

# Infants and young children at armed conflicts

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Kaija Puura, Professor of Child Psychiatry, Chief Physician, Tampere University  
and Tampere University Hospital, Finland

Executive Director, WAIMH Central Office

Vice President, IACAPAP

President, Finnish Association of Child Psychiatry



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# Drawings from Ukraine





## Background:

- 2015 United Nations defined as one of their sustainable development goals that all people can live at peace by year 2030
- Unfortunately, Unicef Commission for Human Rights estimated that over 450 million children and adolescents lived in an area with an armed conflict at the end of year 2021
- 36,5 million children and adolescents were forced to leave their homes in 2021 because of armed conflict, violence or other crisis
- In Ukraine 2 million children and adolescents have fled from the country and 3 million relocated to another area within the country





# Effects of armed conflicts on perinatal period

- Keren et al., (2015) looked at the impact of daily missile attacks for 5 consecutive years on pregnancy outcomes in Israel
  - The sample included 600 women who lived under a chronic, significant, life-threatening stressor (missiles) and a control group of 600 women
  - significant association was found between exposure to stress and frequency of pregnancy complications,  $P = .047$ , and premature membrane rupture,  $P = .029$
- Punamäki, Isosavi, & Diab (2017) followed 511 Palestinian women from the Gaza Strip from the second trimester of pregnancy to 1 year after delivery
  - Poor maternal–fetal attachment was not directly correlated with war trauma but mediated by poor maternal mental health (posttraumatic stress disorder [PTSD], depression, anxiety) and a low level of social support





# Effects of armed conflicts: rape

- Rapes during wartime have a long history...
  - Japan practiced “sexual slavery” in 1930s and 1940s resulting in millions of rapes
  - During the German invasion of Russia, Nazi troops raped and murdered Russian women
  - After the fall of Berlin in 1945, Soviet soldiers raped German women
  - Rape has been used as a weapon of genocide in Bosnia, Darfur, Iraq, Rwanda, and Eastern Congo
  - Rapes are also reported happening in Ukraine
- Refugee women and children are also vulnerable to rape and trafficking



# Consequences of rape

- For the rape victims
  - Mental health problems like depression, avoidance of trauma reminders, social phobia, sexual dysfunction, and suicidal ideation
  - Social stigma both for the mother and the possible offspring
  - Mothers' wish that they and their babies would die
  - Infants were perceived as “evil,” “bastards,” and reminders of the rape
  - an embodiment of the mother's victimhood
  - an embodiment of the perpetrator
- For the infants born or rape
  - quality of the early mother–child relationship was very much at risk
  - the later development of the child at high risk



## Consequences of armed conflicts on infants and young children

- 37.8% of children aged 1 year and 5 months (n=148) exposed to daily war-related adverse experiences were diagnosed with PTSD (Feldman & Vengrober, [2011](#)).
- the most influential variable for infants and young children is the parents' own levels of symptoms of emotional distress and functioning
- among asylum-seeking and refugee women and infants there is a correlation between high levels of maternal posttraumatic symptoms and psychosocial problems in the infants (van Ee, Kleber, & Mooren, 2012)
- higher levels of maternal posttraumatic symptoms are associated with insensitive, unstructuring, or hostile maternal interactive style
- infants were less responsive and less involved with their traumatized mothers
- cross-sectional study conducted in Bosnia and Herzegovina (Klaric et al., 2008) has shown significantly impairing symptoms of developmental and emotional problems in offspring of war veterans with PTSD

# Finnish "war children"

During the Finnish Winter War and the Continuation War 1939-1944 about 70,000 children were evacuated to Sweden and Denmark (Kavén, 2003)

- famine and malnutrition caused by the wars
- bombings

Most of the affected children came from cities and industrial areas





# Consequences of armed conflicts

- Children that have had to flee from an armed conflict suffer from
  - Posttraumatic stress disorder 23%
  - Depression 14%
  - Anxiety disorders 16%
- The risk for mental health disorder among children in the middle of armed conflicts was increased by
  - Being separated from their parents
  - Fear of own or family members' safety
  - Being forced to do violent acts towards others



# Finnish "war children"

the children traveled alone

- felt great responsibility for themselves and their siblings
- were separated from their families and had to change both language and culture – in fact twice (Andersson et al 2019)

But

- siblings who were allowed to stay together had better capacity to become integrated into the new culture than those who were separated (Leathers 2005)

# Finnish "war children"

Some children refused to eat and withdrew into seclusion – withdrawal reaction

Several children felt insulted when forced to become dependent on other people's discretion

"Have I been disobedient to my parents? Why should I go?" – guilt and shame

(Lagnebro, 1994)



# Protective factors during armed conflict

- Most important protective factors
  - Secure attachment to caregivers
  - Close proximity of the caregivers
  - Fathers' resources to support their children
- Individual characteristics of the child:
  - High cognitive capacity
  - High ability to regulate emotions and behaviours





## During armed conflict: from toxic to tolerable stress

- Keeping parents together with children
  - If parents are dead or injured, find possible relatives whom the child knows
- Supporting parents to giving reassurance to children and helping children with their fear and anxiety
- Supporting parents to help children maintain as much normalcy in their lives as possible
- Supporting parents to help children play – even in bomb shelters







## During armed conflict: from toxic to tolerable stress

- Maintaining a sense of normalcy
  - Establishing daily routines of family and community life
  - Opportunities for both parents and children to express themselves
  - Structured activities for children like daycare, school, sports
- Daycare and school staff may be a huge resource
  - Groups for parents and children for doing things together
  - Workshops for parents
  - Mother-baby groups for supporting early interactions



## An example from Ukraine

- A private daycare centre in West Ukraine for 2-4 –year old children, led by Svetlana Novitshkova
- previously received refugee children from Eastern Ukraine, now also experiencing daily air raids
- A biweekly contact with a small eHealth firm GettingBetter Ltd
  - Digital content for the use of the children: Digital Stories of the life of a puppy dog with an emotional theme, Exercise with the Troll – vagus nerve activation
  - Biweekly consultation from a child mental health specialist for how to deal with children's symptoms of anxiety, irritability, increased aggression
  - Supportive letter for parents
- Established a group for parents who are now also anxious and traumatized



## An example from Ukraine

- During air raids the children go with the day care staff to a bomb shelter (underground car park)
- The staff has CD players so that children listen and dance to music during the raids
- The staff encourages children to play together
- Those children who are too anxious to join in playing are kept close to adults until they calm down
- Difficulty is that sometimes the raids last several hours...





## After the armed conflict

- Return sense of normalcy to children's life by creating new routines – either in their own country or in the country they have fled to
- In addition to the time spent with the family or caregiver, create children possibilities to return to early care and education and to hobbies
- Make sure that children and their families have access to basic services like health care and social services
- if needed, organize guidance and support for functioning in the new circumstances
- Make sure families can get contact to their relatives and close friends





# Health assessment in primary care

- First of all: create a contact and make sure that the living conditions of the child and family are safe, comfortable enough and stable
- Primary care nurse or doctor can then make basic assessment of mental health of children and parents – usually needs an interpreter
- The basic assessment includes
  - General health of children and parents: eating, sleeping, possible somatic symptoms
  - Mental health of parents: mood, stamina, possible PTSD symptoms, social support
  - Interviewing parents on children's health and mental health
  - Observing the children in interaction with parents and with examiner: any signs of social withdrawal? Irritability? Aggression? Clinginess?
  - For preschool and older children Revised Child Impact of Events Scale (CRIES) can be helpful (<http://childrenandwar.org>)

# Typical symptoms of young children after armed conflict

- Distress and post-traumatic stress in children can create
  - Multiple fears
  - Clinginess
  - Excessive crying and tearfulness
  - Loss of interest to usual activities
  - Various psychosomatic symptoms
  - Irritability or excessive anger
  - War play or other grim themes
  - Drawings of war and frightening things, excessive use of black colour
  - Lesser pretend play
  - Social withdrawal







# Treatment of young children and parents

- For some parents and children support and psychoeducation in primary services may suffice
- Some parents may benefit from various internet-based self-help services
- For some parents getting involved in activities of NGOs and peer-groups may be beneficial
- Families where several family members are traumatized, or parents' symptoms are severe a referral to specialized services may be needed





# When supporting parents

- Increase their understanding on trauma and its effect on children
  - The goal is to make it easier for parents to be tolerant when children are clingy, fearful or irritable and also to increase their trust in that the symptoms will diminish once childrens' sense of safety increases
- Encourage parents to talk with children of their thoughts and feelings when children want to talk about them
- Encourage parents to create a joint narrative about what has happened to them
- Encourage and support parents to show affection towards their children, particularly when children are distressed
- Encourage parents to keep up hope of future in children's mind, for example by saying that all over the world there are people working for peace and for preventing further wars
- Encourage parents to protect children from constant newsfeed from digital devices



# Conclusion and maybe some encouragement

From previous wars and crises we have learned that

- it is most important to keep children with their caregivers
- during the armed conflict and in the beginning of treatment it is best to focus on re-establishing normalcy and routines in childrens' lives
- it is important to talk about childrens' traumatic experiences when they are willing to express them in speech, play or drawings
- As health and welfare workers we can do a lot just by listening to children and parents, assisting them in getting concrete help and support and referring to specialized care those children and families that need it
- Michel del Castillon self-fiction novel Tanguy, child of our time is a beautiful story of how even short, warm encounters with other people can give a child hope and a possibility to a life worth living despite traumatic experiences





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# Thank you!

