AMERICAN PSYCHOLOGICAL ASSOCIATION

June 14, 2021

Virginia Gamba
Special Representative of the Secretary-General for Children and Armed Conflict
United Nations
405 East 42nd Street
New York, NY 10017

Dear Special Representative Gamba:

On behalf of the American Psychological Association (APA), I write to offer guidance based on psychological science to enhance our understanding of, and efforts to ameliorate, the psychological harms experienced by children in regions of violent conflict, as most recently evidenced in the Middle East. At their most severe, these psychological harms caused by such overwhelming stressors as poor humanitarian conditions, family displacement, and physical attacks can take the form of posttraumatic stress disorder (PTSD) and may culminate in collective, intergenerational trauma. We would like to take this opportunity to provide highlights of psychological research regarding the impact of violent conflict on children and welcome the opportunity to engage with you further to address this serious global concern.

APA is the leading scientific and professional organization representing psychology in the United States, with more than 122,000 researchers, educators, clinicians, consultants, and students from the U.S. and other nations as its members and affiliates. APA has been accredited at the United Nations (UN) Economic and Social Council and Department of Global Communications since 2000. APA is also a member and coordinator of the Global Psychology Alliance, comprising more than 60 national, regional, and international psychology associations from around the world that have joined together to promote the understanding and application of psychological science to address societal concerns, ranging from COVID-19 to climate change.

In 2008, APA adopted a Resolution on Violence Against Children by Governments,[1] which states that "violence toward children which is encouraged or tolerated by governments of any country represents an affront to civilized society and a social concern of all responsible people… psychologists cannot in good conscience remain silent in the face of such abuse."

The UN aims to prevent and resolve societal conflict and minimize its harmful effects on citizens of the world. These ambitions are reflected in UN Sustainable Development Goal 3.6, promote mental health and well-being, and Goal 16.2, end all forms of violence against children. However, societal conflict and its harms to physical and mental health remain prevalent, as exemplified by recent events in the Middle East and other longstanding conflicts around the globe. There are myriad factors necessary to consider

[1] American Psychological Association. (2008). Resolution on Violence Against Children by Governments. In *Council Policy Manual*. Retrieved from https://www.apa.org/about/policy/governments

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in addressing the harms and prevent the recurrence of large-scale conflict, to which psychological science can contribute.

The UN Convention on the Rights of the Child and the Convention's Optional Protocols, which APA initially endorsed in 1989[2] (reaffirming its support in 2001[3]), speaks to critical considerations related to the plight of children in war zones. The 2001 APA resolution highlights the framework provided by the UN Convention for "humane educational, health, mental health, child welfare and juvenile justice systems" and "systems to monitor the well-being of children in diverse contexts." Its provisions also highlight the UN Convention's recognition of children's "right to a family environment and provides support as a matter of human right for the protection of relationships critical to children's healthy development…[and] due respect for cultural differences in children's lives and for gender equity in resources available to children." APA's resolution conveys the critical role of psychologists in contributing to the "design of systems to ensure children's survival and to promote their healthy development… [as well as] programs to enhance respectful service delivery for children and their families." APA continues to advocate for ratification of the UN Convention by the U.S. government.

Psychological Science Demonstrates the Adverse Impact of Violent Conflict on Children

Trauma experienced by children in war zones incorporates emotional, cognitive, and physiological components. Children's specific reactions to such dire situations as physical attacks, family displacement, poor humanitarian conditions, and limited access to needed resources can vary but may include: unpredictable emotions (including fear, anxiety, and depression); intrusive thoughts and flashbacks; strained relationships; nightmares and difficulty sleeping; regressive behaviors; and physical symptoms like headaches or nausea.[4] Trauma is typically characterized as an individual-level response, but a growing body of research has demonstrated that communities that live through traumatic events, like prolonged violent conflict, can be impacted through generations.[5] In this way, individuals who were not personally exposed to the traumatic event can experience trauma symptoms by being in contact with others or by being part of a society that experienced the event.

Much research on collective trauma has been conducted on descendants of Holocaust survivors, showing, for example, increased rates of anxiety, depression, and PTSD.[6] Similarly, researchers studying Native populations in Canada have found that the children and grandchildren of survivors of "Indian residential schools" were more likely to report psychological distress and suicide attempts, among other

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[2] American Psychological Association. (1989). Resolution on United Nations Convention on the Rights of the Child. In *Council Policy Manual*. Retrieved from https://www.apa.org/about/policy/chapter-14#rights-child

[3] American Psychological Association. (2001). Resolution on UN Convention on the Rights of the Child and the Convention's Optional Protocols. In *Council Policy Manual*. Retrieved from https://www.apa.org/about/policy/rights-child-2001.

[4] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

[5] Danieli, Y. (1998). *Intergenerational handbook of multigenerational legacies of trauma*. Plenum Press. http://dx.doi.org/10 .1007/978-1-4757-5567-1

[6] E.g., Danieli, Y., Norris, F. H., & Engdahl, B. (2017). A question of who, not if: Psychological disorders in Holocaust survivors' children. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(Suppl 1), 98–106. https://doi.org/10.1037/tra0000192

symptoms, than those whose parents had not attended such schools.[7] Studies on postwar Salvadorans,[8] Australian Aboriginals,[9] survivors of the Armenian Genocide,[10] African Americans,[11] and Israelis[12] and Palestinians[13] provide further evidence of the intergenerational transmission of trauma.

Likely mechanisms for the intergenerational transmission of trauma include psychological, familial, societal, and biological pathways.[14] For example, if parents overtly or subtly communicate to their children that the world is threatening and dangerous, this can lead to nervousness, hypervigilance, and constant stress.[15] A promising line of research focuses on epigenetics: environmentally-driven molecular processes that can control the activation of genes. One study found that Holocaust survivors and their children showed changes in the same location of KBP5 - a stress-related gene linked to PTSD and depression, while individuals in the control group did not.[16]

In this context, it is critical to note that prolonged discrimination and oppression, as evident in regard to the Rohingya people, Uyghur people, and Palestinians, among many others, can have strong, intergenerational effects as well. Daily humiliations experienced by children and their parents in war zones have also been shown to leave profound scars. These frequent stressors can also be perceived as transgressions that create powerful grievances, stirring a desire to attack back or otherwise obtain revenge and recover honor. Some research suggests that the impact of collective trauma is a significant cause of protracted social conflict, contributing to ongoing fear, aggression, and cyclical violence.[17]

Psychological Practice can Help Ameliorate the Psychological Harms of Violent Conflict for Children

Armed conflict disproportionately harms children and youth (people under 18 years of age), who comprise approximately half of the population of most countries affected by war, as well as half of the

[7] Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry*, *51*(3), 320–338. https://doi.org/10.1177/1363461513503380

[8] Dickson-Gómez, J. (2002). The sound of barking dogs: Violence and terror among Salvadoran families in the postwar. *Medical Anthropology Quarterly, 16*, 415–438. http://dx.doi.org/10.1525/maq.2002.16.4.415

[9] Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child & Family Review, 3,* 72–82.

[10] Danielian, J. (2010). A century of silence. *The American Journal of Psychoanalysis, 70*, 245–264. http://dx.doi.org/10.1057/ajp.2010.12

[11] Akbar, M. (2017). *Urban trauma: A legacy of racism.* Publish your Purpose Press.

[12] Pat-Horenczyk, R., Abramovitz, R., Peled, O., Brom, D., Daie, A., & Chemtob, C. M. (2007). Adolescent exposure to recurrent terrorism in Israel: Posttraumatic distress and functional impairment. *American Journal of Orthopsychiatry, 77,* 76–85. http://dx.doi.org/10.1037/0002-9432 .77.1.76

[13] Barron, I. G., & Abdallah, G. (2015). Intergenerational trauma in the occupied Palestinian territories: Effect on children and promotion of healing. *Journal of Child & Adolescent Trauma, 8,* 103–110. http://dx .doi.org/10.1007/s40653-015-0046-z.

[14] Weingarten, K. (2004). Common shock: *Witnessing violence everyday, how we are harmed, how we heal*. New American Library-Penguin.

[15] Osofsky, J. D. (Ed.). (2004). *Young children and trauma: Intervention and treatment.* Guilford Press.

[16] Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E.B. (2015). Holocaust exposure induced intergenerational effects on FKBP5 methylation. *Biological Psychiatry, 80*(5), 372-380.

[17] Rinker, J. & Lawler, J. (2019). Trauma as a collective disease and root cause of protracted social conflict. *Peace and Conflict: Journal of Peace Psychology, 24*(2), 150-164.

world's refugee population.[18] Hence, in addition to inheriting the trauma of their parents, many children living through armed conflict suffer their own experiences of violence and its correlates. Policymakers often devote their attention to the physical harms suffered by war-affected children and their caregivers, however, the full impact of violent conflict becomes apparent when considering the additional psychological harms. In this regard, APA is deeply concerned about the traumatizing effects of the long-standing and ongoing violence that Palestinian children have experienced. Media reports detail the recent suffering of children in Gaza, including nightmares, loss of appetite, speech disorders, bedwetting, and vomiting.[19] There is a huge need for culturally-competent, trauma-informed psychological services, yet there are few providers available to meet this need. Systemic violence and the threat of violence, especially for long periods of time, have proven deleterious effects across generations, and children are both most vulnerable to these effects and represent the next generation who themselves might pass these traumatizing effects onto their children.[20]

The effects of war on children vary according to the nature of their experience of violence, as well as their developmental stage, gender, culture, and many other factors. In addition to direct exposure to attacks, death, and other extreme events, some of children's greatest distress can arise from their experience with other serious risk factors, for example, displacement, separation from caregivers, trafficking, and recruitment by armed forces. Not being able to feed one's children, not knowing where one's family members are, and experiencing the destruction of, and displacement from, one's home -- these and other "daily stressors" have profound effects, even if they do not rise to a diagnosis of PTSD or other serious mental disorder. The evidence summarized by Miller and Rasmussen (2010)[21] indicates that these daily stressors mediate and strongly influence the development of mental health disorders.

Many of the risk factors stem from, and interact with, broader societal challenges, such as poverty, discrimination, or weak governance.[22] Accordingly, most recent psychological research has utilized an ecological systems framework with the child at the center, surrounded by family, community, societal, and international levels, each containing diverse actors impacting the health and wellbeing of the child.

For example, the community level might include schools, friends, religious institutions, and security forces.[23] The societal level might include dehumanizing ideologies and unjust economic orders.

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[18] United Nations High Commissioner for Refugees. (2015). *World at war: Global trends forced displacement in 2014*. Geneva, Switzerland: Author.

[19] Humaid, M. (May, 2021). *'Wake up screaming': Gaza's children traumatized by Israeli war*. Aljazeera. Retrieved from https://www.aljazeera.com/news/2021/5/30/waking-up-screaming-gazan-children-traumatised-by-israeli-war.

[20] Danieli, Y. (1998). *Intergenerational handbook of multigenerational legacies of trauma*. Plenum Press. http://dx.doi.org/10 .1007/978-1-4757-5567-1

[21] Miller, K. E., & Ramussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science and Medicine*, *70*(1), 7-16. doi: 10.1016/j.socscimed.2009.09.029.

[22] E.g., Wessells, M., & Kostelny, K. (2012). Everyday distress: Psychosocial and economic impact of forced migration on children and families. In V. Maholmes & R. King (Eds.), *The Oxford handbook of poverty and child development* (pp. 641–656). Oxford University Press. http://dx.doi.org/10.1093/oxfordhb/9780199769100.013.0035

[23] Wessells, M. (2016). Children and armed conflict: Introduction and overview. *Peace and Conflict: Journal of Peace Psychology. 22*(3), 198-207.

This diversity of experience necessitates specificity in intervention – there is no "one size fits all" approach. However, there are some common principles underlying effective approaches. For example, psychologists can train laypeople to provide some forms of psychosocial support and can directly provide more in-depth culturally appropriate, evidence-based clinical services themselves to treat more serious mental health conditions, such as PTSD, and offer support for the transition to healthy post-traumatic stress development. Commonly applied child-focused mental health and psychosocial interventions include: Child Friendly Spaces; community-based child protection mechanisms; community-based psychosocial supports; disarmament, demobilization, and reintegration supports; family support; school-based support; peacebuilding; Psychological First Aid; and psychotherapy.[24] For example, psychologists helped design a three-year applied research initiative in Colombia, combining a positive parenting approach with community early learning strengths, children's rights, and community empowerment methods, resulting in improved outcomes for children and their families (e.g., improved parent-child relationships and use of positive discipline) and stronger connections between formal and informal child protection systems.[25]

While such psychological principles and methods are recognized as crucial elements in a comprehensive approach to supporting children affected by violent conflict, they must not be carried out in isolation, as is often the case. Humanitarian respondents in other sectors, such as the provision of shelter or education, might not envision psychosocial support as within their purview or expertise. However, aligned with the ecological systems framework, the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (agreed upon by psychologists, psychiatrists, and social workers from diverse countries and by 27 UN and nongovernmental organizations that provide most of the mental health and psychosocial support in conflict settings) call for applying a psychosocial lens to the provision of supports in multiple humanitarian sectors.[26] Similarly, psychosocial work addressing the psychological and social factors that influence mental health is typically poorly coordinated with mental health interventions. This often reflects the bureaucratic placement of psychosocial work in the child protection subcluster, whereas mental health work is usually part of the health cluster. Communication and collaboration across these and other child-serving agencies and clusters must be enhanced to create and promote holistic support services.[27]

Finally, it is important to note that much psychological research and practice related to war-affected children has moved away from a deficits-based model to a resilience model emphasizing their ability to cope with, and adapt to, complex, challenging environments.[28] While children suffering through prolonged violent conflict may experience mental disorders, many still exhibit a high level of well-being

[24] Wessells, M. (2017). Children and armed conflict: Interventions for supporting war-affected children. *Peace and Conflict: Journal of Peace Psychology. 23*(1), 4-13.
[25] Cook, P., Mack, E., & Manrique, M. (2017). Protecting young children from violence in Colombia: Linking caregiver empathy with community child rights indicators as a pathway for peace in Medellin's Comuna 13. *Peace and Conflict: Journal of Peace Psychology, 23*(1), 38-45. http://dx.doi.org/10.1037/pac0000194
[26] Inter-Agency Standing Committee. (2007). *The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva, Switzerland: Author.
[27] Wessells, M. (2016). Children and armed conflict: Introduction and overview. *Peace and Conflict: Journal of Peace Psychology. 22*(3), 198-207.
[28] E.g., American Psychological Association. (2010). *Resilience of refugee children after war.* Retrieved from https://www.apa.org/pubs/info/reports/refugees.

and ability to function.[29] Resilience has multiple sources, including individual factors, such as temperament, self-regulation, intellectual functioning, and hope,[30] and social factors, like supportive caregivers and access to education.[31] It is vital to learn about, and build upon, locally available support systems for children in order to create culturally-appropriate, sustainable, and resiliency-boosting interventions.[32]

In conclusion, psychological science and practice have much to contribute to the understanding and amelioration of the harms experienced by children living in war zones, which can help to inform UN humanitarian and peacebuilding efforts. If APA may provide any further information to assist in your efforts, please contact me or Gabriel Twose, PhD, in our APA Office of International Affairs at gtwose@apa.org.

Thank you for your consideration.

Sincerely,



Arthur C. Evans, Jr., PhD
Chief Executive Officer

[29] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: Risk and protective factors. *The Lancet*, *379*, 250–265. http://dx.doi.org/10.1016/S0140-6736(11)60050-0

[30] Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, *63*, 227–257. http://dx.doi.org/10.1146/annurevpsych-120710-100356

[31] Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry, 147*, 598–611. http://dx.doi.org/10.1192/bjp.147.6.598

[32] E.g., Gielen, U. P., Fish, J. M., & Draguns, J. G. (Eds.). (2004*). Handbook of culture, therapy, and healing*. Erlbaum.