perceived – are a common source of anxiety and distress for children in conflict. This can include fear of escalating hostilities while they are separated from their parents and family members, fear that the conflict will not end, fear of their security at school and outside of the home, and concern over the availability of food.¹⁷ Protracted uncertainty and stressors can have extremely negative effects – triggering prolonged activation of the body's natural stress response systems. These natural stress responses are only intended to be temporary. Repeatedly experienced or sustained over long periods, they can lead to a range of negative mental health outcomes from which children do not easily recover.¹⁸

Finally, the disruption to support networks and separation from caregivers can be very detrimental to children's mental health and well-being. Children's social and emotional development and their sense of identity and stability rely on the presence of a

consistent and caring adult. If a child's caregiver is suffering mental distress due to a conflict, this can undermine the ability of caregivers to provide adequate care at the time that children need it most. This issue is widespread – for example, in the Gaza Strip, 71% of caregivers stated that they were unhappy, and 80% stated that they felt unable to overcome their difficulties.¹⁹ Related to this, conflict has an impact on the mental health of the wider community, reducing the likelihood of children being supported by other adults in their community if their caregiver is unable to do so. In Ukraine,

psychosocial issues have been reported among all age groups, including children, the elderly, and working-age men and women.²⁰ Further, where children in conflict situations have lost relatives and caregivers, become separated, or been recruited into armed groups, abducted or displaced, these support networks with caregivers are interrupted. In 2017 approximately 173,800 children were unaccompanied or separated from their families as a result of conflict, and more than 8,000 girls and boys were abducted, recruited and used in armed forces.²¹

GENDERED IMPACT OF CONFLICT ON CHILDREN'S MENTAL HEALTH

Boys and girls, across age-groups, experience conflict differently and in ways that may have differing consequences for their mental health and well-being. Girls are often disproportionately affected by conflict as a result of discriminatory gender norms and pre-existing vulnerabilities and inequalities, which are compounded in times of crisis.

For example, in Yemen, girls of primary school age are 1.5 times more likely to be out of school than boys.²² Girls may also feel unsafe on their way to school or in school due to the risk of gender-based violence – including sexual violence, sexual harassment, and sexual exploitation and abuse. In Nigeria, the Boko Haram insurgency specifically targets girls to prevent them from accessing education. In South Sudan, 65% of women and girls have experienced gender-based violence.²³ 45% of adolescent refugee girls (from as young as ten years old) living in camps on the Sudan/Ethiopia border and 37% living in conflict-affected communities in the eastern Democratic Republic of the Congo report experiencing sexual violence, and 52% and 61%, respectively, report experiencing at least one form of sexual, physical or emotional violence in the past 12 months.²⁴

While girls are at highest risk of gender-based violence, boys may also experience sexual

violence, stressors and traumatic events as a result of their gender – including distress as a secondary impact of violence against family members. In Afghanistan it was found that boys are more likely to encounter landmines than girls – and therefore more likely to experience blast injuries, which can result in long-term mental as well as physical impacts.²⁵ In the occupied Palestinian territory the rates of distress are higher for boys aged 6–12 – possibly as boys are more likely to be targeted by the military and detained.²⁶ In many conflict situations, boys are more likely to face recruitment into armed groups and to be used in combat roles.

Access to and availability of support can also be highly gendered. Some evidence suggests boys are less likely to access care following sexual violence due to social constructs of masculinity that lead them to deny vulnerability and that stigmatise male victims of sexual violence. As a result, boys who are rape victims may see the sexual violence they have suffered as emasculating and feminising, and they may be ashamed to seek help. The stigmatisation of male and female survivors of gender-based violence results in them being isolated and rejected – including by spouses and families. This forced withdrawal from daily activities and absence of social support make emotional recovery more difficult.

THE IMPACT AND EFFECTS OF DISTRESS ON CHILDREN

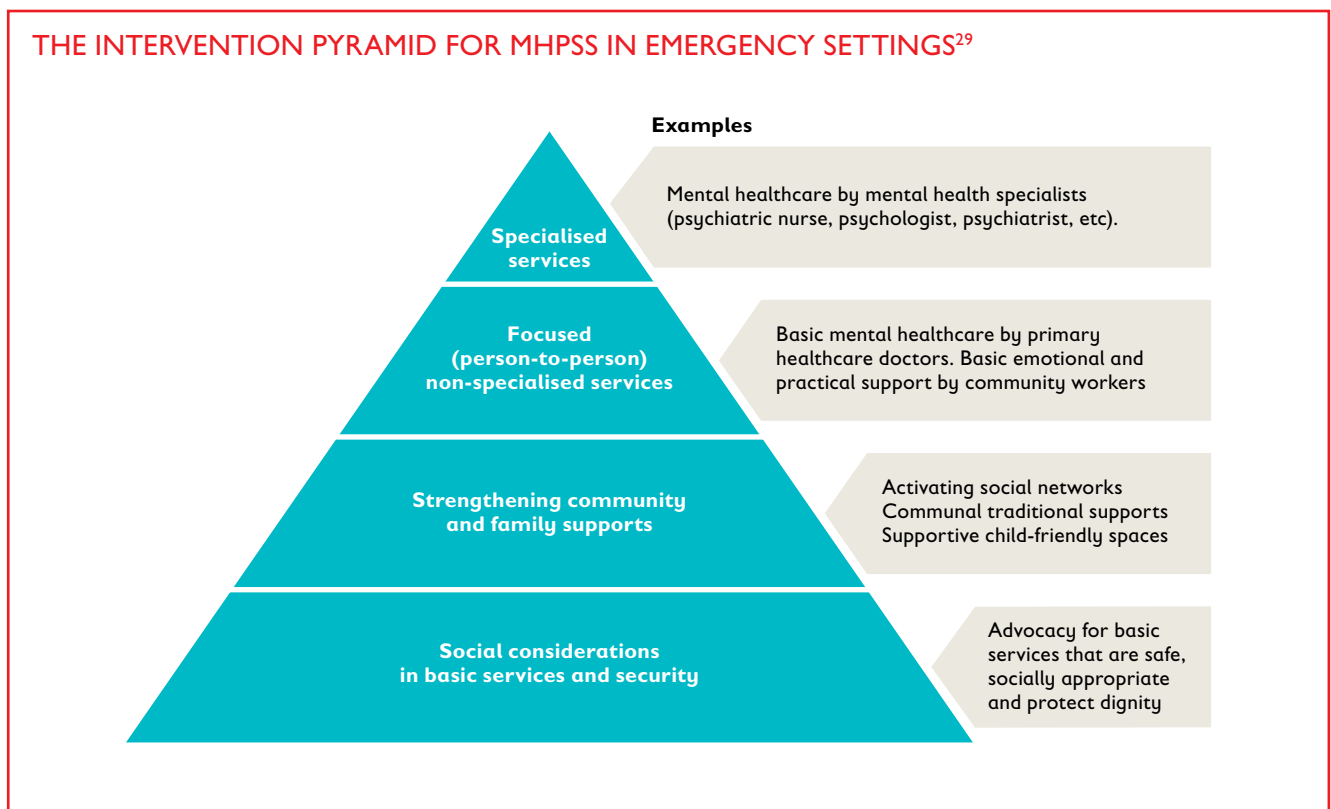
Children under extreme stress may show a range of mental health and psychosocial problems, such as symptoms of depression and anxiety leading to self-harm and sometimes suicidal ideation. Boys and girls may also show aggression and withdrawal in their behaviour with peers and family members. Beyond children's immediate experiences, mental health issues and distress can have a lasting impact on their long-term emotional, behavioural, cognitive and physical development. It is critical to remember that these reactions – even when serious – are normal in abnormal situations, such as conflict. Children are able to recover if the underlying cause of distress and anxiety is ended and they get appropriate support.

The Inter Agency Standing Committee for Mental Health and Psychosocial Support uses an intervention pyramid to demonstrate the multiple layers of support that are needed to provide good-quality MHPSS in emergency settings.²⁷ The bottom layer includes basic services – everything that is absolutely essential for people to survive in a way that is safe and socially appropriate, including shelter, food, hygiene and other basic services.

The second layer consists of community and family support, including traditional support and safety nets that people in need can access from the community. This can include the establishment of supportive environments for children and families, such as child-friendly spaces,²⁸ youth centres or schools.

The third layer includes focused, non-specialised emotional support. This often includes healthcare by primary care physicians, non-medical or non-clinical basic counselling, and support from trained community support workers. The fourth layer constitutes specialised services provided by mental health professionals such as psychiatrists, psychiatric nurses or clinical psychologists.

It is important to note that all layers of the pyramid are essential and link to each other. Everyone in the community needs layer-one, basic support. However, some children and adults will also benefit from additional support from the top three layers. Our estimate is that 24 million of the 142 million children living in high-intensity conflict zones require interventions at layer two of the pyramid – but that doesn't take away from the full scale and range of children's support needs across all four layers.



Source: *Mental Health and Psychosocial Support in Humanitarian Agencies: What should humanitarian health actors know?*

CHILD AND ADOLESCENT MENTAL HEALTH DIPLOMA

To respond to the scale of needs among children in conflict, it is necessary to build national capacity across regions to ensure that specialised services for children and adolescents affected by conflict both exist and apply consistent quality standards. To do this, there needs to be enough well-trained, supervised and experienced MHPSS practitioners.

We have identified a modular diploma in child and adolescent mental health (CAMH) for mid- to senior-level professionals in conflict settings as an important asset to support mental health

and psychosocial support systems in countries affected by conflict. The CAMH diploma should be accessible to non-English speakers and those in remote locations. Given the number of children affected by protracted conflicts in the Middle East region, we propose that this region is prioritised for developing and piloting such a diploma and we are engaging with academic partners to do so. As the development of the diploma progresses, donors should pledge financial support for the development and roll-out of an MHPSS diploma, with enrolment commencing in 2021.



Children at a temporary learning centre in a camp for displaced people in Iraq

3 Education, mental health and wellbeing

Access to education has been shown to improve mental health outcomes.³⁰ Schools and child-friendly spaces can provide a sense of normality and routine for children, protect them from abuse, neglect, exploitation and violence, and ensure a safe, nurturing environment. Different types of psychosocial support should be delivered through education at each of the layers of the IASC pyramid (see page 6).

By contrast, missing out on education can be a source of mental distress in itself for children, and can diminish their hope for the future – a critical aspect of wellbeing.³¹ In the Democratic Republic of Congo, children in 112 out of 205 focus groups cited education as their number one priority, seeing it as crucial for their future opportunities and employability.³²

Where adults have the right awareness and expertise, schools and child-friendly spaces can provide children with access to supportive relationships with peers, teachers and community members, and a sense of cohesion with and belonging to their wider society. This supports children’s – and caregivers’ – well-being. Integrating MHPSS into schools and child-friendly spaces in an effective way involves equipping appropriate adults

with skills to support children’s recovery – and often supporting those adults in recovering from their own experiences of living in conflict. Learning spaces offer a space to train teachers in basic support skills, such as psychological first aid. They can also involve the family and communities in children’s learning, and serve as a space to roll-out standardised and curriculum-based interventions, such as social and emotional learning. Teachers and other trained staff are then able to promote emotionally safe and supportive environments, develop individualised plans for children, and refer children onto further services where required.

Given the connection between psychological well-being and learning, we know that integrating psychosocial approaches, mental health promotion and preventative interventions into education

SAFE SCHOOLS PROGRAMMING

Safe Schools programming aims to address the impact on children of conflict and of attacks on schools. This approach draws on what NGOs have learned from work over a number of years to promote schools as zones of peace in conflict. It brings together different interventions designed for conflict-affected or fragile contexts, where children are facing disruption in education because of military use or occupation of schools, or because of direct attacks on schools. It supports both the psychosocial and physical protection of children through building resilience and strengthening referral mechanisms.

Activities may be carried out to strengthen a child’s individual resilience, as well as the resilience of teachers, families, community members, partner organisations, and education and protection systems. The aim of these activities is to anticipate, prepare for and respond to shocks and stresses children may face in school as a result of conflict, as well as on their journey to and from school. NGOs help identify, strengthen and establish referral systems to ensure that, when attacks on education occur, children can access follow-up support from specialised mental health and psychosocial support services.

HEART PROGRAMME

Healing and Education through the Arts (HEART) is Save the Children's arts-based psychosocial support programme for children affected by serious or chronic stress. HEART gives children opportunities to process their emotions through painting, drawing, music, story-telling, drama and other art forms. It allows them to explore their feelings, ideas and experiences with trusted adults in a creative environment where they feel safe and connected with their peers. Over time, children are better able to process stress, support each other and engage with those around them.

In refugee camps in northern Iraq, after months or years of conflict in Syria, many children have fallen behind in school, or have dropped out of school. To help them catch up on missed learning, we support alternative learning centres, where children are provided with extra support.

Children attending these centres also need support to understand and process feelings and emotions related to living in chronically stressful environments. By supporting children's emotional wellbeing, we also support their learning – improved emotional wellbeing leads to improved concentration, communication and engagement in the classroom, all critical components of successful learning environments.

That's why we launched HEART here in February 2019. Since the start of programming, teachers have reported children's improved self-expression, confidence and sense of hope for the future. Children report enjoying the arts activities and the process of sharing and bonding with their peers.

services plays a critical role in mitigating the harmful effects of exposure to conflict. Supporting children's mental health helps boys and girls with mild or moderate mental distress to stay in school and improve academic and social and emotional learning outcomes. Education that integrates the

promotion of mental health and wellbeing can also support children's broader recovery. This kind of integrated support can include differential learning; small-group work on social and emotional learning and resilience; and focused teaching support.



Ibrahim, age seven, at a child-friendly space run by Save the Children in a camp in Syria

PHOTO: SAVE THE CHILDREN

4 A way forward

A moment of crisis – and opportunity

Hundreds of millions of children today are at risk of physical, emotional, psychological and social harm in conflict.³³ Governments, donors and parties to conflict can – and must – tackle the problem. Through a systemic, adequately resourced response, it is possible to protect children and scale up support to enable children’s recovery from the horrors of war.

At the UN General Assembly, and at the upcoming Mental Health summit in the Netherlands, there are opportunities to drastically increase the funding available for MHPSS through Education Cannot Wait. This is not a total solution. The chronic underfunding of child protection in emergencies and MHPSS programmes in sectors such as health remains – and needs to be addressed. Nevertheless, a commitment from donors to provide \$50m to integrate MHPSS services through education, in addition to securing the full Education Cannot Wait replenishment, will deliver impact for children. Increasing access to education in emergencies, and integrating MHPSS services within that, is paramount to protecting children’s mental health.

However, it is insufficient to respond only to children’s mental health. States must protect it. This will only be achieved if states and the wider international community tackle the impunity of those who perpetrate grave violations against children, uphold the norms and standards of conflict, and do much more to protect children in conflict on the ground. As set out in the *Stop the War on Children* report,³⁴ states can take action in a number of ways. Governments should use the opportunity of the UN General Assembly in 2019 to set out how they are fulfilling their obligations to children, and how they will make progress against the following measures.



A child-friendly space in a refugee camp in Uganda

PHOTO: FREDRIK LENNERYD/SAVE THE CHILDREN

RECOMMENDATIONS

We call on governments, donors and parties to conflict to:

- fully resource the Education Cannot Wait replenishment of \$1.8 billion by 2021 to ensure 9 million crisis-affected children have the opportunity to learn and recover
- provide an additional \$1m to pilot the Education MHPSS Minimum Service Package within Education Cannot Wait projects, and \$50m over the next three years to integrate and deliver MHPSS within Education Cannot Wait more broadly
- integrate sustainable child MHPSS funding in all global humanitarian responses and commit to increased multi-year funding to better meet the protection needs of children in crisis, with the aim of increasing the proportion of funding for child protection programmes from 0.5% to 4% at a minimum
- support progress towards a political declaration on avoidance of the use of explosive weapons with wide-area effects in populated areas
- commit to endorse and fully implement the Safe Schools Declaration and to encourage other states to follow suit
- regulate and improve transparency on international arms transfers and delivery and the supply of other military services, making these explicitly conditional on respect for international legal and normative standards
- support international mechanisms to prosecute cases of violations of children's rights in conflict, including through resourcing dedicated gender-sensitive, child-specific expertise in international investigations and through support for the International Criminal Court and ad-hoc judicial mechanisms.

Munguiko, 14, attends a child-friendly space at a refugee camp in Uganda. "As I began to come to the centre, I found people who can speak my language, people my age who I can play with," he says. "I love playing football, interacting and talking to others, drawing and modelling."



PHOTO: HANNAH MAULE-FINCH/SAVE THE CHILDREN

Endnotes

- ¹ Otsby et al (2018) *Children Affected by Armed Conflict, 1990–2017*, PRIO.
- ² Save the Children (2019) *Stop the War on Children: Protecting children in 21st century conflict*.
- ³ Charlson, F, van Ommeren, M, Flaxman, A, Cornett, J, Whiteford, H and Saxena S, 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis', *The Lancet*, 11 June 2019, <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>.
- ⁴ Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental health and Psychosocial Support in Emergency Settings*, https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
- ⁵ The six grave violations against children defined by the UN include: the killing and maiming of children; recruitment or use of children as soldiers; sexual violence against children; abduction of children; attacks against schools or hospitals; the denial of humanitarian access for children.
- ⁶ Shonkoff et al, 'An integrated scientific framework for child survival and early childhood development', *Pediatrics*, February 2012 Feb;129(2):e460-72 <https://www.ncbi.nlm.nih.gov/pubmed/22218840>
- ⁷ Save the Children analysis of OECD Creditor Reporting System data of funding allocated to child and family focussed MHPSS 2015–17.
- ⁸ Save the Children (2019) *Unprotected: Crisis in humanitarian funding for child protection*.
- ⁹ Education Cannot Wait (2019) 'A neglected priority' [webpage] Available: https://www.educationcannotwait.org/the-situation/#_ftnref1
- ¹⁰ See endnote 2.
- ¹¹ Save the Children (2017) *Invisible Wounds: The impact of six years of war on the mental health of Syria's children*.
- ¹² Save the Children (2019) *A Decade of Distress: The harsh and unchanging reality for children living in the Gaza Strip*.
- ¹³ See endnote 2.
- ¹⁴ Betancourt et al, 'The mental health of children affected by armed conflict: protective processes and pathways to resilience', *Int Rev Psychiatry*, June 2008; 20(3): 317–328.
- ¹⁵ Makan (2018) *Right to Education*, https://www.makan.org.uk/wp-content/uploads/2018/10/RightToEducation_Report.pdf
- ¹⁶ Afghan Australian Research and Management, Save the Children (2019) *Assessing the Impact of Conflict in Exacerbating Child Protection Issues Affecting Children in Afghanistan*.
- ¹⁷ See endnotes 11, 12 and 13.
- ¹⁸ National Scientific Council on the Developing Child (2010) *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*, <https://developingchild.harvard.edu/wp-content/uploads/2010/05/Persistent-Fear-and-Anxiety-Can-Affect-Young-Childrens-Learning-and-Development.pdf>
- ¹⁹ See endnote 12.
- ²⁰ Humanitarian Country Team (2018) *2019 Humanitarian Needs Overview: Ukraine*, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine_2019_humanitarian_needs_overview_en.pdf
- ²¹ United Nations, General Assembly, Annual Report of the Secretary General on Children and Armed Conflict (CAAC). S/2018/465 (16 May 2018). <http://undocs.org/s/2018/465>
- ²² UNESCO Institute for Statistics Database, <http://data.uis.unesco.org/>
- ²³ Global Women's Institute (2017) *No Safe Place: A lifetime of violence for conflict-affected women and girls in South Sudan*, <https://www.rescue.org/sites/default/files/document/2293/southsudanlgonline.pdf>
- ²⁴ International Rescue Committee (2017) *A Safe Place to Shine: Creating opportunities and raising voices of adolescent girls in humanitarian settings*, <https://www.rescue.org/sites/default/files/document/2248/irccompassglobalreport.pdf>
- ²⁵ Save the Children (2019) *Blast Injuries: The impact of explosive weapons on children in conflict*.
- ²⁶ See endnote 12.
- ²⁷ Inter-Agency Standing Committee (2010) *Mental Health and Psychosocial Support in Humanitarian Emergencies: What should humanitarian health actors know?* https://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf
- ²⁸ Child-friendly spaces are one of Save the Children's emergency interventions. They provide children with protected environments in which they can participate in organised activities to play, socialise and express themselves as they rebuild their lives. Child-friendly spaces are also used as informal education facilities for children, allowing them to learn.
- ²⁹ See endnote 27.
- ³⁰ Ritchie et al (2018) *Mental Health, Our World In Data*, <https://ourworldindata.org/mental-health#depression-by-education-level-employment-status>
- ³¹ Save the Children (2019) *Voicing the Needs and Priorities of Children Living in Conflict in Democratic Republic of Congo* https://resourcecentre.savethechildren.net/node/15373/pdf/pic_report_english.docx.pdf
- ³² See endnote 31.
- ³³ See endnote 2.
- ³⁴ See endnote 2.

Acknowledgements

This report was written by Anya Cowley, Jess Edwards and Keyan Salarkia, with support from a wide range of colleagues across the Save the Children movement and the MHPSS Collaborative for Children and Families in Adversity, hosted by Save the Children. Most importantly, we would like to thank the children who provided the testimony used in this report, and those who contributed to the consultations and research over recent years on which this report is built.