

The rights and needs of children during times of war and conflict

Edited by

Tali Gal and Sharon Bessell

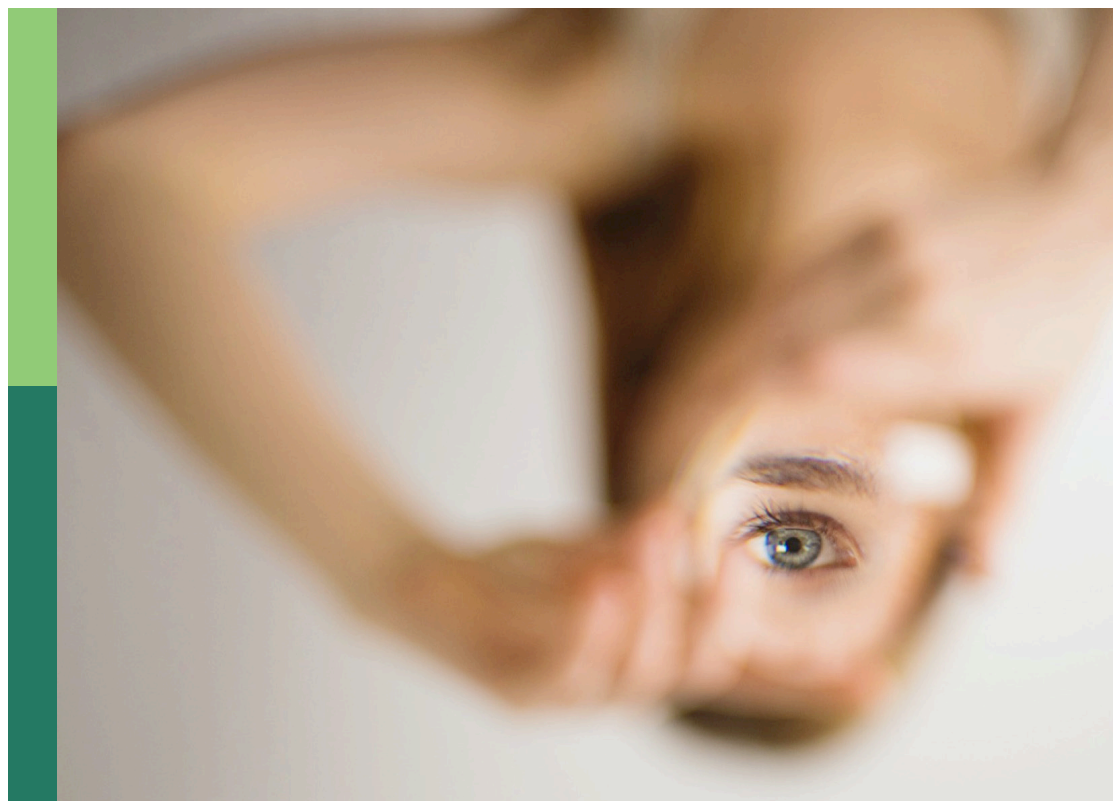
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The rights and needs of children during times of war and conflict

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Editorial: The rights and needs of children during times of war and conflict

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KEYWORDS

armed conflict, children's needs, children's rights, convention on the rights of the child, research topic, war

Editorial on the Research Topic

The rights and needs of children during times of war and conflict

Recent years have seen unprecedented levels of harm to children in armed conflict. The UN verified 41,370 grave violations in 2024, the highest in the mandate's history, and UNICEF estimates 473 million children (about one in six) now live in conflict-affected areas. Armed conflicts are producing extreme violations of children's rights in staggering numbers across many settings, including the Gaza Strip, Sudan, Ukraine, the Democratic Republic of the Congo, Somalia, Nigeria, Myanmar, Haiti, Lebanon, Israel and the occupied Palestinian Territory, Mozambique, and Ethiopia.

Wars are the product of decisions made by political leaders, yet their most profound and enduring consequences fall on those with the least power to initiate, shape, or end them: children. Across settings, children experience overlapping harms—physical injury and death, family separation and displacement, hunger and poverty, disrupted education and development, and exposure to chronic fear and violence. Too often, they are also excluded from peacebuilding processes that will determine their futures.

Since the [Geneva Declaration of the Rights of the Child of 1924 \(1924\)](#), the international community has repeatedly affirmed that children require special protection in war. This commitment was later codified in binding form through the [Convention on the Rights of the Child \(1989\)](#), which recognizes children's rights to survival, development, protection, and participation, and obligates states to safeguard children affected by armed conflict. Yet contemporary conflicts demonstrate a persistent gap between legal norms and children's lived realities. The widespread harm to children across current wars is therefore a humanitarian crisis and a failure of implementation of well-established international obligations.

Despite these instruments, children's rights are invoked in contemporary wars more often than they are realized. An extensive legal framework and moral consensus has failed to prevent children being displaced and separated from family, exposed to chronic insecurity, denied education and health care, and subjected to violations that shape development across generations. This Research Topic treats the gap between promise and practice as both empirical and normative, asking not only what war does to children, but how children and caregivers navigate rights in motion under constraint, surveillance, and conditions where ordinary life becomes high-risk.

The initiative to create this Research Topic emerged while two of us (T.G., H.Z.), as Israeli citizens, were directly impacted by the Israel–Gaza war and lived under recurrent warnings of rocket and missile fire from multiple fronts. Yet even as we worried for our families’ safety and emotional stability, it was the scale of violations of children’s rights in Gaza that ultimately motivated us to edit this Research Topic. With estimates now suggesting that over 70,000 people have been killed in Gaza, the war ranks among the deadliest conflicts of the past decade in terms of civilian deaths over a compressed timeframe, even as other recent wars have produced larger overall death tolls across larger populations and longer periods. Particularly devastating are the reported deaths of children and adolescents in Gaza between October 2023 and October 2025: the Gaza Ministry of Health’s casualty records and published lists indicate that more than 20,000 of those killed were minors, with especially harrowing losses among the very young. One of us (T.G.), as a Jewish Israeli, has participated in protests and other forms of activism against the Israeli government and against the war, and has felt deep frustration, anger, and shame at Israel’s actions, alongside grief for the heavy toll borne by Israeli children and for the harrowing trauma of the October 7 attack. H.Z., a Palestinian scholar from Israel, approached the topic from lived proximity to conflict and from experiencing limited freedom of speech during the war. These conditions reinforced the importance of careful, evidence-based engagement with children’s experiences. Editing this Research Topic became a way to sustain attention to children’s rights and wellbeing within an academic framework. SB, a scholar of children’s human rights, lives in a country free from armed conflict, but with a history of deep violence against Aboriginal and Torres Strait Islander peoples. Editing this volume was a means of illuminating both the wrongs committed against children during war and standing with scholars seeking to illuminate rights violations in the most difficult of circumstances. For all of us, a Research Topic dedicated to the harms of war and armed conflict on children came to feel like the most meaningful form of political action available to us as scholars committed to the human rights of all children. We hope this Research Topic will not only contribute to global knowledge about children’s rights and needs in war; it will also support activists and communities working to promote peace, stability, and safety for children worldwide.

The 14 contributions in this Research Topic examine the complex experiences, wellbeing, and human rights of children affected by war. Together, they trace children’s lives across acute crises and protracted emergencies, and they identify relational, institutional, legal, and ethical leverage points through which protection, provision, and participation might be strengthened.

The interdisciplinary nature of the papers helps capture the interconnected challenges children face across contexts shaped by violence and displacement. Across geographic and political settings, the Research Topic shares a commitment to child-focused analysis that takes children’s rights, needs, and perspectives seriously.

We organize the contributions in this Research Topic according to five thematic frameworks emerging in the context of wars and armed conflict:

(1) Systemic failure of the ecosystems of children’s lives: Three papers foreground how war dismantles the conditions that

make childhood possible. Bessell and O’Sullivan offer a rights-based review of the failure to protect children in Gaza and the destruction of the socio-ecological systems that sustain children. Zedan documents continuous traumatic stress among Palestinian adolescents in East Jerusalem, emphasizing chronic insecurity, mistrust in protective systems, and the embodied transmission of fear. And Nasser analyzes Palestinian Nakba narratives to show how displacement and settler-colonial violence can “unchild” children, while also illuminating memory and childhood as sites of survival and resistance.

(2) Caretakers’ mental health as a buffer in acute situations: This section centers the family as the first protective system in crisis. Fennig et al. provide rare qualitative evidence on children’s and caregivers’ early psychological responses immediately after release from war captivity, and the immediate, developmentally tailored interventions used by practitioners. Enav and Mayer show that parental reflective functioning can mitigate the pathway from parental war exposure to child distress among displaced families with young children. And Buchnik-Atzil et al. similarly find that maternal self-efficacy and parent–child communication buffer the association between maternal anxiety and young children’s emotional distress during wartime.

(3) Threats to family support in the context of refuge: These contributions examine how displacement and life in refugee camps reshape caregiving, decision-making, and children’s daily rights across time and geography. Klassen et al. trace how Syrian refugee mothers’ practices of child supervision shift across stages of conflict, flight, transit, and resettlement, highlighting tensions between provision, protection, and participation. Presler-Marshall et al. analyze child marriage decision-making among refugees in Jordan, showing how legal and economic precarity and gendered obligations constrain choices for girls and families. Akesson et al. focus on Rohingya refugee camps, detailing how chronic deprivation, insecurity, and restricted opportunities undermine caregivers’ capacity to meet children’s needs across the perinatal and early childhood period.

(4) Children’s agency in peacebuilding: Two papers insist that children are not only subjects of protection but also agents of recovery and peace. Glos et al. show how play supports psychological recovery, local peacebuilding, and reintegration while advancing children’s right to play among child refugees and migrants in Chile. Abidi foregrounds the peace perspectives of children and youth affected by armed violence, highlighting their emphasis on inclusion, interpersonal peace, and peacebuilding skills, and offering recommendations for meaningful child engagement in peace and security agendas.

(5) Law, rights discourse, and ethics in war: This section addresses the normative and methodological infrastructure needed to respond to war’s harms. Boothby reviews legal frameworks and the persistent practical failures to prevent family separation and achieve reunification in armed conflicts. von Denkowski confronts the ethical challenges of research with conflict-affected children and argues for a reflexive, care-ethical approach to “ethically important moments” in practice. And Rum et al. integrate a CRC-based normative framework with adolescents’ own reports from wartime Israel, illuminating how protection, provision, and participation are experienced and unequally distributed during prolonged conflict.

Taken together, these contributions offer a multidimensional understanding of the needs, rights, harms, and sources of protection and resilience of children and adolescents in contexts of war and armed conflict. They show, on the one hand, how war jeopardizes the full spectrum of children's rights and basic needs, and on the other, the central role of caretakers, community members, and public actors in protecting and promoting children's safety, wellbeing, and human rights.

Author contributions

TG: Conceptualization, Project administration, Funding acquisition, Writing – original draft. HZ: Writing – review & editing. SB: Writing – review & editing, Conceptualization.

Conflict of interest

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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"Fox-like. One eye open, one eye closed": child supervision among Syrian refugee mothers in Canada

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When children live through violent conflict and forced displacement, the associated disruptions in their environment can profoundly affect their wellbeing and development, undermining stability and family cohesion essential for healthy growth. Adequate child supervision is an important component of supportive parenting but is understudied in the refugee migration context. Guided by the United Nations Convention on the Rights of the Child (CRC) (1989), which emphasizes the protection, provision, and participation of children as rights-holders, this study explored how Syrian refugee mothers resettled in Canada between late 2015 and 2017 perceived and practiced child supervision. Using a cross-sectional, qualitative design, we conducted semi-structured interviews with 20 mothers (half government-assisted refugees and half privately sponsored refugees) to examine their parenting across four migration stages: pre-conflict Syria, pre-flight conflict Syria, transit in various countries, and resettlement in Canada. Participants came from diverse religious and cultural backgrounds and spent varying times in transit (between 2 months to 5 years). Mothers' narratives revealed how their approaches to children's provision, protection, and participation evolved, shaped by material resources, social networks, and risks at each stage. Grounded in a critical children's rights framework, the analysis of mothers' daily negotiations highlights the dynamic and context-dependent nature of children's rights, and the interconnections and tensions between provision, protection, and participation in child supervision. This study contributes to a deeper understanding of how refugee mothers navigate and uphold children's rights throughout migration trajectories, advocating for policies and interventions that recognize these dynamic processes and the critical role of caregivers in ensuring children's dignity and wellbeing.

KEYWORDS

child supervision, parenting, migrant families, resettlement, Canada, Syrian refugees

1 Introduction

When children live through violent conflict and forced displacement, the associated disruptions in their environment can have a considerable negative impact on their wellbeing and development given the importance of stability and family cohesion for healthy child development (Harden, 2004; Negussie et al., 2019). In light of this, it is essential to understand how different components of parenting can help buffer against the loss in stability experienced

by families affected by war and conflict, including refugee families. Worldwide, the number of people who have been forcibly displaced is higher now than it has ever been at approximately 117.3 million, 37.6 million of whom are refugees (UNHCR, 2024a). Supportive parenting, including adequate supervision, has been shown to be an important factor in promoting children's wellbeing in contexts of conflict and migration (Tol et al., 2013). However, no research has yet looked specifically at changes in child (sometimes called parental) supervision across the different stages of refugee migration.

The United Nations Convention on the Rights of the Child (CRC) (United Nations, 1989) proposes a series of articles that aim to ensure the protection, provision, and participation of children globally. A children's rights framework shifts from seeing children as 'victims' towards rights-holders whose dignity and integrity must be recognized and respected (Doek, 2009). The CRC states that children have the right to protection, [e.g., as refugees (Article 22), from times of war (Article 38), and from neglect (Article 19)], the right to provisions [e.g., appropriate treatment for psychological recovery and social integration (Article 39), education (Article 28) and health care (Article 24)], and the right to participation [e.g., voice an opinion that is taken seriously (Article 12), freedom of expression (Article 13), and play (Article 31)] (United Nations, 1989). While the CRC is an important starting point towards improving children's lives, many critical children's rights scholars argue that the international convention needs to be embedded and adapted in response to the economic, cultural, and social contextual factors and everyday lived realities of children to have meaningful and sustained influence (Reynaert and Roose, 2015). Children's rights perspectives have previously informed decision-making in research, policy, and practice around children's supervision, wellbeing, and development in various stages of forced migration (McAdam, 2010; Ruiz-Casares et al., 2010).

The Syrian crisis has been one of the most severe humanitarian emergencies globally over the last two decades. The civil war, which began in 2011, forced millions of Syrians to flee their homes. To date, over 60% of Syria's pre-war population, approximately 13.7 million people, have been displaced (UNHCR, 2024b). This includes around 6.8 million Syrians who are refugees in neighboring countries (IOM, 2024) and 7.2 million internally displaced within Syria (OCHA, 2024). Yet other Syrians sought safety and better living conditions further away, often facing complex and challenging journeys to reach their destinations (Hébert et al., 2018; Belabbas et al., 2022). Since November 2015, Canada has welcomed more than 100,000 Syrian refugees (Global Affairs Canada, 2024), over 15% of them in Quebec (Government of Canada, 2024). These refugee families navigated four stages of migration: country of origin (i.e., Syria before the war); pre-flight, conflict contexts (i.e., Syria during the war); transit and forced migration, sometimes called flight or preimmigration stages (i.e., flight from Syria, time in transition countries such as Lebanon); and resettlement (i.e., Canada) (Williams, 2010; Hadfield et al., 2017). Each stage can degrade the realization of children's rights in different ways, bringing its own stressors to families' parenting processes and potentially having long-term effects on parents' and children's mental health and wellbeing (El-Khani et al., 2016; Dalgaard and Montgomery, 2017) as well as on their relationships (Betancourt et al., 2015). Grounded in a critical children's rights framework, our study explored how Syrian refugee mothers resettled in Canada since 2015 perceived and

experienced child supervision and how their ideas and practices towards promoting their children's rights evolved across their refugee migration trajectories.

Studies have shown that children who have lived under war and conflict are at high risk for developing posttraumatic stress disorder (Baddoura and Merhi, 2015), depression (Thabet et al., 2004), anxiety (Attanayake et al., 2009), and psychosomatic problems (Özer et al., 2013). Research with Syrian refugee children and adolescents who have lived through the pre-flight/conflict and transit stages of migration has confirmed the relevance of these findings to this group (Sirin and Rogers-Sirin, 2015; Ghumman et al., 2016), meaning that many of the Syrian refugee children resettling in Quebec and Canada may face such mental health difficulties (Hadfield et al., 2017).

Family environment and parental care influence how well conflict-affected children cope with environmental stressors and psychological distress (Betancourt and Khan, 2008; Thabet et al., 2009; Panter-Brick et al., 2011). Loving, supportive, and caring parenting can promote children's psychological wellbeing in contexts of war and violence (Qouta et al., 2008; Eltanamly et al., 2019) as well as in the often stressful context of refugee resettlement (McMichael et al., 2011). Thus, in seeking to improve refugee children's mental health and wellbeing, interventions should focus on and address parenting practices and needs (Tol et al., 2011).

Research with Syrian refugee families in the transit/flight stage of migration has highlighted how environmental and parent-specific challenges, such as psychological distress, contribute to maladaptive parenting practices and parental concerns about their ability to parent effectively (El-Khani et al., 2016, 2017). Resettlement also brings challenges to parenting, including financial struggles, reduced social support due to distance from family, friends, and supportive relations, lack of familiarity with public services and common sociocultural practices, and parent-child role reversal (Dachyshyn, 2008; Dalgaard and Montgomery, 2017; Al Mhamied, 2023; Al Mhamied et al., 2023). Child supervision is an important component of healthy parenting; lower levels of certain forms of child supervision have been related to poor mental health outcomes for adolescents (Arat and Wong, 2016) and inadequate supervision is the most common form of child neglect in Canada (Trocmé et al., 2010). Given the large number of recently resettled Syrian refugees in Canada, there is an urgent need to investigate how each stage of the migration experience and parental psychological state have shaped parents' attitudes and practices regarding parenting, to best support refugee children and their families as they adjust to life in Canada.

Adequate child supervision generally requires watching children closely enough to prevent serious harm, providing adequate substitute childcare when necessary, protecting children from potentially nefarious third parties, and preventing children from engaging in dangerous activities (Coohey, 2003). Child supervision can also be seen as a way of expressing care for children (Knutson et al., 2005; Duncombe et al., 2012). The concept of what is appropriate supervision and the specific ways of ensuring children are adequately supervised vary across cultures and can be influenced by migration contexts (Klassen et al., 2020). Tol et al. (2013) demonstrated the importance of child supervision and parental support through a systematic review of quantitative and qualitative studies on resilience and mental health among children and adolescents in armed conflict settings in low- and middle-income countries; this was a key moderating factor in protecting and promoting mental health.

Although statistics on unaccompanied minors in refugee migration are readily available (Bhabha and Abel, 2019), and there has been serious study on the effect of the absence of parental supervision on refugee minors' mental health (Huemer et al., 2009; Mitra and Hodes, 2019), there is a dearth of literature specifically focusing on child supervision practices across the stages of refugee migration in situations where parents are present. Research investigating how and in what contexts child supervision is practiced and changes across the stages of migration is therefore important in order to better support refugee families at all stages of migration, including in resettlement contexts such as Canada.

2 Materials and methods

2.1 Study design

The study used a cross-sectional, qualitative research design, which allowed participants to voice their experiences in their own words, facilitating a rich account of their migration and parenting experiences (Green and Thorogood, 2013). These retrospective accounts represent a reconstruction of the past that can provide some insight into the ways participants cope with the past and/or the present, and have been employed in other studies on parenting experiences and migration experiences (Ward and Styles, 2005; Colville et al., 2009).

2.2 Participants and recruitment

Participants were recruited through the Canadian Institutes of Health Research-funded Refugee integration and long-term health outcomes in Canada (SyRIA.lth) project's Montreal site's existing database of Syrian refugee adults. SyRIA.lth is a longitudinal study of resettled Syrian refugees' settlement strategies and social integration. The SyRIA.lth team identified participants who met the eligibility criteria for this study and who had previously agreed to be contacted for participation in qualitative studies during the course of the project. Eligible participants were then contacted by telephone by the first author and a SyRIA.lth project interviewer who also acted as a co-interviewer for this study. During recruitment, eligible participants were provided with information about the study and their rights as potential interviewees and then invited to participate.

A sample of 20 Syrian refugee mothers was recruited, with half of participants being government-assisted refugees (GAR) and half being privately sponsored refugees (PSR) (IRCC, 2020) who had resettled in Quebec since 2015 (see Table 1 for more details). GAR are selected and supported (financially and in terms of integration) by the Canadian government while PSR are identified by Canadian individuals, families, and groups that meet certain criteria, sometimes through the help of a NGO, who then take responsibility for the PSR's living expenses in the first year and are expected to support the PSR's social integration. GAR and PSR often have different migration trajectories prior to resettlement. Previous research has shown that PSR may experience more successful integration in Canada than GAR (Beiser, 2003). Recent studies with Syrian refugees resettled in Canada have also shown that GAR tend to be more socially isolated (Hanley et al., 2018; Hynie et al., 2019). The choice was made to select half of

participants from each group in order to capture these elements of diversity within parenting experiences. Half of participants were Muslim ($n = 10$) and half Christian ($n = 10$) and came from diverse backgrounds in terms of level of religiosity and ethnic group within their respective religion (see Table 1 for more details).

To be included in the study, mothers must have had at least one child who was born between 1999 and 2011, when the Syrian civil war began (i.e., no older than eighteen at the time of the interview) (UNHCR, 2017). Mothers had between one and seven children each, and on average had 3 children; ages ranged from one and a half months at the time of interview to 37 years of age. Despite this variety, each mother had at least one child who was school-aged (i.e., between the ages of seven and eighteen). Five of the 20 families had (a) child(ren) of only one sex (female only = 3, male only = 2); only one family had an only child. Participants were from different cities in multiple regions of Syria (see Table 1 for a list) and had diverse educational and socioeconomic backgrounds, ranging from those who had not completed high school and had never worked outside the home to those who were university educated and worked in public institutions. Twelve out of 20 spent more than 6 months in a transit

TABLE 1 Study participant demographics.

	Government-assisted refugees ($n = 10$)	Privately sponsored refugees ($n = 10$)
Religious background	Muslim ($n = 9$) Christian ($n = 1$)	Muslim ($n = 1$) Christian ($n = 9$)
Ethnic background	Arab ($n = 9$) Kurdish ($n = 1$)	Arab ($n = 7$) Armenian ($n = 1$) Assyrian ($n = 1$) Syriac ($n = 1$)
City of origin in Syria	Aleppo ($n = 3$) Damascus ($n = 1$) Daraa ($n = 1$) Homs ($n = 1$) Raqqqa ($n = 1$) Countryside ("Rif")* ($n = 3$) • Rif Aleppo ($n = 1$) • Rif Hasakeh ($n = 1$) • Rif between Raqqqa and Aleppo ($n = 1$)	Aleppo ($n = 2$) Damascus ($n = 4$) Countryside ("Rif")* ($n = 4$) • Rif Aleppo ($n = 1$) • Rif Damascus ($n = 2$) • Rif Hasakeh ($n = 1$)
Transit countries	Lebanon ($n = 6$) Jordan ($n = 2$) Egypt ($n = 1$) Turkey ($n = 1$)	Lebanon ($n = 10$)
Time in transit country	1–12 months ($n = 1$; Turkey) 1–3 years ($n = 4$; Jordan, Lebanon) 4–5 years ($n = 5$; Egypt, Jordan, Lebanon)	<1 month ($n = 5$) 1–12 months ($n = 3$) 1–3 years ($n = 2$, both for 3 years)
Child ages	1.5 months to 37 years	
Number of children	1–7 (3 average)	

*"Rif" was the term participants used when specifying the general countryside area they lived in, if they lived outside of a major city – e.g., in the countryside outside of Aleppo was referred to as "Rif Haleb" (Aleppo's countryside or outskirts).

country; 11 out of 20 spent 2 years or more. Of the 10 GAR participants, nine spent more than 2 years in a transit country (range for GAR = 2 months to 5 years). 80% of all mothers passed through Lebanon as a transit country, and others passed through Jordan ($n = 2$), Egypt ($n = 1$), and Turkey ($n = 1$). All PSR mothers passed through Lebanon as the country of transit. Mothers left Syria between 2011 and 2015, and arrived in Canada in or after 2015. Recruitment stopped after 20 participants as this was the point when data saturation was achieved (Guest et al., 2006).

2.3 Materials and procedures

In 2018, individual, semi-structured interviews (Seidman, 2013) were conducted with Syrian refugee mothers to discuss their parenting and childcare experiences across the four stages of refugee migration. Interviews were conducted by the first author and the primary interviewer, who is a Syrian psychologist born and raised in Damascus and native speaker of Levantine Arabic to ensure optimal understanding of the cultural and Arabic dialect heterogeneity present within the Syrian refugee diaspora (Hassan et al., 2015). The first author (fluent in conversational Levantine Arabic) probed as necessary and took notes with special attention to participants' facial expressions, gestures, and the surrounding environment. All interviews were audio recorded with permission, transcribed verbatim, and translated into English. Interviews took place in participants' homes for all but two participants, one of whom was interviewed in her friend's home, and the other in a neighborhood cafeteria of her choice.

2.4 Analysis

NVivo 11 (QSR International, 2015) was used to conduct thematic analysis of interview results and to facilitate both a deductive and inductive approach to data analysis (Braun and Clarke, 2006; Vaismoradi et al., 2013). Themes were developed based on interview data and analyzed according to the four stages of refugee migration (country of origin, pre-flight/conflict, flight/transit, and resettlement) described by Williams (2010); non-verbal data were incorporated in the analysis process through the use of annotations in NVivo and were considered in developmental discussions with the research team. Codes were developed manually and then entered into NVivo 11, where they were applied to interview transcripts and analyzed collectively to assist the development of themes. Multiple codes were applied to the interview transcripts, including those around parenting and supervision, which form the basis for this paper. Coding was carried out by the first author and triangulated through involvement by the third and sixth authors in reading selected transcripts to aid in code book development and to verify the representativeness of themes. The flexible approach afforded by thematic analysis (Braun and Clarke, 2006) as well as its ability to allow the researcher to analyze participants' meaning within their own context (Joffe and Yardley, 2004) make it well-suited to this research project.

The level of analysis combined both emic and etic approaches, in that interviews were structured to discuss parenting practices more broadly and so results on child supervision were described in the participants' own words, with the researchers determining what practices could be categorized as pertaining to supervision for the

purposes of analysis. This was done by the first and sixth authors, with the sixth author bringing expertise in the area of child supervision. This approach stemmed from a desire to communicate participants' experiences in their own voices as much as possible (Green and Thorogood, 2013). As outlined by Green and Thorogood (2013), analysis therefore began as soon as the first data were collected and was shaped by an iterative and reflective process during the research, with such reflexivity being a key element in ensuring the confirmability of qualitative research findings (Ahmed, 2024). Reflection was carried out in particular through discussion between the first author, who had prior experience working with Syrian refugee families in Lebanon, and the Syrian primary interviewer. Additionally, an advisory committee member for the research project was a Lebanese-Canadian scholar with extensive experience working with Syrian families, and she was consulted during the analysis process. In analysis, themes from interviews were contextualized by information gleaned from the first author's observational notes during interviews (e.g., around observable signs of religiosity, mothers' engagement with any children present, among others). Such persistent observation is essential to the conduct of credible qualitative research (Dodgson, 2019). Demographic data, such as socioeconomic status before and after migration, city and/or region of origin in Syria, language(s) spoken, and religious-cultural group, were also considered when comparing results and developing themes, given Syria's demographic diversity, and the fact that each of these can provide insight on participant identity and background (Hassan et al., 2015).

The positionality of the interviewers was considered during analysis as well, given the first author's identity as an unmarried, white Canadian graduate student, and the primary interviewer's identity as a French-PhD-educated unmarried Syrian woman born and raised in Damascus, which could evoke a sense of social distance when participants were less educated or came from more rural regions of Syria. Care was taken during the interviews to find common ground with participants while maintaining a professional, ethical distance, and all participants appeared to enjoy the interview process, with many inviting the researchers to visit again.

2.5 Ethical considerations

There was a small risk of refugees experiencing psychological distress when discussing events surrounding migration and their new environment in Canada, and how these influence parenting. Given that sensitive topics could emerge, all necessary measures were taken to conduct interviews in a supportive environment and to connect participants to services as needed. The first author and the primary interviewer both have experience working with Syrian refugees discussing difficult experiences surrounding refugee migration and both were trained on how to sensitively ask questions and respond to distress from participants. Due to the semi-structured nature of the interviews, participants were able to choose which elements of their migration and parenting experiences they wanted to share and in how much detail. Ethnic and religious backgrounds, presented in Table 1, were not directly queried unless it became relevant within the interview, it appeared clear that the participant would be comfortable discussing this, and the participant freely offered this information. Ethnoreligious identity is often linked to political views (by presumption or in

fact) and is considered sensitive information by some Syrians, particularly in the context of the civil conflict. The first author, based on her lived experience of work and relationship with Syrian colleagues and friends in the Middle East, and in consultation with her Syrian co-interviewer and advisory committee, deemed it best practice to elicit ethnoreligious identity information in this way. As such, participants' ethnic identity was presumed as Syrian Arab unless it was made clear that they belonged to another ethnic group. This is also why specifics of Muslim and Christian identity are not provided (unless linked to ethnicity; e.g., as in the case of Syriac Christians).

No participants exhibited acute distress, yet participants were offered a list of mental health resources in the Montreal area. Ethics approval was granted by the Institutional Review Board (IRB) of the McGill University Faculty of Medicine and Health Sciences. Pseudonyms are used throughout the manuscript to preserve participant confidentiality.

3 Results

Mothers' descriptions of their child supervision experiences are grouped according to the stage of migration, from Syria prior to conflict, through experiences in Syria during conflict and time in transit countries, to mothers' experiences in the stage of resettlement in Canada's greater Montreal area.

3.1 Syria prior to conflict

In Syria prior to conflict, family relationships were described almost uniformly as very close, both within the immediate and extended families. Families often engaged in leisure activities together, as one participant, Reem, said: "In Syria, (...) wherever we go there are [children] with us" and mothers were overall in charge of the home and children:

Before the war, like we were living, like happy, comfortable, my kids were young. You know, the mom, when she has control over the kids and the house, all of it (Ibtissam)

Friday and Saturday we would go to restaurants, we would take [the children] out to play, we would go to pools, we would go, (...) like you saw our social relationships, like uncles, aunts, their grandparents, and so on (...) All of them in Aleppo I mean, and these were our habits (...) like my parents were right next to me, like I used to go about 20 times a day to see my parents (Younna)

The fact that mothers were often at home was perceived as facilitating child supervision, as was the fact that most families had parents and other relatives living close by who could help watch children when mothers held employment or otherwise could not be at home:

Some days, (...) I could not take [the children] with me. I would leave them at home. I gave my mother the key. (...) She would come to the house. (...) She knows they're awake now, she would come to the house and see them (Fatima)

Before the war, although some mothers shared that children would diligently inform parents of their whereabouts, families generally felt safe to let their school-aged children play with less parental supervision outdoors, in extracurricular activities, and with neighbors, relatives, and friends. Familiarity with the community, environment, and people (friends, relatives, and neighbors) was described as playing a significant role in this comfort.

[The children] would go downstairs to play (...). They would ride their bikes, yes! Like we had no problems, my son was registered in a horse-riding club, he would come and go, the club's bus would take him and bring him. The other one was registered in basketball, he would come and go, my daughter, I registered her in gymnastics, like I would take her and bring her, like there was no problem at all (Younna)

Here, there's a difference, like in our community in Syria we used to know everyone, I used to know the neighbors, if you told me I'm going to my friend, (...) I don't have a problem because I know her, and I know her parents (Farah)

3.2 Syria during conflict

As conflict began to affect participants' cities and regions, this comfort disappeared. Whereas, before the war, "if [your son is] out too late, at night, you get worries," after the war began, "you would get scared" (Ibtissam). A common concern among mothers with teenage sons was that they would be apprehended and forced to join the military, as happened to one mother who had left for Lebanon with her family when her son went back to Syria to celebrate Eid in Damascus.

The challenges brought by the conflict forced some families to choose between their priorities of family unity and providing for their children's future through education, as well as between their attachment to home and community and safety for their families. During the conflict, some mothers shared how social support from neighbors changed from assistance with informal child supervision to updates on which areas of their cities were safe and free from missiles, shells, and other dangers.

Throughout this period, mothers shared how their social habits were completely disrupted: even visiting family down the street became dangerous, activities with extended family all but disappeared, children were no longer permitted to move anywhere alone, and mothers often shared the domestic space with their husbands full time. The level of threat participants experienced varied in severity and influenced the extent of disruption in these social habits. Only a few mothers described situations of immediate threat (e.g., daily bombings or attacks, warzone context), while more mothers described simply living under the threat of violence (e.g., the possibility of bombings or attacks, the potential for the area to become a warzone). Nonetheless, disruption in social habits was common to all participants. This shift in proximity and increase in shared space for many families was described both positively, as it facilitated closer supervision, and negatively. In some cases, mothers described the family as coming closer together, however, they also got upset with one another more easily. Tensions arose between children, father, and mother, for

instance, as Youmna shared: “Like me, I was emotionally under pressure, and he was the same, and the kids (...) So it was always, you feel like, everyone was at each other’s throats for the smallest things.”

3.3 Transit countries

Families’ transit experiences were varied, with most PSR participants spending less time in transit countries and GAR spending up to 5 years in transit countries. Some participants were also internally displaced for protracted periods of time. Supervision experiences in transit varied across many factors, such as length of time in transit, socioeconomic status, neighborhood or region in the transit country, and transit country attitudes towards Syrian refugees. Participants who lived in transit countries for long periods of time often struggled with providing adequate supervision for their children. This was primarily due to lack of or diminished social support from extended family members. This, in turn, led to difficulties for some parents with learning certain parenting techniques, including those related to the provision of developmentally appropriate care. For example, one participant shared how, while living in Lebanon, she fed her infant daughter bread, causing her to choke. A neighbor who was present at the time told her that this was not appropriate for a child of her daughter’s age, and the realization that she could have harmed her child caused the mother distress and guilt. In this case, even though her eldest child was born in Syria, at that time the extended family had lived together, and her mother and other relatives had helped with and even taken over many caregiving and supervision responsibilities.

Security concerns were also present in the transit country. Fears for children’s safety caused some mothers to impose strict time restrictions or to not let their children, in particular their daughters, leave the home. Ibtiham shared that, “[I would] remain fear, fearful over them [children], even when they go out and go around and so on, I would remain worried, like I could not wait for them to get home.” Another participant was especially restrictive with her three teenage daughters due to safety concerns but sent her 15-year-old son to live in a more remote area in Lebanon’s mountains to do construction work with his uncle’s sons because he was always being beaten in the area they lived in in Beirut’s outskirts:

P: I was scared for [my girls], we locked them in the room, the older ones. I don’t let [others] see them. Locked [there] for safety’s sake, because there is kidnapping in Lebanon. (...) I told him, my son, go [to the mountains], live there, the important thing is that I don’t stay scared for you.

I: He is the one who was beaten most of all?

P: Because he’s a boy, and the boy wants to go out, he can’t stay and sit at home, with boys, it’s hard. Now girls, I told them, I locked [imprisoned] them in the house, but the boy, I can’t lock him up (Bouchra)

Family relationships in transit countries were impacted by tension associated with cramped physical space - for example, some families, like Bouchra’s, lived in one-room houses with multiple children and

both parents. Opportunities to socialize were also described as severely limited, and one participant shared the feeling that her son’s shyness with other children in Canada was because he had had no opportunities to socialize with children his own age while living in transit in Lebanon:

When I left Syria, David was 2 years and half. He did not understand the social relationship with his age – other children. During the entire time I was in Lebanon, David was spending his time in that room. (...) He didn’t play with other kids. (...) I used to take him out, but he didn’t see kids on the street to play with. I also didn’t know anybody who had kids his age to play with. (...) When I came to Canada, I stayed 1 year or maybe 8 months staying here alone (...) Now, my son, David, has a problem with kids (Amira)

In the face of fears for their children’s safety while in insecure transit contexts, mothers were innovative in finding ways to preserve a sense of maternal authority and protection for their children, while providing them with spaces to participate in social and educational activities. When education centers were opened for Syrian refugees in Egypt, Fatima combined her need for work with her uncertainty about the schools’ distance from home to come up with a way to continue supervising her children:

Most people started complaining that (...) [the education centers were] too far away, like you don’t trust to send [your children] that far. (...) so, I went and I worked and applied for a school, I worked in it as a [bus] supervisor (...) so I would bring the kids and deliver them, and I would stay sitting in the school (Fatima)

3.4 Resettlement in Canada

Mothers identified three common barriers to support in child supervision in Canada: Lack of trust due to not knowing friends and neighbors well, being unfamiliar with the Canadian environment, and lack of time on their and others’ parts. Mothers were hesitant about letting unknown outside influences into their families. This meant that families who had no extended family living nearby suffered from this absence, while those who had supportive, present family nearby described appreciating this support. As Rima shared, “You cannot, like, leave the children to anyone. With the family, you could – (...) They removed a big load. But here, you cannot trust for anyone to take the child.”

In addition to feeling that those outside the family or who were not well known could not be trusted to care for their children, many mothers shared about the change in pace of life that they experienced in Canada and how this impacted both their ability to parent and others’ willingness to help:

I don’t know anyone I can depend on. (...) Because if I needed someone and I asked something from them, they might ponder it before they agree, they wouldn’t tell me yes immediately. Even the ones we know, they’re our friends, not more (...) But not because they don’t like to. (...) They too are either busy with their school, or their work (Reem)

In Canada, although many mothers described challenges with caregiving, the fact that the children were physically safe eased their

worries: “Even here, there is tiredness, but here, what relaxes you is, first thing, the children are psychologically comfortable from their end. They come and go.” (Fatima).

Some mothers described how, due to working in Canada, they were unable to spend as much time with their children. In some cases where the children were perceived to have gained more independence in decision-making around social activities outside the family:

They would not ask after us, they even have more freedom, they stopped taking our thoughts on everything, like me before in Syria, they would not leave the house before telling me “I’m going out to this place.” Now, here in the afternoon, I’ll find [my son] dressed up [and] I ask him “Where are you going?” He says, “I do not know” (...) What do you mean I do not know? He’ll tell me, “With my friends, maybe to the park, maybe to the mall” (Reem).

In other cases, mothers understood this independence as rebellious and attributed it to the fact that they were not physically present with their children, as in the case of Reem’s eight-year-old daughter:

P: [I]n regards to misbehavior, (...) they’ve really become impolite (...) because, first of all, I’m leaving them alone, (...) they’re going out with their friends, and they’re coming, now [my daughter] when I go to work, you see these her friends? (...) From the morning she’s with them, till I come back, you know? For example, yesterday she told me “Let me go to the pool”, I told her “No”. She said “No, in fact I’m going” (...) This is not the only time it happens. It has happened a few times. (...)

R: and it wasn’t like this in Syria

P: No, of course not (...) because I was always sitting with them (...) And now, I’m here not working 5 days, I’m working only 3 days a week (Reem)

Mothers were eager to facilitate their children’s integration, particularly through friendships, education, and employment, but wanted to do so in a way that allowed them to be fully informed on the influences that these opportunities could have.

[My 16-year-old son] told me “I want to be employed”, I told him “go sign up” (...) I would also like for him to work for example, just for a few hours so he can gain experience in this culture (...) if he got work I would let him work, but (...) under my watch (...) like I’ll know where he’s coming and going, “Mama,” for example “today I applied here, I applied here” not by himself, he goes out in the morning and doesn’t come back until evening and I don’t know where the kid is... (Younma)

[T]he parents of the friends, we go and sit in the park, like, I reassure myself that I’m watching after my own daughter, and it’s a public space. Not like at someone’s house or something (...) I am sitting and speaking with them and watching my daughter (...) I’m not taking away their fun, like, I let them speak to everyone. (...) and regarding to the older one, the first time she wanted to go see her friends, I went with her. Like, I visited the parents, and I saw the house, (...) I liked the situation. Like she is

a normal mom, regular, a family, there’s a father, like the situation was suitable for me. Like this, her relationship with her friend continued (...) The (...) places I haven’t gone to, she’s not allowed to go (Farah)

Like now my other son he’s a bit older now, he’s 16 now, so he’s registered in a gym by himself (...) But my daughter no, I take her and I bring her I mean, like she tells me I want to go to the pool here for example, in the park near us (...) I’m scared (...) Yes and I go with her, for example, or there’s a camp she can go with (...) if she wasn’t accounted for 100% I wouldn’t send her. Yes, but they have friends, and with their cousins here, like now my two sisters are here, and my two brothers are here (Younma)

Mothers were especially eager to carefully supervise their children when it came to helping them develop strong moral and cultural values. They were aware of the influence that children’s friendships could have, for better or for worse, and wanted to be the strongest influence in their children’s character development.

I have to stay monitoring [my children]. Fox-like. One eye open and one eye closed. Even [if] I am tired in the afternoon and have fed them and I want to relax, I would like, uh, to lay down next to them. Even if it’s on the sofa. I lay down and they’re around me. I don’t feel like I’m comfortable unless they are with me. I hear what they talk about. (...) I feel safe if they are near me. The day we arrived, all of the children in the building came here. I tell them, “Stay here. Don’t go out.” (...) I see them, I listen to them. You see who your children are interacting with. What if you want to turn them away, for example, from an idea they are talking about. Here, you will intervene. You want to see the children and their upbringing and you intervene as you wish, because the children always affect each other. (...) You have to stay monitoring and listening (Khawla)

Some mothers also described the ways in which they were working to help repair the negative effects of their children’s social development being interrupted during transit country and conflict experiences by modifying supervision practices to facilitate healthy social relationships. Below, Amira continues to share about her son David’s difficulties while describing how she has tailored her supervision to promote his positive social development:

This is because he did not play with other kids in the first 5 years of his life. (...) I feel he lacks something. (...) That’s why, now, I let him play a lot. (...) I watch him from the window, for example, but I do let him play as long as possible. I don’t know if this is the right thing to do – compensating for the things he lost (Amira)

Overall, mothers tied their wellbeing to their perception of their children’s wellbeing and to the wellbeing of their relationships with their children. Mothers who had older children who were unable to be in Canada tended to be distressed about this and repeatedly came back to this in interviews, with more than one mother saying they were overall happy except for the absence of their older child(ren).

Role reversal also occurred between parents and their children, and in most of the cases where this was described, it was due to children’s more rapid language learning. As one mother, Sirvart,

stated, “[In Syria], [my son] was dependent on [us,] his parents. Here, no. We are the ones depending on him. ‘Come here and explain. Come here and take us there.’”

4 Discussion

Although the 20 mothers we interviewed came from diverse religious, ethnic, educational, and socioeconomic backgrounds, and regions within Syria, a common thread was the value they placed on their children’s wellbeing, and the crucial role they played in advocating for their child(ren)’s rights by promoting their wellbeing, maintaining maternal authority, and uniting the family. Mothers worked to promote family cohesion through chaotic circumstances. This is promising given the accumulating evidence that family communication, family cohesiveness, and social support can protect against the negative effects of conflict on children’s wellbeing (Figley, 1983; Thabet et al., 2009). This commonality is noteworthy given the heterogeneity of the Syrian population (Hassan et al., 2015) and our own study sample. Previous studies have drawn attention to the fact that parental monitoring or supervision of children promotes positive mental health outcomes for children (Tol et al., 2013), yet these have primarily focused on supervision as one component of broader measures of supportive parenting.

Our results highlight the way child supervision was an important focus in mothers’ efforts to promote their children’s wellbeing in that, although our semi-structured interview schedule did not center on child supervision, it emerged as an important theme and topic of concern that our participants repeatedly brought up and emphasized in unsolicited ways. Across the stages of migration, participants paired supervision practices with their descriptions of family wellbeing and maternal peace of mind (or absence thereof). As they were able, mothers adapted their caretaking practices in line with the freedoms or constraints of their contexts and migration stage in order to best suit their perception of their children’s needs and to promote their own personal and relational wellbeing, including a sense of maternal authority. Throughout migration, mothers worked to maintain family connection and unity, whether across oceans or while living in one-room apartments in insecure transit country communities. As such, our study illustrates the key role that mothers play in both confronting and transforming the evolving constraints and resources in the context of forced migration to advocate for and improve access to the rights of their children.

A children’s rights framework challenges the narrative that children and young people are ‘issues’ to be addressed and, rather, views them as rights-holders who deserve to be met with respect, dignity and integrity. Reconceptualizing children’s rights as ‘living rights’ recognizes the realization of rights as a dynamic process that influences and is influenced by economic, social, and cultural contextual factors (Hanson and Nieuwenhuys, 2013). As this article has shown, migration is also a dynamic process where children and families are faced with challenges and respond with strategies that vary depending on the constraints and resources available to them during each stage of migration. A dynamic understanding of children’s rights is then appropriate for research with migrants and can draw our attention to nuanced changes in children’s and families’ needs during their migration trajectory. In fact, the interconnection and tension between the rights to provision, protection, and participation has been

widely studied in the context of children’s rights (Driskill et al., 2010; Collins, 2017; Heimer et al., 2018; Vissing, 2023). This study contributes to a more nuanced understanding of the relationship between these elements in the context of a forced migration process, particularly given many participants’ experiences of traumatic events. Such traumatic experiences and the experience of resettlement can produce varying results in parenting approaches, ranging from those that are more autonomy supporting to those that involve greater parental control (Eltanamy et al., 2022). Such control can lead to overprotection, and, whether the result of trauma or uncertainty and lack of familiarity with a new environment, this can hamper children’s active participation in public spaces, while more autonomy supporting responses tend to foster such participation. Our results indicated such variable responses to stressors throughout the migration stages, emphasizing the need for nuance when exploring families’ migration experiences. Our following discussion describes how mothers’ daily negotiations between provision, protection, and participation are shaped by the material and relational resources available in each stage of migration, as well as the (perceived and real) risk of harm.

4.1 Children’s rights prior to conflict

The evolution of child supervision and family relationships across the four stages of refugee migration for our sample could broadly be described as follows: Prior to conflict, mothers relied primarily on extended family members for support in supervising and caring for their children and were most often present themselves to supervise; relationships within the immediate and extended family were overall close, with mothers emphasizing the importance of family unity and time spent together, including in leisure activities. There was less concern about children’s safety in coming and going from the home compared to future stages of migration. These social and environmental conditions allowed mothers to feel more at ease about letting their children participate in social activities in more autonomous ways. Other work discussing Syrian family relationships has underscored the important role that the extended family (“ahl,” or kin) has in Syrian culture, with relatives expected to support one another with childrearing and other responsibilities (Haboush, 2005; Al Mhamied, 2023; Al Mhamied et al., 2023).

4.2 Children’s rights during conflict

During conflict, daily routine, security, social support, and relationships were all disrupted, patterning with other summaries of the chaos that conflict can wreak on parenting contexts (Murphy et al., 2017). Similarly to other studies showing how economic suffering and overcrowded living could lead to elevated expressions of emotions such as anger (Eggerman and Panter-Brick, 2010), our participants also described how living in cramped quarters due to security concerns or destruction of property led to family tensions and heightened supervision and protection at a level that was stressful over time. Protecting older boys from potential recruitment into war and girls from threats of dangers outside the home also limited their mobility and autonomy. Interestingly, a few participants also shared how these experiences brought the family closer together, where children were more likely to interact with close family members than

with the broader community as they did before the conflict. The fact that participants experienced conflict to varying degrees, as described in the results, is important to note, as other research reviewing multiple studies on parenting in war has found that immediate threat situations are more likely to create factors leading to limited parental warmth and support, while the context of living under threat, despite creating high stress, did not leave parents wholly unable to support their children emotionally and materially. In these contexts, parents often demonstrated an increase in warmth and even overprotection, which patterns with our results (Eltanamy et al., 2019). Evidently, children's participation and social mobility was particularly restricted during this stage in the migration trajectory. Despite family tensions, mothers played an important and continuous role in promoting family cohesion, as a means to ensure children were protected and provided for by close family members.

4.3 Children's rights in transit

Mothers' descriptions of experiences in transit echoed the challenging contexts described in other studies of Syrian refugees living in transit countries such as Lebanon (Sim et al., 2018) and results from studies bringing together research on a variety of refugee background and host country contexts (Miles et al., 2019). During both conflict and transit migration stages, supervision appears to become one of the mechanisms by which mothers feel they are able to ensure children's safety to some degree in an insecure, uncontrollable environment. It is also one of the ways mothers in our study negotiated spaces for children to participate, whether by removing them from harmful contexts (for example, by sending them to more remote areas) or by integrating themselves into these spaces (for example, by assuming a role in the schools). The extent to which mothers are able to provide some level of stability, security, and family cohesion through supervision has important implications for children's development, given the importance of family stability and cohesion for healthy child development (Harden, 2004; Negussie et al., 2019). Some mothers' descriptions of their struggle to provide safe contexts for children's participation in play and socialization in conflict and transit (e.g., Amira), primarily due to unsafe (and unfamiliar) environments and/or lack of social network, and their efforts to facilitate this securely through supervision in resettlement (e.g., Farah), similarly has implications for children's development, as opportunities to play help promote children's healthy development (Milteer et al., 2012; MacMillan et al., 2015). Protection plays a crucial role in shaping the resilience of young war victims by ensuring their physical safety (Shenoda et al., 2018), access to trauma-informed psychological support (Bürgin et al., 2022; Vostanis, 2024), and a stable environment (Slone and Peer, 2021). Even in the transit stage of migration, it has been demonstrated that parenting support is sought after by some Syrian refugees in camp and humanitarian settings (El-Khani et al., 2018).

The gender-related differences in negotiating between participation and protection were also noteworthy, such as the idea that boys need freedom – i.e., they cannot be kept inside – even when it is dangerous outside, whereas girls can be kept inside for protection when there is the threat of danger. This seems to pattern with results from work on children's play in refugee migration,

which showed that girls demonstrated more limited outdoor play pre-migration to Australia than boys (MacMillan et al., 2015). Although our participants did not live for protracted periods in refugee camps, the uncertainty and lack of control over their surroundings was similar to the experiences described by Syrian refugee participants in camp contexts in Turkey and Syria (El-Khani et al., 2016). These and other environmental challenges that limit children's engagement in activities that promote their participation and wellbeing have been shown to precipitate caregiving changes such as decreased child supervision in other studies with Syrian families in transit in Lebanon (Miles et al., 2019). Future research could look more closely at the ways in which social norms and behaviors around gender roles, of both caregivers and children, influence the way children's participation is promoted and enacted during all stages of migration.

Other studies with Syrian refugee mothers in Lebanon have demonstrated the importance that social support, specifically emotional support, can have in promoting mothers' psychological resilience (Sim et al., 2019). Based on the distress described by many of our participants at feeling socially isolated and unsupported in Lebanon, we agree with Sim et al.'s (2019) recommendation to investigate interventions that seek to increase mothers' access to social support in transit contexts. The few participants who described having an easier time in lengthy transit contexts were those who were also observed to most likely be of higher SES background (e.g., one participant, Myrna, whose daughter moved from a private French school in Syria to a private French school while in Lebanon). It is important to note that all our participants who lived in Lebanon for more than 2 years, with the exception of Myrna, described experiencing high levels of stress, safety concerns, and difficulty adequately supervising their children while there. Our participants were selected to come to Canada in 2015–2016 and restrictions on and stressors for Syrian refugees living in Lebanon have only increased since then due to multiple complex socio-political factors and changing laws (see Akesson and Coupland, 2018; Kerbage et al., 2019). It is thus reasonable to expect that some of the challenges of parenting in Lebanon have increased, emphasizing the need for continued attention to the challenges of Syrian refugees living in countries where permanent resettlement is unfeasible and supporting the call for increasing the number of refugees to be taken in in resettlement countries such as Australia, Canada, New Zealand, the U.K., and the U.S.A.

4.4 Children's rights in resettlement

In resettlement, although some mothers were overwhelmed by the dramatic cultural shift to Canada and remained hypervigilant, it appeared that the change was more manageable and appealing over time. Some contributing factors included the opportunities that living in Canada offered their children in the long term and the overall physical security participants described. In this setting, mothers were able to shift their focus more to facilitating friendships and social and educational advancement for their children, while maintaining a comfortable level of supervision and involvement in these processes. The importance of supervision for mothers was noteworthy. Multiple mothers provided examples of

how protecting and providing for their children was directly related to their sense of maternal authority, and their ability to promote family unity and other cultural values. Mothers' reluctance to rely on non-kin carers for supervision echoes work on Arab families stating how, although highly valued, non-family relationships are never as important as those within the family (Abudabbeh, 2005; Al Mhamied, 2023) and family is seen as the first source of support (Hassan et al., 2015). It also echoes broader research on parenting stress and non-parental care, which showed that non-parental kin care caused less parenting stress for parents with children under 5 years old than non-parental, non-kin care (Craig and Churchill, 2018). Some mothers had to take up employment in Canada to help provide financially for their families. In turn, this decreased ability to supervise their children was perceived as negatively influencing the parent-child relationship while contributing to children's poor behavior, as echoed by other work with Syrian refugee families in Lebanon (Sim et al., 2018).

An alternative perspective found by research with immigrant families in Canada has shown the complex and dynamic ways in which child agency is negotiated between parents and children in the host society, advocating for the need to consider parent-child relationships, material and social resources available, and the perceptions of safety in the host society (Gonzalez and Ruiz-Casares, 2022a). As seen in this study, immigrant children who assume the role of translators for parents is a common finding in research with immigrant families, and another example of how young people's participation is interconnected to their access to services and protection (Lucas, 2015; Gustafsson et al., 2019). Role reversal and perceived loss of maternal authority can cause stress for caregivers, particularly in a culture where parental authority and family hierarchy are considered a meaningful part of parental identity and role (Haboush, 2005). Given this, it is important to consider how opportunities for supervision can promote a healthy authority in the midst of the parent-child role reversals that often accompany refugee migration, while also offering opportunities for children to participate autonomously in social activities and decision-making. Additionally, participating in community-based activities where children's perspectives and interests are considered in decision-making has contributed to the wellbeing and sense of belonging of children who experienced forced displacement (Gonzalez and Ruiz-Casares, 2022b). Mental health professionals and social service providers working with families at any stage of migration can look at ways in which mothers can be supported to restore or rebuild healthy relationships with children, where maternal authority and child agency can be negotiated.

The way that mothers emphasized the fact that they were happy in Canada, except for the absence of key family members, further highlights participants' desire for togetherness, family unity, and ability to positively influence the direction of their children's lives and development, a finding that is in line with work with Syrian refugee families living in Turkey (Arenliu et al., 2020). This unity could be seen in some senses as an extension of supervision and a rounded out interpretation of what the emotionally supportive component of child supervision can look like. It also seems that, by supervising their children, mothers were able to decrease some of their own anxiety stemming from their forced migration experiences.

5 Study limitations

Some limitations of our study need to be considered. Our sample was relatively small and restricted to a handful of neighborhoods in the neighboring municipalities of Montreal and Laval, Canada, and no children, fathers or other family members were interviewed. Nonetheless, given the roles mothers typically fulfill as primary caregivers for children, and the diversity of backgrounds and balance of migration trajectories represented by our 20 participants, results still contribute toward a deeper understanding of the Syrian refugee migration experience. Small sample size also prevents us from comparing experiences based on the country of transit except for Lebanon, where over three-fourths of participants spent time prior to resettling in Canada. Furthermore, the cross-sectional approach makes it possible that participants may have transformed, idealized, or avoided some elements of the past when sharing their experiences. However, parents' subjective perceptions and accounts of their parenting experiences are nonetheless an important data source. Since only mothers were interviewed, the information they provided could not be triangulated, except by observation of the home environment and brief interactions with other family members during the visit. Future research should examine children's and adolescents' perceptions of supervision and its relative importance in their parents' support of their wellbeing in the refugee context (Eruryar et al., 2020), as well as parents' explicit descriptions of the value of this component of parenting in maintaining their and their families' wellbeing and cohesion. Further research with Syrian refugee fathers on their views on child supervision would also be valuable given their underrepresentation in the literature on refugee parenting (Bond, 2019), with only a single study to date examining the fathering experiences of Syrian refugees to Canada (Al Mhamied, 2023; Al Mhamied et al., 2023).

Despite these limitations, this study highlights the crucial role of child supervision in the context of parenting in migration. A key takeaway from our results is the readiness with which mothers brought up child supervisory practices when asked questions about parenting and changes in parenting across the stages of migration. The ability to supervise was linked by mothers to other factors shown to influence child wellbeing in conflict and buffer against trauma and stress, such as supportive family relationships. Syrian mothers' efforts to provide a supportive environment and to promote their children's rights and wellbeing through the provision of adequate supervision throughout the challenging refugee migration experience is a remarkable example of resilience in action. Strengths-based and children's rights approaches interventions for refugee families that acknowledge and find ways to facilitate this supervision are likely to be most supportive in promoting both children's and mothers' wellbeing.

6 Conclusion

Through the different stages of forced migration, we have described some of the interconnections and tensions between provision, protection, and participation of children's rights, and the crucial role mothers play in advocating for and upholding these rights. Our study shows how most mothers are able to adapt their parenting practices in response to contexts of elevated risk and fear,

and then, while remaining a bit hypervigilant in the host society, move back to a more open model favoring socialization. We also cast light on how evolving caregiving practices and norms, such as overprotection, gender roles, and family dynamics, affect mothers' negotiation of protection and participation at different stages of the migration trajectory. These results invite us to trust refugee parents' judgements and skills, and to read what may be considered inappropriate protectiveness or lack of supervision as possibly related to the past or present family predicament. In general, it is important that interventions for refugee children and families be informed by an awareness of the diverse benefits that providing adequate supervision can have for overall family wellbeing, such as by supporting healthy family relationships (e.g., by promoting family unity) and maternal wellbeing (e.g., by helping mothers regain and/or retain a sense of agency in uncontrollable circumstances), as well as by promoting child mental health and wellbeing (e.g., by providing for children's safety and creating a sense of stability in chaos). In this process, it is also important for both professionals and parents to be aware of the negative impact that overprotective parenting can have on children's mental health, as shown by work with Syrian refugee children in Turkey (Eruiyar et al., 2020).

To support mothers and children in transit and resettlement countries, it is essential to adopt strengths-based and children's rights approaches. These interventions should acknowledge and facilitate maternal supervision while promoting both children's and mothers' wellbeing. Balancing children's rights to provision, protection, and participation is crucial. Mothers, often overprotective due to traumatic experiences, need support to understand and respect their children's participation rights, especially during adolescence. This balance can be achieved by educating mothers on the importance of children's autonomy and involving children in decision-making processes. Specific children's rights, such as the right to be heard (Article 12 of the UNCRC), the right to protection from harm (Article 19), and the right to education (Article 28), are vital in designing this framework. These rights ensure that children's voices are considered, their safety is prioritized, and their developmental needs are met, fostering a supportive environment for both mothers and children (Alshammari et al., 2025; United Nations, 1989). Furthermore, the implementation of children's rights needs to consider children's everyday lived realities, as was shared from the perspectives of the mothers in this study. Future research should consider the perspectives of children and young people themselves. Additionally, further research exploring the sense of time moving more quickly in Canada than in Syria, as well as children's tendency to adapt more easily and quickly in the host society than their parents, and how both of these influence parental self-efficacy, social support, and ability to provide adequate supervision, would also be of interest.

Data availability statement

The datasets presented in this article are not readily available due to ethical restrictions. Requests to access the datasets should be directed to Christina L. Klassen, christina.klassen@myacu.edu.au.

Ethics statement

The studies involving humans were approved by Institutional Review Board, Faculty of Medicine & Health Sciences, McGill University. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

CK: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft. EG: Writing – review & editing. CR: Writing – review & editing, Conceptualization, Supervision. JH: Conceptualization, Supervision, Writing – review & editing, Data curation, Funding acquisition, Project administration. GP-Z: Conceptualization, Supervision, Writing – review & editing. MR-C: Formal analysis, Methodology, Supervision, Writing – review & editing.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Early psychological responses of children and caregivers in the immediate aftermath of release from war captivity

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Background: Captivity—particularly the captivity of children—is one of the most extreme violations of civilian rights in armed conflict. Despite this, most research on war captivity has focused on adult soldiers, leaving largely unexplored the unique psychological reactions of children subjected to such trauma.

Objective: This study aims to (1) describe children and caregivers' early psychological responses immediately following their release from captivity in the Israeli-Hamas war and (2) examine the clinical interventions used to manage these reactions.

Methods: This qualitative study analyzed the psychological reactions of children and their caregivers ($N = 26$) who were released from captivity and received care at Schneider Children's Medical Centre of Israel. Data collection methods included a review of medical files and in-depth interviews with practitioners ($n = 37$), including social workers, psychologists, psychiatrists, nurses, and pediatricians, who provided health- and psychosocial care.

Results: Psychological responses were influenced by developmental stage and captivity context. Among young children (2–11 years), predominant reactions included excessive worry, repetitive questioning, traumatic reenactment (e.g., through play), separation anxiety, hypervigilance, anger outbursts, low frustration tolerance, and sleep disturbances. Adolescents (12–18 years) primarily exhibited avoidance, hyperarousal, sleep disturbances, and excessive sharing of traumatic experiences. Caregivers (19–80 years) displayed reactions similar to those of adolescents but also demonstrated dissociative reactions. Interventions were based on the principles of the Psychological First Aid (PFA) model and tailored to the specific reactions of children and caregivers.

Conclusions: This study is the first to provide qualitative data on the psychological responses of children and caregivers following war captivity. The findings highlight the need for a family-oriented approach to mental health interventions, particularly for supporting young children and their caregivers. Training practitioners to recognize developmentally specific reactions in the immediate aftermath of captivity is critical for effective assessment, care, and psychopathology prevention. The study concludes with recommendations for improving practice and policy to address this severe and complex violation of children's rights.

KEYWORDS

children, trauma, war, Israel, conflict, mental health, adolescents, psychological intervention

1 Introduction

The nature of modern warfare is changing, with a growing number of civilians being harmed, whether caught in the crossfire or deliberately targeted. Among the most alarming developments is the mass abduction of civilians, particularly children, which has emerged as a defining feature of contemporary armed conflict. Abduction and captivity in the context of armed conflict are among the most severe and complex violations of children's rights. These rights—including protection from violence, the right to life and development, access to healthcare, family care, and protection from parental separation—are enshrined in Articles 6, 19, 24, and 37 of the United Nations Convention on the Rights of the Child and international humanitarian law.

Between 2005 and 2022, more than 32,500 children were verified as abducted by parties involved in conflicts, with an estimated 2,500 to 4,000 children abducted each year (United Nations Children's Fund (UNICEF), 2023). Child abduction in armed conflict is one of the six grave violations identified and condemned by the UN Security Council, and it frequently precedes other serious abuses such as sexual violence and forced recruitment into armed groups (United Nations Children's Fund (UNICEF), 2022). The United Nations Children's Fund (UNICEF) (2022) defines child abduction in armed conflict as

the removal, seizure, capture, apprehension, taking or enforced disappearance of a child either temporarily or permanently, including for the purpose of any form of exploitation of the child. [...] [T]he abduction must be perpetrated by a party to conflict in the context of and be associated with an armed conflict. (p. 14).

Abduction and captivity in war are widely recognized as exceptionally traumatic and pathogenic experiences (Ursano and Benedek, 2003; Solomon et al., 2008). Hostages endure prolonged, repeated exposure to traumatic stressors, including a constant state of fear of torture or death, forced social isolation, and total dependence on their captors, who often intentionally exacerbate their psychological distress (Zerach et al., 2019). In addition to the deprivation of basic physiological needs such as food, water, and sleep, war-captivity trauma is uniquely amplified by its protracted duration and the interpersonal power dynamics at play (Herman, 1992).

Most research on war captivity centers on adult soldiers (Solomon et al., 2008; Zerach et al., 2019), with few studies exploring the distinct experiences and psychological responses of children who experience captivity during armed conflict (Gossmann et al., 2024; Terr, 1979). Emerging evidence indicates that war-abducted children are at risk of developing mental health disorders due to continuous traumatic stress exposure (Gossmann et al., 2024). These disorders include post-traumatic stress symptoms, internalizing and externalizing problems, suicidality, major depressive disorder, aggression, and generalized anxiety disorder (Gossmann et al., 2024; Betancourt et al., 2013; Pham et al., 2009).

In a 2015 study, Winkler et al. evaluated clinically significant symptoms of posttraumatic stress disorder (PTSD) in formerly abducted Ugandan youth, using the Posttraumatic Diagnostic Scale. The authors reported that 32% exhibited clinically significant posttraumatic stress reactions, compared to 12% among non-abducted peers. Similarly, a study of former abducted female child

soldiers forcibly recruited during the M23 insurgency (2012–2014) in Eastern DRC found that participants had high levels of PTSD and depression two and a half years after their escape or release (Robjant et al., 2019). Both quantitative and qualitative studies indicate that upon reintegration, a large proportion of war-abducted children and adolescents experience difficulties with adjusting to civilian life and face relationship challenges (Pham et al., 2009; Denov, 2010).

Despite this population's acute vulnerability, emerging scientific research is focused on the *long-term* mental health effects of abduction and war captivity, with assessments often conducted months or years later (Betancourt et al., 2010, 2020; Pfeiffer and Elbert, 2011). To date, few studies have assessed children's early psychological responses in the *immediate aftermath* of their release. Additionally, most literature in this field is based on studies of children associated with armed forces and armed groups (Betancourt et al., 2010; Winkler et al., 2015; Pham et al., 2009). However, findings about child soldiers may not be directly applicable to other war-abducted children, as their experiences differ significantly. Unlike other war-abducted children, child soldiers often play a dual role as both victims and perpetrators of violence, a factor that shapes their psychological needs and trauma in distinct ways (Fennig and Denov, 2024; Betancourt et al., 2020). Moreover, in many instances, symptom data are collected using checklists, which, while useful, fall short of capturing the full spectrum of symptoms. Indeed, since they are seldom validated by the local population, these tools can fail to account for the nuanced and complex emotional and psychological responses that children experience in the critical period immediately following their release from captivity (Gossmann et al., 2024; Betancourt et al., 2013).

If one does not know what symptoms to expect, how can one design effective early interventions? To our knowledge, no clinical guidelines exist for assessing and caring for children and adolescents immediately following war captivity. This gap is worrisome, as early symptom detection and intervention in the initial hours, days, or weeks after release from captivity can significantly alleviate acute stress and help prevent long-term psychological disorders (Birur et al., 2017).

To address this knowledge gap, this study examines data from medical records and in-depth interviews with practitioners who provided medical and psychosocial care to children and caregivers in Israel following their release from captivity. Recognizing that symptom expression and clinical interventions reciprocally inform each other, the study aims to (1) describe children's early psychological responses and symptom expression in the immediate aftermath of release from captivity in the Israeli-Hamas war and (2) examine the interventions used by clinicians to manage these symptoms.

2 Methods

2.2 Context and setting

In Israel, the mental health effects of war-related child abductions are of particular concern. On October 7, 2023, Hamas and other Palestinian militant groups launched a major assault on Israel from the Gaza Strip. This attack resulted in approximately 1,200 fatalities and over 5,400 injuries, predominantly among

civilians, along with the abduction of 253 hostages. In response, Israel initiated an extensive military campaign in Gaza which, according to a study published in *The Lancet*, had resulted in more than 64,200 Palestinian deaths, over 106,000 injuries, and the displacement of the majority of Gaza's population, creating a severe humanitarian crisis (Jamaluddine et al., 2025; United Nations Office for the Coordinated Humanitarian Affairs (OCHA), 2024).

On October 7, children were intentionally targeted for abduction. Thirty-six Israeli children aged 8 months to 18 years were taken into Gaza, 10 of whom were abducted alone, without family members. The children were held in changing locations, including underground tunnels, guarded by armed captors, exposed to bombings, deprived of food, and subjected to various forms of physical and psychological violence (Rosman et al., 2023). In some cases, captors intentionally separated children from their parents. In November 2023, after nearly 2 months in captivity, 105 hostages were released, including thirty-four children. Upon their release, thirteen children were forced to leave a parent behind in captivity (Israeli National Council for the Child, 2023). The released children were immediately transported to Israeli hospitals, where they received comprehensive medical care, including psychological assistance (Israel Ministry of Health, 2023).

This exploratory study was part of a larger research project evaluating the implementation of PFA-CC, an intervention delivered in hospital settings by a multidisciplinary team of practitioners to children and adolescents (aged 2.5–18 years) and their caregivers immediately following their release from war captivity. Conducted over a 4-month period (December 2023–March 2024), the study was a partnership between Tel Aviv University and Schneider Children's Medical Centre of Israel. Results from the evaluation of the PFA-CC intervention are reported elsewhere {authors own}. Despite the promising utility of the PFA-CC protocol, its flexible and modular nature provides only broad guidelines for treatment, without specifying how therapeutic techniques should be tailored to particular symptoms or age groups. Thus, this companion paper provides detailed descriptions of children's psychological symptoms in the immediate aftermath of their release from war-captivity and specifies the clinical interventions used to mitigate them.

2.2 Study sample

Table 1 displays the characteristics of the sample of children and their caregivers ($N = 26$) who had been abducted in the context of war and subsequently received treatment at Schneider Children's Medical Centre of Israel, where the study was conducted. The sample comprised 19 children (aged 2.5–18; 11 females and 8 males) and 7 caregivers (aged 30–78; all females). They received treatment immediately following their release from captivity, with hospitalizations lasting from 2 to 8 days. All children and caregivers identified as Jewish and were citizens of Israel. More than half of them had witnessed the death of a loved one ($n = 14$) or of a community member ($n = 20$). Nearly all ($n = 23$) had suffered deprivation of basic needs (e.g., sleeping, eating, hygiene), while 8 had suffered physical violence.

Several children ($n = 8$) had been held in captivity without their parents.

The study sample comprised a subset of 37 practitioners employed at Schneider Children's Medical Centre of Israel, including social workers ($n = 11$), psychologists ($n = 10$), a child psychiatrist ($n = 1$), nurses ($n = 9$), pediatricians ($n = 4$), and senior directors ($n = 2$). These professionals delivered the PFA-based intervention. Initially, 48 practitioners were identified by department directors. Of these, 11 practitioners who had expressed interest in participating in the study were unavailable for interviews during the study period due to job constraints. The final sample thus included 34 women and 3 men, aged 33–68 ($M = 49$, $SD = 9.4$). All participants identified as Jewish and were Israeli citizens. All participants held an academic degree (59% have a Master's degree), and their professional experience ranged from 6 to 40 years. Most ($n = 34$) had a prior experience working with traumatized children, while 3 reported no such experience.

2.3. Ethical considerations

All procedures were reviewed and approved by the Institutional Review Board of Tel Aviv University and the Institutional Review Board of Schneider Children's Medical Centre of Israel. Given the study's sensitive nature and the high-profile status of the participants due to media coverage, the research team implemented additional measures to ensure confidentiality and uphold ethical standards. Although the children and adolescents were not directly interviewed, their informed consent, along with that of their families, was obtained. Every effort was made to safeguard their identities, including the use of pseudonyms and the careful omission or blurring of any potentially identifying details.

2.4. Data collection and analysis

This qualitative study utilized multiple data sources to provide rich, complementary insights. First, in-depth interviews were conducted with practitioners. These interviews, which lasted between 1 and 2 h, were carried out face-to-face by the first author and a research assistant (a clinical psychologist). Both interviewers were external to the implementation of the PFA-CC intervention.

The interview questions were broad and exploratory, canvassing clinicians' observations of symptom expression in the children and caregivers they treated. In addition, practitioners were asked a limited number of close-ended questions. For example, they were asked to review a list of emotional and behavioral responses commonly observed in individuals following trauma and indicate whether they had observed each reaction in their patients. This list was derived from validated measures, including the Pediatric Emotional Distress Scale (PEDS; Saylor et al., 1999) for young children's emotional distress, the Children and Adolescent Psychological Distress Scale (CAPDS-10; De Stefano et al., 2022), and the acute stress reactions outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). Participants were also asked to report any symptoms not included on the list, as well as

TABLE 1 Characteristics of the intervention’s target population, according to the medical team’s reports (*N* = 26): age, gender, and exposure to potentially traumatic experiences.

Variable	Frequencies	Mean	SD	Range
Gender	Female – 18 Male – 8			
Age	Under 18–19	9.47	5.23	2.5 – 18
	Over 18–7	47.28	14.14	30 – 78
Exposure to traumatic experiences during captivity:				
Witnessed someone close getting killed	Yes – 14 No – 10 Unknown – 2			
Witnessed a stranger getting killed	Yes – 20 No – 1 Unknown – 5			
Witnessed someone close being injured	Yes – 25 No – 1			
Witnessed a stranger being injured	Yes – 22 No – 0 Unknown – 4			
For children: Was isolated from both his/her parents	Yes – 8 No – 11			
Experienced verbal violence	Yes – 13 No – 2 Unknown – 11			
Experienced physical violence	Yes – 8 No – 16 Unknown – 2			
Experienced hunger	Yes – 22 No – 2 Unknown – 2			
Was deprived of basic needs (sleep and hygiene)	Yes – 23 No – 1 Unknown – 2			
Moved from place to place	Yes – 25 No – 1			
Experienced sexual abuse	Yes – 1 No – 25			

to describe their decision-making processes and approaches to symptom management.

Additionally, the research team cross-validated and expanded upon the reported reactions and interventions in the interviews by reviewing the medical files of children and caregivers. Each medical file contained records by the multidisciplinary team who treated the child, documenting their observations on physical and mental health status, along with details of any interventions performed.

Analysis of the data was conducted in three stages. In the first stage, all available data on each child and caregiver, including interviews and medical records, were compiled. Since each patient was treated by a multidisciplinary team (pediatrician, nurse, psychologist, and social worker), the team cross-referenced interviews from all four practitioners. A reaction was considered evident only if it was documented in the medical record and reported by at least three of the four team members.

In the second stage, reactions were categorized by age group. Only reactions reported in at least 80% of children and caregivers

within each age group were considered significant. In the third stage, a thematic analysis of practitioner interview transcripts was conducted, integrating both deductive coding (applying predefined categories based on reactions identified in Stage 1) and inductive coding (allowing themes to emerge organically from the data). Coding was aligned with the study’s research objectives—identifying early reactions and associated interventions. Following the conventions of thematic analysis (Braun and Clarke, 2006), patterns, contradictions, and variations across the interviews and medical records were systematically examined; themes were thus refined through an iterative process.

3 Results

Analysis of the data revealed that, in the immediate aftermath of release, none of the observed reactions severely impaired normal functioning or required emergency interventions. The

TABLE 2 Practitioners’ evaluations of early response reactions among children and caregivers freed from captivity (reaction considered significant only if present in 80% of cases in age group).

Children (2–11years)	
1	Worry and repeated questioning
2	Traumatic reenactment (play)
3	Separation anxiety
4	Vigilance
5	Burst of anger (low frustration tolerance)
6	Sleep disturbances
7	Nightmares
Adolescents (12–18 years)	
1	Avoidance
2	Vigilance and agitation
3	Sleep disturbances
4	Intrusive thoughts
Adults (30–78 years)	
1	Disconnection and disorientation
2	Traumatic reenactment (telling the story)
3	Sleep disturbances
4	Agitation
5	Thoughts of institutional betrayal and warm feelings toward captors

initial reactions were fluid, often diminishing over the course of the children and caregivers’ hospital stay. Notably, the reactions and associated psychological interventions varied significantly across age groups, namely young children (2–11 years old, $n = 12$), adolescents (12–18 years old, $n = 7$), and caregivers (19–80 years old, $n = 7$). Practitioners’ evaluations of early response symptoms among children and caregivers freed from captivity are presented in [Table 2](#), categorized by age group. Additionally, findings from the qualitative analysis include clinical vignettes shared during interviews. These vignettes provide deeper insight into the most frequently observed symptoms and corresponding clinical interventions.

Theme 1: Reactions and psychological interventions among young children, aged 2.5–11.

Theme 1.1: Worry and repeated questioning

The most common early reactions among young children were worry and repeated questioning. Although these young children were no longer in captivity or imminent danger, all expressed fears and concerns about their safety, both directly and indirectly, in the immediate aftermath of their release. For example, Ron, a 4-year-old boy, expressed his worry that he would be returned to Gaza through repeated questioning about his surroundings. His therapist recalled:

I joined him in a game he was playing, and I started creating a connection with him through the game, and what was very clear was that he was mostly very confused between Gaza and Israel. Between the soldiers here and the soldiers

there. He was abducted by people who were wearing uniforms – for a four-year-old boy, this looked like Israeli soldiers. It was very confusing. It was tough for him to understand – Am I now in Israel, am I going back to Gaza? (Psychologist, E8).

At first glance, Ron’s behavior might be misinterpreted as confusion. However, a closer reading of his repeated questioning reveals that Ron was not disoriented, but rather attempting to differentiate between “good” adults (family, Israeli soldiers) and “bad” adults (kidnappers)—a pressing concern given that certain elements in the hospital environment (e.g., military uniforms) evoked fear and the corresponding worry that he might still be in danger.

Intervention: to help Ron differentiate between events in captivity and in Israel, his therapist used concrete objects in the hospital and its surroundings, such as his favorite food, to symbolize safety. The therapist shares how this strategy provided reassurance and emotional adjustment:

There was a lot of work at first on differentiating between what happened and the current environment, even using food. For instance, when he arrived, he really wanted pretzels so when we brought him pretzels I told him: ‘In Gaza, there were no pretzels, pretzels are a food that we have only in Israel.’ There was even a moment when we were looking out the window and I said: ‘These are buildings we have in Israel, this is not how Gaza looks like.’ Like really making that differentiation (Psychologist, E8).

Theme 1.2: Traumatic reenactment (Creates stories/traumatic play)

Another frequently observed reaction among children while in the hospital was the reenactment of captivity themes, either through behavior or play. For example, one of the therapists reported that 2.5-year-old Dana, in the first days after her release, insisted on wearing the same clothes that she had worn throughout captivity, despite her mother’s attempts to change them:

In captivity, she was used to wearing diapers, a tank top, and socks. Not children’s socks, these were adult socks that came up to their knees. And that’s how she came back with the diaper and the socks. When she got here, we provided her with new children’s clothes. and her mother tried to get her dressed but Dana refused and started crying (Psychologist, E6).

Intervention: after consulting with the team, the therapist decided to adopt a non-intrusive approach that respected the little girl’s need to maintain habitual behavior from captivity.

And the mother didn’t know what to do with all this. At first, she thought that it was not acceptable [wearing the same clothes as in captivity]. Then we [the practitioners] consulted and concluded that we shouldn’t push her to make this change, that we need to respect her wishes. (Psychologist, E6)

The therapist then provided psychoeducation to the mother, explaining that the reenactment was not a sign of pathological

anxiety but rather an adaptive coping mechanism that would gradually diminish on its own:

So, I met with the mother and explained to her the rationale. She quickly understood and spoke with her daughter and the whole team started running around to buy her socks. (Psychologist, E6)

Another common manifestation of traumatic reenactment among young children was aggressive play. One therapist observed Noya, a 3-year-old-girl, who reenacted aspects of captivity, possibly exhibiting identification with the aggressor or anger at not being protected:

In this game she was exhibiting this aggression toward me, there was an alligator, and the alligator came to eat me. I was just there; I didn't continue and provide her with an interpretation. It was very delicate—how much to provide a therapeutic response and in what way.

Intervention: in response, the therapist let Noya freely express her affect during play. She did not discourage her from expressing aggressive themes, but instead demonstrated that she could tolerate it in a safe environment, as if saying “I'm here to protect you”:

So I reacted, I mean I reacted in a way that was not frightened by it and a bit frightened as a joke. I mean it was still important for me to decrease the aggression and for her to feel my resiliency. For her to see that I notice her aggression and that I'm not frightened by it or ignoring it by continuing to play (Psychologist, E10)

Theme 1.3: Hypervigilance and separation anxiety:

Traumatic reenactment often co-occurred with other reactions, particularly separation anxiety and hypervigilance, with all young children expressing constant arousal and difficulty regulating their behaviors. One example of this overlap is Noah, a 4-year-old child who had been held captive with his mother and siblings. During his hospital stay, he displayed separation anxiety vis-à-vis his mother as well as emotional turbulence, including bursts of intense emotion. He also engaged in ritualistic eating, a possible sign of traumatic reenactment, and developmental regression. His therapist explains:

The youngest child - I think he had the hardest time there, in captivity - he was emotionally turbulent, I mean he would cry a lot. He was very needy and clung to his mother. He would cry hard when she needed to leave him for a bit - to go to interrogation or to take a shower. He also had a hard time eating. The father was shaken by the way he ate. He would crumble the food and store it in his mouth, it was really very hard to witness. There was also an issue with going to the bathroom. He repeatedly passed urine and feces in his underwear instead of the toilet. Although the mother said that in captivity it didn't happen. (Psychologist, Female, E3)

Intervention: the therapist provided psychoeducation to the parents, normalizing the young boy's behaviors by connecting them to his basic temperament, which was sensitive and reactive to

changes. She also encouraged a gradual approach to resuming normal eating patterns:

Parents wanted to know how to respond to his behaviors, they were most concerned with his eating. We talked about slowly exposing him to normal routine meals and encouraging him patiently to swallow the food in order to be able to go back to playing. After 2 days or so, he went back to normal eating. By the time the family left the ward all these symptoms were not present. (Psychologist, Female, E3)

Another example of hypervigilance and separation anxiety was observed in Sara, a 3-year-old who had been held captive with her mother. While in the hospital, Sara was very reactive to her mothers' feelings and behaviors, and was constantly worried and fearful about being separated from her mother:

She noticed every nuance, and the moment the mother's state, for example, was not so good she would immediately react to it. . . . She was very alert: 'Where is Mommy?' 'How will Mommy react?' I remember I was with her one day after the mother left for the security cabinet and came back. I was with her in the morning, and she was a lot more needy. This was the first time they were apart after two months. (Psychologist, Female, E10)

Intervention: the therapist helped Sara understand her fear and separation anxiety in a simple, concrete way:

So I shared with her and with the mother: “Is it possible that you are checking if Mommy is here, because you are not sure that Mommy left and came back? And suddenly this was different for you and you want to see that she is not leaving again?” (Psychologist, Female, E10)

The therapist noted that this brief but direct intervention calmed Sara down and reduced her anxiety: “She was able to simply take this small interpretation and calm down and return to her game” (Psychologist, Female, E10)

Theme 2: Reactions and psychological interventions among children and adolescents, aged 12-18.

Theme 2.1: Avoidance

Among adolescents, avoidance was a common response following their release from captivity. Many had been held alone, separated from their caregivers, and upon their return, they often actively distanced themselves from unpleasant emotions and memories of their trauma. A stark example is 17-year-old Ron, as described by his therapist: “He was very afraid of being alone. He said, 'I have thought about it a bit, and I have some requests. I need someone to sleep with me and take a shower with me.’” (Psychologist, Female, E9).

Nearly all the adolescents were avoidant, preferring to delay exposure to information concerning October 7. However, complete avoidance was frequently impossible, leading to unplanned exposures to traumatic triggers or reminders, such as learning about the deaths of family members and friends. For instance, when 16-year-old Ben was suddenly exposed to such information, he experienced extreme agitation and distress:

When he first got to the hospital his approach was “I don’t want to know what happened in the Kibbutz”... At night I discovered that he took the phone and independently found out everything that happened (on Oct 7) and he became very agitated. (Psychologist, Male, E5)

In cases of avoidance followed by overexposure, therapists guided parents and caregivers in delivering difficult news and in slowly adjusting to post-captivity reality. Therapists followed principles of gradual exposure, organizing the information in such a way as to help maintain structure and calm throughout the conversations. Therapists unanimously emphasized the importance of creating a safe and quiet time for delivering the difficult news, as opposed to delivering information “along the way.” For example, when Ben became agitated after being exposed to all the difficult news about his friends and loved ones, his therapist set up a structured session with him and his parents:

I told them ‘Wait let’s do this organized’. I sat them down in a room together with the son and I said Let’s go, talk.. Don’t be scared, let’s touch it, let’s put things on the table. You (Ben) can go ahead and ask all the things you want to know; you (the parents) tell him.’ Then this session was created where the parents were telling him, and I was mediating. And slowly, slowly he started asking and he got information – how many people were abducted, how many died, what happened, names of people. The parents sometimes looked at me, asking if they should say something or not. So I was mostly there to provide support”. (Psychologist, Male, E5)

Therapists reported that these conversations, although very difficult and emotional, were necessary for beginning the adjustment process. Following a consultation with his psychiatrist, Ben was administered medication (Klonex) to calm him down and help him sleep: “I think when that was over, we could start the grieving process – but first, it was important to face reality and calm down.” (Psychologist, Male, E5)

Avoidance persisted for many of the adolescents upon discharge. In an attempt to avoid or distance themselves from distressing memories, thoughts, or feelings, some expressed hesitation about returning to their communities and former activities. Certain families even sought to delay discharge entirely, underscoring the complex challenges of transitioning out of the ward and back into daily life after captivity. The struggle was particularly evident for 16-year-old Ranny, whose therapist described the family’s reluctance to leave the hospital:

The family didn’t really want to be discharged. They asked us to find them a hotel. They weren’t ready to go home... And Ranny didn’t want to go back to anything; to school, to basketball, to anything. It all seemed to him insignificant. (Psychologist, Female, E11)

Practitioners validated these fears about leaving the ward, helping children and their families think through the reintegration process to regain functioning, as well as providing preventive education about post-traumatic

disorders and other potential symptoms that might appear later on. Ranny’s therapist described her psycho-education intervention, which focused on gradual re-exposure to routine:

I emphasized how important it is to go back to a routine, it even shouldn’t be all at once, but he should choose something, little things to go back to gradually. After he shared that he didn’t want to go back to his hometown I spoke to him about avoidance that can become expanded and generalized.” (Psychologist, Female E11)

Theme 2.2: Hyperarousal

Some adolescents exhibited hyperarousal reactions, including sleep disturbances, an increased startle response, hypervigilance, and irritability. For example, one participant reported that for 17-year-old Ron, auditory stimuli (such as the closing of doors in the hospital ward), caused an exaggerated startle response:

He also said that the closing of doors would remind him... In the tunnels [where he was kept during captivity] there were these big metal doors, so it would really make him jump (Social Worker, Female, A11)

Another mental health practitioner observed a similar reaction in Shira, the adolescent girl she treated. Physical touch, even from her brother’s hand, provoked a strong reaction:

She was very startled when her brother touched her on the leg by accident, she jumped. She said to him ‘What? No one touches me without asking first.’ It was clear that there was something very traumatic there. (Social Worker, Female, A3)

Theme 2.3: Sleep disturbance

Adolescents found nighttime particularly trying, reporting nightmares, fear, intrusive thoughts, and difficulty both falling asleep and maintaining sleep continuity. One social worker described an adolescent boy’s nighttime distress:

My first experience of him was that he was in a state of shock, his eyes were like he was in a dream, like glass, you look at him and there is no eye contact. At first, he hardly spoke also the entire period he didn’t cry. He just had this frozen look in his eyes. He didn’t want to be alone in any moment. When he took a shower he asked for the presence of his mother, to be next to the shower not inside. During the nights he had trouble falling asleep and it was then that he wanted to talk a lot about captivity, with his mother, with his girlfriend and with us. (Social Worker, Female, A10)

Although vigilance, fear, and sleep disturbances were to be expected in these circumstances, participants intervened in various ways - through conversations, caregiver guidance, and, in some cases, medication. The goal was to enhance feelings of calm and safety, allowing the body to rest, recover, and gradually return to normal daily routines.

Theme 3: Reactions and psychological interventions among caregivers (6 mothers and 1 grandmother), aged 19–80.

In captivity, adult caregivers made a conscious effort to protect their young children and to instill in them a sense of safety by regulating their own emotions and suppressing expressions of their own fear or anxiety. One psychologist explains this effort by a mother:

She constantly thought about her daughter. She created within that space, which was so intolerable and so chaotic, daily routine. She knew how to communicate to her daughter things in a way that she felt safe, although there was no safety. (Psychologist, E10).

Upon return, however, caregivers exhibited a range of symptoms. Below are the most prevalent ones.

Theme 3.1: Dissociation

Some of the caregivers displayed disconnection from their surroundings, a cold or indifferent affect, and a sense of altered reality. In the case of Chaya, a mother freed from captivity with her child, dissociation helped her to cope with the agony of realizing that another family member would not be released in the hostage deal and would remain in captivity. Her therapist recalls:

There was one day that was extremely difficult. It was when the ceasefire ended, the fighting resumed, and the release of the hostages stopped. She (the mother) completely collapsed. When I came in the morning, she was catatonic, and her daughter was sitting next to her watching a movie. (Psychologist, Female, E10)

Intervention: the therapist attuned her approach to match Chaya's pace and readiness to share her traumatic experiences. By relieving her of the "protector role" and momentarily taking on the responsibility of caring for her child, the therapist communicated to Chaya that she was now in a safe and supportive environment. The therapeutic context created a space in which she felt "permitted" to express her emotional pain:

I think we were able to help her a bit to process this incomprehensible thing...I told her "Here you can rest. It's okay, there are a lot of people here and they are taking care of her (her child)." And that gave her permission to be in touch with the unbearable experience of terror and pain that she was in. And it gave her permission, in a way, to let go and trust others, and let her daughter trust others. (E10)

Theme 3.2: Extensive sharing of traumatic material

All caregivers engaged in extensive sharing of their trauma stories immediately upon return. They immediately provided highly graphic, detailed accounts of their experiences on October 7 and during captivity. This extensive sharing is illustrated in the case of Noga, who repeatedly recounted her traumatic story, in great detail, to both family members and the healthcare personnel:

She just started talking endlessly and it was like a flood of words. It was like she wanted to spill everything, and she jumped from this thing to that thing, because you know, she

was trying to grasp it all. She also became tired of talking so much. She became hoarse when speaking. I mean she spoke a lot a lot a lot (Social worker, A4)

In line with the PFA-CC treatment protocol, Noga's therapist refrained from exploring traumatic memories in-depth, as doing so at this early stage of the intervention could cause flooding and intensify intrusive symptoms. She asked short, structured questions related to captivity, with the intention of shutting down Noga's automatic, emotionally loaded reactions to instead facilitate cognitive reorganization:

And what I did was help her, in a very gentle way, with the temporal order... help her organize the story. She was talking about what happened in captivity and jumping from day to day, so I helped her establish the timeline of what happened and when it happened (Social worker, A4)

It is important to note that this urge to share the traumatic story took many therapists by surprise. They had initially assumed caregivers would prefer to explore their trauma at more advanced stages of the recovery process, rather than immediately after release:

We sat for a lot of hours. She wanted to talk and share her story, and I was not prepared. I thought we won't even reach this point, that it won't happen in the hospital, only later (Psychologist, E2)

4 Discussion

This qualitative study of children, adolescents and their caregivers released from war captivity reveals that psychological responses in the immediate aftermath of release are multifaceted and shaped by both developmental stage and captivity circumstances (e.g., whether they were held as a family or separately). These reactions were dynamic and gradually subsided throughout hospitalization. None of the observed reactions severely impaired normal functioning or required emergency interventions. Interventions were based on the principles of the Psychological First Aid (PFA) model—safety, calm, self-efficacy, connectedness and hope—and were tailored to the needs and responses of each age group: children, adolescents, and adult caregivers (Hobfoll et al., 2007).

4.1 Young children

Among young children, the most prominent reactions included worry, repeated questioning, and traumatic reenactment. These reactions were often accompanied by other symptoms, particularly separation anxiety, hypervigilance, and behavioral dysregulation (manifesting as anger outbursts, low frustration tolerance, and sleep disturbances). Such reactions are recognized in the scientific literature as hallmarks of the acute post-disaster phase among young children (Moner et al., 2022).

A notable reaction in this age group was traumatic reenactment, which often involved the persistence of behaviors and rituals established during captivity. For instance, young children frequently maintained routines related to food consumption, eating patterns, and clothing preferences after release. When working with caregivers, practitioners should acknowledge that these behaviors may seem concerning or maladaptive. Nonetheless, caregivers should be reassured that such reactions are in fact typical in the acute recovery phase. Allowing children to temporarily continue these rituals can foster a sense of security, with the expectation that they will gradually diminish as the child transitions to the post-captivity environment.

Notably, young children may be more vulnerable than older children to the lasting negative consequences of adversity (Atazadeh et al., 2019; Dunn et al., 2017). This heightened vulnerability may be linked to the rapid development of brain structures during early childhood as well as young children's strong dependence on caregivers (Lyons-Ruth et al., 2017; Moner et al., 2022). Consequently, clinical attention to this age group is particularly necessary. In this study's sample, the majority of young children had been held in captivity with a caregiver (a parent or another adult), a fact which may help explain the relatively low levels of acute maladaptive reactions and their overall adaptive functioning in the immediate release phase. Studies on post-disaster adjustment among young children suggest that their ability to buffer stress is strongly influenced by the caregiver and overall social support system (Scheeringa and Zeanah, 2001).

Interventions for young children included both direct child-centered approaches as well as caregiver-mediated interventions. The latter included support and guidance, psychoeducation on common trauma reactions, and assisting caregivers in re-establishing daily routines for their children such as eating, playing, and sleeping. Child-centered interventions included providing a safe space for processing traumatic experiences through behavioral reenactment/play and non-intrusive reflective listening.

Practitioners also helped children differentiate between the unsafe captivity environment and the current safe reality (e.g., "The soldiers who abducted you were threatening, but not all adults in uniform are," or "That night was unsafe, but not all nights are unsafe"). Consistent with developmental considerations, these interventions prioritized concrete, tangible aspects of experience (e.g., soldiers' clothing, types of food) over abstract concepts. At this initial stage, cognitive interventions aimed to promote organization and clarity rather than delve into the emotional processing of the traumatic experience. As such, interventions were kept brief and straightforward, designed to enhance cognitive structure and prevent overwhelming emotional responses (such as flooding) (Farchi et al., 2018).

4.2 Adolescents

Adolescents primarily exhibited symptoms of avoidance, hyperarousal, sleep disturbances, and excessive sharing of traumatic material. These reactions align closely with previous studies assessing symptoms and mental health responses after terrorist attacks. However, unlike prior research, we did not

observe somatic complaints or dissociative symptomatology (Chauvelin et al., 2019; Ceri et al., 2016).

Avoidance manifested as fear of enclosed spaces (e.g., bathrooms or showers), fear of sleeping alone, and reluctance to leave the unit upon discharge. Its prominence in our sample may be attributed to the fact that nearly all adolescents had been held captive without their families. The cumulative trauma experienced on October 7 (prior to abduction), combined with prolonged social isolation during captivity, may have disrupted adolescents' ability to perceive and accept social support after release. Even when tangible support was available, this disruption may have reinforced avoidant behaviors. Indeed, prior research indicates that mass trauma is linked to decreased perceived social support, particularly among children and adolescents who rely heavily on their environment for stability (Aba et al., 2019). At the same time, short-term avoidant strategies may serve an adaptive role, facilitating a gradual transition from the stark isolation of captivity to the overwhelming sensory stimuli of reintegration (Stein et al., 2015).

Another form of avoidance was the reluctance or refusal to receive distressing news, with many adolescents trying actively to evade information about personal losses. Consistent with prior research (Hopwood and Schutte, 2017), our findings indicate that exposure to disaster-related media is associated with heightened anxiety and sleep disturbances. Vulnerability to such exposure is particularly relevant in the context of captivity, where hostages are deprived of external information and remain unaware of significant events. These findings highlight the need for a structured, gradual, and clinically monitored approach to media exposure, particularly regarding distressing information about the loss of loved ones. To be sure, regulating media exposure after release from captivity presents unique challenges, given the intense public and media attention surrounding high-profile hostage cases (Fletcher, 1996). On the other hand, for adolescents, social media serves as a primary means of communication and social connectedness and can provide benefits, such as increased perceived social support (Best et al., 2014). Given this developmental context, clinicians should implement tailored strategies to help adolescents navigate media exposure in a way that safeguards their psychological wellbeing.

4.3 Adult caregivers

Caregivers exhibited many of the same symptoms observed in adolescents, including hyperarousal, sleep disturbances, and excessive sharing of traumatic material. However, they also displayed dissociative symptoms, which appeared to function as coping mechanisms for managing the anguish of captivity. From a medical perspective, dissociation is defined as a disruption—acute or gradual, transient or persistent—of consciousness, perception, memory or awareness (American Psychiatric Association, 2013). Dissociative responses are often linked to maladaptive coping strategies and an elevated risk of post-traumatic symptoms (Lam and Fung, 2024). However, from a psychoanalytic perspective, certain forms of dissociation are considered defense mechanisms that can provide psychological elasticity, transforming the experience to protect the individual from psychic pain and to foster resilience (Alayarian, 2019). The caregivers in our sample

had to maintain their parental role throughout captivity to protect their children. Upon return to a safe environment, however, they could temporarily “let go” of that role. We hypothesize that this transition opened up “psychic space” to process their experiences and grieve their losses. This shift may have resulted in moments of dissociation, serving as an adaptive response to overwhelming emotions.

4.4 Cross-age considerations

Significantly, practitioners consistently reported that children’s reactions were transient, with many resolving within several days through appropriate intervention and the passage of time in a secure environment (the hospital). These findings highlight children’s remarkable adaptability; as such, practitioners cautioned against pathologizing normal responses to an extremely abnormal event. While heightened reactions are common in the months following a highly traumatic event, only a small percentage of children develop long-term psychopathology (Bonanno et al., 2011). Although some may face genuine psychological challenges or struggle with post-incident adjustment, it is essential to shift from a pathogenic model to a resilience model that recognizes the extraordinary strengths that children and their caregivers often demonstrate in the face of trauma (Aba et al., 2019).

At the same time, this study was conducted in the immediate aftermath of captivity—a period often marked by euphoria, optimism, and an apparent return to normalcy, during which survivors may believe that their release resolves all difficulties (Fletcher, 1996). These powerful emotions can sometimes delay or prevent help-seeking behaviors. Nevertheless, it remains crucial to provide survivors and caregivers with information about potential psychological challenges and to guide them through the complexities of post-captivity life.

Two prevalent reactions spanning all age groups were sleep disturbances and the extensive sharing of traumatic material. Among these, sleep disturbances were the most widespread, underscoring the central role of sleep structure in revealing the effects of trauma. It has been suggested that trauma-associated sleep disorder (TASD) may constitute a distinct parasomnia—a specific sleep disturbance specifically linked to traumatic exposure (Brock et al., 2019). Notably, this condition is closely associated with hyperarousal, another prominent reaction observed across all age-groups in our study. While evidence supporting pharmacological and non-pharmacological treatments for TASD remains limited, improving sleep duration and quality through sleep hygiene—such as maintaining a consistent daily routine and minimizing stimuli before bedtime—presents a potential intervention for mitigating trauma-related sleep disturbances (Brock et al., 2019).

Another significant reaction observed among adolescents and caregivers was the extensive sharing of traumatic material. In some cases, this intense verbalization was surprising, even overwhelming, raising concerns among practitioners about emotional flooding. Excessive talking can manifest in response to the intense psychological and emotional turmoil following captivity (Fletcher, 1996). Although sharing experiences is a crucial and healthy coping mechanism following

traumatic experiences and prolonged isolation, excessive or unstructured disclosure can become overwhelming and trigger overly strong emotional reactions (Rimé et al., 2010). Practitioners in our study responded by attempting to provide private spaces for sharing traumatic experiences in a safe, structured manner. In line with previous recommendations (McNally et al., 2003), this included providing a non-intrusive presence during family conversations (if requested), attentively listening to shared experiences while monitoring emotional reactions, and offering strategies for support and regulation.

The circumstances of captivity—notably, whether children, adolescents and caregivers were held together as a family or separately—was an important factor influencing post-release psychological responses across all age groups. This factor significantly shaped the presentation of reactions in the immediate recovery phase. Scheeringa and Zeanah (2001) emphasize the importance of viewing traumatic events and associated symptoms among both caregivers and children within the relational model of PTSD. According to this model, children are not only affected *directly* by exposure to traumatic events but are also affected *vicariously* by the trauma’s influence on their parents’ mental health along with the resulting disruptions in the parent-child relationship.

In our sample of young children, the caregiver-child relationship remained largely intact during captivity, with caregivers generally managing to meet their children’s emotional and practical needs despite significant captivity-related constraints; conversely, maintaining caregiving roles served as a protective factor for the caregivers themselves. This model underscores the mutual benefits of the child-caregiver relationship in captivity, highlighting the importance, post-release, of preserving or reconstructing this bond.

This study has several limitations that should be considered when interpreting its findings and implications. Although the study drew upon multiple data sources—including qualitative interviews and medical records—to assess the reactions of children and caregivers, it did not collect direct accounts from the target population itself (i.e., the children and caregivers released from captivity). This methodological choice was made to prioritize the wellbeing of the children and their families during a highly vulnerable time. Additionally, the study was cross-sectional rather than longitudinal, thereby limiting the possibility of drawing conclusions about the trajectory and persistence of mental health difficulties over time. Future research is needed to ascertain the long-term psychological outcomes of captivity among both children and caregivers. Despite its limitations, however, the current study makes a valuable contribution to the understanding of the immediate impact of extreme trauma on children and caregivers’ mental health and provides insight into practitioners’ experiences during this complex intervention.

5 Conclusion and implications for practice policy and research

This study is the first to present qualitative data on the immediate psychological responses of children and their caregivers

following release from war-related captivity. To help advance future research as well as improve policies and clinical practice we offer the following recommendations.

Train frontline practitioners in trauma-informed care. Practitioners must be specifically trained to recognize and respond to developmentally appropriate psychological reactions in the immediate aftermath of captivity. This training should be informed by PFA and consider the unique needs of both children and their caregivers.

Conduct multidisciplinary assessments upon release from captivity. Upon release, children and their caregivers should undergo comprehensive medical, psychological social and nutritional evaluations to assess both immediate and long-term mental health needs. These initial assessments provide healthcare teams with vital information, allowing them to develop a clear understanding of children's needs and to tailor interventions accordingly.

Adapt and implement Psychological First Aid (PFA) principles across age groups. Interventions should be grounded in the principles of the PFA model, adapted to the developmental stage of the child. Key strategies to promote emotional regulation and recovery in children include psychoeducation, cognitive reframing and organization, and the rapid establishment of structured behavioral routines. For adolescents and adults, supportive listening techniques should be employed, along with efforts to manage exposure to overwhelming traumatic content (e.g., via social media) (see {author's own} for in-depth guidance). It is critical that practitioners recognize immediate post-crisis reactions as normal and expected, avoiding the pathologization of these responses. Practitioners should also provide clear psychoeducation to caregivers, reinforcing that such reactions are typical responses to an abnormal and extreme event.

Preserve and strengthen the caregiver-child relationship post-release and prioritize a family-centered approach to intervention. In line with the relational model of PTSD, interventions should assess and reinforce the caregiving relationship as a critical component of the child's recovery. If children were held in captivity alone, efforts should be made to reunite them with existing family or community members, rebuild relational trust, and restore caregiving roles as a foundation for healing

Offer time-limited, intensive early intervention. Based on our findings that initial reactions tend to attenuate over time, post-release care should be intensive but limited in duration (one to three weeks), unless severe psychiatric or physical conditions are present. A balance must be struck between creating a safe space to begin the adjustment and healing process and encouraging a return to a home or home-like environment. Discharge decisions should be conducted collaboratively with families, carefully considering individual circumstances and the achievement of essential therapeutic goals.

Ensure continuity of care and long-term support release marks only the beginning of recovery. It must be followed by immediate and sustained psychological care, social reintegration, and structured rehabilitation efforts that are tailored to the unique experiences of abducted children and their caregivers. Long-term follow-up in a specialized trauma center is essential

to ensure early detection and treatment of medical and mental health issues.

From a research perspective, our results identify key areas for future investigation that could help validate the studies preliminary observations. For instance, the seemingly adaptive role of dissociation among adults, and the complex, potentially both protective and harmful effects of social media among adolescents, warrant further longitudinal study to examine these effects over time. Moreover, given the nascent status of research focused on children abducted during armed conflict—and the wide variability in experiences and contexts—it is essential to conduct follow up studies that adapt interventions identified in this study to different conflict contexts.

Data availability statement

The datasets presented in this article are not readily available due to the very small sample size and the sensitivity of the data. Requests to access the datasets should be directed to mayafennig@tauex.tau.ac.il.

Ethics statement

The study was approved by the Institutional Review Board of Tel Aviv University and the Institutional Review Board of Schneider Children's Medical Centre of Israel. The study was conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

MF: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. AS: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. MS: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. EH: Conceptualization, Supervision, Writing – review & editing. SF: Conceptualization, Data curation, Formal analysis, Funding acquisition, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Correction note

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Correction: Early psychological responses of children and caregivers in the immediate aftermath of release from war captivity

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KEYWORDS

children, trauma, war, Israel, conflict, mental health, adolescents, psychological intervention

A Correction on

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In the abstract, some information was reported incorrectly in the Objectives and Methods:

Objective: This study aims to (1) describe the early psychological responses of children and caregivers' early psychological responses immediately following their release from captivity in the Israeli-Hamas war

Methods: This qualitative study analyzed the psychological reactions of children and their caregivers ($N = 26$) who were released from captivity and received care at {masked}

The correct sentences appear below:

Objective: This study aims to (1) describe children and caregivers' early psychological responses immediately following their release from captivity in the Israeli-Hamas war and (2) examine the clinical interventions used to manage these reactions.

Methods: This qualitative study analyzed the psychological reactions of children and their caregivers ($N = 26$) who were released from captivity and received care at Schneider Children's Medical Centre of Israel.

A correction has been made to the **Methods** section, subsection *Context and setting*, paragraph 3. The name of the institution previously included a [masked] placeholder. The correct sentence appears below:

"Conducted over a 4-month period (December 2023–March 2024), the study was a partnership between Tel Aviv University and Schneider Children's Medical Centre of Israel."

A correction has been made to the **Methods** section, subsection *Study sample*, paragraph 1. The name of the institution previously included a [masked] placeholder. The correct sentence appears below:

“Table 1 displays the characteristics of the sample of children and their caregivers ($N = 26$) who had been abducted in the context of war and subsequently received treatment at Schneider Children’s Medical Centre of Israel, where the study was conducted.”

A correction has been made to the **Methods** section, subsection *Study sample*, paragraph 2. The name of the institution previously included a [masked] placeholder. The correct sentence appears below:

“The study sample comprised a subset of 37 practitioners employed at Schneider Children’s Medical Centre of Israel, including social workers ($n = 11$), psychologists ($n = 10$), a child psychiatrist ($n = 1$), nurses ($n = 9$), pediatricians ($n = 4$), and senior directors ($n = 2$).”

A correction has been made to the **Methods** section, subsection *Ethical considerations*, paragraph 1. The name of the institution previously included a [masked] placeholder. The correct sentence appears below:

“All procedures were reviewed and approved by the Institutional Review Board of Tel Aviv University and the Institutional Review Board of Schneider Children’s Medical Centre of Israel.”

The original version of this article has been updated.

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“Playing helps you feel at home”: recovery and reintegration of child victims of political and social violence

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Introduction: Play is a fundamental right of every child and one of their most important needs. However, despite the countless benefits of play for children’s wellbeing and development, it is often overlooked in public policies, and especially so in the situation of political conflict and social unrest.

Methods: Drawing from the children’s rights framework, this qualitative study explores the role of play for the psychological recovery and social reintegration of children affected by political and social violence. It does so within the wider framework of peace studies and includes the exploration of children’s conceptions of peace and the question of how play can contribute to promoting a culture of peace in violence-stricken societies. Through play-based focus groups with child migrants and refugees in Chile, we explored their own views on the therapeutic and peace-building potential of play as a response to self-reported problems.

Results: The children in our study told a dual story: a story of trauma and violence, and another one about hope, friendship, and resilience, all of which were greatly facilitated by play.

Conclusion: For that reason, as representatives of children’s vulnerable voices, we advocate for the greater and more systematic provision of children’s right to play in conflict zones and its inclusion in peace-building programs.

KEYWORDS

play, right to play, political and social conflict, child migrants and refugees, peace, trauma, resilience, participation

Introduction

Play is one of the most important needs, pleasures, and goods of childhood. It is also a right of the child: both a natural right (Finnis, 2011) and a basic human capacity (Nussbaum, 2013). According to Article 31 of the United Nations Convention on the Rights of the Child (UNCRC), governments must ensure and promote this right regardless of children’s nationality, race, religion or abilities (Art. 2). Recognizing the value of play as a specific good and right of childhood marks a transition to the understanding of childhood as a space of “being” and not only “becoming” future adults (Arneil, 2002). The Committee of the Rights of the Child distinguishes the intrinsic from the instrumental value of play (CRC, 2013).

The intrinsic value refers to the importance of play for the pleasure and dignity of childhood. In an adult-governed world, play is one of the few spaces where children can exercise their agency, liberty, and creativity in inventing their own scenarios, worlds, and characters. As it is well-evidenced in literature (Pellegrini, 2009; Milteer et al., 2011; Gray, 2013; Yogman et al., 2018), play also has an instrumental value as “an essential component of the physical, social, cognitive, emotional, and spiritual development” of children (CRC, 2013, p. 14).

However, despite the countless benefits of play for children’s wellbeing and development, play is often overlooked in public policy, academic research, and individual interventions. It is traditionally described as a forgotten (Hodgkin and Newell, 2007; Fronczek, 2009) and neglected (Collins and Wright, 2019) right that has only recently begun to attract more academic attention (Lott, 2023). Political conflict and social unrest constitute a situation where children’s right to play is easily ignored and overrun by other, apparently more important and urgent needs and rights (cf. Collins and Wright, 2019). Although many international organizations and NGOs do provide numerous play-based initiatives in conflict zones and refugee camps, these initiatives are rarely subject to systematic research and evaluation (Ager et al., 2013). Moreover, little is known (cf. Payà and Bantulà, 2021) about how hosting countries fulfill their obligations under UNCRC (Art. 2 and Art. 22 in relation to Art. 31) to protect migrant and refugee children’s right to play. It is also unclear whether and how these initiatives attempt to identify and respond to the specific challenges faced by this vulnerable group of children.

Drawing from this human rights framework and existing research on the topic, this article aims to explore the role of play for children’s physical and psychological recovery, as well as social reintegration (cf. CRC, 2013, p. 13). It does so within the wider framework of peace studies, involving an exploration of children’s conceptions of peace and the question of how play can contribute to promoting culture of peace in violence-stricken societies.

Play and peace in a human rights framework

Peace and the protection of human rights are deeply interconnected and mutually reinforcing. Although the right to peace has not yet been proclaimed, the UN Declaration on the Right to Peace (United Nations General Assembly, 2016) affirms that “enjoyment of peace” is a necessary condition for the full realization of all human rights. As stated in Article 1: “Everyone has the right to enjoy peace such that all human rights are promoted and protected, and development is fully realized.” At the same time, respecting human rights is essential for building and sustaining peace. Since human rights violations often serve as both a cause and a consequence of violent conflicts, the protection and promotion of rights can function both as a preventive measure and as a means of transforming conflict-affected societies. The UNICEF (2023) Peacebuilding Framework emphasized the central role of children’s rights in fostering a culture of peace.

Similarly, the realization of children’s right to play is not only protected by peace—it also contributes to peace. This contribution is affirmed by the Committee of the Rights of the Child in

its General Comment on Article 31. In its paragraph 39, the Committee has emphasized the vital role of play for the “physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts” (CRC, 2013, p. 39). While highlighting the beneficial potential of play for children’s recovery and reintegration, the Committee drew particular attention to its therapeutic effects. As the Committee stated, “Opportunities to realize the rights under Article 31 can provide a valuable means through which children can externalize traumatic or difficult life experiences in order to make sense of their past and better cope with their future.” Importantly, the Committee has underscored the participatory nature of play and the agency of children in the process of trauma-recovery in this context, calling play a “natural, self-guided, self-healing process”.

The peacebuilding potential of play is consistently operationalized through multiple UNICEF Humanitarian Action Reports and Peacebuilding Frameworks. One of UNICEF’s key strategies for promoting play-based trauma healing is the establishment of Child-Friendly Spaces (CFS) in post-conflict settings. These spaces are designed to provide children with a safe and structured environment in which they can express themselves, enjoy the company of peers, and begin their healing process. As UNICEF has repeatedly affirmed, play has a crucial role in creating a sense of normalcy, and “minimizing the effects of a traumatic experience, like witnessing violence, losing loved ones or seeing one’s home destroyed by shelling (UNICEF USA, 2025).” Beyond individual recovery, play also functions as a powerful tool for social reintegration and inclusion. Even if this function of play has yet to be theoretically explored and practically applied, there is evidence that it helps conflict-affected children to develop friendships, and promotes “various dimensions of social cohesion,” such as “trust, tolerance of others, and the ability to resolve disputes constructively” (UNICEF, 2016, p. 21).

In the context of Latin America, children and adolescents have been recognized as crucial agents in the achievement and sustenance of peace and as catalysts of positive social change (UNICEF Colombia, 2024). Particularly in the armed Colombian conflict, UNICEF called for a change of the traditional perspective in treating children and adolescents as passive subjects whose judgments and opinions can be dismissed. Instead, UNICEF points out that children and adolescents have natural characteristics such as creativity, energy, and idealism that position them well to contribute to the management of differences and conflict resolution (UNICEF Colombia, 2019). However, to make good use of their potential, children and youth’s participation needs to be included in all strategic plans aimed at peacebuilding (Aldeas Infantiles SOS, 2021). For instance, in the Peace Agreement framework, this imperative was endorsed by a coalition of national and international organizations, including the Colombian Presidential Advisory Office for Human Rights and the International Organization for Migration, which developed a project called, “*My Future is Today: Creating Peaceful Environments for Children, Focused on Preventing Recruitment*.” In this project, 7,200 children and adolescents participated in play-based activities and art projects aiming at promoting conflict resolution skills, raising awareness about human rights, and contributing to local peace-making initiatives. Similarly, the Colombian Commission

for the Clarification of Truth, Coexistence, and Non-Repetition also emphasized how indispensable it is to integrate children's and youth's perspectives in the construction of peace by carrying out the “*The National Consultation of Children and Young People for the Truth*” to foster a participation space led by children and young people to learn about their perspectives on the value of learning the truth with respect to the armed conflict in Colombia. This Latin American orientation of positioning children and youth as peace agents, combined with the use of play as a pedagogical tool of participation and reflection, is certainly a framework worthy of being replicated and expanded.

In line with the emerging UN framework on peace and play and inspiring Latin American practices of positioning children as agents of peace, we hope that our participatory research will contribute to strengthening both scientific evidence and human rights-based programs that—through play—promote children's active role in peacebuilding in all regions of the world affected by war and conflict.

Play and peace in academic literature

Similar to the UN framework, the role of play in promoting peace remains an emerging topic within academic literature. Nevertheless, existing research increasingly supports play's contribution to the mental recovery and social reintegration of children victims of war and conflict.

Play and inner peace

The strongest evidence for the impact of play relates to trauma recovery and mental wellbeing, which can be described in terms of play's contribution to children's inner peace. It can be considered symbolic that the roots of play therapy can be traced back to the war-related context. In the aftermath of World War II, pioneering psychologists Anna Freud and Dorothy Burlingham observed that while most children struggled to articulate their traumatic experiences, they recurrently “played it out” (Freud and Burlingham, 1943; Feldman, 2019). One such war-themed example was the “air raid” game, in which a child would shout “*Alert! Danger!*”, while others scatter and hide—as if under bombardment. While such playful reenactments may appear unsettling, they served a vital psychological function: they allowed children to externalize their trauma and process it symbolically in the company of peers. These early observations led to recognizing play as a powerful therapeutic and diagnostic tool, especially for children unable or unwilling to express their distress through verbal language. Contemporary clinical studies reinforce this therapeutic potential of play. For instance, Cohen and Gadassi (2018) observed that, when encouraged to re-enact traumatic events through play, children can often reframe their meaning and emotional burden over time, transforming fear into mastery and helplessness into control.

Further research shows that play serves as a useful therapeutic tool for war-affected children, reducing their traumas, helping overcome behavioral and psychological challenges, in addition to improving emotional regulation and literacy (Moody-Pugh et al.,

2025; Parker et al., 2021). Schottelkorb et al. (2012) examined the effects of child-centered play therapy in refugee elementary children who experienced violent combat in their home country and were diagnosed with Post-Traumatic Stress Disorder. The researchers found that the play therapy used produced a “significant reduction in PTSD symptom severity” (p. 68), which in turn contributed to improving children's cognitive development and academic performance. In their exploratory study, De Freitas Girardi et al. (2020) designed and implemented workshops to activate the “playful energy” of young asylum seekers in Canada. They found that symbolic play allowed participants to progressively transition from states of distress such as tantrums and volatile behavior to emotional regulation with calmed behaviors. Symbolic play also provides a safe space for children to express past and present experiences. Other studies have found evidence of similar benefits of play in promoting inner peace in traumatized children, by reducing symptoms of anxiety and depression, improving attention, cultivating appropriate emotional expressions, and reactivating positive memories (Jones, 2015; Kwon and Lee, 2018).

Play and social peace

The role of play in fostering social peace remains underexplored in academic literature. However, some studies have evidenced the positive effects of play during and after traumatic events such as war, armed conflict, family separation, and forced displacement (e.g., Feldman, 2019; Gura and Roma, 2024). For instance, when playing, children demonstrated compassion by “consoling victims of war” (Feldman, 2019, p. 296), “protecting loved ones,” and “helping victims” (Gura and Roma, 2024, p. 52).

Moreover, various studies have shown that sports and other games foster relationships, collaboration, peaceful environments, and healthy co-existence (e.g., Schlenker et al., 2010; De San Eugenio et al., 2017; Sobotová et al., 2016; Brake and Misener, 2020; Gadassi et al., 2023). For instance, using interview data, Schlenker (2010) studied the outcomes of an intercommunity sport event in which 150 children participated, all from various ethnic backgrounds in Sri Lanka. The aim of this event was to strengthen relationships among Sinhalese, Tamils, Muslims, and Burghers who had faced historical conflicts that resulted in a civil war in 2008. Findings showed that many participants experienced social integration and reconciliation by forging new friendships, untangling stereotypes, and developing identities as peacemakers. Similarly, in Colombia, Sobotová et al. (2016) evaluated the impact of *Tiempo de Juego* (Time for Play), a local non-profit organization program that provided daily training sessions in six different sports and art activities (e.g., soccer, basketball, cheerleading, breakdance) for almost a decade. In the context of the Colombian peace process, this program aimed to prevent youth in the community of Cazucá, Soacha from exerting influence on issues associated with violence and criminality (e.g., gangs, drugs, insecurity) given their high level of vulnerability. Cazucá, Soacha, was originally formed through informal settlements marked by high poverty rates and homes of families affected by internal displacement, violence exposure, and unemployment. Through participatory mapping, 35 young instructors (between the ages of 15 and 25) collectively described

the program as affording safe spaces, a sense of community, gender equality through mixed-gender teams, and leadership roles for females. According to this research, the social change achieved in their studied communities cannot be measured only by the integration of sports, since other efforts have also contributed to this progress (Schulenkorf, 2010; Schulenkorf and Sugden, 2011; Sobotová et al., 2016). This caution accounts for the complexity of peacemaking processes.

In sum, growing research indicates that play has the potential to promote internal and social peace among child-victims of violence-related trauma. These findings, combined with the ongoing wars and political crises currently affecting various parts of the world, including Latin America, compel us to deepen our understanding of play as a powerful tool of peacebuilding, especially as this crisis is severely affecting the lives of displaced children, our most vulnerable population. In light of this, strengthening the evidence base is increasingly important. A key part of this scholarship is examining how the peace-building potential of play is experienced by children themselves, particularly those who experienced the trauma of violent conflicts and displacement in different international settings—an area to which our study contributes. It is worth mentioning that, although the importance of play therapy for children affected by conflict is well-established in psychological literature (cf. also Hyder, 2005; Cohen et al., 2010; Cohen, 2014; Humble et al., 2018; Cohen, 2019), the healing potential of children's everyday play in their natural settings (school, home, neighborhood) is less explored, especially in the context of displacement. Our study fills this gap and does so in a participative, child-friendly manner.

Background

In Latin America, rates of violence have increased steadily over time. Political crises, organized crime, homicide, and femicide have spread fear into the daily lives of many Latin Americans, forcing an unprecedented displacement crisis in the region. According to UNHCR (2024), 42% of new asylum seekers in the world are from Latin America and the Caribbean countries. Venezuela, a country of origin for the majority of children in our study, is a prime example of this phenomenon. UNICEF reports that over 7 million people have fled Venezuela, resulting in one of the largest migratory crises in the world (Bueno, 2024, p. 4). Sadly, the political, socio-economic, and humanitarian crisis growing under the Maduro regime is directed also against children and adolescents, making them victims of imprisonment and torture for sharing anti-government content on social media (OCCRP, 2025).

In Chile, there has been a significant increase in the number of migrants and refugees over the past three years. The country ranks fourth in South America in terms of immigration, receiving a total of 1.6 million foreigners, mainly from Venezuela (32.8%), Peru (15.4%) and Colombia (11.7%) (OIM, 2025, p. 25). Within this migratory group, 13% are children and adolescents (OIM, 2023, p. 25). It is important to highlight the irregular situation faced by 65.9% of these migrants and refugees (OIM, 2023, p. 11), who arrived in Chile via illegal routes (one of which is the journey through the Atacama desert, where the temperature range is extremely high, reaching highs of 45 °C during the

day and lows of −2 °C at night) and lacking the necessary documents to find legal work and provide a decent living for their families. Demographically speaking, the largest percentage of migrants (24%) resides in the Metropolitan Region (Servicio Nacional de Migraciones, 2023, p. 3). Within the Metropolitan Region, the communes of Santiago and Estación Central have the highest concentration of migrant inhabitants and are two of the communes with the highest rates of violence (Biblioteca del Congreso Nacional de Chile, 2024, p. 47–49). The school where this study took place is located in the Santiago district, where a multidimensional poverty rate, measuring deprivation in health, education, and standard of living, reaches 16.5% (Ministerio de Desarrollo Social y Familia, 2022). In addition, in 2023, the district rate of reported serious crimes—i.e., armed robberies, serious injuries, homicides and rapes—reached 3,749 cases per 100,000 inhabitants, exceeding the national average by 226% (Biblioteca del Congreso Nacional de Chile, 2024).

This data demonstrates that Chile, similarly to other Latin American countries, suffers from the continent-specific mix of criminal, social, and political violence that trickles down into many neighborhoods, schools, and even homes, taking a tragic toll on the youngest population as well. An example of this phenomenon is the “Tren de Aragua,” a criminal, transnational mega-gang originating in Venezuela but present in many countries in the region, including Chile, and seriously threatening the stability of the region through arms, drug and human trafficking, kidnapping for ransom, murder, and other crimes (Sampó and Troncoso, 2024, p. 152). Perhaps the worst of the effects of this endemic violence is the deprivation and criminalization of the children themselves. According to national statistics (Ministerio de Desarrollo Social y Familia, 2017), there are more than 500,000 “ninis” (adolescents from precarious socioeconomic backgrounds who are neither studying nor working) in Chile. These children are particularly at risk of falling victim to crimes such as human trafficking, or, worse, being recruited by criminal gangs and involved in their illegal activities.

Our study

This is an exploratory, qualitative study designed to allow children to share their unique perspectives, experiences, and emotional worlds. The purpose of this study was to understand the function of play as a tool for supporting the mental recovery, social integration, and resilience of migrant and refugee children affected by political and social conflict. The research questions guiding this study were: (1) How does political and social violence experienced by child migrants and refugees affect their everyday life and wellbeing? (2) How does play function as a tool for the mental recovery and resilience of child victims of political and social conflict? (3) How can play-based interventions contribute to integration and peacebuilding for migrant children affected by political and social conflict? By responding to these research questions, we seek to promote awareness about the importance of children's right to play in the situation of political and social violence and to deepen the understanding about its role as an instrument for inner and social peace.

TABLE 1 Participant demographics.

Characteristic	Number (total, $n = 23$)
Sex of child	
Male	13
Female	10
Nationality	
Venezuela	11
Perú	10
Bolivia	1
Ecuador	1
Age of child	
9 or 11	16
11 or 12	7
Grade levels	
Third grade	5
Fourth grade	11
Sixth grade	7

Materials and methods

Participants and ethical considerations

We implemented a number of strategies to protect children's rights, inclusivity, agency, and decision making, as well as to promote a collaborative relationship with researchers to decenter adult power (Swauger et al., 2017). In our workshops with children, we created a playful environment where there were no right or wrong answers. While children's parents provided consent to participate, we constantly sought assent from children. The principal investigator explained the nature, objectives, and procedures of the study to children in a simple, child-friendly manner. Children signed an assent form with their names and stickers. Children (as well as parents) were informed that they could withdraw from the study at any time. We also provided an option to temporarily withdraw and use a comfortable couch, located outside the play space in the corner of the library and labeled as the "Corner of Peace." The protocol of child safety, which was observed throughout the study, specified that a child who retreated to the "Corner of Peace" would be automatically taken care of by a professional psychologist. The study was approved by the Ethics Committee for Social Sciences, Arts and Humanities of the Pontifical Catholic University of Chile (approval number: 231222003). The school director authorized the study.

In order to help the children feel safe, familiar and at ease, the study took place in the colorful space of the school library, where extracurricular activities usually take place. Our study included 23 children between 9 and 12 years old, from a variety of cultural backgrounds, and an equal ratio of girls to boys (see Table 1). The workshop was attended by migrant and refugee children of different nationalities: 11 children were

from Venezuela, 10 children from Peru, 1 child from Bolivia, and 1 child from Ecuador. Interestingly, during the last session (framed as a "Children's Congress"), where young participants could represent a country or region of their choice, some children chose to represent their country of resettlement (Chile) or other countries in the world (for example, since children were informed that their actions and opinions are meant to help all children in the world, one child decided to represent war-torn Ukraine).

Data collection methods

The choice of study methodology considers children as subjects of rights (UNCRC, 1989), and therefore, subjects of research (as contrasted to be only objects of it), which in our study was reflected in positioning children as experts in play (and thus teachers to adults on the subject), as well as active participants of the research process (Kyritsi, 2019, p. 40). We collected our data in an urban public school located in Santiago, Chile. The study consisted of four play workshops entitled "Experts in play," which combined a playtime and play-based investigation. As play is a fundamental form of children's participation in everyday life (Lester and Russell, 2010, p. 27), their language (Landreth, 2021), and a means of empowerment (Hyder, 2005), each research instrument had a playful, participatory and creative character (cf. Groundwater-Smith et al., 2015; Montreuil et al., 2021; Sevon et al., 2023), giving space to children's voices. Table 2 provides a summary of our workshops, their themes, guiding questions, and main play-based activities. These workshops were carried out within a span of three weeks, which allowed us to collect data using semi-structured focus group interviews, student work samples using drawing, and social cartography through maps (Rodríguez-Castrillón and Amador-Baquiro, 2023).

Our principal research instrument was a play-based focus group. We opted for this method because it allows a safe peer environment for children and helps to avoid power imbalances between researchers and participants, which can occur between an adult and a child in a one-on-one interview (Shaw et al., 2011; Adler et al., 2019). These focus group interviews were semi-structured, allowing a balance of structure and flexibility. This approach encourages rapport, topic shifts, and digressions based on the interviewee's interests (De Fina, 2020). To enable the participation of all children, also the more timid ones, we also invited them to respond either orally or to write down their personal opinions on the importance of play, concepts of violence and peace, etc. The second research method was drawing, which is known to provide access to children's emotional words (Jolley, 2010; Fargas-Malet et al., 2010). Drawing is also considered an enjoyable and playful activity for children and an important means of non-verbal communication for them (Longobardi et al., 2022). In order to find out the children's migration itineraries and experiences, we used a third instrument: mapping (Darbyshire et al., 2005; Groundwater-Smith et al., 2015), whereby we asked the children to draw their migration routes to Chile (and describe their experiences and emotions on the way).

TABLE 2 Workshop overview.

Workshops and themes	Discussion questions	Description
Workshop 1 <i>Getting to know each other</i>	Who are we? How do we like to play?	Interactive explanation of this project and drawing children's favorite game while sharing why they like it and how often they play
Workshop 2 <i>The importance of play</i>	What is the importance of play in children's lives?	Children explored the importance of play through a question-and-answer dice game and a collaborative "Patchwork Quilt."
Workshop 3 <i>Wellbeing of children</i>	How does play make children feel?	Using social cartography, children created two maps: one tracing their migration journey to Chile and another mapping their play spaces in Chile. Emotion cards helped them express feelings about these experiences.
Workshop 4 <i>Play and peace</i>	Can play help children live at peace with other people?	We explored children's views on play in integration, social peace, and wellbeing through a "Children's Congress" role play. Using photographs of conflict and peace, they discussed their definitions of these concepts and shared perspectives on social issues.

Data analysis

All types of material —transcripts, verbal productions, drawings and maps— are regarded as a single data unit and analyzed according to thematic analysis (Braun and Clarke, 2019, 2021; Naeem et al., 2023). The analysis is grounded in constructionist epistemology (Mogashoa, 2014) and combines deductive and inductive coding as well as theme development. The deductive codes reflect the study's main hypothesis that play can be an instrument of mental recovery, resilience, and reintegration, as suggested by the human-rights framework and a vast array of psychological and cultural theories of play. However, it is worth mentioning that this deductive approach was completed with the inductive theme development, as the children's unexpected openness about their migratory experiences, including the violence-related problems, provided very rich data on these themes. The generosity, political answers, and eagerness with which children talked about their difficult experiences (often initiating these subjects themselves) is a valuable finding in itself. It points to the need of migrant and refugee children to share their stories and be listened to in safe, welcoming settings.

The analysis followed a six-phase process, as outlined by Braun and Clarke (2006). Specifically, the data was transcribed and anonymized by the research assistants who participated in the workshops, and then completed by a professional transcriber to assure accuracy. All transcripts were checked back against the audio recordings by the first author. Then, the authors applied Saldaña (2015) first cycle coding, which involves an active, reciprocal engagement between our interpretations and the data. This initial coding phase followed a deductive and inductive approach, allowing the recognition of descriptive codes of our thematic analysis. To carry out this process, the first author examined all data from workshop transcripts as well as participants' drawings and maps, generating descriptive codes and an initial codebook. Using this codebook as a reference, each of us identified patterns across the data as an iterative process to carry out Saldaña (2015) second cycle coding. Subsequently, codes were then collapsed or expanded collaboratively, creating a second codebook. Through an iterative process of reviewing, merging, mapping and renaming, the team developed themes and subthemes that aligned with our research questions. During this process, our themes and subthemes were then refined, discussed and conceptualized by the whole research team. To enhance trustworthiness, we applied Braun and Clarke's 15-point checklist

of criteria for good thematic analysis to our study (Braun and Clarke, 2006).

It is worth mentioning that our data interpretation also includes the translation process of our participants' voices, who are native Spanish speakers. Van Nes et al. (2010) highlight the challenges of translating participants' speech, particularly when culturally specific terms lack direct equivalents in another language. To minimize meaning loss and improve the validity of crosslinguistic qualitative research, Van Nes et al. suggest strategies such as collaborative translation and seeking expert input. In our study, we employed peer debriefing (Houghton et al., 2013) to collectively validate interpretations, using contextual clues from audio recordings. However, despite these efforts, fully capturing the depth of experience remains difficult, and some linguistic expressions may be untranslatable—an issue that is especially relevant when interpreting children's experiences through an adult lens.

Results

The aim of this article is to explore the challenges faced by migrant and refugee children affected by political and social violence, as well as to examine the role of play in promoting mental recovery, resilience, and integration for these children. To achieve these objectives, we present our findings organized into five overarching themes, each with sub-themes, which are discussed in this section.

Children's exposure to political and social violence

Political conflict and armed violence

Our analysis indicated that many of our participants' migration experiences were characterized by violence related to political conflict that affected children's wellbeing and mental health. These results match those observed in earlier studies evidencing severe, long-term mental health problems in migrant children, especially those who experienced armed conflict and other types of violence (Halevi et al., 2016; Shenoda et al., 2018; Jones-Mason et al., 2021; Bürgin et al., 2022). In this study, we found a pattern of political violence, social violence and economic instability that propelled

children's families to seek safety by leaving their countries. The following excerpt illustrates how children are direct eyewitnesses and victims of political violence:

B (boy): What happened in Caracas once—in Venezuela—we were doing elections to see who would become president, and Maduro won, and some trouble started.

G (girl): (interrupting) He won?

G: No, he cheated.

G: He cheated.

B: That is why tanks were taken to Caracas, and things like that. They exploded cars, and a young man was even taken to the hospital.

G: And Maduro also kidnaps children. He kidnaps people who don't agree with him and those who give their opinion on social media.

B: And makes them disappear.

G: This is why most Venezuelans leave for Chile, because of the elections, that's why.

B: To provide for their family.

This excerpt illustrates how children become targets of violence amid political upheavals. Witnessing violent acts such as the kidnapping, car explosions, and enforced disappearances heightens their awareness of their own vulnerability and the threats this violence poses to their families' survival. At the same time, this awareness helps them make sense of their migration journey and identity as part of a national collective with the responsibility to *provide for their family*. Additionally, this passage challenges the notion that children are merely victims or passive bystanders of socio-political conflict. From an early age, migrant and refugee children engage actively in politics, conceptualizing their experiences and forming opinions that are far from neutral due to their direct or indirect involvement. This has significant implications, as child migrants have the potential to shape the political landscape of a hosting country in their adulthood (Humphries et al., 2013). Because our team shares this perspective of children as political actors, we introduced the concept of a Latin American Children's Congress during our fourth workshop. This initiative positioned participants as ambassadors tasked with proposing solutions to common problems.

While some children described Latin America in positive terms, highlighting its *good food, beautiful landscapes, and different types of animals*, many of their descriptions were strikingly negative and reflected deep-seated concerns:

B: Latin America is dangerous.

A (adult): Why?

B: Because they steal a lot.

B: There are assaults.

G: Crime.

B: Mafias.

G: Violence.

G: Animal abuse.

B: Child abuse.

B: Mexican cartels.

A: What does "child abuse" mean?

G: When children are beaten.

B: Miss, Venezuelans even more, because we live... we practically grew up in these conditions.

Even if children in our study did not experience armed conflict (e.g., war, non-international armed conflict) they did experience armed violence, which UNICEF (Gregson, 2024, p. 5) defined as "the intentional, threatened or actual use of arms to inflict death or injury—takes many forms, ranging from political to criminal to interpersonal violence." As one Venezuelan child explained:

B: All parts of Venezuela are dangerous, but it's safer in Maracaibo because Caracas is pure lead.

A: Pure what?

B: Pure gunfire.

Our young participants' perception of their cultural region encompasses a sense of unsafety and danger to their childhood, in which violence is prevalent. Children's perception is shaped by their lived experiences in their home country, and we argue, directly related to their migration experiences. Overwhelmingly, studies have demonstrated that migrant children face a heightened risk of exposure to violence and the associated psychological distress stemming from their experiences before, during, and after migration (Barajas-Gonzalez et al., 2018; Jolie et al., 2021).

Besides violence, escaping from poverty was another reason for migration that was emphasized by many of our young participants. When a researcher asked about their family, for instance, a boy stated: *They are all in Venezuela... they are poor, that is the hard reality*. Children's remarks reflect not only the economic struggles that force migrant parents and children to leave their home countries, but children's sense of helplessness resulting from long-term separation with their families and the emotional impact that this *hard reality* has on children's lives.

Research has shown that the stress of migration coupled with family separation increases the risk of life-long mental health problems, including depression, anxiety, substance use, and suicidality (Wallace, 2024).

In our study, our participants also shared the impact that political violence and instability have on their mental health:

A: How do you feel in those situations?

G: Sad, because in Venezuela there is too much violence because of a corrupt president, who is very bad.

G: Bad, because I am a person that when I see somebody crying, I also feel like crying.

G: Depressed.

G: Sadness too, because that will also happen to us any time soon

G: Bad, in pain, and feeling sorry.

B: Anguished because we never know when other people's hard experiences are going to happen to us too.

In this excerpt, we can observe that violence takes a toll on children's psyche. Our participants often identified violence as a product of the political management in their country. This was especially true for children born in Venezuela. Also, we found a connection between children's negative feelings with an anticipated



FIGURE 1
Map with migration trajectory.

distress about a future, as reported by children. This finding is consistent with previous research demonstrating that migrant children's anxiety levels and post-traumatic stress symptoms are significantly higher due to warfare exposure (Celik et al., 2019; Pumariega et al., 2022).

Armed conflict and political violence in the country of origin are usually followed by a perilous journey to safety, which further affects children's wellbeing. As children reported:

B: [The trip was] difficult and good at the same time.

A: Why?

B: It was mostly difficult on the bus, because we were always stopped by the police... and when we started to walk through the desert, we had to run away when we saw the police.

A: Oh, the police. That must have been stressful.

B: Yes, they would grab me, and they were going to take me back.

This excerpt describes the kind of experiences that our participants had to endure during their migration trajectories.

Most of our participants endured long journeys across various countries (with some doing at least part of the journey on foot through the Atacama Desert). One of the workshops included the drawing of participants' journeys on a map. Figure 1 shows the immigration journey of Venezuelan children and their families. One child describes feelings during this trajectory as *furia* [anger], albeit his stay in Peru was expressed as *feliz* [happy], and his journey turned into *tristeza* [sadness] with a stop in Bolivia, to later move to Santiago, Chile. This map reveals a long transition process involving a geo-temporal and emotional trajectory of more than a year of migration. According to this drawing, during this process, our participant experienced a high level of instability and disruptions, at least in terms of family configuration, residence, emotional distress, and physical burdens. As presented in this map, migrants reterritorialize the map by creating a new cartography of the region shaped by emotions and experiences. They develop affective bonds of connection and disconnection with the territory, depending on various factors. This finding further challenges the narrow notion of migration as a linear movement that ignores the complex realities associated

with migration decision-making, including individual, cultural, economic, political, interpersonal, and linguistic considerations (Lu et al., 2020).

Social violence and discrimination toward child migrant and refugees

Unfortunately, the violence-related trauma does not end with fleeing countries in crisis. All over the world, child migrants and refugees experience discrimination and other forms of social violence in countries of resettlement, which further jeopardizes their emotional and psychosocial wellbeing (Metzner et al., 2022). In our study children reported many experiences of direct or indirect social violence in different spaces of their everyday life (e.g., school, social space, public transport):

B: When I came to the workshop, there was a Chilean boy, so when he had the ball, I would come up to him like this, so he got annoyed and insulted me and at one point he got fed up and hit me in the guts.

B: The other day, on Saturday I went cycling and I was riding my bike and a boy pushed me and he gave me the finger.

A: And what do you think is the reason for that? Do you think it's because you're foreigners or just because Chilean children are more aggressive?

B: Because they think they have more authority because they are from this country, and not from another one.

Children also become witness to and victims of adult conflicts that arise on the background of international animosities between migrant and local communities:

B: Once I was traveling because I was coming to the soccer practice on my own that day. I got on the bus and there was me, a lady and the driver. The driver was Venezuelan and the lady was Chilean and she was saying a lot of things to the driver because he wouldn't open the door for her because it was in the middle of the road and the lady wanted to get out and they started to fight, and I almost broke my hand because he braked so suddenly and I had to hold on.

As it is well evidenced in literature, social violence affects children's mental health, leading to depressive symptoms, decreased self-esteem, adaptation problems, and lower school achievement (Guerra et al., 2003; Espinosa, 2020; Oczlon et al., 2021).

Children's conceptualizations of violence and peace

In our study, children not only recalled their experiences of violence but also explained how they understand and conceptualize violence and peace, and how both phenomena make them feel. Figure 2 gives a glimpse of the happiness that children experience in peaceful social conditions, and the sadness that is provoked by violence and conflict.

Children's definitions of violence are not abstract constructs, but generalizations of their personal experiences, in which the

various dimensions of violence –political, and especially social and interpersonal– intertwine and influence one another.

A: What is violence to you?

G: Mmm... fights, at school, in the streets or, I don't know, anywhere.

G: Murder attempt.

G: Humiliation at school.

B: Bullying.

(...)

G: For me, it's just being hit, pushed, insulted, threatened or shouted at. That's it.

A: Have these things happened to you?

G: Yes.

A: And how do you feel when these things happen?

G: Sad and alone.

Negative peace

The majority of children defined peace in negative terms as the absence of conflict, both on the political, social and interpersonal levels:

A: And what will peace be for you?

G: Non-violence, tranquility without the need for weapons or violence.

(...)

A: Does anyone else want to share what they understand by peace?

B: Me! Playing without fighting.

(...)

G: Peace is when there is no violence or abuse of people or children.

B: Peace is when there are no kidnappings and there is no danger.

Positive peace

Interestingly, many children in our study also captured peace in positive and active terms:

A: What does peace mean to you?

B: Peace is making friends.

G: Peace is when people help each other and live together, it's like saying that they live in a healthy environment all together.

B: For me it's when you're with a family member or a friend.

B: Peace is when you're in your safe place.

G: Practicing harmony because we know there won't be any more violence.

B: Solve problems by talking, not by hitting or threatening.

The children intuitively understood that peace is something more than only the absence of weapons and direct violence and astutely distinguished its various, actively practiced dimensions such as friendship, social harmony, solidarity and mutual aid, security, and peaceful conflict management. This corresponds to the theory of positive peace, developed by Galtung (1969), the very founder of the discipline of peace and conflict studies. As he



FIGURE 2
Respect and friendships. Violence and peace.

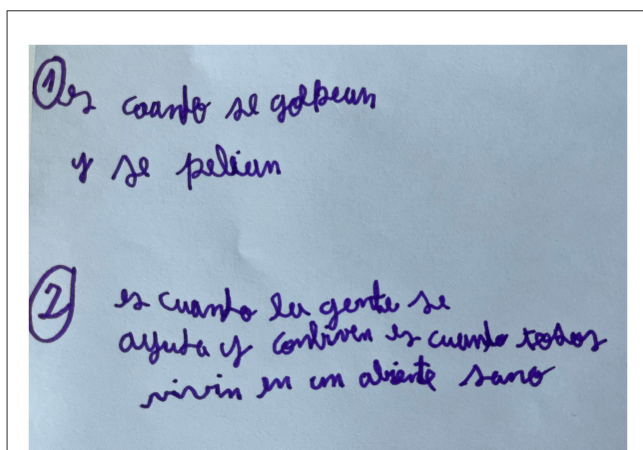


FIGURE 3
[Violence] is when they hit each other and fight. 2. [Peace] is when people help each other and live in harmony, and when everybody lives in a healthy environment.

classically argued, the transformation of our conflict-torn world will not happen through a ceasefire alone but requires a continuous and determined pursuit of positive peace. When describing his theory of positive peace, Galtung used the metaphor of health, arguing that “health can be seen as the absence of disease” or, in positive terms, as “the building of a healthy body capable of resisting diseases, relying on its own health forces or health sources” (Galtung, 1985, p. 145). In a similar way, peace can be negative when it is perceived as an “absence of violence” in its direct form or as a positive striving toward social justice, solidarity, and civic friendship, requiring a practice of non-violent conflict resolution of many disagreements and tensions that inevitably reappear in our social lives. It is remarkable that, similarly to Galtung (1985), one girl used the metaphor of health (*healthy environment*), to describe the peaceful state of interpersonal relationships (also displayed in Figure 3).

Inner peace

Interestingly, some children also understood peace in a more intimate way, referring to it as an interior state: “peace of mind” or “inner peace”.

B: Peace is being calm.

G: Peace is when I’m with myself and when I’m calm.

G: For me, peace is when it’s night-time and everything is quiet and dark.

B: When there is peace and harmony.

B: Peace is being calm.

G: Being relaxed and calm.

Many scholars have argued that peaceful relations in the external sphere begin with the personal non-violent attitude (Kool, 2008), cultivation of inner peace (Redekop, 2014), and personal peacefulness (Nelson, 2014). However, peace psychology is a very young discipline (e.g. APA Division 48 created in 1990 [cf. APA, 1990]), within which very little attention has been paid to children (Balvin and Christie, 2020). The concept of children’s inner peace, its components, mechanisms, and factors contributing to its development are therefore still unknown. As Guetta (2020, p. 248) observed, peace education programs, if existent, focus on external behavioral or communicative factors with little room left for investigating the inner driving force that motivates people toward peaceful practices or actions. Against this background, our study demonstrates that children do distinguish the inner component of peace, the study of which could be an important contribution to peace education, especially in a context of high prevalence of external—political, social and interpersonal—violence.

The importance of children’s rights in children’s views

Our study, which adopted a rights-based approach to children’s play, in its course gathered children’s own opinion about the importance of their rights, and their meaning for peace, which we will report on in this section.

Article 42 of the UN Convention on Children’s Rights obliges state parties to “make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.” This study demonstrates that play and playful investigation (which, by consulting children, recognizes the importance of their voices and opinions) can be effective means of fulfilling these obligations. In the introduction to the study, the principal investigator explained to the children that play is their right, “inscribed in important international documents.” The children then understood the concept of having rights, and very quickly extrapolated that they were subject to other rights, as well, which can be seen in the following dialogue:

A: What children’s rights do you know?

B: The right to play, the right to play, the right to eat, the right to breathe.

G: The right to have more friends.

B: The right to have a home.

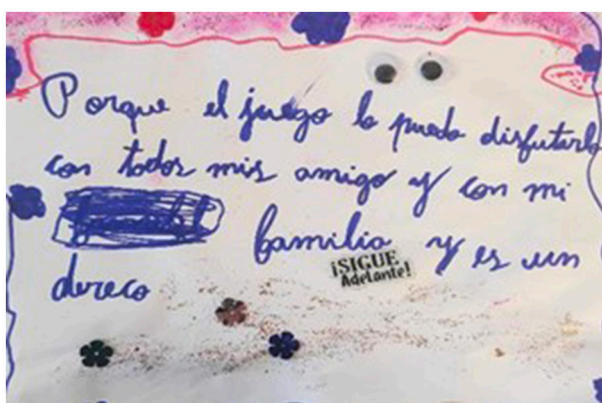


FIGURE 4

[I like playing] because I can enjoy it with all my friends and my family, and it is a right.

B: The right to go to school.

G: The right to have a family.

G: The right to speak.

The newly acquired awareness that play is not only their favorite activity but also their right empowered the children (Figure 4). The following dialogue illustrates both the empowering potential of human rights education and the importance of play in children's lives:

A: How would you feel if, for example, your parents or your school or the president of Chile told you "Children can't play any more"?

G: Well, I'd punch him.

[laughter]

G: I'd still play, because it's a right.

B: I'd take them to jail.

B: I'd leave the country then.

A: Antonio [child's name changed], were you going to say something?

B: I would be sad.

A: You would be sad, why?

B: Because I want to play.

(...)

B: I would protest.

B: I would go back to my country Peru and that's it. We're all free.

Children's rights for peace

Importantly, during the Children's Congress session, children were asked to decide which of their rights can contribute to creating a more peaceful world.

A: What children's rights can help us live in peace with other people?

B: Playing and having fun with friends... and playing Free Fire or Roblox.

G: Children's rights that can help us live in peace are giving our opinion on, for example, child abuse, women abuse...

G: For me, children's rights are being able to play, have fun, eat, sleep and... play again.

G: For me, the most important thing is not to hit each other, to respect each other and to be with other people without harassing or bothering them because that's really ugly and you can't live in peace like that.

G: I think respect, playing and having fun, being with the people who love you, being with your friends and... that's it.

G: Helping us to live in peace with play... for everyone's peace of mind.

G: For me, the rights of children that help us live better are to play, to live in harmony, to do activities together.

B: The right to participate.

A: In what way?

B: Like I'm doing right now.

G: To live in peace, it's [inaudible] to meet more people and live in harmony with the world and also to learn.

It is worth mentioning that this dialogue illustrates quite well the children's empowerment that took place during [our] workshops. In the first session, only the most self-confident children expressed their opinions, while in the last, even the timid and tacit ones actively participated, and as reported above, appreciated it. As one girl later summed up: *Sometimes adults only listen to each other, and don't consider children's words to be valid.*

When asked how the right to play contributes to peace, children explained it in the following way:

A: Why is the right to play and have fun so important?

B: Because it can relieve stress.

G: The right to play can help us because we are all playing together, in harmony, in peace and without fighting.

G: We relax and feel good.

B: Relax the mind.

B: Distract the mind.

B: Because we play in a team.

It is remarkable that, similarly to the Committee on the Rights of the Child (CRC, 2013, p. 31), which recognized the potential of play in physical and physiological recovery, as well as in the social reintegration of child victims of violence, children in our study identified the same two ways in which the right to play contributes to peace: through improving personal wellbeing (*relieving the stress, relaxing, distracting the mind*) and social integration (*playing together, in a team, in harmony*). Both aspects will be discussed in more detail below.

The importance of play for inner peace

In this section, we present and interpret children's views on the importance of play for their well-being, and in particular for their mental health, which contributes to building inner peace.

Play and children's holistic well-being

One of the first conversations that we had with children was the following:

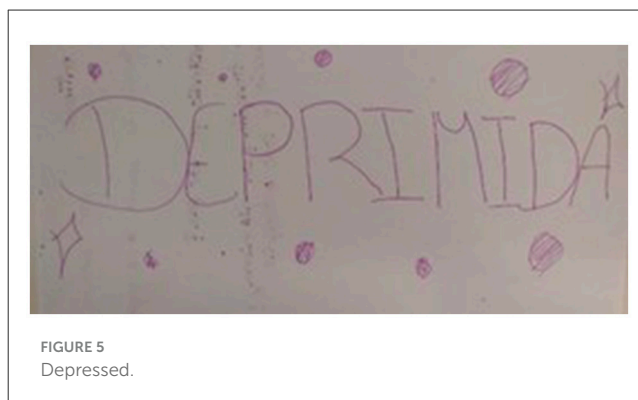
- A: *Would it be important for children to play?*
 B: *Yes [in unison].*
 B: *Very important.*
 A: *Why?*
 G: *Because otherwise you get bored and become sick.*
 B: *You become an otaku [freak].*
 G: *Because if you don't, you have nothing to do all day.*
 G: *For entertainment.*
 G: *For health.*
 B: *To have fun.*
 G: *It's important to play for children because otherwise you get bored, and you'll never have a childhood.*
 G: *To develop a skill.*

Children understand very well the intrinsic value of play for the dignity and pleasure of their childhood. In the response that without play they would *never have a childhood* one can hear echoes of the famous statement by Van Gils (2007, p. 18) that play is “a child's right to be a child.” It is with astonishing clarity that children are aware that play is important not only *for fun* but has countless instrumental benefits for their wellbeing, cognitive (*developing a skill, learning, or neurons*, as they later put it), and social development (*playing in a team, knowing more people, making friends*).

It was also very striking that the first thing that children mentioned, next to *not being bored*, is the importance of play for their health, which has only recently been recognized in literature (Milteer et al., 2011; Yogman et al., 2018; Tonkin and Whitaker, 2019; Nielsen, 2021). When asked to explain this health-related impact children said the following thing:

- A: *Carmen [name changed], you said something interesting: “that children get sick when they don't play”; why do you think that happens?*
 B: *Because they get stressed.*
 G: *Because, because when you don't play you can get sick because of anxiety, being all day with nothing to do.*
 G: *Professor, you can also get sick from being locked up all day and being all day with the people you already know and not getting to know more people.*
 G: *Because being bored for so long makes you stir-crazy.*
 B: *If we are locked up for so long, well, we can get stressed, bored and only meet one person in life.*

It is interesting to notice how well children understand the multifaceted importance of play for their health in its various dimensions: physical (*not being locked up*), social (*meeting more than only one person in life*), and mental. It is quite remarkable that the children assumed in an intuitive way a broad concept of health that means more than the absence of disease or malfunctioning of the body, but rather, corresponding to the holistic model of health developed in WHO documents World Health Organization (1946, p. 100) and medical literature (Schramme, 2023).



Play and children's mental health

Undoubtedly, however, within this multifaceted positive impact of play on health, children put the strongest emphasis on the importance of play for mental health. Although scarcely researched in the context of armed conflict, political violence and migration, play, as in this study, has been found to be “the most-used coping mechanism by children for dealing with extraordinary stress” (Chatterjee, 2018, p. 130). From a rights-based perspective, children, while playing, become agents who take active part in regulating their own emotions, navigating the stressful situation of violence or displacement, and adapting to life changes. Conversely, children who are denied the opportunity to play in situations of crisis may struggle in social interactions and develop problem-solving skills (Capurso and Pazzagli, 2016; Chatterjee, 2018). This finding merits an expansive view of the relationship between play and mental health.

Throughout the workshop, the importance of play for mental health was repeated most frequently (fifty-three times), indicating the powerful contribution of play to mental health experienced by children in their daily lives. Indirectly, this also points to many stressful situations and mental health issues that they struggle with, such as *anxiety, stress, and depression* (see Figure 5).

On the basis of the children's reports, we were able to distinguish three main channels of the positive influence of play on mental health. The most direct channel of this influence is all the positive affect, joy, fun, and happiness that play produces, which for children living in difficult, precarious conditions cannot be overvalued. While playing, children enjoy the agility of their bodies (are not *locked up*), laugh with their friends and jump about excitedly. By boosting positive affect, play decreases mental distress, produces patterns of thought that are more flexible, creative and open to the environment, and thereby, leads to better coping (Pressman et al., 2019).

- A: *How do you feel when you play?*
 B: *When I play, I play with my mates, I play well, I have a great time, we play, we laugh... I have a lot of fun.*

In this context, a significant finding we identified in a few of our participants' migration trajectories was the fact that play positively influenced the long, dangerous, and difficult process of

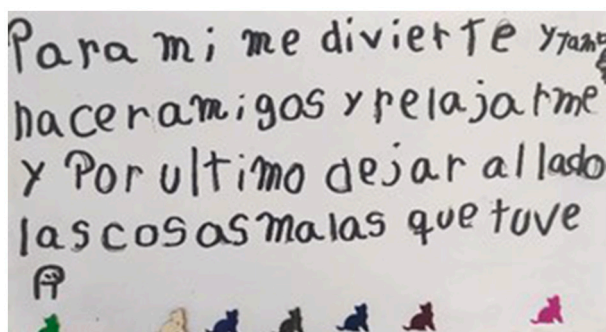


FIGURE 6

For me [play] is for fun and to make friends and relax and finally to let go of the bad things I had.



FIGURE 7

Jenga. I like it because it stresses me out. I am twelve years old.

leaving home. For instance, one child explained, referring to his migration journey:

B: I played looking at the landscape.

A: How so?

B: For example, I counted the cars that passed by, and I saw how beautiful the landscape was.

B: Yes, I played too.

The positive impact of play on children's mental health is, however, a deeper and more complex phenomenon. There is consistent evidence that play increases resilience to stress (Jackson, 2006; Chatterjee, 2018), which was confirmed by the children who repeatedly said that play *de-stresses* or makes them feel *less stressed* and helps them to *relax* (as illustrated on Figure 6). The opinions of the children who participated in our study are congruent with what is reported in the literature regarding the positive influence of active play, exercise and sport on health and wellbeing (Hosker et al., 2019; Faigenbaum and Bruno, 2020).

Interestingly, for the task of drawing their favorite games, one child drew a game called *Jenga*, and then explained that he likes to play it because it *stresses him out* (see Figure 7). This can be explained well by Sutton-Smith's (2003) theory of play being a "parody of emotional vulnerability". Within this theory, building resilience to stress is achieved through safe "as if" frames (Lester and Russell, 2010) of play that allow children to elicit and experience certain troubling emotions (such as fear, anger, stress, hate), without fully suffering their acuity and consequences. In this way, play gives the child an opportunity to master those emotions which could otherwise overwhelm a child with more sophisticated emotions and cognitive states such as "performance strategy, courage, resilience, imagination, sociability and charisma" (Sutton-Smith, 2003, p. 13). Handling stress in playful conditions may contribute to seeing future hardships as less intimidating and coping better with them in real life.

Moreover, thanks to its "as if" character, play also helps children to construct an alternative, safe and child-owned space, a space free of the problems and stressors of an adult-governed world (see Figure 8), while places where play was lacking were depicted



FIGURE 8

Place of play.

as grim and dark (see Figure 9). This aspect of play as a child's safe island in the troubled waters of everyday life came up in many statements, where children reported that play helps them *forget their problems*, reminds them of *good times* or, and this was



FIGURE 9

Place where play is lacking. Parties. Doesn't exist.

constantly repeated, *distracts their minds*. The children explained as follows:

A: Ah, there is something that really strikes me in your answers, “distracting the mind.” What is that?

G: It's when you think of something that you would like to do, or that you like to do, and that could also be that it distracts you through play.

B: Playing with friends, and in a group and not fighting and living in peace.

B: To forget about problems.

G: It's like when you distract your mind with your friends, playing.

G: Distracting the mind is when we are bored, and we do something we like to do.

B: It's when you have a bad thought in your head and you want to get it out of your head, you can do it by playing or talking to someone else.

G: Distracting the mind is when we are in a happy moment, or it is also when we... forget the problems we may have with other people.

The role of play in social peacebuilding: potential and limitations

In this section we report and interpret the children's opinions on the importance of play for social peacebuilding.

Team spirit: integration and inclusion through play

One of the main joys of play is sharing time with others: friends, family and, as many children mentioned, animals. The recurring motto was *playing in a team*, which children repeatedly cited as the primary reason why they like the games they like (as illustrated on Figure 10), or as an explanation why they make new friends

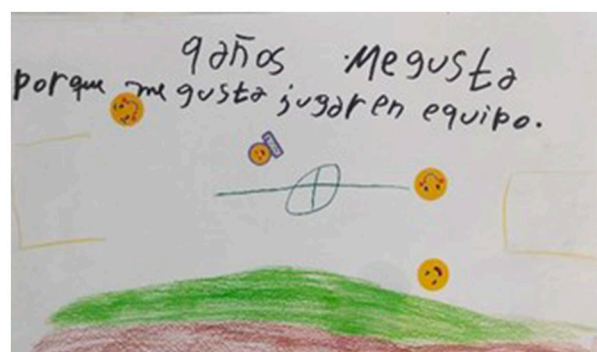


FIGURE 10

Nine years old. I like it because I like playing in a team.

through play, or else as a factor that makes them *feel better, trust more and feel at peace*.

It is noteworthy that this team spirit was also extended to newcomers, making play an important instrument of inclusion:

A: And if a child arrives from another country, can play help us get to know them better?

G: I think so, because once, in third grade, a boy from Brazil arrived, and I met him while playing spin the bottle. I was alone, and some girls invited me to play.

Play and friendship

It would be difficult to overvalue the importance of play for friendship. First, play was mentioned as a main mechanism of making friends.

A: Can play help us make new friends?

B: Yes, because we can play as a team, and we make new friends and all that.

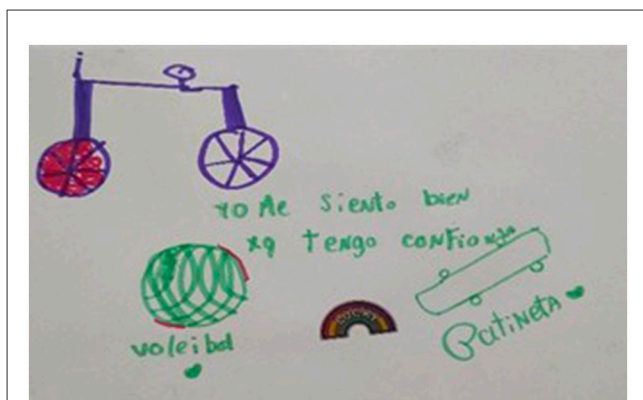


FIGURE 11

[When I play] I feel good, because I trust. Handball, scooter.

Children explained that while playing, they get to know more people, know them better and learn to trust them (also reported by another child on Figure 11). As one girl astutely explained, while playing you spend a lot of time with a person, you start to feel that this person is safe to be with and you start to feel trust toward them.

For children, play is the substance of friendship. Playing together is simply what friends do and how they spend time with one another: *My best friend is called Sofia, she's the one I like to play with, and... we just chat, hold hands and walk and chat, and that's it.*

Importantly, play in friendship is “for better and for worse.” Many children shared with us their experiences of grief, which often was aggravated by migration-related separation and the inability to say goodbye to a dying relative (e.g., a grandparent). Play turned out to be a means through which friends help each other in difficulties. As one girl recalled:

G: I was absent because my dad had passed away and I was very sad. Then my friend told me to go out during break and play; then I started to feel better.

It is important to mention that for these migrant children who at a very young age experienced the pain of separation and displacement, friendship is something they value very highly, something that, just as play, defines their childhood. One boy, when asked whether friendship is important for him said:

B: Yes, extremely important, because it's something I have in my childhood, that I have to have in my childhood.

Another child added:

G: Yes, because they make us happy, they make us feel good... when they are with us.

Play as a bridge between different cultures

Play has been described as a language of children. For example, Landreth (1978, 2021, 2023) classically argued that it is through play that children communicate, express their feelings and form

meaningful relationships with others. An important aspect of play as language is that it can “create bridges” (cf. Marsh, 2016) between children of different cultures, countries and mother tongues.

A: Felipe [name changed], you said that you played with a child from another country even though you didn't speak the same language, is that right? Can you tell us more about it?

B: Yes, a Brazilian.

A: So, he was a Brazilian. And how was your experience?

B: I didn't understand anything.

A: But was the game good?

B: Yes, because we played Free Fire. Excellent.

As children reported, play can easily become a bridge between different cultures because many games are international: among them, football, skate, hide-and-seek, or a marble game (which in different versions of Spanish different only in name, being called *canicas* in Venezuela, *bolitas* in Chile and *metras* in Colombia). This is perhaps one of the reasons why, as one child put it, *playing helps you feel at home*. The universality of play was also highlighted in the following dialogue:

A: If a child comes from another country, can playing help them make friends?

B: Yes.

A: Why?

B: Because it doesn't matter what country you're from, where you're from, you're still going to play.

Play and moral development

Play not only creates bridges and inclusive communities but also communities governed by rules and values. For children, play is an entry to the world of normativity, which children in our study understood very well in saying that what they learn through play are *new things and new rules*. As Piaget (1965; cf. Gray, 2013) classically noticed, even a simple marble game is a complex social institution having an intrinsic code of rules and its own jurisprudence. As the author explained: “The little boys who are beginning to play are gradually trained by the older ones in respect for the law; and in any case they aspire from their hearts to the virtue, supremely characteristic of human dignity, which consists in making a correct use of the customary practices of a game. (...) If this is not “morality”, then where does morality begin?” (Piaget, 1965, p. 2). This inherent morality of play gives rise to one of its most important social lessons—that of fair play. Fairness, a constitutive element of good play, is, however, not the only value that children learn through play. Beyond trust, inclusion, and the intercultural dialogue mentioned before, children also mentioned learning *respect, patience in waiting your turn, and non-discrimination*.

A: How do we treat each other?

G: Well, with respect, not offending each other, not discriminating against each other, for example if you, let's imagine I'm dark-skinned and you're white, then I say don't say she's white and not dark-skinned.

Beyond understanding and respecting the rules, play, which is perhaps more important for the peaceful democratic community of today, also requires negotiating, modifying them, and resolving conflicts when the rules are broken (cf. Gray, 2013). One girl explained the potential of play for peaceful conflict resolution:

G: *More than anything, in my class, they fight a lot, they push each other, they pull each other's hair.*

A: *And can play help children who are always fighting?*

G: *Yes! Because they would get to know each other better and wouldn't have conflicts.*

Violence in play and playful conflict resolution

However, despite the unquestionably positive potential of play for social peace, children also experience violence and conflict in play. Our respondents reported numerous forms of aggression such as fights, cheating, mocking, and rejection.

G: (...) *It's bad with certain classmates, because most of them, if they lose, they push you, or they shout.*

A: *Ok and what do you think happens to those classmates who push when they lose?*

B: *They're envious.*

B: *They're frustrated.*

A: *They're frustrated? OK.*

B: *They don't know how to lose.*

A: *It's not that easy to lose.*

B: *It's easy.*

A: *It's easy? I find it hard.*

G: *Once we were in PE and we were playing with a big inflatable ball, and then M (girl's name) came and threw it at me and broke my arm.*

G: *One day I was playing, and this boy didn't know how to lose, so he got really angry, then he sent a friend to hit me, so I left because I didn't want any trouble.*

G: *I want to talk, but this isn't a story about friendship and peace, it's something else.*

A: *Ok, excellent.*

G: *On my birthday they took us out into the playground, and we were playing football and one of the boys, I don't know why he did it, I was just told that he'd done it. The two of them were pushing each other and just as I turned around, one of the boys kicked the other one.*

Children repeated similar stories on various occasions, clearly pointing to the problem of in-group aggression at school. As one boy reported: *I have a friend who, even though we treat him well, treats us badly. Because he insults us all, but we ignore him.*

Against this background a question arises as to how to break the vicious circles of aggressiveness that some violence-stricken children seem to be entrapped in, and, in particular in our study, to which extent play can contribute to this aim. Interestingly, despite the fact that children unanimously identified play as a source of personal and social wellbeing and an important factor in striving for inner and social peace (contributing also, at least in some cases, to peaceful conflict resolution), when asked whether “playing together could help children who are always fighting to make peace”

opinions were split. Children engaged in lively discussion, and when asked to vote, roughly half of them said *yes: play can help to make peace* while the other half said *no, it cannot*. This is how they justified their opinions:

B: *I think yes, because they [children who fight] can play with more children there, and end up being friends and all that—by playing.*

G: *I think no because we have classmates who, when we play football and they lose or something like that, or for example they win, they make fun of us and then if they lose, they get angry and start crying.*

Some children were of two minds about the matter:

G: *I think yes, but no, because sometimes R. and I fight, but sometimes we stop being friends, but we don't stop being friends, we talk again later.*

Some children suggest that those children *who always fight* should play only certain types of games (for example, those less competitive or games that do not involve close physical contact) as a way of avoiding conflicting situations:

G: *I recommend playing tag because I feel like it's something you can't get angry about because we're all playing, and if you push us, it will obviously be unintentional because it's tag.*

However, other children did not agree, locating the source of conflict outside the circumstantial conditions of play:

G: *They can play hide and seek, they can play tag, they can play lots of games, but that doesn't mean they're not going to fight.*

Perhaps, the best summary of children's discussion is the following opinion of one girl:

G: *I say no first of all because (...) in my course we all hit each other. Once two people hit each other, they're going to hit each other forever. Forever, unless you take them to a psychologist. Except for my friends and me, we sort it out when we leave.*

This controversy seems to confirm that children are both very resilient and, at the same time, sensitive to violence-related adversities. Many of them displayed a healthy attitude to the omnipresent violence and conflict by being able to sort out their conflicts in a peaceful manner: through conversation (*I feel that there are quite a few children who fight, who can resolve things by talking them over*), through play (*because [through play] they would get to know each other better and wouldn't have conflicts*), or by letting bygones be bygones (*To resolve it [a conflict], we keep playing, we leave it at that*). Some adopted non-violent attitudes, remaining passive witnesses of ongoing fights, *ignoring* classmates who *always insulted*, or distancing themselves when conflicts occurred (*I left because I didn't want any trouble*). At the same time, they were never free from fear of political violence (they reported feeling *anguished because you never know when the same thing that happened to other people will happen to you*) and reported

experiencing peer violence at school on a *daily basis*. This might be the reason why, despite valuing peace and harmony and actively seeking it, these violence-stricken children ended up entrapped in vicious circles of aggression that crept into their mindsets (as one girl said, for her hitting is a form of showing affection to her friends: *it is like our love*, as she put it). Therefore, as was obvious to the children themselves, in some serious cases, the transition to a non-violent life cannot be made without adults' support and professional psychological help.

Discussion

The story of children migrants and refugees coming from conflict zones is a dual one. On the one hand it is a story of trauma, tragedy and heart-wrenching suffering. In conflict zones, children not only live under constant threat and witness violent events, but are increasingly becoming direct victims of political violence. Contemporary wars, unlike those of the past, fought by regular soldiers on the battlefield, are creeping into the very heart of civil communities, deliberately targeting the most vulnerable by attacking orphanages (Kiev) or schools (Gaza Strip). In many Latin American countries, children are experiencing similar traumas even in the absence of military conflict in the strict sense. As UNICEF (Gregson, 2024, p. 3ff; Cf. UNICEF, 2025) reports, the region of Latin America and Caribbean (LAC) has the highest child and adolescent homicide rate globally due to armed violence (such as criminal and interpersonal violence, internal disturbances or tensions, riots, acts of banditry). In this part of the world, a child is killed every 70 min (UNICEF and Plan Eval, 2023, p. 4). In our study children reported being constantly exposed to various mutually reinforcing forms of political and social violence, which also deliberately target children (by, for example, child abductions and political detentions under the Maduro regime), by invading their residential settlements, making them witness brutal events (Venezuela as *pure gunfire*) and, similarly to the child victims of war, exposing them to the hardship of forced displacement.

Although in terms of negative peace, Latin America is doing better than countries affected by direct armed conflicts, in terms of positive peace, the region is lagging behind (Global Peace Index, 2024, p. 8). Perhaps the biggest problem in this part of the world is the widespread, endemic armed violence committed by criminal organizations (many of which are often politically motivated [cf. Messari, 2024]), as well as extreme poverty and social injustice (Gregson, 2024). As Galtung (1969) made clear, positive peace cannot be attained without counteracting structural violence in form of "unequal life chances" (p. 170–171) and cultural violence any aspect of a culture that can be used to legitimize violence (Galtung, 1990, p. 291). As demonstrated in our study, children defined peace both in negative terms (lack of armed conflict of *necessity to use weapons*, and lack of *fight*s, *at school*, *in the streets or*, *I don't know, anywhere*) or as a positive striving toward social justice, solidarity, mutual aid and healthy social environment. Their deep understanding of positive peace and its various components may be related to the fact that children experienced deep-rooted poverty and structural violence on their own skins and correctly identify it as a factor that often leads to the use of weapons and other forms of social and political unrest. As for cultural violence, Latin America is fueled by postcolonial

cultural norms that legitimize the class division, or, as in Chile, feed the growing anti-immigration sentiments (Pavez-Soto, 2018). The lack of positive peace on political and social levels also affects interpersonal violence in homes and communities (e.g., child and female abuse, rape, robbery, assault, homicide), which were also reported by the children in our study.

There is no doubt that the brutal ways by which political and social conflict affects its youngest victims leave lasting traces on their psychological and social wellbeing. In the aftermath of traumatizing, violence-related events, child migrants and refugees suffer from posttraumatic stress disorder, depression and anxiety disorders, sleep problems, chronic stress, aggressive behaviors, school refusal, loss of appetite and other somatic symptoms (Slone and Mann, 2016; Blackmore et al., 2020; Amiri, 2022). The gravity of these symptoms varies from being discomforting, to disturbing or seriously disabling a child's functioning (UNICEF, 1993). In our study children reported living under constant stress, and experiencing many troubling emotions, such as *sadness*, *solitude*, *anxiety*, *grief*, *rage*, *frustration*, *feeling depressed*, and *in pain*. Perhaps the most troubling and potentially dangerous outcome of violence exposure in this case is the children's increased aggressiveness. There is consistent evidence that exposure to both political violence (cf. Docherty et al., 2023; Huesmann et al., 2016; Landau et al., 2025; Dubow et al., 2009; Kithakye et al., 2010), as well as social or interpersonal violence (cf. Wahl and Metzner, 2011; Guerra et al., 2003; Schwartz and Proctor, 2000) leads to later habituated aggressiveness among children, which was evident in our study. The mechanisms of influence of political and social violence on children's aggressiveness were not the focus of our research, but it quickly became clear from their reports that many children, both in the group and in the children's environment, had been caught in the vicious cycles of aggression. Children's internalized violence and aggressiveness makes them potentially more vulnerable to recruitment by criminal organizations, which, sadly, is widespread in the LAC region, especially in case of children living in challenging socio-economic conditions (UNICEF and Plan Eval, 2023, p. 5).

However, the story of trauma, tragedy and unbearable suffering is only part of child migrants' story. As White (2006) puts it, "there is also a second story of how the child has responded to these experiences of trauma, and this second story is often overlooked. No one is a passive recipient of trauma. Even children respond in ways to lessen the effects of the trauma" (p. 87). Although it may seem that the tragic events of armed conflict and armed violence, especially when experienced at a young age, are impossible to overcome, children often demonstrate an astounding resilience in the face of the utmost adversity (Fernando and Ferrari, 2013). Thus, the second story is a tale of children's undying hope, joy, and their capability to actively transform scenarios of tragedy into testimonies of personal resilience and agency. Focusing solely on deficits or psychopathology threatens to entrap young victims in the overwhelmingly tragic narrative and, as Veronese and Barola (2018, p. 315; cf. Bracken, 2001) put it, "a sort of monological sense of self, which is exclusively informed by trauma, loss, and dispossession." The call for a second story is thus a call to break the deterministic power of the trauma narrative over children's lives. It is important to mention in this context that the resilience perspective is not an alternative nor antidote to the horrors of armed conflict and violence, but rather a way to complete

and counterbalance trauma-focused interventions with practices that build on children's natural survival and coping skills. Both storylines are irreducibly interwoven into the lives of child migrants and refugees, requiring adults' increased efforts to protect, as well as support their internal resources to rise above tragic scenarios.

Our study confirms the children's resilience and their agency in transforming tragic scenarios into scripts of hope and joy. The children in our study, despite having passed through many difficult experiences, retained their childlike innocence, trust and openness. They clearly valued friendship, were capable of engaging in meaningful relationships, trusted newcomers and welcomed them in their groups. They also showed a lot of empathy toward others' suffering (especially the most harmless ones such as animals) and eagerly helped one another in need. Remarkably, despite having experienced different forms of violence on a daily basis (and sometimes engaging in aggressive behaviors themselves), they adopted a very profound understanding of peace and actively sought to create a culture of peace in their communities, and were able to adapt non-violent attitudes and solve their own conflicts through conversation or play. Even if we often think of resilience as an individual trait, it is important to highlight that it will not develop without active support from children's social environment (National Scientific Council on the Developing Child, 2015, p. 1 ff). Children in our study were embedded in a supportive social context: all child migrants had homes with at least one parent present in Chile, they attended school and reported enjoying it, and, in general, belonged to groups of friends in which they actively supported each other.

An indispensable part of children's resilience is their agency. According to the definition of Cavazzoni et al. (2022, p. 1126), agency is the capacity to act and mobilize resources to preserve one's own wellbeing. This falls short of Panter-Brick and Leckman (2013) definition of resilience as a process of harnessing biological, psychosocial, structural, and cultural resources to sustain one's own wellbeing. The children in our study actively sought means to maintain their own wellbeing, among which play, friendship and spending time with beloved creatures (including animals) were the main mechanisms. Their agency was also evident in the way they valued their participation rights and empowerment gained through learning that they are subjects of rights. Recognizing children as agents capable of creating meaning, overcoming hardships, and mobilizing resources that serve their wellbeing, as well as being engaged actors in their social environments, directly corresponds to the conception of childhood underlying the UN CRC, which emphasizes children's participatory rights next to these which guarantee their protection and provides them with the best possible services.

The main claim of this paper is that one of children's most important resilience-enhancing strategies is play. Including play in the resilience framework for young victims of war and violence has the advantage that, as children's natural way of being and one of their most favorite activities, it is probably the most attractive and cost-effective resilience-oriented intervention. The very heart of the attraction of play is the ecstatic feeling of liberty (Gray, 2013, p. 141) to design their own alternative scenarios, roles and destinies in the adult-ruled world. Emphasizing the agentic nature of play, Lester and Russell (2010, p. 15ff) described it as a form of "self-protection" or "self-resilience," whereby children can be authors of their own

wellbeing and protagonists of their own stories. The children in our study reported abundantly on the many ways in which they actively and consciously deploy play to serve their own wellbeing, for example to *relieve stress*, *forget about problems*, *distract the mind*, and to *recall good memories*. This nature of play, by definition both agentic and participatory, corresponds to the concept of play found in the children's rights framework, in which as the UN Committee on Children's Rights put it, it can serve a "natural, self-guided and self-healing process" (CRC, 2013, p. 39) of trauma recovery and social reintegration. Remarkably, child migrants and refugees in our study saw the benefits of play in their lives very similarly to the UN Committee, that is, as contributing to their physical and psychological recovery and social reintegration. With surprising maturity, the children emphasized the importance of play for their holistic health, mental recovery and the development of social relationships. Play served as an instrument for reintegration into a new country thanks to its inclusive, friend-making and culture-bridging potential. Moreover, the children emphasized that the right to play was an important factor contributing to their inner and social peace.

Despite this multifaceted potential of play to allow children to flourish, our study also pointed out some of its limitations. The dynamics of play can give rise to many situations that cause physical or psychological distress: children run, bump into each other and collide; they can also win, lose, cheat, play unfairly or experience injustice. As such, it can activate the habitual aggressiveness of children affected by violence. This shows that although play can indeed serve as a "natural" and "self-guided" means of children's post-conflict recovery and social reintegration, it cannot be deployed indiscriminately in resilience programs. Interestingly, the children in our study astutely proposed several possible interventions, such as engaging children *who always fight* in more peaceful and cooperative games instead of competitive and aggressive ones, and, in more serious cases, offering troubled, aggressive children psychological help. Since many children in our study reported problems with solving their disputes, it would be very helpful to provide children in conflict zones or in post-conflict situations with programs that strengthen their capacities for non-violent conflict resolution (Clayton et al., 2001; Johnson and Johnson, 2006; Guetta, 2020).

Conclusion

This study confirmed that, just as identified by the Committee on the Rights of the Child (CRC, 2013, p. 39), play can contribute to the psychological recovery and reintegration of child victims of political and social violence. Moreover, play in our study turned out to be a powerful means through which children shared their stories, experiences, and often remarkably profound opinions with us. Children very generously invited us into their worlds, relating political and social struggles in their countries of origin, recalling difficulties of the perilous journey to safety and sharing dreams for a better future in Chile. As said, the story of children migrants and refugees in our study is a dual narrative: it is, on the one hand, a story of violence and trauma that nobody, especially the youngest members of our human community, should be exposed to, and, on the other hand, a story of hope, resilience, friendship

and joy. Despite the many hardships, challenges and internal struggles they face, the children in our study demonstrated deep compassion toward the suffering of others, especially those more vulnerable than them: animals, bereaved children and children of war, whose voices some of them chose to represent in the Children's Congress. As carriers of children's vulnerable and unrecognized voices we would like to honor their experience and wisdom by formulating some research-related and practical recommendations with which we think children in our study would agree, and which, we hope, may benefit child migrants and refugees around the world.

Let us start with some recommendations for future research. There is a need to further explore the healing potential of play for children affected by violence. Although the therapeutic potential of professional play therapy is well evidenced in literature (cf. Cohen and Gadassi, 2018; Cohen, 2014, 2019; Cohen et al., 2010; Bratton et al., 2005; Lin and Bratton, 2015; Ray et al., 2015), research on the therapeutic effects and potential of play in children's natural environments, such as school, home, neighborhood is less systematic. Considering that the socio-economic situation of migrants and refugees is often precarious (which can result in a lack of access to professional psychological play therapy), there is a need to examine more thoroughly the conditions needing to be met for everyday play to fully develop its therapeutic role for traumatized children.

Moreover, our exploration of the potential of play as an instrument of peace education and peace-building is a novel contribution to the field, which we hope will be explored in future studies. There is a long tradition of treating sport as a potential instrument of social peace –as is recognized in the UN-led programs on Sport for Development and Peace (cf. Burrmann et al., 2017; Adler et al., 2018; Doidge et al., 2020; Flensner et al., 2020; Zimmermann and Morgan, 2020). However, the role of non-formal sport and other forms of play is still under-recognized (cf. Gray, 2013; Sterchele, 2015; Koopmans and Doidge, 2021). The children in our study demonstrated profound understanding of different dimensions of peace, including the internal one, which is still barely present in peace studies, in particular in relation to children (cf. Balvin and Christie, 2020; Guetta, 2020). Our study revealed the empowering potential of children's rights, especially of their right to play (and playful participation) and their rights to be heard. Children not only want and need to be listened to, but also, as a girl in our study put it, they are *the ones with good ideas*. We hope that these findings will contribute to seeing children as agents of peace in their communities and their increasing inclusion in peacebuilding, recovery and reconciliation programs in violence-stricken communities.

Regarding practical recommendations, we would like to advocate for the greater and more systematic provision of children's right to play in vulnerable settings, and its inclusion to peace-building programs, both on international and national levels. Consistently with the UNICEF and Plan Eval (2023) recognition of the importance of children's rights for peace, there is a need for further systematic programming on children's right to play as a peace-enhancing strategy in conflict zones. Such an international policy should include minimum standards for providing opportunities for play, as well as guidelines for training

staff and volunteers that sensitize them to the problems that can arise during post-traumatic play of children affected by violence (such as their habituated aggressiveness, post-traumatic stress disorder, and other mental problems). Also, despite the best effort of the non-governmental organizations, their initiatives remain scarce, insufficiently researched in terms of optimal play strategies and the evaluation of their outcomes, underfunded and, above all, still seen as optional –an ancillary provision compared to other more urgent children's needs (Ager et al., 2013; Metzler et al., 2015; Collins and Wright, 2019; Ardelean, 2021; Heldal, 2021). There is also a need for a consolidated public policy of countries receiving migrants and refugees both in Latin American and Caribbean countries and in other regions of the world to fulfill their obligations under Article 31 of the UNCRC toward children seeking shelter in their territory. The therapeutic, empowering and peace-building potential of this right, as practiced and demonstrated in this study, shows that engaging the youngest in peace-building activities through play is the beginning of a better future for all of us. We also encourage public schools, as well as other educational and non-educational institutions serving migrant and refugee children, to prioritize play as a tool for integration, for mental health support, and for coping with post-traumatic stress. However, these institutions must also receive proper training and adopt trauma-informed perspectives to create safe, inclusive environments that prevent discrimination and retraumatization. Ultimately, all adult stakeholders—including policy makers, politicians, educators, and other individuals—share the critical responsibility of breaking cycles of violence and fostering a future where every child can thrive.

Data availability statement

The data sets obtained during this study are not publicly available due to ethical restrictions. They will be made available upon individual request for legitimate reasons. Requests for access should be directed to AG [aleksandra.glos@uc.cl].

Ethics statement

The studies involving humans were approved by Ethics Committee for Social Sciences, Arts and Humanities of the Pontifical Catholic University of Chile (approval number: 231222003). The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

Author contributions

AG: Supervision, Methodology, Writing – review & editing, Validation, Conceptualization, Data curation, Investigation, Writing – original draft, Formal analysis, Project administration, Funding acquisition. LM: Formal analysis, Writing – original draft, Methodology. IV: Investigation, Formal analysis, Writing

– original draft. VM: Investigation, Formal analysis, Writing – original draft. AV: Investigation, Project administration, Writing – original draft.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Ethical challenges in research involving children affected by armed conflict

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Studies examining the impact of armed conflict on children's lives must confront a variety of ethical challenges, which may arise at any point in the research process and often in unexpected ways. Procedural ethics is therefore not sufficient, needing to be complemented by ethics in practice. Drawing on a critical analysis of power inequities in research carried out with conflict-affected children, this article proposes a reflexive, care-ethical approach to dealing with "ethically important moments" in research practice. It discusses how core principles of research ethics—such as informed consent, harm prevention and reciprocity—can be implemented when working with children in conflict settings as well as the respective challenges this may imply. It is argued that reflexivity based on care ethics is a collective practice involving not only researchers but also participants and other relevant actors alike.

KEYWORDS

armed conflict, care ethics, children, reflexivity, research ethics, war

Introduction

Armed conflict¹ poses a serious and ongoing threat to the lives, rights and wellbeing of children around the world. In 2023, approximately 473 million children lived in a conflict zone; that is, 18.9 percent of the world's population under 18 years of age (Østby and Rustad, 2024). Over the past decade, the number of armed conflicts occurring worldwide has increased, reaching a total of 134 in 2023 (International Institute for Strategic Studies, 2024). The manifold effects hereof on children are devastating in nature. Every year, thousands of children are killed or wounded in armed conflicts; the estimated numbers of those affected continue to rise (United Nations, 2024). In conflict zones, children are abducted, orphaned, forcibly recruited into armed groups and witness or sometimes even participate in acts of violence and human rights abuses. Moreover, contemporary conflicts are characterised by the deliberate targeting of civilian infrastructure, including residential areas, hospitals, schools as well as water and electricity facilities. This has grave consequences for children, who depend on these institutions for their basic needs and wellbeing. Furthermore, the destruction of agricultural lands and markets as well as the blocking of humanitarian aid by conflict parties serve to create or exacerbate food shortages which can be life-threatening to children (UNICEF, 2022). Displacement, one of the most pervasive effects of armed conflict, may also have a long-term negative effect on children's lives.

¹ The term "armed conflict" is used in this article to refer to both conflicts between the armed forces of different states (international armed conflict) and armed clashes between state and non-state armed groups or among non-state groups within a state (non-international armed conflict).

By the end of 2023, indeed, an estimated 47.2 million children worldwide had been displaced as a result of conflict and violence (UNICEF, 2024).

As the prevalence of conflict and its ruinous impact on children's lives continue to deepen around the world, "research is increasingly heralded as a solution" (Shanks and Paulson, 2022, p. 169). Scholarly insights hereon may inform evidence-based policy and help to develop and evaluate related prevention and intervention programmes. However, research involving conflict-affected children must grapple with a number of ethical challenges: Children living in or displaced from conflict zones may be particularly vulnerable to the material, physical, social and emotional impacts of armed violence. Scholars must, therefore, make sure not to inflict further harm on them as a result of their involvement in research. Moreover, unequal power relations between adult researchers and child participants as well as between the former and other involved stakeholders may raise complex and unforeseen ethical issues, as will be shown in detail.

Disciplines such as anthropology, law, medicine, psychology or sociology have addressed scholarly work on and with conflict-affected children very differently in terms of their chosen focus, methodology, methods and approaches to research ethics. In this article, I will introduce perspectives from Forced Migration Studies, Social Anthropology and Sociology to psychological research investigating the impact of war and conflict on children. Psychology stands to benefit greatly from these disciplines' own concepts and reflections on research ethics in this context for the following reason: current focus in the former tends to be on laboratory experiments and quantitative methods, and thus cannot appropriately address the many ethical challenges arising in research with children carried out in settings of conflict and displacement and using qualitative and participatory methods. Moreover, in biomedical and psychological research, research ethics is primarily an issue at the preparatory stage when ethical approval is required before data collection can begin. Yet ethical challenges and dilemmas manifest throughout the research process, from the determination of the exact topic to be studied through the dissemination of findings.

How, then, can research involving children affected by war and armed conflict be designed, conducted and shared in ways which respect their dignity and rights and safeguard their wellbeing? While there is no simple answer to this key question, I will outline what a reflexive care-ethical approach to addressing related challenges during the research process might look like. Then, I will apply this proposed approach to a selection of ethical challenges I consider to be pervasive and difficult to manage in research involving conflict-affected children. I will also explain why ethical reflexivity cannot be achieved through individual introspection alone; rather, it requires a collective, dialogue-based process ideally involving both researchers and participants. This collaboration can take different forms depending on the topic, methodology and context informing the scholarship to hand.

I define "children" in terms of social age (Clark-Kazak, 2009) rather than chronological age throughout. Accordingly, the term is taken to include all young people who have not yet attained full adult status as defined by the societies and communities which they are part of. Definitions based on chronological age, such as

in Article 1 of the United Nations Convention on the Rights of the Child (UNCRC), are commonplace. As Denov and Akesson (2017) note, however:

Defining childhood based solely on age not only reflects a bias toward Western notions of childhood that are rooted in biomedical theory [...] but also may overlook other salient cultural, social, economic, gendered, class and other status determinants that extend well beyond the notion of age. Furthermore, armed conflict challenges preconceived notions of childhood, with children taking on positions of adults, such as caregiving or assuming an active combat role. (Denov and Akesson, 2017, pp. 11–12)

As will be argued, distinctions between children and adults in terms of competencies and roles should not be made based simply on age or presumed biological differences. Rather, the specific experiences and living conditions of children in one's chosen research context need to be taken into account. The literature reviewed in this article examines the impact of armed conflict on young people in many different geographical, cultural and social contexts. The word "children", therefore, will be used as an umbrella term for young people from infancy to youth, without a clear age limit.

The article is structured as follows: Starting with a brief historical review, I will first outline fundamental moral principles and ethics codes relevant to research involving children affected by armed conflict. Then, I will introduce two dimensions of research ethics—namely procedural ethics and ethics in practice (Guillemin and Gillam, 2004)—and justify why both institutional ethics approval and continuous ethical mindfulness are indispensable. Subsequently, I will introduce the principle of ethical symmetry (Christensen and Prout, 2002) as well as key points of care ethics (Gilligan, 1977; Held, 2006; Noddings, 1984; Tronto, 1993) and draw conclusions for research involving conflict-affected children. Following this theoretical section, I will discuss specific ethical challenges in research practice and make suggestions for dealing with these challenges from a reflexive care ethics perspective. The article concludes with considerations on how ethical reflexivity can be implemented in concrete terms as a collective practice throughout the research process.

Historical development of ethics codes and regulations

Research ethics refers to the normative standards and legal regulations underpinning good scientific practice as well as to necessary reflection on the objectives, methodology and impact of one's work (Rat für Sozial- und Wirtschaftsdaten, 2017). While the precursors of today's research ethics date back to the works of ancient philosophers, it is only since the twentieth century that research involving human subjects has been officially regulated by national governments or international non-governmental organisations (Nelson and Forster, 2024). The first international code of ethics was the Nuremberg Code (1949), which is considered a milestone in the development of modern research ethics.

During the Second World War, Nazi scientists mutilated and murdered thousands of prisoners in concentration camps in cruel experiments. After the war, the Nuremberg Military tribunal tried some of those responsible for war crimes and crimes against humanity. As part of the so-called Doctors' Trial, the Nuremberg Code was created based on the testimonies of American physicians (Annas and Grodin, 1992). It comprises ten core principles to be followed in medical experiments on human subjects. These include—among others—that participation in research must be voluntary, experiments should avoid all unnecessary harm and suffering, and benefits of the research must outweigh the risks.

Influenced by the Nuremberg Code, the World Medical Association developed and adopted the Declaration of Helsinki in 1964. The Declaration has been amended several times, most recently in 2024 (World Medical Association, 2024). It expands and specifies the principles of the Nuremberg Code to adapt them to the advancement of clinical research. For example, it introduces the principle of informed consent and defines the tasks of ethics committees.

Another influential document in the field of biomedical ethics is the Belmont Report, which was written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979) on behalf of the U.S. Department of Health, Education, and Welfare. In the Commission's view, the existing codes were not suitable for solving complex ethical problems. It therefore pursued the goal of formulating fundamental principles that could be used to resolve ethical dilemmas for which other codes had no answer (Fischer, 2006). The primary ethical principles identified in the Belmont Report are respect for persons, beneficence, and justice.

Building on the classic codes of ethics mentioned here, numerous other national and international ethical guidelines for biomedical research have since been published (for reviews, see Fischer, 2006; Nelson and Forster, 2024). In general, the creation and adoption of ethics codes has contributed to the institutionalisation of research ethics, albeit in different guises depending on the discipline and geographical context in question. While prior approval by ethics committees is mandatory for clinical and experimental studies on humans, this does not necessarily apply to other fields; there is great variance to be found in respective institutional processes around the globe (Nelson and Forster, 2024).

As this brief historical review shows, modern research ethics is strongly influenced by discourses and developments within biomedical research. Although questions of research ethics were also addressed early on in the social sciences (Dingwall, 2012), they are little known in psychology, with the exception of controversies surrounding individual well-known experiments in social psychology, such as the Milgram Experiments (Milgram, 1974). Social scientists have widely criticised the fact that ethical guidelines and regulatory frameworks developed in the context of biomedical research do not adequately address the specific ethical issues in the social sciences (Dingwall, 2012; Schrag, 2010). In addition, indigenous scholars have critiqued the dominant Western concepts and values enshrined in research ethics codes and developed related principles and methodologies informed by the worldviews and cultural traditions of their own peoples instead (Brayboy et al., 2012; Loveridge et al.,

2024). Such indigenous frameworks usually highlight the key importance of reciprocal and respectful relations, a point also stressed in care ethics (more below). Over the last two decades, these critical discourses have led to the development of codes of conduct for specific social science disciplines as well as scholarly work interdisciplinary in nature, such as forced migration studies (International Association for the Study of Forced Migration, 2018). Although these codes and guidelines often refer to general principles of bioethics, they go beyond these and specify the particular ethical challenges of social science research.

Recent developments in the multidisciplinary field of childhood studies are particularly relevant for ethical considerations in research on children affected by armed conflict. Noteworthy in this regard is the International Charter for Ethical Research Involving Children (ERIC Charter), which was the outcome of intensive international consultation and collaboration between academic institutions, non-governmental organisations and the international research community on such matters (Centre for Children and Young People at Southern Cross University, Australia and UNICEF Office of Research-Innocenti, 2024). Based on the three core principles of the Belmont Report, the ERIC Charter emphasises the need for a reflexive approach to research ethics. The Charter is therefore supplemented by detailed ethical guidelines, case studies and resources for researchers (Graham et al., 2013). A key reference point of the ERIC Charter and of research ethics in childhood studies, in general, has been the United Nations Convention of the Rights of the Child (UNCRC). Scholars in this field have emphasised that the ethical treatment of children in research endeavours is closely linked to the UNCRC's inscribed principles (Alderson and Morrow, 2011; Lundy and McEvoy, 2012; Powell et al., 2012). Based on the latter, an international group of academics has continued to promote children's "right to be properly researched" (Abebe and Bessell, 2014; Beazley et al., 2009). Whilst recognising that the UNCRC is a set of obligations laid down for states rather than individuals, and as such the Convention does not impose direct responsibilities on researchers *per se*, it still provides important guidance for ethical scholarship involving children (Lundy and McEvoy, 2012; Powell et al., 2012). As Bessell points out: "If taken seriously, rights-based research with children requires that the 'best interests' of the child be the primary consideration" (2024, p. 315).

Procedural ethics and ethics in practice

Criticism of the dominance of biomedical issues in ethics codes and the resulting development of discipline- and topic-specific ethical guidelines points to a tension within research ethics between general moral principles and context-specific ethical reflections. Guillemin and Gillam (2004) differentiate in this regard between two dimensions: *procedural ethics*, which examines compliance with established standards through institutional processes (e.g., ethics committees), and *ethics in practice*, which deals with situational challenges emerging during the research process. The friction between these two aspects lies in the fact that procedural

ethics is highly formalised and usually takes place before a given research project can begin, while ethical issues may arise at any point during the research process and often in unexpected ways. In this context, Guillemin and Gillam speak of “ethically important moments” (2004, p. 265): that is, unforeseen situations stirring in the everyday practice of doing research where it is not clear how to respond or act in an ethically appropriate way. Procedural ethics alone, thus, is not sufficient for dealing with such unpredictable and suddenly occurring dilemmas or concerns. Moreover, since procedural ethics is based on general moral principles, it tends to conceptualise social life in an overly simplistic way and fails to recognise the complexities, ambiguities and contradictions of lived reality and typical academic practice.

Accordingly, some researchers in childhood studies have criticised ethics protocols and regulations for being too lengthy and bureaucratic, as well as for being based on a biomedical conceptualisation of children as but passive objects of protection rather than as active research participants. Others, in turn, have argued that procedural ethics has generally led to greater attention being paid to ethical issues in research and pointed out how good examples exist of ethics protocols which are respectful of children’s rights and evolving competencies and protect them from harm (for a summary of this controversy, see [Hanson et al., 2023](#)).

Regarding research involving conflict-affected children, I consider both procedural ethics and ethics in practice as vital; ipso facto, they need to be equally taken into account. Procedural ethics helps emphasise core moral principles (such as respect, non-maleficence, beneficence and justice), whose honouring is fundamental to the conducting of sound research involving human subjects in general. Highlighting these non-negotiables and monitoring compliance with them is particularly important for research in conflict zones, where violence and human rights abuses occur daily and become normalised. Moreover, governments in Europe and the US are increasingly excluding and discriminating against migrants and refugees, including conflict-affected children, denying them fundamental rights ([Morland and Kelley, 2024](#); [Russo, 2025](#)). Furthermore, academic freedom finds itself increasingly under threat worldwide, as transpiring in dictatorships and democratic states alike ([Lott, 2024](#)). It is, therefore, essential that the ethical assessment of research be based on guidelines formulated independent of political agendas.

Procedural ethics also draws attention to specific issues regularly manifesting in the course of the research process, such as ones of informed consent, harm and benefit, privacy and confidentiality, or reciprocity. Dealing with these matters is, however, never straightforward, particularly in work on and with conflict-affected children. As will be shown, research in such settings involves particular ethical challenges; these matters become even more complex when the participants are children, given that concepts of “childhood” are socially constructed and vary significantly according to milieu ([Denov and Akesson, 2017](#); [James and Prout, 2003](#); [Wessells, 2013](#)). Consequently, procedural ethics is necessary but not sufficient for scholarship involving children affected by armed conflict. In addition to obtaining ethics approval, researchers need to continuously reflect on the accompanying challenges emerging in and with their daily practice.

Ethical reflexivity

Guillemin and Gillam propose reflexivity as a means of addressing ethical concerns in research and bridging the gap between procedural ethics and ethics in practice. They define reflexivity here as a continuous process of “critical reflection both on the kind of knowledge produced from research and how that knowledge is generated” (2004, p. 274). The outlined concept is central but not limited to qualitative work, since reflecting on the process of knowledge production and the role of the researcher in it is necessary for all types of academic endeavour regardless of chosen methodology and design ([Lazard and McAvoy, 2020](#)). From an epistemological point of view, reflexivity is generally regarded as a means to enhance scientific rigour and the validity of findings. However, it is also important for ensuring core principles are upheld. Ethical reflexivity refers to continuous deliberation on how the researcher’s meeting of moral obligations, such as beneficence or justice, can be ensured in everyday practice. Moreover, this implies also critical assessment of how their own social positions and the specific social, cultural and political context under examination both raise ethical questions and influence the chosen responses to them ([Guillemin and Gillam, 2004](#); [Warin, 2011](#)).

Reflexivity in this sense does not prescribe specific solutions to the ethical dilemmas encountered; rather, as critical practice it encourages scholars to scrutinise their own role and its potential impact throughout the entire research process—from the planning stage, through data collection and analysis, up to the eventual publication of findings ([Guillemin and Gillam, 2004](#)). This is a call, then, to develop an attitude of ethical mindfulness as core premise: that is, an “awareness of risks and balances, a sensitivity to the day-to-day and ongoing nature of ethical dilemmas within the research relationship” ([Warin, 2011](#), p. 809). While such reflexivity and attentiveness are vital in social research, in general, they play a particularly crucial role in empirical studies involving children in conflict zones. Here, potential risks and ethical dilemmas are manifold, and the relationship between children and researchers is influenced by complex and changing power dynamics.

Power inequities and ethical symmetry in research involving children

While unequal power relations may negatively influence the research process and any findings it yields in general, this is particularly the case when working with conflict-affected children. However, empirical studies in the field of children and armed conflict rarely address power inequities explicitly. I will therefore first discuss general findings from childhood research on intergenerational power relations before drawing specific conclusions for research on and with children in conflict settings.

Scholars in childhood studies regard the relationship between adult researcher and child participant as one fundamental source of inequity ([Christensen and Prout, 2002](#)). Compared to adults, children occupy a subordinate position in society. Despite the array of cultural differences and historical developments witnessed around concepts of childhood and intergenerational relationships,

power asymmetries between adults and children are a global phenomenon—one which also influences scholars' own views on such matters as well as their relationship with the children they investigate (John, 2003). Research on or with children is shaped by how “childhood” and “children” are socially constructed within specific academic disciplines and particular cultural contexts (Morrow and Boyden, 2014, p. 2896). Traditionally, children have been regarded as essentially vulnerable, incompetent and dependent on adults, and therefore investigated through the eyes of their caregivers alone (Christensen and Prout, 2002). This view of children as mere passive objects of protection is still prevalent in biomedical research, continuing to inform the standards and evaluations of institutional ethics review boards until today (Hanson et al., 2023, p. 344). Since the 1960s, influential takes in developmental psychology—such as Piaget (1926, 1928)—have led to a recognition of children as active subjects, albeit ones with limited cognitive, emotional and social competencies as compared to adults. In this child-centred approach, age-based criteria and assessments of development- and maturity levels are commonly used to decide whether and how to include children in research (Woodhead and Faulkner, 2000).

With the emergence of sociological childhood studies in the 1990s, children have come to be increasingly perceived as social actors who actively engage with the social and cultural worlds they inhabit. That is, they are viewed as fully-fledged human “beings” rather than as human “becomings” still on their way to adulthood (Qvortrup, 2009). Taking this perspective seriously means respecting children as social actors not only in their everyday lives but also in the chosen research context. Consequently, an increasing number of scholars are now calling for children's active participation in related academic work, for example as co-researchers (Christensen and James, 2017).

Christensen and Prout (2002) argue that acknowledging children as social actors and research participants is based on the normative principle of “ethical symmetry”. This means “that the researcher takes as his or her *starting point* the view that the ethical relationship between researcher and informant is the same whether he or she conducts research with adults or with children” (Christensen and Prout, 2002, p. 482; italics in the original). Consequently, the same moral principles should be adhered to and equal rights granted vis-à-vis all research participants regardless of their age and social position. Ethical symmetry does not imply, however, that there are no differences between children and adults nor that they should be treated the same in research. Instead, it means not to assume such differences *in advance* because of preconceptions about children's competencies based solely on their age and developmental status. Due to their positioning within an intergenerational order which classifies children as subordinate to adults, young people may share similar experiences across social settings. At the same time, however, they are a very diverse group, and their experiences and competencies vary widely because of factors such as (dis)ability, ethnicity, gender and encountered levels of socio-economic inequality (Christensen and Prout, 2002).

On the other hand, power imbalances also exist between children themselves. Awareness of these unequal relationships is necessary to avoid some children being excluded from participating in research or being silenced by their more powerful peers in the course of proceedings. Researchers also need to contemplate

whether their envisaged participants will adequately represent the perspectives and experiences of their peers in a given context (Berman et al., 2016, p. 23).

Furthermore, researchers' position of power over child participants and their views of children and childhood are not solely determined by their adult status, but also by other elements of their positionality. Originating from feminist standpoint theory (Harding, 2004), the concept of positionality states that an individual's understanding of the world is influenced by his or her social positions. One's standpoint is not monolithic or static but rather spans multifaceted and fluid social positions: among others, age, class, culture, gender and race. Black feminists (Crenshaw, 1989, 1991; Hooks, 2000), in particular, have long emphasised the intersectional nature of identity.² A person simultaneously holds multiple social identities, which interact in contextualised ways within entrenched structures of social inequality. A researcher's positionality is, therefore, not reducible to demographics alone; rather, it varies in relation to the participants and social context to hand (Soedirgo and Glas, 2020).

Therefore, attentiveness is required to variations in children's social experiences and competencies within and across research contexts. Awareness is also needed of how own attitudes towards and preconceptions about children are influenced by one's biography, absorption of social constructions of childhood and embedding in intergenerational power differentials. Moreover, one's positionality as adult researcher differs remarkably from the experiences and living conditions of child research participants. Yet, what exactly these points of divergence are and how entrenched power imbalances influence the research process and its outcomes cannot be identified ahead of time; they must, rather, be examined through continuous critical reflection hereon.

Hence, the normative principle of ethical symmetry can help prevent the essentialising of identified differences between children and adults. This framework is, though, only the “starting point” (Christensen and Prout, 2002, p. 482) when conducting research on and with children. However, important conclusions can be drawn for research involving children affected by armed conflict.

Power dynamics in research with children in and from conflict zones

Armed conflicts can have a profound impact on children's close relationships and social networks, for example if parents or other attachment figures are killed or children are separated from relatives and friends due to displacement or abduction. As a consequence, children's social roles and the associated intergenerational power relations may change in conflict settings: Some actively take part in combat as child soldiers, others take on the role of head of the family or caregiver for younger siblings. Still others must fend for themselves, as in the case of unaccompanied child migrants. Moreover, children often are silent and unrecognised witnesses to extreme violence and

² Coined by Crenshaw, the term “intersectionality” refers to the way in which race, class, gender, age, sexuality, disability, and other categories of difference interact with each other, as well as the impact of these interactions on power relations.

frequently overhear adults' conversations on related issues. It is, therefore, likely that conflict-affected children have knowledge and competencies well beyond their chronological age.

Researchers need to be aware of these conflict-related changes in children's social roles, relationships and competencies because these also affect the power relations and other ethically relevant issues in the research context. For example, interviewing children who experienced traumatic losses of attachment figures or have been victims or witnesses of violence is both methodologically and ethically challenging, as it can lead to re-traumatization (Akesson et al., 2018, p. 82; Ellis et al., 2007, p. 465), and standard interview formats are not appropriate for children from non-Western cultures and economically disadvantaged communities (Mordock, 2001). The absence of parents or legal guardians as well as involvement in activities considered to be harmful to children raise complex ethical questions regarding informed consent, harm prevention and confidentiality, which will be discussed in detail later.

Furthermore, researchers need to critically reflect on their own ideas of childhood and the feelings associated with them. For example, exposure to images of children living in places beset by war and conflict can provoke intense emotions and conjure up the impression of these individuals being but helpless victims suffering the fate of a "lost childhood". Consequently, researchers may be inclined to put too much emphasis on the vulnerability of conflict-affected children and overlook their resilience and agency in the process (von Denkowski and Krause, 2024). They may also, as such, underestimate these children's capacity to actively participate in research. Moreover, a lack of reflection on own normative views of children and childhood can lead to those in question being portrayed in a predominantly negative or deficit-oriented way because their experiences differ greatly from Western ideals of a happy and carefree upbringing.

In sum, ethical symmetry in research involving conflict-affected children means, first and foremost, respecting the latter as human beings carrying the same dignity and fundamental rights as adults. Second, awareness of one's own positionality and refraining from a priori assumptions about children's inherent competency or vulnerability is paramount. Third and finally, ethical symmetry implies orientating *all* research towards the context-specific needs of participants, be they children or adults.

As mentioned above, factors such as age, caste/class, (dis)ability, ethnicity and gender influence and reinforce power differentials between adults and children as well as among children themselves. Moreover, how armed conflicts affect young people and what resources and coping strategies are available to them also depends on the interactions between social categories such as gender, age, ethnicity and disability (Cerimović, 2023; McLean Hilker, 2014). Taking an intersectionality perspective is thus vital for research involving conflict-affected children. From an ethical point of view, considering the interaction and cumulative effects of multiple forms of discrimination in settings of conflict and displacement helps to ensure that marginalised groups of children are not excluded, ignored or silenced (Hart, 2022, p. 117).

The principle of ethical symmetry focuses on intergenerational power relations between adult researchers and child participants. Yet these are not the only power dynamics at play in research

involving children affected by armed conflict. Conflict settings are often characterised by unequal and shifting power relations between the respective conflict parties. Researchers not familiar with the chosen field site will not necessarily be aware of these complex and often subtle power dynamics. Even if they do know the local context well, they are likely to become entangled in such power inequities regardless: access to the field is dependent, for example, on the permission of the government or armed forces controlling the area in question (Habib, 2019; Norman, 2009). Moreover, non-locals, in particular, may be suspected by those on the ground of working for the enemy (Wessells, 2013). The entanglement of researchers in such complex power relations has far-reaching consequences for research ethics: Doing fieldwork in a conflict zone puts both researchers and participants at risk, restricts the voluntary nature of consent and makes it difficult to guarantee anonymity and confidentiality, to name but a few examples. I will discuss these challenges in more detail later on.

Global inequalities also affect power relations in research involving conflict-affected children. The majority of civil wars and interstate conflicts take place in the so-called Global South.³ However, field research conducted there, has generally been dominated by scholars and donors from the Global North (Shanks and Paulson, 2022; Steinert et al., 2021). As a result, the necessary resources for working on and with conflict-affected children are unequally distributed and often allocated in ways serving to reproduce existing power asymmetries both between researchers and participating children and within international project teams. In addition, those not familiar with the local context and language find themselves dependent on gatekeepers whose connections to local authorities and conflict parties influence the selection of research participants as well as the process behind and outcomes of data collection (Habib, 2019). Consequently, "[t]he daily practices of designing, conducting and sharing research can perpetuate epistemic injustice [...] within research teams and towards research participants, raising profound ethical challenges" (Shanks and Paulson, 2022).

It is hence essential to be aware of unequal power relations at work in the respective research contexts, be it fieldwork in war zones or studies involving displaced children in host countries not directly affected by armed conflict. Awareness alone though is not sufficient for ethical research involving war-affected children. How can researchers best navigate these power dynamics and the resulting ethical challenges in everyday practice? Care ethics can provide some guidance here.

³ The Global North-Global South dichotomy was introduced as a less evaluative alternative to "Third World" or "developing countries". The classification does not have a strictly geographical meaning but refers to a distinction between economically richer and poorer countries or regions in the context of global capitalism. While usage of the terms Global North and Global South has become popular in the social sciences and humanities, it has also been criticized for its methodological nationalism and simplification of complex global inequalities.

Reflexive care ethics

The origins of care ethics can be traced back to the seminal works of psychologist Gilligan (1977) and philosopher Noddings (1984), who both criticised male bias in moral theories. Since then, feminist scholars from different disciplinary and cultural backgrounds have contributed to the development of care ethics and its application to various fields of research and practice (e.g., Held, 2006; Tronto, 1993). This approach views moral actors as “related, interconnected, mutually dependent, and often unequal in power and resources—as opposed to the conventional portrayal of the agent as independent, equal and self-sufficient” (Pettersen, 2011, p. 55). In care ethics, not only individuals but also collectives—such as groups, institutions or states—are understood as moral subjects. Relations between different categories of the latter are often characterised by unequal access to power and resources, which can lead to vulnerabilities, dependencies, coercion and violence (Tronto, 1993, pp. 134–135). As argued above, this also applies to conflict-affected children.

Feminist approaches to care ethics understand “care” both as a practice and as a moral value (Held, 2006, pp. 29–43). The term thus refers, on the one hand, to care work and, on the other, to the moral standards used to assess the quality of such work. Care is by no means limited to individual—often female—care work but refers in a broader sense to various types of caring relationships between individual and collective actors at the organisational, national or global level (Held, 2006; Tronto, 1993).

In terms of epistemology, care ethics goes beyond abstract moral reasoning. It takes contextual differences into account when forming moral judgements and includes subjective experiences and self-reflection (Pettersen, 2011, p. 55). In this respect, care ethics coincides with the concepts of positionality and reflexivity discussed above. However, care ethics goes even further in that reflection on one’s own entanglement in power relations not only serves to improve the quality of knowledge production but also aims to build relationships yielding the greatest possible benefit for all research participants, children included. The core values embraced here, then, are preventing harm and promoting human flourishing (Pettersen, 2011, p. 54). Despite the similarity with procedural ethics’ established principles of non-maleficence and beneficence, care ethics advocates for taking a proactive approach to preventing harm instead of just seeking to reduce or minimise it. This sets, however, a very high standard, one which can never be fully realised in scholarship involving conflict-affected children: researchers are neither fully aware nor in complete control of all the risks their work poses for those concerned. Nevertheless, they should do their utmost to prevent harm; a care-ethical approach can, at least, sensitise them to potential risks.

In care ethics, “care” is understood as a relational process in which both the giver and the receiver participate. This means that the core values of care ethics apply equally to all those involved in the caring relationships taking shape. So doing is not, then, to advocate self-sacrifice or self-denial in favour of others’ wellbeing. Rather, it is a call for “mature care” (Pettersen, 2011, p. 56): namely, to recognise that the involved actors should care for themselves to the same extent they care for others.

Applied to the research context, this means that a care-ethical perspective focuses not only on the wellbeing of research participants, but also on that of the researchers themselves. Field research in conflict zones can be very dangerous and stressful for those performing it. Witnessing how children are victimised, displaced or living in inhumane conditions can be emotionally overwhelming and cause intense feelings of grief, anger, fear and powerlessness. Particularly when building up personal relationships with the children participating in one’s research, there is a risk of developing secondary traumatisation due to strong affective empathy (Chiumento et al., 2017). Moreover, scholars may take on the role of “savior” by overestimating their own limits and thus putting themselves and others at risk (Vervliet et al., 2015, p. 12).

Hence, embracing a care-ethical perspective can help researchers to find a balance between caring for others and caring for themselves. Care ethics aims at structuring relationships in ways working to enhance reciprocity and each party’s wellbeing. This approach implies, accordingly, planning and conducting research which allows for mutually beneficial and continuing relationships between researchers and participants. Care ethics, therefore, is incompatible with “extractivist practices” (Spyrou, 2024) of data collection in the form of “one-off snatch and grab research” (Loveridge et al., 2024, p. 395).

As discussed above, the relationship between researcher and participating children is embedded in a broad network of actors who influence both proceedings and outcomes. These may include community leaders, educational/research institutions, gatekeepers, interpreters, political authorities, social services and many others besides. Within such a network, power in a Foucauldian sense cannot be clearly attributed to individual persons but circulates according to context and situation (cf. Doná, 2007, pp. 223–225). From a care-ethical perspective, under these circumstances it is the task of researchers to continuously reflect on and navigate their own positionalities with a view ultimately to preventing harm and generating the greatest possible gains for all involved. However, that is easier said than done. What specific ethical challenges are likely to arise in the process of research with war-affected children? And how can a reflexive care-ethical approach help to address them? In the following, I will illustrate the various possibilities here as regards three concrete principles: namely, informed consent, harm prevention and reciprocity.

Informed consent as an iterative process

A central tenet of research ethics is the voluntariness of participation in scientific studies. Obtaining informed consent is, therefore, a necessary precursor to any empirical research carried out with human subjects. It presupposes that participants are informed about and have an understanding of the research set to take place. Consent must be given freely and explicitly, and it must be revocable at any point throughout. In research involving children, informed consent by parents or guardians is usually required for those under 12 years of age; legal regulations in some countries may allow adolescents to provide consent on their own behalf, dependent on the nature of the study (Graham et al., 2013, p. 57). From a rights-based perspective, children’s direct informed

consent—or at least assent—should always be obtained even if parental consent is legally sufficient (*ibid.*, pp. 58–60). Studies have shown that even very young children or children with intellectual disabilities are able to give informed consent if they are approached ethically and given appropriate information (Powell et al., 2012, p. 15).

When researching children affected by armed violence, obtaining truly informed consent—be it from parents, carers or children themselves—can be ethically challenging for various reasons. First, in conflict and post-conflict settings it may be difficult or even impossible to identify the parents or legal guardians of children who have been orphaned and/or displaced. As a result of these developments, children often must fend for themselves or take on the role of caregiver. In such cases, it may be questionable whether the opportunity to take part in research should depend on permission by adults (Hart, 2022, p. 109). In countries of the Global South, moreover, children are often embedded in a network of care relationships rather than living in a single household (Abebe, 2009, pp. 456–457), which makes it difficult to identify who exactly should give informed consent. In addition, the focus on individual consent as regards research participation may be inappropriate in cultural contexts “where children or young persons may not have the right to impart collective knowledge without the consent of other family and community members” (Suaali and Mavoa, 2003, p. 195). Yet, even in Western research environments it may be difficult to ensure that children’s consent is free and voluntary here given the aforementioned power differentials at work (Graham et al., 2013, p. 58).

Hence, sound knowledge of the cultural context and careful local consultation are crucial for determining who should give consent to children’s participation in the proposed research. An important factor to consider in this regard is the exact topic under investigation. In research focusing on violence against children or the latter’s involvement in armed groups, for instance, it may be better to carefully select a limited number of people on the ground from whom informed consent will be obtained in order to protect the participating children (Graham et al., 2013, p. 57). Moreover, how to give consent in an ethically appropriate way is also context-dependent. Written informed consent, as often required by research ethics committees, may be inappropriate in conflict zones. People affected by armed violence and displacement may be reluctant to sign forms and register their names because maintaining anonymity can be vital to protecting themselves and their families from danger. Insisting on a signed consent form may, therefore, deter research participants or even jeopardise their wellbeing (Hart, 2012). These examples show that there is a tension between the principles of informed consent and the necessity of preventing harm. From a care-ethical perspective, the protection of children takes priority here.

Research in refugee camps or among displaced people mostly depends on local organisations and community leaders for field access. These local authorities often also serve as intermediaries for the distribution of aid relief and the provision of other essential services. Consequently, research subjects being directly recruited by local community leaders may compromise the voluntariness of

consent out of fear that services could be discontinued or reduced due to participation or non-participation (Akesson et al., 2018, p. 26; see also, Habib, 2019). Moreover, the presence of presumably rich and powerful outsiders usually raises hopes and expectations, even if researchers emphasise that they are not in a position to provide aid (Crivello and Morrow, 2021, p. 16; Wessells, 2013, p. 93).

Permission from the military forces or armed groups controlling the area in question is also typically required in conflict settings. Local communities affected by prolonged hostilities are often exposed to long-term military surveillance and violence. This impedes voluntary participation in research due to fears that to willingly decline a study which has been authorised by those in charge could have grave consequences (Habib, 2019). Such power dynamics may result in children and their parents or guardians feeling under pressure to agree to their own involvement.

In view of these restrictions on voluntary participation, researchers should not regard initial consent as binding and permanent. Rather, children and adults should have the opportunity to withdraw at any time. Those working with children emphasise, as such, how informed consent is an ongoing process rather than a singular act and that dissent and opting out should always be possible (Bessell, 2024; Dockett et al., 2012; Flewitt, 2005). Renold et al. (2008, p. 427) coined the notion of “becoming participant” in their research with children and young people, noting informed consent to be “always in-process and unfinished”. As children may express their dissent in myriad ways both verbal and non-verbal, researchers need to be sensitive to such signals and fully respectful of them (Dockett et al., 2012). According to Bessell, “[u]sing multiple methods is one means of providing children with the option of withdrawing from some methods or topics but remaining engaged in the research overall” (2024, p. 321).

In sum, informed consent is an ongoing process and one which requires ethical reflexivity on the part of the researcher. Respecting children’s dissent or opting out not only recognises their right to freely express their views and be heard on matters affecting them (Articles 12 and 13 UNCRC). It also contributes to preventing distress and harm as a result of involuntary participation.

Preventing harm

According to Article 19 of the UNCRC, children shall be protected “from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” Hence, scientists have the responsibility to shield these individuals from any harmful consequences arising with participation, an obligation which corresponds to the principle of non-maleficence in procedural ethics. However, putting this moral obligation into practice is challenging when working with children affected by armed conflict.

A widely recognised ethical challenge here, more broadly, is how to deal with situations in which children disclose abuse, maltreatment or neglect to researchers. While there are legal reporting requirements, these vary between countries and

jurisdictions. Furthermore, such disclosures often do not clearly indicate those in question are in immediate danger. More commonly, children's statements exist in a grey zone where both reporting and not reporting them to the authorities may similarly harm the individual concerned (Bessell, 2024, p. 316). In this case, researchers should involve professionals with expertise in child protection in the risk assessment. Such episodes should be taken seriously and quickly addressed, and that in an appropriate manner. To this end, it is necessary to identify support services and referral processes prior to research commencing. In addition, project teams should receive training from child-protection specialists before conducting academic work with children (Bessell, 2024, p. 317).

This approach is, however, difficult to implement in marginalised communities or conflict settings, where child-protection mechanisms and other such support services are dysfunctional or simply not available. In this case, researchers should establish internal structures and processes which can facilitate the ethically appropriate handling of such matters should they arise. For example, in the Young Lives longitudinal study, which aims to identify determinants and outcomes of childhood poverty in four countries of the Global South, local research teams jointly assess child-protection issues on a case-by-case basis, drawing on the project's safeguarding policy (Crivello and Morrow, 2021, p. 19). This example illustrates that ethical reflexivity as a collective practice should be systematically planned into the work of research teams and carried out regularly. I will discuss ways in which this can be implemented later on.

However, ethical challenges are liable to emerge not only in connection with the disclosure of harm inflicted outside the research context. Rather, children can also suffer because of their participation therein. This is most obvious in biomedical research but can also occur in social studies—especially in contexts of war, conflict and displacement. When dealing, for instance, with refugee children whose status in their host country is precarious or even illegal, it can be particularly important to ensure anonymity is maintained. Research activities drawing attention to children in such a situation may result in them and their families being deported, detained or transferred to displacement camps (Hart, 2022, pp. 109–110).

For a thorough understanding of the diverse life situations war-affected children inhabit, it is essential to explore their own experiences and perspectives. However, when addressing sensitive topics such as experiences of violence, death or separation from family members this can evoke painful memories and lead to emotional distress or even re-traumatisation (Akeson et al., 2018, p. 82; Ellis et al., 2007, p. 465). The risks hereof increase when carrying out qualitative and participatory work seeing prolonged and intensive interactions between researcher and child. In longitudinal and participatory studies aiming to nurture long-term and reciprocal relationships of trust between researchers and participants, children may feel safe enough to open up and talk about sensitive topics. This can provide enormous relief for them. Encouraging these individuals to speak out in front of others may put them at risk though, with the information shared potentially being used against them. When participatory methods are adopted with war-affected children, researchers must thus be aware that so doing can not only stir up strong emotions but may also elicit

sensitive information. Sharing such details might not only lead to stigmatisation and suspicion but also jeopardise the safety of children, their families and their communities alike. In situations where the recruitment of children is officially denied, for example, the disclosure of one's own recruitment or that of peers could put children and their families at great risk (Hart, 2012). Moreover, when participatory research is conducted with groups of children or in the presence of family or community members, it may be difficult or even impossible to maintain the confidentiality of sensitive information disclosed in this collective context. Special care should also be taken when using photographs or videos in conflict-related participatory work. Prior consultation with local experts is necessary, as is clear discussion with the participating children of the potential risks involved when disseminating visual content portraying themselves or others (Berman et al., 2016, p. 30).

On the other hand, participatory and creative methods can also have a positive impact on conflict-affected children, as they may help them to express their emotions, needs and desires as well as to develop their life skills. This shows that participatory research is not automatically more (or less) ethical than other forms of academic work. Rather, its potential risks and benefits must be carefully weighed up, especially when dealing with vulnerable groups—such as, in our case, children living in contexts of conflict and displacement (Krause and von Denkowski, 2020).

Despite extensive criticism (e.g., von Denkowski and Krause, 2024; Denov and Akeson, 2017; Wessells, 2013), much of the psychological literature and research on children affected by armed violence still focuses primarily on young people's mental-health problems or anti-social behaviour. Sole focus on children's vulnerability and need for protection based on Western concepts of childhood not only leads to biased results but is also problematic. If scholars are exclusively interested in children's hardships, issues and traumatic experiences without recognising their resilience, resources and agency, this can have an adverse impact on the self-esteem and coping strategies of the young people involved. Moreover, representing conflict-affected children in research publications as “damaged” or “traumatized” reinforces negative stereotypes (Hart, 2012).

Yet, even when taking a more balanced view of children's vulnerability, resilience and agency and upholding a strong commitment to their rights unintended harm may still ensue. For example, they may suffer at the hands of others who are not part of the research project as a consequence of choosing to participate therein. In one study carried out in Sri Lanka, focus-group discussions with youth were misinterpreted by adult community members as political meetings aimed at recruiting young people as fighters. This exposed those taking part in the research to an increased risk of being arrested or attacked by armed forces (Wessells, 2013, pp. 81–82). In my own ethnographic and participatory work with displaced youth in one post-conflict area of Peru (Strocka, 2008), the presence of a white European woman hanging out with mostly male youth who were suspected to be gang members raised suspicion and led to increased police surveillance.

Children may also face danger even if they do not directly participate in the study, namely as a result of members of their community being consulted for research purposes. Relationships and power dynamics among local stakeholders must be carefully

analysed, particularly in the case of sensitive research topics. For example, in studies on violence against children in conflict and post-conflict situations the interviewed community members could themselves be perpetrators or abuse positions of power without the researcher's knowledge (Graham et al., 2013, p. 32). Special care also needs to be taken when recruiting local research assistants for data collection. Hart (2012) reports on survey work done in a conflict zone where the local research team employed by a foreign organisation included persons connected with the armed group responsible for the recruitment of children (while officially denying that fact). This jeopardised the safety of child research participants who gave information about their own recruitment.

Considering this right to protection from harm must not, however, lead to the general exclusion of conflict-affected children from participation in research. As Bessell puts it: "Rather than protecting children from research, the emphasis should be on ensuring that children are able to decide whether or not they wish to participate and protecting and supporting those who do" (2024, p. 323). However, balancing protection and participation proves difficult in practice because ethical dilemmas usually arise unexpectedly, and every envisaged solution might harm the children concerned in one way or another. This highlights once again the need to supplement procedural ethics with ethics in practice, as ethical dilemmas are difficult to predict and cannot be resolved in advance in abstract terms. Rather, continuous ethical reflection is required throughout the entire research process.

From the perspective of care ethics, harm prevention pertains not only to research participants but to each and every people directly or indirectly involved in the research. Project leaders have, therefore, a responsibility to protect themselves, their staff and collaborators in the field from physical and emotional harm. Local project staff who collect data in participants' communities and homes are particularly exposed to security risks, while non-local researchers tend to be less familiar with context-specific dangers and required safety measures; they will also be highly visible due to their outsider status (Steinert et al., 2021, p. 16). While physical threats are an issue particularly during fieldwork in conflict zones and emergency settings, emotional harm can occur also in what are considered safe research environments. Repeated confrontation with narratives of trauma and desperate living situations, including those of children, may lead to secondary traumatisation, compassion fatigue or over-involvement in participants' lives (Chiumento et al., 2017; Steinert et al., 2021). Self-care is, however, not solely the responsibility of the individual scholar. Rather, academic institutions and donors are also both accountable for the self-care of researchers and auxiliary staff: namely, by providing support services such as supervision and agreeing appropriate project frameworks (Chiumento et al., 2017; Steinert et al., 2021).

As these examples show, protecting researchers and participants alike from harm can be a complex endeavour, one requiring a high level of ethical reflexivity as well as the investment of sufficient time and resources. In pursuit of systematic, reflexive risk assessment and harm prevention, *Do No Harm* analysis by Anderson (1999) can be helpful. This analytical framework was originally developed for international development-cooperation projects but can also be applied in our context. Through its

systematic examination of settings, target groups and potential influencing factors, this approach facilitates the development of an ethically appropriate research design (Krause, 2017, pp. 5–7) and is, therefore, particularly relevant for the planning phase. However, in line with the ethics in practice approach (Guillemin and Gillam, 2004), it is advisable to repeat the analysis over the course of the project and adapt the research design accordingly as necessary. Views on what constitutes harm and danger may differ between researchers and participants, though, due to their respective positionalities and levels of familiarity with the situation on the ground. Iterative risk assessments should, as such, involve local cooperation partners and participating children in order to respect their prior knowledge and own perspectives. Such a participatory iterative analysis can be linked to the abovementioned approach of ensuring ongoing informed consent.

As shown, care ethics' core values are preventing harm and promoting human flourishing. From this perspective, minimising harm in research with conflict-affected children is not enough. Rather, the aim should be to prevent it from occurring in the first place—as difficult as this is in practice—while also generating benefits not only for researchers but all parties involved.

Benefits and reciprocity

Given the power asymmetries inherent to conflict settings, it is of fundamental importance from a care-ethical perspective that not only researchers but also participating children, their families and their communities gain from involvement in a given study. However, collecting data from marginalised groups merely for scientific knowledge production and the advancement of academic careers remains commonplace despite extensive criticism (e.g., Mackenzie et al., 2007; Shanks and Paulson, 2022; Spyrou, 2024). More than two decades ago, Jacobsen and Landau (2003, p. 185) formulated the "dual imperative": Research on people affected by armed conflict and displacement "should be both academically sound and policy relevant". Policy relevance means that findings should influence governmental and non-governmental responses to humanitarian emergencies and help to improve services for vulnerable and marginalised groups.

Yet, even if research is relevant from both a scientific and a policy perspective this does not necessarily mean participants directly benefit from it. From a care-ethical viewpoint, relations between researchers and participants should be characterised by mutuality and reciprocity, which implies that both sides must directly gain from the work underway. According to Zwi et al. (2006, p. 267), "reciprocity implies that the risks and costs associated with involvement in research are offset by tangible benefits to participants". Particularly when conducting research in contexts of poverty, violence and conflict, it is unethical to merely document hardship and suffering without offering some benefit in return that could help those concerned to cope with these difficulties and improve their situation (Mackenzie et al., 2007).

Consequently, the dual imperative should be expanded so as to become a "triple imperative" instead: research should not only be academically rigorous and policy relevant but also pertinent and beneficial to all involved (Krause and von Denkowski, 2020).

This is by no means to say that *all* research must fulfil these three conditions. Yet applied research, and particularly studies involving conflict-affected children, should pay particular attention to ensuring that the latter can also derive direct benefit from their participation therein.

There are a variety of ways in which this might happen. First, participation itself can be rewarding when it is fun, gives children a voice and builds their capacity to claim their fundamental rights. As mentioned above, theoretical developments in the sociology of childhood have led to the increasing recognition of children as social actors, capable of understanding and actively engaging with the world around them (James and Prout, 2003). Moreover, in line with the rights-based approach in Childhood Studies (Gal and Faedi Duramy, 2015; Lundy and McEvoy, 2012), scholars have argued that children's right to participate in decisions affecting their lives also applies to their involvement in research (Alderson, 2017). Consequently, a variety of participatory methods have been developed and applied, also in work done with children affected by conflict and displacement (Akersson et al., 2014; Bilotta and Denov, 2023; Câmara, 2025). Providing opportunities for conflict-affected children to actively partake in all stages of the research process can help nurture their life skills and increase their sense of ownership of the work taking place (Berman et al., 2016, p. 27). Although creative and participatory methods are more likely to meet children's own interests and capacities, ensuring meaningful participation is less a question of method than of methodology; any method can, in principle, be used in an ethical or unethical manner. As Bessell points out: "Ethical research with children requires methodologies that support children in forming and expressing their own views freely while ensuring children are safe, comfortable and engaged" (2024, p. 323). There is a core tension, then, between children's right to participation and right to protection from harm, as both enshrined in the UNCRC. It is thus the responsibility of the researcher to balance the two (Bessell, 2024), therewith ensuring that children directly benefit from research done with them.

Second, material benefits may also accrue. These include reimbursement for direct expenses, such as transportation costs, compensation for the time and effort invested, bonuses or tokens given to children as a thank you for their participation, and incentives provided in advance in order to encourage their involvement. Incentive payments, in particular, have been criticised for undermining voluntary informed consent/dissent. Researchers should also be aware that "[a]ny financial dealings in the research context change relationships and impact on the power dynamics already at play" (Graham et al., 2013, p. 88). Paying money to participants is likely to raise unrealistic expectations which researchers are unable to fulfil for all participants and over a longer time period (Vervliet et al., 2015).

Remuneration is ethically justifiable, however, when children's participation is associated with a loss of income. This could be the case, for example, in instances where the family economically depends on what is earned by offspring (Porter et al., 2010). In any case, the specific sociocultural context to hand should be considered carefully when determining what form any payment or compensation offered for children's participation will take. Accordingly, types and amounts hereof may vary across localities—even within the same research project. In the

Young Lives study, for instance, project teams in Ethiopia, India, Peru and Vietnam handled compensation differently—some paid participants, some bestowed small thank-you gifts and others encouraged children to buy school materials with what they gave them. Local staff also provided schools and community centres with supplies where supporting institutions seemed more appropriate than giving to individual children (Crivello and Morrow, 2021; Morrow, 2013).

Third, there are also immaterial forms of compensation by the offering of which researchers can nurture caring reciprocal relationships with the participating children. These include personal support, such as helping with schoolwork or organising fundraising campaigns (Câmara, 2025), or referral to professionals and formal services able to provide advice and guidance (Vervliet et al., 2015). Yet, scholars should also recognise the limits of their responsibility and "refrain from adopting a 'saviour' position" (ibid., p. 12), in order to avoid creating dependencies and negatively affecting children's agency and self-esteem.

While establishing mutual and reciprocal relationships may be beneficial to those taking part, breaking these bonds once the research is over may cause considerable harm. Especially so in contexts of conflict and displacement, where children are likely to have already experienced the loss of or separation from figures of attachment and the erosion of social ties (Hart, 2012). Researchers thus must be transparent about the ultimately limited duration of their relationship with the children involved and carefully design appropriate procedures for eventual stepping out as well as following up (Vervliet et al., 2015). Sometimes continuing contact after project completion may not be possible due to ongoing conflict or instability, or because participants have since moved or been displaced elsewhere. In such cases, it is necessary to ensure that children and their families receive certain immediate benefits rather than promising ones which may or may not follow at some vague point in the future (Mackenzie et al., 2007, p. 311).

Fourth, reciprocity should also be considered in the dissemination of findings. Sharing the latter with participants and their communities is, however, still an exception when it comes to work done with young people affected by conflict and displacement. This is illustrated by a qualitative study on refugee youths' prior experiences of participation in research in Kakuma refugee camp, Kenya (Bilotta and Denov, 2023). None of the 31 young people interviewed, who had all participated in a number of previous studies, reported researchers having returned after completing their work to present findings or to campaign for improvement in the situation of their interlocutors living in the camp. In the words of one interviewee: "Of course we expect the researchers to come and return with feedback. Isn't that the whole point of research? ... to share the results ... but they never came back" (Prossy, cited in Bilotta and Denov, 2023, p. 140).

As such, sharing results is crucial for reciprocity but only if it is done in an appropriate manner. One way of increasing core relevance to the local communities involved is to present the obtained findings in their native language(s) and in formats which are practice-oriented and understandable to non-academic audiences. In the Young Lives study, for example, the research team in Peru created leaflets of the findings and distributed them to all participants, held discussions about nutrition in communities

and organised a travelling photo exhibition (Crivello and Morrow, 2021, pp. 25–26). In a participatory needs assessment I conducted for UNICEF with youth from post-conflict areas in Papua New Guinea and the Solomon Islands, the youth co-researchers presented our findings in the form of poems, songs and role plays to community members and local authorities. Yet, dissemination strategies which actively involve research participants and local communities pose additional challenges and risks when it comes to work with conflict-affected populations. The latter are sometimes difficult to access due to ongoing security risks and processes of forced migration (Akesson et al., 2018), making it difficult for researchers to return and give feedback. Moreover, as noted above, anonymity and confidentiality cannot be guaranteed if the communities, households and individual children involved can be identified, as in the case of young people presenting the findings of participatory research to their home communities. Nevertheless, from a care-ethical perspective and per the triple imperative, it is important to establish appropriate and viable channels by which to offer meaningful feedback to participants regarding obtained findings.

In sum, ethical research in conflict zones implies ensuring that children, their families and the local community somehow benefit from participation. Choosing suitable options may be difficult prior to project commencement, though; establishing reciprocal relationships is, similarly, a non-linear process with unpredictable outcomes. Moreover, researchers and participants may have different views on what “benefit” and “reciprocity” should even be taken to mean. It may be useful to include negotiations on reciprocal benefit in the iterative procedures of *Do No Harm* analysis (Anderson, 1999) and ongoing informed consent (Mackenzie et al., 2007). In this way, researchers can also repeatedly explain what they and their work can and cannot deliver, thus minimising misunderstandings which lead to the breeding of disappointment and mistrust. A reflexive care-ethical approach can thus not only be useful in dealing with unforeseen ethical challenges but may also help to prevent them from arising in the first place.

Doing ethical co-reflexivity

As the above examples have shown, implementing moral principles in research practice is by no means simple. Nor can one’s ethical approach be fully planned from the outset. Rather, scholars must be sensitive to “ethically important moments” (Guillemin and Gillam, 2004) throughout the entire research process and carefully reflect on their options, limitations as well as responsibilities in such instances. Thus, adopting a critically reflexive stance is necessary from research planning and design through data collection and analysis, writing and dissemination.

However, ethical reflexivity must not be understood as a purely individual activity assigned to the researcher alone. Self-reflexivity has its limits because one’s own subjectivity cannot be completely transcended. A person can reflect on his or her own positionality and its potential impact on research, but this reflection is itself influenced by said positionality and thus always of a subjective nature (Savolainen et al., 2023). To interrogate how the researcher’s positionality is read by others and how

this affects what will ensue, bringing other individuals into the process of reflection is essential (Soedirgo and Glas, 2020). Moreover, since ethical dilemmas are characterised by the complex interaction of multiple different factors, an array of perspectives are needed here. From a relational and care-ethical outlook, such reflexivity is a practice which can only take place in relation to and interaction with others. These may include research participants, co-researchers, local cooperation partners and also external experts.

Collective ethical reflexivity can take several forms: Within projects, it can occur during regular team meetings or on specific occasions in the wake of ethical concerns or dilemmas having arisen. I call this “ethics peer counselling”, as it involves co-researchers working at a similar hierarchical level in the current project. Another form is “ethics supervision”, which consists of external advisors providing guidance to individual researchers or teams as a whole. Advisors who are not part of the project itself can bring new and vital perspectives to bear, especially as regards serious ethical dilemmas. A third form of collective ethical reflexivity can be applied in transdisciplinary and participatory projects, where “advisory boards” or “reference groups” formed of members of the target audience or the local community participate in planning, steering and monitoring the research process. Such advisory boards can also be systematically involved in discussing ethical issues (e.g., Ellis et al., 2007). Moore et al. (2016), for example, engaged young people in reference groups which were tasked with critically assessing and giving advice on their proposed research questions and methods, as well as on sensitive topics like intergenerational power inequities. Drawing on their experiences of involving child reference groups in a number of research projects in Australia, the authors call for “co-reflexive practice”:

[A] process through which researchers and children and young people can take a step back from the research and reflect critically on the assumptions that researchers and participants bring to the practice of research, how participants are engaged in the research process, how data are gathered, analysed and interpreted and how new theories are created. (Moore et al., 2016, p. 242)

This co-reflexivity approach has also been taken up in research on war-affected and displaced children (e.g., El Gemayel and Salema, 2023). In a similar vein, Abebe and Bessell have called for a “participatory research ethics” (2014, p. 131) which actively involves children in reflection and decision-making processes about issues such as informed consent, confidentiality and compensation. There already exist several guidelines and lists of questions for doing ethical self-reflexivity in qualitative and participatory research with children (e.g., Loveridge et al., 2024; Warin, 2011); these could be easily adapted for use in collective reflection settings.

Given the complex ethical challenges faced when children affected by armed conflict are involved, it is imperative to systematically develop and establish structures and procedures for collective and participatory ethical reflection throughout the research process. An elaborate model of ethical co-reflexivity should therefore be an indispensable part of any research

proposal and requested by ethics committees as standard practice. Depending on project type and context the design of such models will vary, but regardless being adaptable and flexible from beginning to end is essential. Accordingly, existing ethics review systems need to be made more dynamic, allowing for updates and revisions over the course of the research process after a priori ethics approval (Hammett et al., 2022). Moreover, research institutions and funding programmes must provide sufficient time and resources for the planning and implementation of appropriate, context-specific forms of ethical co-reflexivity.

This is no panacea, however. Ethical dilemmas in research with conflict-affected children do not simply dissolve away because a group of people have decided to jointly reflect on these matters. Doing ethical reflexivity is not inherently equatable with “doing it right”. Given the complexities of carrying out academic work in contexts of conflict and displacement, researchers can never entirely avoid harming participants or making choices and decisions which later prove to be problematic despite their best intentions and continuous reflection. Nevertheless, ethical co-reflexivity cannot and must not be dispensed with. Drawing on Pillow’s notion of a “reflexivity of discomfort” (Pillow, 2003, p. 192), I propose the key value of an “uncomfortable” ethical co-reflexivity: that is, a practice aware of its limitations and cognisant of its failures, but without simply accepting them. Respecting children’s dignity and rights and safeguarding their wellbeing must be the ultimate goal of any research involving them, even if that may not always be accomplished.

Conclusion

Despite the numerous, protracted armed conflicts currently raging worldwide, we still know little about their impact on children’s lives. Research on the living situations, vulnerabilities but also the resilience and agency of children affected hereby is thus needed for the development, implementation and evaluation of appropriate policies as well as prevention and intervention measures. However, conducting research on and with children who live in or have fled from conflict zones poses various ethical challenges, which may arise at any stage of the research process and in unexpected ways. While procedural ethics—in the form of codes of conduct and formal review procedures—is of great importance as it emphasises the researcher’s obligation to uphold fundamental moral principles and human rights, it is not a sufficient means in itself of dealing with the concerns and dilemmas manifesting when working with conflict-affected children.

Scholars need, in addition, to adopt ethical mindfulness, meaning becoming aware of “ethically important moments” during the research process. Moreover, they must continuously reflect on their own positionalities and preconceptions about children and childhood, and the impact hereof on their work. The principle of ethical symmetry can serve as a useful starting point for said reflection, as it helps avoid essentialising the identified differences

between children and adults while paying attention to the former’s own individual and context-specific experiences and perspectives. Ethical symmetry also implies recognising children as social actors who are capable of actively participating in research and to whom the same ethical principles apply as to their adult counterparts. Viewing children as social actors in research also foregrounds the importance of relationships, not only between researchers and participating children but all involved actors indeed. Given the power dynamics present in research with conflict-affected children, it is crucial not only to be aware of such inequities but also to ensure they are not reinforced through one’s scholarly pursuits.

I have proposed care ethics as a useful theoretical lens for reflexivity vis-à-vis research with conflict-affected children, because it aims at building mutual and reciprocal relationships with a view to preventing harm and promoting human flourishing. Using the examples of three principles of research ethics, namely informed consent, harm prevention and reciprocity, I have shown how a reflexive care-ethical approach can help deal with the manifold challenges which may arise when trying to implement these principles in working with conflict-affected children. Reflexivity grounded in care ethics is by necessity a collective and continuous endeavour, involving an array of different actors throughout the research process, from initial planning to the eventual dissemination of findings. Ethical co-reflexivity can take several forms, such as ethics peer counselling, ethics supervision or advisory groups. Depending on the specific topic, methodology and context to hand, one or more of these prospective forms may be suitable. The prerequisite here, however, is that research institutions and funding programmes provide appropriate resources and conditions for such processes of collective ethical reflexivity to be realised. In sum, although co-reflexive and care-ethical approaches do not provide ready-made solutions to the dilemmas inherent to research involving conflict-affected children, they can at least contribute to these challenges being addressed in a responsible manner.

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"We have no safety at all": insecurity and continuous traumatic stress among Palestinian adolescents in East Jerusalem

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This research was completed in collaboration with the Children and Youth Advisory Group: Mays, Nada, Amro, Sajida, Kinan, Rama, and Qamar.

Introduction: Children and youth in conflict zones are often exposed to persistent sociopolitical stress that undermines their rights to protection and development. This study explores how Palestinian adolescents in occupied East Jerusalem experience and respond to continuous traumatic stress amid intensified political violence during the ongoing Gaza war.

Methods: Using a participatory research approach, an advisory group of youth co-researchers contributed to study design, ethics, data collection, and analysis. In-depth interviews were conducted with 24 Palestinian youth aged 12–19, alongside eight adult parents and professionals.

Results: Reflexive thematic analysis revealed six interconnected themes: (1) Perpetual threat in everyday spaces; (2) Adaptive hypervigilance; (3) Collective and intergenerational transmission of stress; (4) Emotional suppression and helplessness; (5) Normalization of abnormality; and (6) Distrust in protective systems. The findings demonstrate how structural violence is internalized, embodied, and transmitted across generations, creating a persistent emotional climate of fear and insecurity.

Conclusion: This study calls for trauma frameworks that move beyond episodic models to address cumulative, politically rooted stressors that violate children's rights under international law. Policies must prioritize rights-based interventions, including accessible psychosocial support and protective legal frameworks that counter systemic oppression, surveillance, and discrimination. Integrating children's lived experiences and agency into service design and delivery is highly recommended.

KEYWORDS

continuous traumatic stress, Palestinian youth, participatory research, children's rights, occupation, East Jerusalem, political violence

Introduction

Children and adolescents¹ growing up in militarized and politically contested environments such as occupied East Jerusalem experience chronic sociopolitical stressors that profoundly shape their developmental trajectories and mental health. Armed conflict not only threatens their physical safety but also erodes their well-being by undermining foundational needs for security, stability, and dignity (Atkinson et al., 2014; Wentz et al., 2023). These disruptions are especially acute for children and youth, whose developmental sensitivity, evolving identities, and limited political agency heighten vulnerability to long-term consequences of violence, displacement, and exclusion (Cummins et al., 2017).

Palestinian children in East Jerusalem face persistent legal and social precarity that exposes them to racialized policing, economic disenfranchisement, and threats to both individual safety and collective identity (Veronese et al., 2022). Although residing within Jerusalem's municipal boundaries, and considered permanent residents of sovereign Israel, their lived experiences reflect deep inequities that remain largely unacknowledged in dominant global trauma and child development discourses (Kovner, 2020). These children experience a unique and enduring set of structural threats shaped by the ongoing Israeli occupation. These include home demolitions, systematic surveillance, mobility restrictions, unequal access to education and healthcare, and frequent armed confrontations (Aly et al., 2025). Such conditions are not episodic or incidental but are embedded within a broader settler-colonial framework that institutionalizes ethnic hierarchies. The 2018 Nation-State Law, for example, constitutionally enshrines Jewish self-determination, reinforcing the marginalization of Palestinians with formal citizenship as second-class residents (Tanous et al., 2022). Consequently, children and adolescents in East Jerusalem face continuous, identity-targeted insecurity, not isolated traumatic “events” that shapes how they perceive danger, regulate emotion, and make developmental choices. Yet most research and practice still rely on models designed for discrete events and individual treatment, which miss how threat is constant, cumulative, and structurally produced. A youth-centered, rights-based, and Continuous Traumatic Stress (CTS) theory-informed study is needed to document how youth themselves describe risk, safety, and coping under these conditions, especially amid the escalation of the ongoing war on Gaza. This study explores the perceptions of Palestinian adolescents in East Jerusalem and responses to chronic sociopolitical stress, drawing on a participatory qualitative design and thematic analysis of semi-structured interviews. The study's practical, theoretical, and methodological contributions are discussed.

Literature review

A growing body of research documents how military occupation and structural violence affect children's mental health and social development (e.g., Qouta et al., 2008; Sagi-Schwartz, 2008; Veronese et al., 2022). Daily exposure to surveillance, arrest, intimidation, and

movement restrictions—often normalized by “necessity”—leads to complex psychological adjustments that blur the line between adaptation and survival (Veronese et al., 2022). Israeli authorities treat Palestinian youth as security risks rather than rights-bearing individuals, exacerbating their vulnerability and obstructing access to age-appropriate protections and care (Kovner, 2020). Importantly, these conditions represent not isolated crises but continuous, cumulative exposures that affect all aspects of everyday life.

The ongoing Gaza war following has significantly exacerbated state and settler aggression in East Jerusalem and the West Bank (Aly et al., 2025). Human rights organizations note a dramatic rise in settler attacks and military raids during this period—marked by airstrikes, live-fire raids, arrests, and increased curfews and checkpoints—describing it as the “Gazafication” of the West Bank. This ongoing intensification of the conflict further destabilizes everyday life for Palestinian children and families (B'Tselem, 2025).

These lived realities reflect ongoing violations of the United Nations' Convention on the Rights of the Child (UNCRC), including the rights to protection, education, movement, expression, and freedom from degrading treatment (Articles 13, 15, 19, 28, 37, respectively; United Nations, 1989). While such violations are well-documented, less is known about how children themselves experience and respond to these threats. In protracted conflict zones such as East Jerusalem, conceptualizing children's rights requires a nuanced understanding that addresses both their immediate need for protection and their long-term well-being. Peleg (2013) advances this perspective through a “hybrid childhood” model that aligns with the CRC's principle of the right to development, emphasizing that development is inseparable from safety, participation, and the capacity to build resilience. Drawing on the capability approach, he argues that even in contexts of chronic threat, children must be recognized not only as victims, but as agents capable of meaningful participation and of shaping their own developmental trajectories – an approach adopted in the present study.

Conceptual framework: continuous traumatic stress and identity-based trauma

This study is anchored in the theory of continuous traumatic stress (CTS; Eagle and Kaminer, 2013), which conceptualizes traumatic stress in settings where threat is ongoing, inescapable, and structurally maintained—conditions under which safety-oriented hypervigilance (often labeled “hypervigilance” in PTSD models) emerges as an adaptive and persistent response to the absence of safety. CTS theory offers a powerful lens for interpreting Palestinian children's lived experiences, as it centers the subjective perception of ongoing, inescapable threat rather than isolated traumatic events. In this study, we first conducted inductive, participant-led analysis; following initial coding, we adopted CTS as the primary interpretive lens. CTS therefore guides (a) our second-cycle analysis and naming of patterns and (b) our interpretation and practice/policy implications, while data-collection procedures were not designed *a priori* around CTS. By validating adaptive responses such as hypervigilance and emotional suppression, it situates children's insecurity within the structural realities of occupation and violence, rather than framing it as pathological or irrational. CTS theory provides a context-sensitive framework that challenges conventional trauma models—such as PTSD—which assume a discrete traumatic event followed by a period

¹ We use “children and youth,” “children,” “youth,” “adolescents,” and “young people” interchangeably, to refer to boys and girls under the age of 18–19.

of recovery. Developed in post-apartheid South Africa and since applied to militarized and structurally violent settings, CTS focuses on the real-time psychological impact of persistent, inescapable danger (Hecker et al., 2017; Kira et al., 2013; Nuttman-Shwartz and Shoval-Zuckerman, 2016).

A hallmark of CTS is its emphasis on cyclical and adaptive trauma responses in persistently threatening environments. It highlights hypervigilance (conceptualized here as safety-oriented vigilance or adaptive hypervigilance), emotional suppression, avoidance, and anticipatory cognitive responses not as pathological symptoms, but as functional survival strategies in chronically unsafe conditions (Hecker et al., 2017; Nuttman-Shwartz and Shoval-Zuckerman, 2016). These responses reflect a dynamic, context-sensitive adaptation to anticipated threat, rather than delayed reaction to past trauma. Individuals exposed to continuous threat often fluctuate between internalizing symptoms such as fear, anxiety, somatization, and withdrawal, on the one hand, and externalizing behaviors including aggression, impulsivity, or hyperarousal, on the other, depending on their appraisal of safety and threat (Docherty et al., 2023; Hecker et al., 2017; Somer and Ataria, 2015). In such contexts, psychological functioning is shaped by the ongoing interplay of past experiences, current realities, and anticipated dangers, creating a circular loop of vigilance and adaptation (Eagle and Kaminer, 2013; Hecker et al., 2017).

To deepen this theoretical foundation, the study also briefly draws on Kira's (2001, 2019, 2022) development-based trauma framework (DBTF) as a sensitizing concept, which highlights how trauma is transmitted intergenerationally and shaped by collective identity. DBTF defines trauma as threats not only to physical safety but also to one's cultural belonging, personal agency, and sense of social integration. It recognizes that structural oppression, ethnic discrimination, and cultural marginalization are cumulative stressors that undermine emotional and developmental stability across the lifespan (Kira, 2019; Kira et al., 2013).

An important extension of DBTF involves the identity and existence salience in stress responses. When salient identities are threatened, appraisal and coping become intensified, increasing vulnerability to distress (Kira et al., 2011; Marcussen et al., 2004). Children's appraisal and coping mechanisms are intensified when their ethnonational identity is criminalized or denied recognition, as is often the case under occupation. Individuals may also shift between personal and collective identities as an adaptive strategy, although this shifting can create new vulnerabilities (Kira et al., 2011). Over time, these experiences contribute to identity erosion, emotional dysregulation, and symptoms such as collective annihilation anxiety and diminished self-worth (Kira et al., 2012).

Empirical studies grounded in DBTF demonstrate that identity-based discrimination, military violence, and structural poverty are closely associated with increased symptoms of depression, PTSD, and somatization (e.g., Kira et al., 2013). These cumulative exposures result not only in psychological distress but also in profound violations of children's developmental rights and autonomy. By situating children's perceptions of insecurity within frameworks that view trauma as continuous, identity-driven, and socially embedded, this article contributes a context-sensitive lens for understanding youth experiences under occupation.

While CTS (Eagle and Kaminer, 2013) focuses on real-time adaptations to ongoing threat, DBTF (Kira, 2001, 2019, 2022) underscores the cumulative, identity-disruptive nature of trauma

across the lifespan. Together, they provide a powerful framework for understanding the lived experiences of children under structural occupation. In this study, CTS serves as the organizing interpretive framework adopted after initial inductive coding; DBTF (Kira, 2022) is used *briefly* to clarify identity/existence-salient appraisals of threat (i.e., how threats to a salient ethnonational identity intensify stress responses). This dual framework is especially relevant in the Palestinian context, where fear and threat are rooted not only in individual exposure but also in ethnopolitical identity and a shared history of structural marginalization. Combined, CTS and DBTF emphasize the need to recognize ongoing stress as a critical determinant of mental health and adaptive functioning, while challenging traditional views that pathologize passive or withdrawn coping strategies.

Psychological consequences of political violence for children in conflict zones

Palestinian youth's experiences in East Jerusalem resonate with those of children in other conflict-affected contexts (Barber et al., 2016). Children living in conflict zones are frequently exposed to continuous sociopolitical violence. A growing body of research underscores how sustained and cumulative exposure to threat disrupts their emotional regulation, cognitive processing, and psychosocial development. Extensive evidence shows that perceived discrimination and structural violence consistently predict poor mental and physical health outcomes across multiple marginalized groups, including refugees, racial minorities, and children in militarized zones (Pascoe and Smart Richman, 2009; Williams and Mohammed, 2009).

A systematic meta-analysis by Agbaria et al. (2021) found that nearly 50% of Palestinian children and adolescents exposed to political violence in the West Bank and Gaza met diagnostic criteria for PTSD. From a comparative international perspective, Scharpf et al. (2023) conducted a network analysis of PTSD symptoms among 2,007 war-affected youth aged 6–18 in African countries, Iraq and Palestine, finding that across this diverse sample, hypervigilance, intrusive thoughts, and negative mood consistently emerged as central and highly interconnected symptoms. Subgroup analyses showed that in both children (6–12) and adolescents (13–18), these symptoms were not isolated but formed dense networks that reinforced each other, suggesting a cyclical and persistent structure of traumatic stress. In the Palestinian subsample, youth reported hyper-arousal and emotional dysregulation even in the absence of discrete traumatic events.

Scholars have also documented the normalization of abnormal conditions as a paradoxical coping strategy. For many Palestinian children, adapting to pervasive instability and militarized threat involves internalizing them as a new normal—reflecting both emotional desensitization and an attempt to preserve psychological continuity in contexts where safety is elusive (Nguyen-Gillham et al., 2008; Veronese et al., 2022).

Across several contexts, Palestinian youth exposed to violence reported elevated levels of psychological symptoms, reduced social competence, and maladaptive coping (Dubow et al., 2009). As mentioned, these psychological outcomes are further compounded by emotional desensitization. Children exposed to repeated violence may exhibit reduced emotional reactivity, which, while protective in the short term, is associated with increased externalizing behaviors and diminished empathy. Conversely, children who maintain emotional

sensitivity are more prone to trauma-related symptoms, including intrusive memories, avoidance, and hypervigilance (Agbaria et al., 2021; Scharpf et al., 2023).

This dynamic interplay between emotional blunting and dysregulation reflects a disruption of normative emotional development. In line with this, Kumar et al. (2017) describe a “triple burden of violence” faced by children in conflict zones—exposure to armed violence, domestic abuse, and insecurity within displaced communities. In contexts like Palestine, children face not only direct harm but also a loss of community support and limited access to essential services, leading to chronic psychological distress and the normalization of violence (Veronese et al., 2022). Frameworks such as CTS and DBTF are therefore essential for capturing how chronic and identity-based threats erode children’s sense of safety, autonomy, and dignity (Eagle and Kaminer, 2013; Kira, 2001).

The current study

East Jerusalem was unilaterally annexed by Israel in 1967, tripling the city’s municipal boundaries to incorporate land from 28 surrounding Palestinian villages. This annexation, deemed illegal under international law (Avni et al., 2022), resulted in the reclassification of Palestinian residents as permanent residents rather than citizens—a fragile status contingent upon proving one’s “center of life” remains within the city. Since 1967, over 14,200 Palestinians have had their residency revoked (Ir Amim, 2015), deepening their vulnerability to displacement and statelessness (Jefferis, 2012).

The 2002 construction of the Separation Wall entrenched East Jerusalem’s political and physical isolation, severing it from the rest of the West Bank and severely restricting movement, family unification, and access to essential services (B’Tselem and HaMoked, 2004). These restrictions constitute structural violence, deeply entangled in residents’ everyday experiences of racialized policing, home demolitions, unequal education access, legal precarity, and surveillance (Aly et al., 2025). Recent critical scholarship conceptualizes these processes as forms of “unchildling,” where Palestinian children are systematically denied rights, protections, and dignities afforded to children elsewhere (Shalhoub-Kevorkian, 2019; Tanous et al., 2022).

Participatory approach

Building on the call for more qualitative, child-informed inquiry in politically constrained settings (Peleg, 2013; Veronese et al., 2022), the present study addresses the gap in research on how children and youth in occupied East Jerusalem experience and respond to continuous political and structural violence by examining their perspectives and giving them a voice. This study is part of a broader research project that also examined coping, psychosocial responses, and resilience among this population. It adopts a youth-centered and participatory approach, using a child and youth advisory group (CYAG) which consisted of seven adolescents; two boys and five girls, aged 12–19, recruited from different neighborhoods of East Jerusalem. The CYAG was trained to position as children co-researchers who actively shaped the inquiry (see Zedan and Gal, 2025). This approach is based on Lundy’s model on rights-based participatory principles that uphold young people’s agency and epistemic authority in knowledge production, and improve the applicability of findings for practice

(Lundy et al., 2011). It was adopted because it aligns with children’s right to be heard and with the Lundy model’s emphasis on *space, voice, audience, and influence*, which is based on UNCRC, thereby reducing adult-centric bias and strengthening ecological validity (Lundy et al., 2011). Methodologically, partnering with youth improves credibility and practical relevance—youth help ensure culturally safe prompts, sharpen interpretation, and support trustworthiness (credibility/transferability) of qualitative findings (Lundy et al., 2011).

In this study, the CYAG served as advisory co-researchers and conducted interviews with professionals whose perspectives were used for triangulation. They received training, co-refined interview prompts, advised on ethics and recruitment messaging, and joined member-checking/interpretation workshops. They did not conduct interviews with their peers, access raw identifiable data, or handle recordings. Their involvement with transcripts was limited to selected, anonymized excerpts shared during interpretation workshops. To avoid overstating the design, we describe the study as participatory, rights-based, with a CYAG advisory partnership, rather than full participatory action research (PAR).

Method and materials

Participants

A community-based recruitment strategy was employed, combining online ads with in-person outreach at public libraries and youth centers. The author and the CYAG research team also collaborated with local youth organizations to facilitate participant recruitment. Adolescents who expressed interest in the study referred peers, utilizing a snowball sampling approach. For triangulation, two fathers and two mothers of participants, as well as four other professionals working with children and adolescents in East Jerusalem (a lawyer and three social workers), were recruited by the CYAG.

The final sample consisted of 24 Palestinian adolescents aged 12–19 years ($M = 16.08$, $SD = 2.06$), living in various neighborhoods of East Jerusalem. Most were female ($n = 18$, 75%). All were identified as Muslim and reported medium to high religiosity. They attended gender-segregated schools, some affiliated with the Israeli municipality of Jerusalem and others with the Palestinian Authority. The sample size was deemed adequate to achieve data saturation; we ceased recruitment when no substantively new codes were identified, consistent with qualitative research standards (Guest et al., 2006).

Data collection

A semi-structured interview guide was developed, consisting of open-ended questions focusing on participants’ experiences with sociopolitical stressors and their coping strategies. These included interactions with police, military armed forces, settlers, and other Jewish individuals, as well as incidents of ethnic discrimination and racism. The guide was informed by existing literature and ongoing research and was piloted and refined in collaboration with the CYAG. It also included optional prompts to assist participants in recalling specific experiences and to elaborate on coping behaviors or psychosocial responses, though most of the incidents had naturally arisen. To maintain child safety and confidentiality, only the first author interviewed minors; CYAG members did not interview adolescents or access identifiable youth transcripts.

Interview guide

The interview guide was collaboratively developed with CYAG to explore adolescents' lived experiences of daily sociopolitical stress in East Jerusalem. It began with general questions about neighborhood conditions and everyday life, then moved to more focused prompts on interactions with authorities, experiences of discrimination, and perceptions of personal and collective identity. Particular emphasis was placed on understanding emotional reactions, meaning-making, and coping strategies. The guide was adapted throughout data collection, allowing for the refinement of questions based on emerging insights from earlier interviews. While the full guide addressed a range of themes, this article focuses specifically on participants' perceptions of threat, insecurity, and their coping responses to sociopolitical stressors.

After providing informed assent and consent, the 24 participants were interviewed in Arabic by the first author between April and August 2024. The interviews lasted 45–105 min. Six interviews were conducted via Zoom according to the interviewees' choice. The rest were conducted face-to-face in community youth centers and public libraries.

As mentioned, eight supplementary interviews were conducted with adults to enhance the credibility and contextual richness of the findings. The parental interviews were conducted by the first author via Zoom, while interviews with professionals were conducted face-to-face by trained CYAG members, under the author's supervision; CYAG interviewers received focused training on ethics, addressing power balances, and interviewing skills. These interviews took place between August and December 2024 and lasted 30–45 min. While the primary analytical focus remained on the youth narratives, these adult perspectives contributed to method and source triangulation (Denzin, 1978), supporting the credibility of emergent themes.

Data analysis and trustworthiness

All interviews were audio-recorded with consent, transcribed verbatim in Arabic, and, where relevant, translated into English with independent accuracy checks. Data were de-identified and stored on encrypted drives. Data analysis was iterative and inductive, following reflexive thematic analysis procedures. In a first cycle, the first author, using ATLAS.ti, conducted line-by-line coding of Arabic transcripts to preserve meaning, wrote reflexive memos, and maintained an audit trail; codes were developed inductively from the data (Braun and Clarke, 2006). In a second cycle, codes were collated into candidate themes using comparative reading across cases; after initial inductive coding, we adopted CTS theory as the primary interpretive lens to name and refine patterns, while checking that themes remained grounded in participants' accounts (Braun and Clarke, 2019).

The triangulation interviews with parents and professionals were also coded thematically and used to support the credibility and depth of youth-derived themes. Codes across all sources were clustered into themes and subthemes, and findings were situated within the broader literature on youth navigating political violence. To ensure rigor and trustworthiness, we drew on Lincoln and Guba's (1988) criteria of credibility, transferability, dependability, and confirmability. Reflexivity was practiced throughout, involving self-awareness, memo-writing, and group discussions to critically examine assumptions and positionalities. The lead researcher, a Palestinian citizen of Israel, conducted initial open coding and

engaged in theme mapping and refinement to explore connections between categories. The analysis was refined collaboratively with the CYAG and supported by discussions with Palestinian and Jewish-Israeli researchers. Regular meetings and analytic memo-writing contributed to analytical depth and dependability. To support transferability, we provided thick descriptions of participants' sociopolitical context and used rich quotations to illustrate findings. Confirmability was enhanced through transparent documentation of analytic decisions.

Ethics statement

This study received ethical approval from the ethics committee of the author's affiliated institution (protocol number: 2023HLE046). All CYAG activities were IRB-approved; identifiable data were not shared with CYAG. For minors, parental/guardian consent and youth assent were obtained; adult participants provided informed consent. Consent followed a clear explanation of the study's purpose, significance, and the measures taken to ensure confidentiality and anonymity. Participants were informed that the study would not examine their political views or illegal actions. The limits of confidentiality (e.g., imminent risk of harm or other legally mandated reporting) were explained. They selected pseudonyms, and all identifying details were removed from the transcripts. They were also informed of their right to skip any question or withdraw from the interview at any time without consequence.

Prior to each interview, the researcher offered a verbal explanation of the ethical procedures, including how to navigate sensitive or potentially self-incriminating content. Participants were advised to frame such disclosures as experiences of others and to avoid using real names. If concerns arose during the interview, they were encouraged to pause the recording and consult with the researcher before continuing. To further support participant well-being, an optional concluding segment was offered in which the interviewer, drawing on their social work background, facilitated a brief, strengths-based conversation focused on coping strategies, sources of resilience, and positive relationships—with the aim of supporting participants and minimizing distress. At the end of each interview, participants were offered a short resource list for free-cost psychosocial support and community services.

Results

Six interrelated themes emerged from the thematic analysis. All are subsumed under the umbrella theme of living insecurely under chronic traumatic stress.

Perpetual threat in everyday spaces

Palestinian children and youth consistently describe their daily lives as imbued with violence and even death. This looming threat was not tied to specific actions but to their very identity as Palestinians, particularly those visibly marked by gender (e.g., being a young man or a girl in religious dress) or location. This ongoing threat is not only physical but also psychological, shaping their entire experience of public space. For instance, Shams, a 19-year-old

girl from Al-Tur neighborhood, articulates how routine actions such as passing through military checkpoints are fraught with danger:

Insecurity is always present. We have no safety at all. Anyone can be shot at any time. [...] when I pass through a checkpoint, I always think that something could happen. Any young person, [...] or women wearing hijabs, could be accused.

This experience is also reflected in Ghonwa's traumatic experience. This 19-year-old recounted how, when she was descending the stairs at Damascus Gate in the Old City – a busy area frequently patrolled by Israeli police – three police officers stopped her at a corner. They asked why she failed to respond when they had called her, demanded to see her ID, and questioned her about her presence in the area. She explained that she was heading home. The situation escalated when a female police officer attempted to physically assault her. She resisted by holding the officer's hand. She insisted that she had not done anything wrong and asserted her right not to be touched or assaulted. When they tried to search her, she refused, telling them she would pull the blouse up so that they could see she had nothing on her.

I said, either they will shoot me or kill me, or they'll plant something on me and fabricate charges against me. I was sure of it [...] I was scared too. I spent two days without sleeping, not going out of the house, still afraid.

Alongside fear, Ghonwa expressed a deep sense of injustice, emphasizing that the emotional consequences were not limited to the immediate moment but accumulated over time with lasting psychological effects.

Sana, a 14-year-old girl from Kufr 'Aqab, further illustrates how fear permeates even the most mundane activities – fear not only for herself, but also for others:

The first time I took the train alone, I was afraid something would happen, that they'd arrest everyone and put us in jail. I was young at the time. I was scared because there were soldiers carrying guns, and I was afraid they would do something. It wasn't necessarily about me; there were also a few Arabs, and I was afraid they would do something to them.

Similarly, Samara (16, Azariya) shared how fear accompanied her across multiple public spaces on her routine route from beyond the military barrier:

[...] when I take the train, there are many Jews and police. My experience on the train is, of course, full of fear. Settlers might harass or beat me, and the police might stop me on the street, not just at the checkpoint. [...] This fear of being searched or arrested is always present.

Parental accounts further underscored the theme of perpetual insecurity, particularly regarding children's restricted mobility and exposure to sudden violence by Israeli forces in a Palestinian neighborhood. The mother of Hala's (14, Al-Tur) reflected: "There's no safety in the neighborhood. Even taking the kids to the neighborhood park after sunset can turn into clashes. I'd rather face racism elsewhere

[in Jewish-Israeli areas of Jerusalem] than risk life-threatening violence nearby."

Adaptive hypervigilance

Children and adolescents described a persistent state of bodily and emotional alertness, shaped by the sense that danger could emerge anywhere—at home, in school, on the street, at checkpoints, or on public transportation. This omnipresent threat compelled youth to monitor and regulate their appearance, posture, and behavior as a survival strategy to avoid confrontation or suspicion. They adopt embodied coping mechanisms such as keeping their hands visible, lowering their gaze, altering their clothing, or holding objects like phones in certain ways. These are not only behavioral adaptations but expressions of internalized hypervigilance—a deep awareness that their very bodies and movements may be perceived as threatening by Israeli security forces. For example, Abu Gaith (16, Shuafat) described his routine efforts to avoid targeting:

A little bit of safety, I mean, on the train, and it already happened to me, especially if I'm wearing black or holding a bag, I will end up with three security men around me who will harass me... If I carry a bag, I keep it away from my hands. I do not put my hands in my pockets whenever I get on the train, and I stay holding my phone as a precaution so they do not come and harass me.

Yasmin (15, F, Al-Ram) described another common experience, that of a bystander. She witnessed some youth being beaten, and immediately imagined herself as the target, showing alertness and anticipatory fear: "I kept imagining the scene. I thought they, the Jews, were coming toward me. I was scared and kept talking to myself. I acted normal."

Similarly, Omar (16, M, Beit Hanina) reflected: "I feel like one day something will happen to us, like if someone gets shot or there's a problem. It could happen one day to someone I know, like one of my cousins." Omar's words reveal a pervasive sense of anticipatory fear and existential uncertainty, emblematic of growing up under continuous threat.

More broadly, Talin (14, Shuafat refugee camp) vividly described her life in Jerusalem as a space of captivity and threat requiring constant alertness:

We consider our life in these areas almost like a prison, with unleashed dogs waiting to attack. You have to be extremely alert and always carry something to protect yourself, like pepper spray... That's the minimum. We thank God they still allow us even that.

Finally, Sara (18, Beit-Hanina) illustrated how threat is internalized to the point that being in a public space where a Jewish individual is present triggers involuntary recurring mental simulations of being targeted, falsely accused, or shot:

It is really frightening [...] people get killed and then they are blamed... They're shot by mistake but they [the authorities] do not admit it. They start saying things like, he was planning, maybe an attack. I thought, what if I end up in that situation [...] That

whole scenario played out in my head within seconds. I found it kind of funny and illogical. But this scenario runs through my head a lot, especially when I'm in places where there are Jews.

While Sara acknowledges the irrationality of her thoughts, her reaction reflects mental rehearsal of catastrophic outcomes, a hallmark of CTS (Eagle and Kaminer, 2013). In environments shaped by structural violence and impunity, the line between possible and probable danger is blurred, and such rehearsals become part of an adaptive readiness.

This theme was further supported through triangulation interviews with parents. Samara's mother described how the persistent uncertainty under occupation—particularly during the ongoing war—cultivates heightened vigilance: “We're always under psychological pressure, not knowing what might happen next... you cannot predict how the policeman who detains you would act.” Her hyper-awareness extends to her children: “If they are late by half an hour, I keep calling... and if they do not answer, my mind spirals.”

Collective and intergenerational transmission of stress

Beyond personal experiences, many youths internalized fear through stories, warnings, and collective memory. These secondhand exposures shaped their sense of danger, fueling avoidance behaviors and a persistent fear. As Abed (16, M, Beit Hanina) related:

My classmate, just two weeks ago, was sitting with his leg out; his house is next to the [Separation] Wall. Suddenly, the police raided and took him to Room 4, and beat him at midnight. He called me and said, “Come over, I'm exhausted; bring me food and water.” I went there and found his clothes torn, his face swollen; he could not walk, it was a mess. They put him there for eight hours. Room 4 in Neve Yaakov [police station], once you are taken there, you know you'll be beaten, possibly killed. As soon as you enter, you hear people screaming. This is a nightmare for us in Beit Hanina.

Another witness, Jana (12, Ras al-Amud), recalled how, on her way to Al-Aqsa Mosque with her family, she witnessed a woman being beaten by Israeli forces, and wondered, “What if we were there? What if they had beaten me instead? There is no safety.”

Such accounts illustrate how vicarious exposure permeates the consciousness of the entire community, fostering a sense of shared identity-based vulnerability. This form of collective trauma amplifies the fear that any one of them could be the next victim, as articulated summarized by Samara:

[...] there's no safety for anyone—whether it's a child, a woman, a man, or a youngster. Everyone is exposed [...] as long as you are an Arab and a Muslim as well. [...] I see and hear about situations that happen, and on social media.

In terms of long-term consequences, Talin described the enduring impact of collective trauma on her behavior and worldview, and recalled past events of children at her age, such as the burning alive of 16-year-old Muhammed Abu Khdeir in 2014 (Ihmoud, 2015) and the

imprisonment of 13-year-old boy Ahmad Manasra in 2015 (see Otman and Shalhoub-Kevorkian, 2023):

I was young at the time and did not fully understand, but as I grew older, I realized more—especially after Ahmad Manasra's case. My parents also told me about Abu Khdeir... He was just sitting outside the mosque, and the settlers kidnapped him, tortured him, and burned him. What was his fault? He had not hurt anyone... It made me very scared. I started fearing for my life. If they could do that to a boy just sitting near his home, how could I, as a girl, dare go near their areas alone?

Another critical dimension of this theme is the intergenerational transmission of traumatic events, where parents' anxieties shape the emotional environment in which children grow up. Al-Damir (19, Kufur Aqab) explains how fear becomes embedded through upbringing:

It becomes a sense of insecurity, which generates a sense of insecurity in others. For example, I did not feel unhappy or insecure, and my feelings were normal, but because of my parents and their general fear for us [...], this fear is passed on until we grow up.

Abed explains this fear, “Our parents are very afraid for their children. They are always worried that their children would do something related to security or be accused of something. When someone is martyred [...] they destroy the *family's* house.”

Parental fears often translate into overprotection, and fear for all family members toward each other. Layla (14, F, Ras al-Amud) shared: “My mother is afraid to let my brother go out because he's the only boy in the family. And we are also afraid for him. my parents are afraid for all of us.”

This theme also emerged in interviews with parents. Layla's father described how the chronic stressors he experienced spilled over into his relationship with his daughters:

A father should be a role model. But when I'm stressed out because of the situation, I try not to take it out on my daughters. Even if I try not to take it out on my children, the pressure affects all of us [...] We end up releasing our stress on each other.

This narrative underscores how ongoing sociopolitical pressure undermines parents' capacity for emotional containment and affects overall family well-being.

Jana's father reflected on a deeply traumatic event from his own adolescence:

At 17 or 18, I was on my way to help my brother at his office in Jerusalem. Soldiers stopped me and asked for my ID. When I told them I was a Palestinian-Arab Muslim, one of them mocked me, searched me, and falsely claimed I had a utility knife—he took it out of his own pocket. Five or six soldiers beat me badly, just because I said who I was. I did not go to work that day; my body was crushed. I still tell the story to my children, and they remember it. Even my little daughter gets scared and imitates the gestures. I cannot forget it, even after 30 years. This trauma has stayed with me, and now my kids carry it too. I try to make them

understand that we have to endure this situation—it's a policy meant to pressure us so we, in turn, pressure our children, and life becomes miserable. The kids understand this; they need to be aware that this is the reality we live in, and there's no other option unless we leave completely.

These testimonies reflect how parental protection—meant to ensure safety—instills in youth a persistent sense of danger. Over time, this caution becomes part of the child's emotional landscape, reinforcing hypervigilance, spatial avoidance, and a feeling that harm is always possible. These responses give way to deeper emotional adaptations, including suppression and withdrawal, as explored in the next theme.

Emotional suppression and helplessness

Across interviews, the participants described emotional responses shaped by their chronic exposure to violence. A recurring thread was a state of emotional suppression and resignation, shaped by a persistent sense of powerlessness and the need to endure injustice in silence. Thus, rather than expressing acute fear, many participants conveyed emotional exhaustion, behavioral withdrawal, and detachment. Speaking out or reacting emotionally in public was seen as dangerous. As Aziza (17, F, Beit Hanina) shared:

I keep silent [...] I pretend I do not see and ignore it every single moment. But inside, I'm truly upset, thinking: Why are you doing this? But I just stay quiet because there's nothing I can do about it... I feel suppressed — why cannot I speak up? Why are you looking at me like that? Or why are you talking to me this way?

This suppression is a form of protective silence in an environment where expression could escalate risk. Several youth described how this self-silencing is accompanied by the normalization of abnormal conditions. Sara, for example, reflected:

There's nothing we can change [...] You just have to adapt. You try to live a normal life, which is not actually normal. We've come to see the checkpoint as normal: whether it's crowded or not, open or closed — it's like it's normal. But it's not.

Indeed, many interviewees noted that speaking up, reacting, or even exhibiting emotion in public spaces could provoke punishment or escalation. This was echoed by Abed, whose tone revealed both emotional fatigue and fatalism:

It's not that I'm tired... I'm just fed up. Every time, they want to take us or beat us. That's enough... My dad got used to it because I always cause him problems. He started saying, "Let them take you." [...] It became like a joke, a routine — we no longer see it as a big deal... It's the occupation, and we go along with it. We cannot protest — we have seen what happens to those who resist. They get taken, imprisoned, tortured, and maybe even killed [...].

Abed's narrative reflects desensitization to state violence, as well as vicarious fear and shared trauma. This emotional resignation was

often described alongside feelings of suffocation, anger, and despair, yet participants emphasized their need to cope silently. Tala (17, Beit-Hanina) spoke explicitly of the emotional toll of this resignation:

Living in Jerusalem, you constantly suppress your emotions. You cannot express what you feel — not even your opinion — because you are surrounded by people, and anything you say could put you at risk. So you stop talking about the situation; there's no use.

When asked what this emotional silencing does to her, she responded: "It builds a lot of pressure... Seeing them [Israeli forces] every day fills me with anger, and then I feel helpless because I cannot do anything for my homeland."

In addition to emotional suppression, youth described avoidance behaviors—withdrawing from social media, avoiding unsafe areas, or refraining from speaking to friends or family to protect others or themselves: "I try to hold it in. If I speak up or post online, I'll end up harming my family, my father, and myself. So I avoid it, to stay out of trouble... I also do not dare go into their [Jewish] areas" (Talin).

In interviews with parents, emotional suppression also emerged as a necessary strategy for navigating repeated encounters with systemic control. Hala's mother described the inner conflict of wanting to resist humiliating searches but choosing compliance:

There are times when you feel helpless... Refusing a search might lead to harsher treatment or longer procedures, as if saying no makes you guilty. So unfortunately, the only option is to comply, cut my losses, save time, and protect your energy—because it's truly difficult.

Samara's mother described her daughter's emotional withdrawal: "She stays quiet or isolates herself in her room. She rarely talks—only when something extreme happens, like police entering the school or blocking the entrance.

These accounts reinforce youth and parents' narratives of muted emotions and perceived futility in resisting. They illustrate how suppression is modeled and reinforced within the family as an adaptive survival response to chronic threat.

While this theme focuses on emotional suppression and powerlessness, it is important to note that some youth also described active and resilient strategies, including religious-spiritual grounding, cognitive reframing, social support, agency, and solidarity. These are explored in a separate article (Author, in preparation).

Normalization of abnormality

Over time, the abnormal life under occupation became emotionally internalized, leading to a shift in how safety and danger are perceived. This theme explores how youth psychologically adapt to persistent insecurity, as danger becomes routinized and the distinction between fear and safety gradually dissolves. Several participants described how the ongoing threat in East Jerusalem ceased to evoke intense emotional responses, pointing to a broader process of normalization of abnormality. Shams, for example, openly rejected the idea of living in fear, even while recognizing that no place felt truly safe:

There's no place where I feel safe... I've reached the point where it just does not matter anymore. Do whatever you want—I want to

live my life. I will not lock myself in just because of this fear. It does not work for me anymore... We've seen so much war and killing since we were kids, it just does not affect us the same way.

Similarly, Majd (18, Old City) reflects on the frequent arrests and harassment of youth in her neighborhood, describing how fear and tension initially accompany such encounters but gradually give way to resignation: "When we go out at first, we feel tense, and then it becomes normal. At the beginning, there's tension because it's something new to you, and then that's it—it just becomes the way it is for us."

These reflections illustrate a form of emotional desensitization shaped not by healing, but by prolonged exposure. Fear does not disappear—it becomes muted, folded into daily life. Youth do not stop recognizing danger; rather, they recalibrate their emotional responses and redefine emotional normalcy in order to reclaim their autonomy and continue navigating unsafe environments: "I do not feel fear anymore when I get stopped [by police] or when something frightening happens. I've gotten used to it. As far as fear goes, I've been used to it for a long time—it just becomes normal" (Abu Gaith).

Saja, a social worker employed in a boys' school in East Jerusalem, described how repeated exposure to state violence becomes embedded in children's everyday reality and identity development:

Children as young as 4–5 witness the arrest of their parents, see soldiers raiding their homes, and come to understand their identity in these moments. They know they are on their land, but they do not feel the safety or belonging they are supposed to feel.

The social worker's account adds depth to the theme by showing how early and deeply such experiences affect children's sense of security and identity—underscoring how spaces of care, such as the home, are destabilized by chronic threat. This normalization process blurs the line between safety and danger, shaping children's worldview and sense of self from a very young age.

Mazen, a lawyer who represents families in cases related to residency and citizenship, reflects:

The checkpoints slow us down, but that's not enough of a reason to say they are holding us back. My appointments at seven—I leave at six. That's just how life is. We got used to it. [...] It got to a point where if a soldier stops a boy, the boy starts searching the soldier. [...] Without the humiliation they put us through, we would not know how to live—we'd turn on each other.

Here, the violence is trivialized as "no excuse" for being late and simultaneously acknowledged as so pervasive that individuals learn to accommodate it, even to the extent that youth no longer show fear and respond with defiance. Structural violence is thus internalized, inscribed into daily behavior and collective consciousness.

Distrust in protective systems

A final theme that emerged across interviews was the profound erosion of trust in institutions and social anchors conventionally expected to provide protection or support. For Palestinian youth in East Jerusalem, these systems—ranging from legal institutions and police to schools, NGOs, and even peers—were not only ineffective

but frequently perceived as complicit in oppression or simply powerless.

Many participants described a sense of futility and even risk in seeking justice in harassment cases. Legal systems were viewed as biased, performative, or outright harmful. Nadine (18, F, Shuafat) explained:

If you react or respond [to settlers' harassments], it turns against you. I just keep walking to avoid unnecessary trouble, because if the police come, you'll be the one prosecuted and punished. Even legally, we cannot do anything. If we file a complaint, they'll just drain your energy, and in the end, nothing happens.

Similar disillusionment was shared by Sadin (19, Old City), who recounted how police closed her friend's sexual harassment case within hours, although she had identified the perpetrator: "They told her, 'What matters is that you are okay,' and closed the case." This impunity extended to encounters with soldiers and settlers. As Omar put it, "If a soldier does something, nothing happens to him. But if we defend ourselves, we are the ones to blame."

Moreover, the risks involved in expressing Palestinian identity or political views further deepened mistrust. For many youth, national pride became a source of fear:

Expressing our Palestinian identity has become a threat. We've started to express less, fear speaking, and distrust those around us... Even a social media post praying for Gaza can be labeled as incitement. You could lose your job, your rights, or be arrested. It's terrifying (Sadin).

Sadin's fears were both real and shared by others (Molana-Allen and Cebrián Aranda, 2023). Other youth described concrete risks of entrapment:

You have to be careful with every word you say and who's listening, [...] my friend was arrested and beaten so badly, he turned purple. He was just talking near someone dressed like a local—turned out to be an undercover agent [Mista'rib]. There's no safety here (Abed).

Beyond state structures, trust within the community itself was eroded. Several youth described fear of surveillance and betrayal from within their social circles: "Even with friends, you stay silent—afraid their family might be informers. We're not just silencing ourselves because of Israelis. We're losing trust among each other" (Tala). Thus, informal social support, typically a critical buffer against chronic stress, is compromised: "You're always anxious, even with your closest friends. What if they are working with the Israelis? You hide your identity. You silence yourself—even among your own people" (Tala).

This climate of fear extends into institutional settings. Nadine explained why, when she feels distressed, she avoids seeking psychosocial support from NGOs or mental health professionals:

I'd feel restricted in what I can say. It's better to talk to my family and friends freely. These organizations might harm more than help. We cannot express ourselves, not even on social media — so how could I open up to outsiders?

Jessie (18, F, Beit Hanina), who experienced distress during the war on Gaza, echoed this sentiment: “They wanted me to talk to the school counselor, but I knew what she’d say— ‘we cannot do anything; everything is monitored’. Teachers are cautious. They fear arrest over a single wrong word.”

This multilayered collapse of trust created a pervasive sense of vulnerability and emotional isolation. Community organizations, school-based support, and peer networks no longer offered refuge.

Discussion

This study explored how children and youth in East Jerusalem perceive and respond to sociopolitical traumatic stress under conditions of prolonged occupation, and specifically during the ongoing war on Gaza. By applying a participatory, rights-based approach to qualitative inquiry, this study deepens our understanding of how continuous, identity-targeted stressors are internalized, embodied, and reproduced across generations. During the ongoing Gaza war, these dynamics intensified, affecting daily functioning and magnifying developmental costs.

The findings reveal that the children’s psychological and emotional worlds are shaped by continuous and institutionalized violence, which generates a perpetual sense of threat that transcends space, age, gender, and generation. They live in a state of constant alertness, shaped by experiences of ongoing and anticipated violence, where safety-oriented vigilance becomes a survival mechanism. Their coping responses reflect both direct personal exposure and vicarious collective and intergenerational trauma, rooted in a shared identity as Palestinians and a deep awareness of systemic oppression.

The participants reported profound feelings of helplessness, resignation, emotional suppression, and behavioral avoidance, illustrating how continuous exposure to trauma undermines their sense of control and disrupts normative development. The experience of growing up in an unsafe world—where the threat is chronic and spatially pervasive—led many to cognitively normalize abnormal life conditions as a means of survival, adaptation, and emotional endurance.

Finally, the participants expressed a profound loss of trust in institutions meant to protect them. These forced adjustments echo the theory of CTS (Eagle and Kaminer, 2013), where threat is ongoing and reinforced by structural violence, leaving children without closure or protection.

Thematic cycle of continuous traumatic stress

This study yielded six interconnected themes, each reflecting and extending the core components of CTS theory (Eagle and Kaminer, 2013). Rather than isolated experiences, the findings point to a chronic, anticipatory, and socially embedded form of trauma that is shaped by both structural and emotional landscapes.

The themes unpack how continuous political violence is experienced across physical, emotional, temporal, and relational domains. The first two address the spatial and embodied dimensions of threat. The third explores the collective and intergenerational transmission of stress through memory and shared suffering. The

fourth and fifth examine internal consequences of this environment: emotional suppression and the normalization of violence that blurs boundaries between safety and threat. The final theme depicts distrust in protective institutions and community anchors. Together, these themes reveal how structural violence becomes cyclical and developmentally disruptive, necessitating trauma frameworks that account for sustained, cumulative exposure. Below, we map our findings onto the four core hallmarks of CTS.

Ongoing, real, and anticipated threat

The first hallmark of CTS is the persistent exposure to real and anticipated danger, often without a foreseeable end or recovery period (Eagle and Kaminer, 2013). This chronic threat undermines any sense of safety or predictability in everyday life. In our study, this was most clearly reflected in Theme 1: Perpetual Threat in Everyday Spaces, where youth described pervasive feelings of vulnerability and fear across routine settings, and even within their homes. While Theme 1 reflects spatial and environmental precarity, Theme 4: Emotional Suppression and Helplessness reveals how this chronic exposure manifests in youths’ internal world — through emotional numbing, helplessness, and restricted self-expression out of fear and as adaptive survival strategies. Both themes reflect the emotional and physical insecurity in everyday spaces. This interplay between external danger and internal adaptation illustrates how continuous threat extends beyond behavior into emotional regulation, gradually eroding resilience. These results align with research on youth in conflict zones, where chronic exposure to political violence leads to heightened emotional dysregulation, dissociation, and long-term psychological impairment (e.g., Agbaria et al., 2021; Sagi-Schwartz, 2008; Scharpf et al., 2023; Wentz et al., 2023).

Difficulty differentiating real, potential, and imagined threats

A second core hallmark of CTS is the blurring of boundaries between immediate, potential, and imagined threats, which disrupts an individual’s ability to recover, anticipate safety, or distinguish between danger and normalcy (Eagle and Kaminer, 2013). In such contexts, safety-oriented vigilance becomes a baseline state of being. This often results in anticipatory anxiety, emotional numbing, and avoidance, not as signs of pathology, but, again, as adaptive survival strategies (Hecker et al., 2017). This process was captured in Theme 3: Collective and Intergenerational Transmission of Stress. Our participants frequently referenced inherited fears and anticipatory dread, often conveyed through family stories, behaviors, and emotional tones. They also reported intense fears for both their own and their loved ones’ safety. This resonates with Kira’s (2001, 2019, 2022) development-based trauma framework (DBTF), which conceptualizes trauma as cumulative and intergenerational—especially when linked to a group’s targeted identity. The trauma is not bound to a single event, but becomes embedded in the family’s emotional legacy and collective political context.

This temporal dislocation—where trauma from the past and fear of future violence are continuously present – makes it difficult to differentiate real, potential, and imagined threats, forcing the state of alertness and vigilance depicted in Theme 2. where participants described being in a constant state of bodily readiness—exhibiting heightened startle responses, vigilance to environmental cues, and anticipatory scanning for signs of military or police presence. This

challenges conventional trauma models that frame such responses as maladaptive, and instead positions them as embodied forms of self-preservation. These findings align with broader evidence demonstrating that cumulative exposure to political violence leads to increased psychological distress among Palestinian youth. Haj-Yahia et al. (2021), for example, found that the more Palestinian adolescents were exposed to political violence, the more they exhibited posttraumatic stress symptoms across the three core dimensions of intrusion, avoidance, and arousal (see also Kira et al., 2013; Huesmann et al., 2022).

Absence of external protective systems

A third core component of CTS is the lack of access to reliable protective systems. When institutions meant to provide safety—such as the police, legal systems, schools, or social services—are either ineffective, absent, or complicit in harm, individuals experience compounded vulnerability (Eagle and Kaminer, 2013). This was strongly reflected in Theme 6. Youth repeatedly expressed mistrust and disillusionment with institutions meant to provide support or protection. These systems were not merely ineffective, but (perceived as) complicit, punitive, or surveillant. This institutional breakdown exacerbated their sense of helplessness and isolation. Rather than buffering stress, these systems became sources of retraumatization. This aligns with Shalhoub-Kevorkian's book (2019), describing how Palestinian youth experience legal and educational systems as mechanisms of control, rather than safety. It also resonates with Kira's (2001, 2019) notion of identity trauma, wherein the repeated denial of institutional protection is experienced as an assault on one's existential and collective identity.

The absence of trustful protective systems feeds back into Theme 4, as youth learn to detach emotionally to manage persistent fear or stay silent to avoid trouble. They grow up knowing that their body, presence, or even voice may be viewed as a threat by powerful others. Such responses are understood as contextually rational and socially learned forms of coping (Eagle and Kaminer, 2013). However, these strategies also signal the erosion of developmental agency, reflecting learned helplessness, and illustrating the cyclical nature of CTS.

Changes in meaning, identity, and relationships

The fourth hallmark of CTS involves deep disruptions in meaning-making, identity, and interpersonal trust. Prolonged exposure to threat can shift youth's perception of what is normal, blur moral and emotional boundaries, and corrode trust in social institutions and relationships (Eagle and Kaminer, 2013). Over time, such shifts can lead to emotional numbing, moral disengagement, and the normalization of abnormality, fundamentally altering how individuals relate to themselves, others, and their sociopolitical environment (Huesmann et al., 2016; Veronese et al., 2022). This transformation was captured in Theme 5: Normalization of Abnormality, by blurring of safety and threat, where youth described becoming desensitized to conditions of structural violence. This echoes Eagle and Kaminer's (2013) notion that chronic exposure erodes the capacity for outrage, forcing children and adolescents to reinterpret violence as part of the everyday landscape. It requires young people to adapt by redefining what safety, threat, and agency mean in their lives. This shift in meaning parallels findings from studies on youth in protracted conflict zones, where ongoing exposure to normalized violence leads to emotional flattening, social mistrust,

and even endorsement of aggression as a survival strategy (Docherty et al., 2023; Dubow et al., 2009; Huesmann et al., 2016, 2022).

These moral and psychological shifts are also compounded by the experiences described in Theme 6. Participants described losing trust not only in formal systems but also in their nearest social circles, often driven by fear that these individuals might be undercover agents [*Mista'ribin*], informers, or collaborators. These experiences cultivated a pervasive sense of suspicion and vigilance, contributing to a persistent perception that anyone could be a threat. As found in an earlier study, layered insecurities undermine social cohesion, making everyday life a site of struggle (Hammoudeh et al., 2016). This reinforces the CTS hallmark of shifting meaning, identity, and interpersonal trust. It represents a fundamental disruption in how youth perceive relationships, safety, belonging, and the world around them.

Continuous exposure to betrayal, militarization, and deception reconfigures youth's emotional and cognitive schemas (e.g., hostile-world views), often leading to anticipatory fear, anxious arousal (Huesmann et al., 2016, 2022), and a diminished sense of relational safety (Cummins et al., 2017). These are part of a collective matrix of unresolved and repeated trauma, where social ties themselves become sites of potential harm. This reflects what Eagle and Kaminer (2013) describe as the breakdown of relational trust—a critical component of CTS. It also aligns with Kira's (2001, 2019) DBTF, in that the failure of systems to recognize or protect a targeted identity group becomes itself a source of trauma. The erosion of institutional trust described here is an adaptive realization that institutions are structurally misaligned with youth's rights and needs. This adaptation—while emotionally costly—demonstrates an acute political consciousness and reflects a collective survival strategy in the face of systemic betrayal. As CTS theory posits, such disintegration of protective systems compounds the psychological burden and undermines youths' capacity to seek safety, justice, or collective belonging (Eagle and Kaminer, 2013). Ultimately, these findings reveal that for Palestinian youth in East Jerusalem, the very systems meant to offer protection have become sources of additional harm. Silenced at school, surveilled in public, and mistrustful in private, young people face continuous threat and the collapse of communal safety nets. The result is a form of structural abandonment that exacerbates their distress and compounds their isolation.

Overall, each theme reinforces the others, forming a self-perpetuating spiral of survival under conditions of unrelenting insecurity. By anchoring these findings in CTS and DBTF, the analysis illuminates how Palestinian youth adapt to an ecosystem of threat that is spatially unbounded, identity-driven, and politically entrenched. Their experiences underscore the psychosocial consequences of structural violence along with its legal and ethical dimensions.

Conclusion

The findings of this study reveal that the emotional exhaustion, hypervigilance, and normalization of danger described by Palestinian children and youth in occupied East Jerusalem reflect not only psychological distress, but also systematic violations of their rights under the CRC (United Nations, 1989)—including the rights to protection, development, dignity, and emotional well-being. These lived experiences, intensified during wartime, underscore how

ongoing political violence erodes the foundational conditions for a safe and nurturing childhood. This study contributes to the expanding scholarship on structural trauma by empirically grounding the concept of unchilding (Shalhoub-Kevorkian, 2019) in the lived experiences of Palestinian youth in East Jerusalem. It illustrates how legal, political, and bureaucratic violence are internalized as chronic fear, emotional withdrawal, and anticipatory vigilance, stripping rights holders of legal and developmental recognition.

This study also offers a participatory, rights-based methodological approach to co-producing knowledge with youth in high-risk, politically repressive settings. Thus, both methodologically and theoretically, it reinforces the urgent need to reconceptualize children's protection and development not as future-oriented aspirations, but as immediate rights, and to enable children's agency and participation even within environments of profound structural injustice.

Limitations and future directions

This study offers in-depth insights into the lived experiences of Palestinian youth in East Jerusalem under conditions of continuous traumatic stress. However, several methodological and contextual limitations should be acknowledged. First, recruiting participants was particularly challenging due to the ongoing war, heightened surveillance, and restrictions on freedom of expression. Excessive policing and fear of potential repercussions led some parents and youth, especially boys, to decline participation, particularly given the study's sociopolitical focus. This may have affected the gender balance and scope of perspectives represented. Moreover, concerns about safety likely influenced what participants felt comfortable sharing. To protect both the youth and researcher, participants were encouraged to describe certain politically sensitive experiences as those of "others," which may have introduced narrative distancing and enabled greater candor.

Second, the sociopolitical and legal context of East Jerusalem, marked by fragmented jurisdiction, surveillance, and structural inequality, is unique. As such, the findings may not be directly transferable to Palestinian youth living in other contexts, such as Gaza, the rest of the West Bank, sovereign Israel, or diaspora communities.

Third, while all interviews were conducted in Arabic and translated into English with attention to preserving original meanings, some culturally embedded expressions—particularly those reflecting trauma, resistance, or emotion—may have lost nuance in translation. However, efforts were made to retain participants' voices in both quoting and analyzing their narratives.

Finally, this study reflects youth experiences during a specific period of heightened violence. It does not trace the long-term trajectories of coping or resilience, nor does it assess the mental health outcomes associated with different coping strategies. While participants shared coping mechanisms they employed, this qualitative design did not aim to evaluate their effectiveness or outcomes.

Future quantitative mixed-methods research could further explore how sociopolitical stress and coping experiences evolve and intersect with psychological wellbeing over time. Comparative studies with Palestinian youth in the West Bank and sovereign Israel are also needed to examine variations across political and legal contexts. Applying CTS-informed, rights-based frameworks to other conflict-affected populations, with attention to intergenerational trauma,

resilience, and legal advocacy, can broaden the relevance of these findings. It is also recommended to amplify vulnerable children's voices through participatory approaches that position them as co-researchers in the production of knowledge.

Implications for policy and practice

Psychosocial interventions with children under occupation must go beyond symptom management to address root causes of ongoing traumatic stress, including militarization, discriminatory policies, and the denial of basic rights. Mental health responses should recognize emotional suppression and withdrawal (also) as collective adaptive strategies, rather than individual deficits. At the same time, interventions must strengthen children's capacity to regulate distress while increasing predictability in their daily environments. This can involve helping schools and community programs maintain steady routines, offering low-stigma opportunities for children to connect with trusted adults for psychological support, and ensuring clear referral pathways so that urgent risks are addressed quickly and appropriately.

Clinically, survival behaviors should be validated as contextually adaptive, while practitioners introduce gentle regulation supports and safe micro-rituals to broaden coping repertoires. Where safety cannot be guaranteed, schools and services can create small anchors of stability—such as reliable check-ins, contingency planning, and rapid response pathways—to help children experience minimal consistency in otherwise unstable conditions. Protecting developmental growth also requires safeguarding time for play, peer connection, and exploration, recognizing these as essential for resilience rather than optional extras. At the family level, services should scaffold caregivers as emotional security anchors by equipping them with simple stress-regulation tools and ongoing support to reduce the spillover of fear and helplessness.

Integrating psychosocial support with rights-based advocacy is essential. Frontline clinicians, teachers, and school counselors should not only provide emotional support but also document systemic barriers children face—such as school disruptions, mobility restrictions, and militarized encounters—in de-identified ways. Community-based organizations and NGOs can then act as protection linkages, ensuring families are connected to legal aid, housing, or child-protection resources. International agencies, including UNICEF and Save the Children, play a critical role in amplifying these reports and pressing policymakers to ensure demilitarized spaces, equitable access to services, and enforcement of children's rights under the CRC.

Collaboration is key. Psychosocial providers and advocacy groups should work together through joint case conferences and referral systems, so that children's distress is addressed both clinically and structurally. Training clinicians and educators in child-rights frameworks—not only trauma-informed care—enables them to serve as caregivers, witnesses, and advocates simultaneously. Researchers can generate evidence that elevates children's voices in policy debates, while youth advisory groups ensure that interventions remain grounded in lived realities.

As Peleg (2013) argues, safety must be redefined not only as survival but as the capacity for agency, decision-making, and developmental growth. Protecting children under continuous

threat, therefore, requires reframing clinical work as both healing and defending rights. This means not only reducing exposure where feasible and ensuring predictable communication routines, but also creating conditions where children can live as children—spontaneous, playful, connected to peers, and future-oriented.

Concluding reflection

Despite the persistent threat they face, the children and youth in this study demonstrate remarkable resilience, insight, and moral clarity. Their voices remind us that healing and justice are clinical and political goals, but also deeply human ones. In contexts of prolonged conflict, protecting children must mean more than minimizing harm — it must involve creating conditions in which they can grow, dream, and shape their futures with dignity. The responsibility rests with all of us—clinicians, educators, policymakers, researchers, international actors, and communities. Youth voices show that everyday protection (predictable routines, supportive relationships, safe spaces for play) and broader advocacy (challenging militarization, defending rights, amplifying voices) are inseparable. Honoring their resilience means moving beyond documenting harm to transforming the systems that perpetuate it. This collective duty demands courage, persistence, and solidarity so that the dignity and development promised in the CRC become a lived reality for children under occupation.

Data availability statement

Due to confidentiality and sensitivity of the topic, full transcripts are not publicly available. Additional anonymized materials may be provided by the author upon reasonable request.

Ethics statement

The studies involving humans were approved by The Ethics Committee for Research Involving Human Subjects, jointly operated by the Faculty of Humanities, the Faculty of Law, and the Shlomo (Seymour) Fox School of Education at the Hebrew University of Jerusalem. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

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'The child that I left behind': memory, trauma, and the reconstruction of childhood in Nakba narratives

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Introduction: This article analyzes Palestinian refugee childhood memories, focusing on how displacement and survival intersect within the context of ongoing settler-colonial violence. Challenging conventional Western trauma frameworks that view trauma as discrete, time-bounded events amenable to therapeutic resolution, this research conceptualizes Palestinian children's experiences as sociogenic trauma emerging from colonial structures rather than individual pathology.

Methods: Drawing on 34 interviews with Palestinian refugees from Lydda who experienced the 1948 Nakba as children or were born shortly after, the study uses the child as method framework to analyze childhood memories as complex and dynamic sites where trauma and adaptive survival mechanisms coexist and shape individual and collective experiences.

Results: Findings reveal systematic processes of "unchildling"—the deliberate eviction of Palestinian children from childhood through invisibilization, dehumanization, and forced premature maturation—alongside survival strategies such as selective sensory silencing and strategic memory suppression. The study demonstrates how Palestinian refugees mobilize childhood memories to position themselves within ongoing displacement, deploying childhood as a cultural-political category to navigate present conditions of ongoing Nakba and resistance.

Discussion: This study contributes to scholarship that centers Palestinian perspectives by illuminating how childhood memories function as sites of resistance that protect Palestinian knowledge from appropriation. It calls for fundamental changes in academic and professional practice, advocating approaches that honor Palestinian epistemologies while challenging Western frameworks' claims to universality in understanding trauma and survival.

KEYWORDS

childhood memories, trauma, settler colonialism, unchildling, Nakba, decolonial knowledge

Introduction

Ali, who was 8 years old during the Nakba in 1948, came to our interview in Ramallah carrying an old history book documenting Lydda, his city of origin, along with family photographs and stories about the city. Rather than beginning the conversation with predetermined lines of inquiry about historiography, I invited him to reflect on his childhood experiences within the specific temporal and spatial context of Lydda. After a thoughtful pause, he shared the following:

"For most 8-year-olds, what are the biggest worries? Playing outside with friends, going to school, doing what children usually do... But for me, being 8 years old meant suddenly having to bring water for my little sisters, walking for hours under the hot sun—barefoot

most of the time—just to find something to eat...witnessing people dying along the roads... the fear of death that controlled me. That's what I remember from my childhood."

Despite not being explicitly asked about the Nakba and being encouraged to recall childhood experiences preceding displacement, Ali did not articulate any pre-Nakba memories of life in Lydda. When prompted to reflect on this temporal selectivity, Ali responded:

"These memories are stronger, perhaps because this pain has never been healed. Perhaps because since that time I grew up and was never allowed to return to that child again... since the Nakba, I couldn't remember anything beyond the loss of our homes and land."

His immediate shift to recounting experiences of displacement, even when prompted to reflect on his pre-Nakba childhood, raises critical questions about the function of childhood memories in contexts of settler colonial violence not simply as static repositories of the past, but as dynamic sites where meanings are continually negotiated and redefined. This article explores such trauma through the memories of Palestinian children who, like Ali, experienced the Nakba as children or were born in its immediate aftermath. Rather than approaching these memories through conventional Western trauma frameworks—which conceptualize trauma as discrete, time-bounded events amenable to therapeutic resolution—this research employs a decolonial approach that challenges Western knowledge systems while centering Palestinian epistemologies. The study investigates how childhood memories are shaped within ongoing settler-colonial violence, how these memories serve as sites of epistemological refusal, and how they reveal sophisticated survival strategies that Western frameworks have rendered invisible or pathological.

Drawing on [Burman's \(2017\)](#) child as method framework, this research analyzes how Palestinian refugees mobilize childhood memories and tropes to position themselves within current political contexts of ongoing displacement. Rather than treating these memories as direct windows into past experience, child as method examines how narrators deploy childhood as a cultural-political category to navigate present conditions of exile and resistance. This approach reveals how the 'child' functions not merely as a subject of memory but as a method for understanding how settler-colonial power operates across generations, targeting Palestinian social reproduction through the systematic disruption of childhood itself.

This research contributes to decolonial scholarship by showing how Palestinian childhood memories enact what [Simpson \(2007\)](#) terms ethnographic refusal—the deliberate withholding of experiences from Western academic consumption to assert Palestinian narrative sovereignty. By centering Palestinian epistemologies and challenging Western universalism, this study reveals childhood memories as complex knowledge systems that resist settler-colonial erasure while safeguarding what is sacred from colonial appropriation.

The Nakba (1948 catastrophe)

Meaning "catastrophe" in Arabic, the term Nakba refers to the events surrounding the establishment of Israel in Palestine in 1948.

The Nakba has been described by both Palestinian and Israeli historians as the destruction of historic Palestine ([Pappé, 2006](#); [Masalha, 2018](#)). It resulted in the forced displacement of at least 80 percent (over 750,000) of Palestinians living in areas that became Israel, encompassing 77 percent of historic Palestine. These individuals were either internally displaced or expelled from their homeland. More than 500 Palestinian villages were destroyed, creating substantial refugee populations across neighboring Arab states ([Pappé, 2007](#); [Sa'di and Abu-Lughod, 2007](#)). Scholars have characterized the Nakba as a multifaceted catastrophe, encompassing the mass uprooting of people from their homeland, the destruction of social structures that had endured for centuries, and the frustration of Palestinian national aspirations ([Sa'di, 2008](#); [Galtung, 2012](#)). At its core, the Nakba was marked by dispersion, helplessness, violence, and humiliation—symbolizing what many Palestinians experienced as unexpected and unstoppable destruction that left communities in a state of political, economic, and psychological disarray ([Sa'di and Abu-Lughod, 2007](#)).

The Nakba represents a foundational trauma in Palestinian collective memory. Palestinians have never recovered from the material and psychic reality of the 1948 catastrophe: for every household there is a Nakba story, or each refugee an uprooted home. The ramifications of the Nakba continue to shape Palestinian society across generations, as millions are still born into refugee status and continue to languish in refugee camps. Palestinian scholars have conceptualized this situation into what is termed the "ongoing Nakba"—a present continuous condition that defines contemporary Palestinian existence under continued displacement, occupation, and dispossession ([Masalha, 2012](#)).

The Nakba as continuous trauma

The ongoing nature of the Nakba distinguishes it from other global catastrophes by highlighting the continuous process of displacement and dispossession rather than framing it as a singular historical event marked by immediate death tolls ([Abu-Sitta, 1998](#); [Masalha, 2008](#); [Sayigh, 2007](#); [Sayigh, 2013](#)). Research on Palestinian displacement underscores how historical trauma extends into the present, manifesting through continuous processes of dispossession, systemic violence, and structural oppression ([Hammami, 2005](#); [Masalha, 2012](#); [Sayigh, 2012](#); [Shalhoub-Kevorkian, 2015, 2020](#); [Giacaman, 2018](#)). These include the destruction of homes, the establishment of military checkpoints, restrictions on freedom of movement, enforced closures, and the mass incarceration of Palestinians ([Peteet, 2018](#); [Abu Hatoum, 2021](#)). The concept of an "ongoing Nakba" encapsulates this continuity, profoundly shaping Palestinian temporality, identity, and lived experiences in ways that challenge conventional understandings of historical trauma ([Masalha, 2008](#); [Sayigh, 2015](#); [Barakat, 2021](#)).

The persistent exposure to conflict and systematic violence has prompted scholars to critique traditional trauma frameworks that conceptualize trauma as a finite event. Specifically, conventional post-traumatic stress disorder (PTSD) paradigms fail to account for individuals subjected to daily trauma in contexts lacking safe spaces for recovery ([Kimhi et al., 2010](#)). In such environments, the framework of Continuous Traumatic Stress (CTS) offers a more nuanced lens. Developed by anti-apartheid mental health activists, CTS acknowledges trauma as an ongoing process encompassing both

individual and collective dimensions—particularly in regions where colonial and militarized practices perpetuate constant states of threat (Eagle and Kaminer, 2013).

For Palestinians, the Nakba embodies a sustained source of continuous trauma deeply embedded in collective memory and identity. This ongoing trauma is perpetuated by Israeli policies that actively suppress Palestinian narratives while preventing the return of refugees and exacerbating their displacement (Qabaha, 2018; Hamdi, 2021). Such systematic practices ensure that the wounds inflicted during the Nakba remain open as Palestinians are repeatedly confronted with their dispossession. This ongoing displacement creates what Ghnadre-Naser and Somer (2016) identify as the intergenerational transmission of trauma, further shaping Palestinian consciousness and lived experiences. The current paper discusses childhood memories produced and shaped by this trauma of uprooting and loss. It demonstrates how these experiences continue to reverberate in contemporary Palestinian society. By examining these memories within the context of continuous trauma stemming from the Nakba, we gain deeper insights into how historical injustices influence present realities for Palestinians.

Childhood, settler colonialism and the ongoing Nakba

Childhood in settler colonial contexts is profoundly shaped by systemic violence and dispossession. Settler states such as Australia, Canada, and the United States have historically targeted Indigenous children through policies designed to assert territorial control and impose social reordering (De Leeuw, 2009; Arvin et al., 2013). Colonial regimes strategically weaponized childhood—both as a metaphor and a direct target—to justify their claims of superiority and domination. By portraying Indigenous peoples as “primitive” and in need of paternalistic intervention, often under the guise of benevolent guardianship, colonial authorities legitimized forced separations, residential schools, and assimilation programs. These interventions disrupted the transmission of intergenerational knowledge and aimed to erase Indigenous cultures and identities (Liebel, 2021; Chen et al., 2017; Jacobs, 2009).

In Palestine, Shalhoub-Kevorkian (2019) contends that Palestinian children have consistently been subjected to the Israeli state’s structural and direct violence, beginning with the mass expulsion of Palestinians in 1948 and continuing through the ongoing Nakba. This violence is particularly acute in refugee camps, where children face curfews, night raids, movement restrictions, and daily humiliations, resulting in family fragmentation and deprivation of fundamental rights (Shalhoub-Kevorkian and Odej, 2018). Since October 2023, violence against Palestinian children has escalated dramatically in Gaza and the West Bank. By December 2024, 300 Palestinian children were detained by Israel. In early 2025, 27 had been killed in the West Bank. By March 2025, 119 children were in administrative detention under Israeli custody [DCI (Defence for Children International) Palestine, 2025]. According to Palestinian Central Bureau of Statistics (2023) reports approximately 18,000 have been killed in Gaza, including infants and newborns, with many more injured or orphaned. Shalhoub-Kevorkian (2019, 2020) conceptualizes this ongoing process as “unchildering”—the authorized eviction of Palestinian children from childhood for political purposes, which amounts to the destruction of future

generations as a means to eliminate colonized peoples. Since 1948, colonial strategies have aimed to enforce unchilding, forcing Palestinian children to face survival challenges far earlier than normal childhood would allow. Children who experienced the Nakba and those living in Gaza today share similar realities: witnessing mass death, enduring starvation and displacement, and suffering humiliation. Whether through the 1948 expulsions or ongoing siege and bombardment, Palestinian children exist in a world that denies them a protected childhood and compels them to develop complex ways of understanding and coping with colonial violence. This systematic violence is maintained by state and settler-colonial structures that racialize Palestinian children as inherently dangerous others, denying them their rights and humanity. As a result, Palestinian children become direct targets of state violence and political manipulation, stripped of their innocence and subjected to conditions that make their childhoods unlivable (Shalhoub-Kevorkian, 2019). This framework highlights how the political project seeks not only to control Palestinian bodies but also to erase their futures through sustained structural and physical violence.

Childhood memories, trauma and resilience

Understanding how children navigate violence and adversity requires examining the intricate relationship between trauma, memory, and resilience. Childhood trauma fundamentally reshapes memory processes, often resulting in fragmented or nonverbal recollections that embody both suffering and the capacity for survival (Cohen et al., 2010; Van der Kolk, 2014). Unlike adult recollections, children’s memories are shaped by developmental stages, attachment dynamics, and the sociopolitical contexts in which they are formed (Schore, 2003). While some contemporary research attempts to move beyond pathologizing approaches, these frameworks remain rooted in Western epistemological assumptions that position Western knowledge as universal while rendering non-Western ways of understanding childhood trauma invisible or primitive (Burman, 2024). Recent research increasingly critiques Western trauma frameworks for universalizing childhood trauma experiences while marginalizing culturally specific understandings. Studies emphasize the evolving nature of traumatic memory (Weems, 2025). These findings support calls for new approaches to childhood trauma that recognize the political and cultural dimensions of children’s experiences rather than imposing universal developmental models. This growing body of critical scholarship demonstrates that trauma and resilience, therefore, are not opposites but interwoven processes—children actively engage memory to make sense of hardship, sustain identity, and seek continuity within their specific sociocultural contexts.

In colonial and conflict-affected settings, traumatic memory must also be understood as a political and collective experience. Fanon (1961) situates trauma within systems of racialized oppression, arguing that such memories serve not only as evidence of psychic injury but also as sources of resistance and identity formation. Survivors, as Stortz (2007) notes, carry both the memory of injustice and of survival—narratives that foster solidarity and intergenerational resilience. The concept of resilience itself has shifted from a fixed trait to an ecological process, emerging from dynamic interactions between children and their environments (Hertzog and Farber, 2013). Especially

in protracted conditions of colonial violence and displacement, resilience entails more than coping—it reflects children's capacity to endure and reframe suffering while maintaining ties to community, identity, and hope (Luthar et al., 2000).

Drawing on Fanon's insights, it becomes clear that traumatic memory in colonial contexts carries the weight of collective history and political struggle. This recognition challenges simplistic binaries of pathology versus health and calls for a deeper appreciation of how children negotiate meaning, identity, and resilience within systems of oppression. To fully understand this complexity between traumatic memories and resilience among Palestinian children, this research centers their childhood voices and memories as primary sources of knowledge. Employing Burman's (2017) 'child as method,' this study uses Palestinian childhood experiences as an analytical lens to examine how settler-colonial power operates through the systematic targeting of childhood, while revealing how adult Palestinian narrators deploy childhood memories to navigate ongoing displacement and resistance. By centering the childhood memories of Palestinian children, this research seeks to understand how children navigate the intersection of trauma and resilience within the ongoing context of displacement, offering insights into the dynamic processes through which memory becomes both a repository of pain and a foundation for continuity and hope.

Materials and methods

This qualitative study employs a decolonial hermeneutic phenomenological approach to investigate the enduring impact of the Nakba through childhood memories of Palestinian survivors. Drawing on Umezurike's (2021) framework, this methodology navigates the epistemological tension between European philosophical methods and decolonial critique by positioning both Heideggerian phenomenology and decolonial thought as resisting systems that privilege universal categories over lived particularities. Rather than adopting phenomenology as a philosophical doctrine, this study employs it instrumentally—appropriating its analytical contributions while “de-chaining from imperial designs” (Umezurike, 2021, p. 190). Heidegger's concepts of Dasein (being-in-the-world), temporality, and the hermeneutic circle serve as interpretive entry points for accessing Palestinian lived experiences within settler-colonial contexts. This approach prioritizes Palestinian meaning-making and employs phenomenological interpretation to reveal childhood memories as existential responses to displacement and as sophisticated survival epistemologies that may challenge Western theoretical frameworks.

Research design and participants

The research was conducted between 2019 and 2022, allowing for the careful development of trust with participants. The study involved 34 semi-structured, in-depth interviews with Palestinian refugees from Lydda who experienced the Nakba as children or were born in its aftermath. Lydda was chosen for its significance as a major site of 1948 displacement, enabling focused exploration of shared historical trauma within specific geographical and cultural contexts. Participants were recruited through purposive and snowball sampling via local community organizations and cultural centers in the West Bank. The

sample included 18 first-generation refugees (10 women, 8 men, aged 73–88) who were 4–12 years old during the Nakba, and 16 s-generation refugees (9 women, 7 men, aged 49–72) born after displacement. All currently reside throughout the West Bank, mainly in refugee camps and surrounding communities. Data saturation was reached when no new existential themes emerged regarding childhood displacement and survival.

Data collection and analysis

Interviews were conducted in Arabic in participants' homes to create a familiar environment conducive to memory recall. Each interview lasted between one and three hours, with careful attention to participants' emotional states and energy levels, especially among elderly first-generation refugees. Field notes documented non-verbal cues, emotional responses, and environmental factors that could influence interpretation. The interviews were then translated into English, presenting epistemological challenges. As Spivak (1993) observes, translation risks losing or distorting Palestinian experiential knowledge when English lacks concepts to fully capture key Arabic terms like Nakba (catastrophe), which hold profound cultural significance.

To mitigate this loss, key Arabic terms are retained alongside cultural explanations rather than substituted with inadequate English equivalents. Emotional and metaphorical expressions were carefully reviewed with bilingual Palestinian colleagues to preserve meaning. Nonetheless, some subtle nuances—particularly around collective identity and temporality—may still be diminished. Therefore, readers should consider quoted material as approximate representations rather than full access to Palestinian lived experiences.

Analysis followed a decolonial hermeneutic phenomenological approach prioritizing Palestinian meaning-making. The iterative interpretive process began with close readings of transcripts to access participants' lifeworld experiences, advancing to deeper hermeneutic engagement with how childhood memories reveal core structures of being-in-the-world under settler-colonial conditions (Heidegger, 2011). Rather than imposing predetermined frameworks, Heideggerian concepts such as Dasein, temporality, and care served as interpretive lenses participants' experiences could illuminate, challenge, or transform (Smith et al., 2021). This approach facilitated critical examination where Palestinian meanings might exceed Western theoretical expectations, with sensitizing concepts—such as unchilding (Shalhoub-Kevorkian, 2019), continuous traumatic stress (Eagle and Kaminer, 2013), and decolonial childhood studies (Burman, 2017)—dialoguing rather than dictating the analysis.

Reflexivity

As a third-generation Palestinian researcher trained in Western phenomenological methods, I maintained ongoing reflexive awareness of how my positionality both facilitated cultural access and necessitated vigilance against imposing Western frameworks that risk colonizing Palestinian survival strategies. Reflexivity was practiced through regular debriefings with Palestinian colleagues and mental health and psychosocial practitioners working directly with Palestinian communities. These practitioners provided

essential perspectives that helped ground interpretations in lived realities and community-held knowledge, supporting interpretations that honor participants' meaning-making rather than serving Western theoretical validation.

This reflexive engagement revealed instances where Palestinian lived experiences fundamentally challenged my phenomenological assumptions, especially concerning temporality, childhood development, and trauma responses. Such moments required adapting analytical frameworks to better align with Palestinian epistemologies, rather than forcing experiences into pre-existing Western categories—exemplifying the practical enactment of a decolonial methodology.

Trustworthiness and ethical considerations

Rigor was maintained through prolonged engagement with participants and their communities, the provision of rich, thick descriptions of existential contexts, reflective journaling, and the maintenance of detailed audit trails documenting analytical decisions. Member checking involved sharing preliminary interpretations with selected participants and community members to validate the processes of meaning-making rather than factual accuracy, thereby recognizing participants as co-creators of knowledge. Ethical approval for the study was granted by The Hebrew University Ethics Committee.

Consent procedures were culturally sensitive, respecting oral traditions alongside formal written documentation. Participants received comprehensive information about their rights, the study's objectives, and potential risks and benefits, with particular attention to the sensitive nature of recalling childhood trauma. All interviews were conducted only after obtaining informed consent, and participants were reminded of their right to withdraw at any time without penalty.

To minimize potential harm and the risk of re-traumatization, participants were provided with information about accessible local support services. Given the limited availability of free psychological support in refugee camps and the broader West Bank region, additional precautions were implemented—especially for first-generation participants, many of whom are elderly and face significant barriers to accessing such services. The researcher, a social worker with specialized training in trauma and post-traumatic stress disorder (PTSD), conducted follow-up visits two to four days after each interview to monitor participants' well-being and provide support as needed.

Results

The childhood memories of the Nakba reveal experiences of unchilding, silence, and dehumanization that profoundly shaped survivors' early years. Refugees recounted the trauma of being uprooted from their homes, the loss of belonging, and the disruption of family life. Many described childhoods marked by the loss of familiar surroundings, family, community, and place, and the daily challenges of survival in unfamiliar environments. Their narratives frequently highlighted the silence that enveloped their experiences, the pervasive sense of dehumanization, and the enduring effects of displacement on their understanding of home

and family. The following findings illustrate how these themes emerged in the memories of both first- and second-generation refugees.

I will begin this section with the memories of Sarah, who was 7 years old during the Nakba and was uprooted from her home along with her sisters and grandmother. She was separated from her parents when her mother was forced to search the streets for her father, who had been missing for days, leaving the girls in the care of their grandmother. A few hours later, soldiers entered their home and compelled the family to leave. Sarah and her sisters remained separated from their parents for 4 months until their parents were finally able to find them. She recalls this moment of uprooting as the most vivid memory she has retained over the years—an image she has never forgotten. In her words, '*al-ḥuzn lā yunsā*' [*The sorrow is never forgotten*] an Arabic proverb that captures the enduring nature of grief, particularly the pain of loss and injustice. This expression reflects a sorrow that does not diminish with time but instead becomes a permanent part of a person's consciousness. This section examines the childhood memories of Nakba survivors, exploring what they chose to remember, what they sought to forget, and how these memories continue to shape their lived experience and their psychological conditions.

Loss of childhood: "I turned into an adult"

The childhood narratives reveal that refugees shared remarkably consistent memories of forced displacement from Lydda, characterized by abrupt departure on foot without possessions, typically under pressure and intimidation from Jewish soldiers. These collective memories document the abandonment of homes, communities, and loved ones in circumstances of extreme duress. The recollections of uprooting demonstrate how the childhood experiences of displaced children were fundamentally altered, representing a profound rupture that initiated an unfamiliar and traumatic developmental period. Participants' memories consistently featured family separation, loss of loved ones, survival without adequate water and food, witnessing death, and the inability to continue their accustomed ways of life. These shared experiences mark the beginning of what can be understood as the systematic loss of childhood; a process through which children faced the trauma and brutality of war, and were forced to survive in such circumstances, where they turned into adults.

This theme explores how the Nakba abruptly ended childhoods, forcing premature maturation on young survivors. The analysis reveals two interconnected dimensions: first, the invisibility of children within systems focused solely on survival, where their physical and psychological needs were ignored; second, the systematic dehumanization that stripped children of dignity, humanity, and the protections typically afforded to childhood. These processes exemplify "unchilding," whereby Palestinian children were transformed from protected dependents into premature adults focused on survival.

The invisibilization of children

Layla was 7 years old during the Nakba. She was uprooted together with her parents, four sisters, and brother. They left Lydda in the middle of the day, under the scorching July sun, walking on foot

to a neighboring village under the threat of soldiers. She began recounting her memories with the following words:

"The image of the gun pointed at my face is still clearly in my mind. When the soldiers entered our neighborhood to force us to leave, they were shouting and breaking and throwing people's belongings everywhere... When they entered our house, I was afraid and started to cry loudly. One soldier put his gun to my face and shouted at me, saying words that I didn't understand... I remember how I froze and couldn't move, and my father was forced to grab me and carry me as we fled from the neighborhood... The soldiers continued to kick children and shout—they didn't care that we were just children. It was as if we didn't exist, our tears, our screaming...all of it was unseen to them. We were treated as if we were nothing more than barriers to be removed."

Layla's memory exemplifies the invisibilization of the child as a systematic structural process targeting children. Building on existing literature on invisibilization in colonial contexts (Heiss and Herzog, 2021), I apply this concept specifically to Palestinian children, denoting the denial of their existence and silence their voices. This process is manifested in Layla's memory and others', through the systemic suppression of children's physical and psychological needs and the structural marginalization of their status as children. Ahmad, 10 years old at the time, similarly recalls:

"I tried to take a small piece of bread and put the bread in my clothes, but the soldiers who prevented us from taking anything from home saw me and took the bread and shouted in my face rūh [go in Arabic]."

Ahmad's account underscores how his basic needs and humanity were disregarded, reinforcing his sense of invisibility. The theme of invisibilization articulated by Dalal, who was 9 years old during the Nakba. She recalled experiencing herself as a "khayāl" [shadow] in the midst of the violence surrounding her family's displacement. While fleeing with her parents and two sisters, she was shot in the right hand by soldiers firing at civilians at the entrance of their neighborhood. Reflecting on that moment, she recounted:

"When I felt the bullet and saw the blood on my hand, I was terrified and screamed. My father, who was trying to protect us from the shooting, put his hand over my mouth and forced me to remain silent throughout the journey to Ramallah. I was bleeding; no one saw me, no one tried to help. My parents and family were focused on survival. I still feel the pain in my hand even now, but I was like a shadow — unseen."

Dalal's narrative illustrates how chaos, trauma, and the imperative of survival rendered children's suffering invisible, contributing to a profound sense of erasure both physically and emotionally.

Sabri's recollection adds a poignant dimension to the collective memories of forced displacement and loss. Born during the Nakba and raised in a worn-out tent between two Palestinian villages, Sabri reflects on the erasure of childhood itself: *"I do not know what childhood means... We were born into suffering. They want us to disappear since we left Lydda."* His words underscore the profound

rupture in the experience of childhood caused by displacement and protracted trauma. Like Layla, Ahmad, and Dalal, Sabri's narrative illustrates how Palestinian children were not only physically uprooted but also socially and psychologically marginalized, rendered invisible within a context of ongoing violence.

This invisibilization contributed to the systematic erasure of children's suffering, agency, and voices, deliberately silencing their experiences. Together, these memories reveal the process of unchilding, whereby Palestinian children were forcibly transformed from protected dependents into premature adults, burdened with the trauma and responsibilities of survival in a world marked by loss, violence, and dispossession.

The dehumanization of children

The memories reveal how the extreme conditions of displacement systematically dehumanized Palestinian children, reducing them to a state beneath human dignity through the imposition of inhuman and degrading circumstances. These conditions forced children into survival situations so dire that some refugees described them as resembling animal-like existence. This dehumanization, as articulated by Haslam (2006), entails the denial of uniquely human attributes, coercing children into experiences that strip away their humanity and erode their agency, identity, and moral worth. Said, fourteen years old during the Nakba, recalled harrowing memories of thirst, hunger, and shame. He described how, amid the brutal conditions of displacement, parents were forced to resort to inhumane measures to help their children survive:

"It was July... we walked for days to reach the Ramallah region, without water, food, or any sustenance that could help us survive. I remember losing consciousness twice from thirst. My father, like others, found a way to hydrate us. He asked everyone, including my mother, to urinate into something that looked like a cup he found on the road, and we drank our urine during the march."

Said mentioned that these memories from the Nakba period remain deeply ingrained in his consciousness, accompanied by a profound sense of shame and pain that continues to affect him. Similarly, Amneh, 9 years old at the time, recalled how survival often depended on unimaginable sacrifices and inhumane coping strategies, which inflicted feelings of inferiority and helplessness on children—psychological effects that the systematic process of unchilding sought to produce. She said:

"We didn't eat for the whole day. We were very young; I was the oldest child in my family... My brothers didn't stop crying because of hunger, many children were crying. My father and two other men found a dead goat on the road... They were afraid of the soldiers, so they didn't make a fire to prepare the meat... We ate the raw meat... only animals do that... Since that day, I don't eat any type of meat. I still feel the blood in my mouth."

Alyah, 6 years old at the time, recalled a harrowing experience during her family's forced uprooting from Lydda. Along with her mother and five siblings, they were compelled to leave their home without any belongings, including water. After hours of walking, the

children were desperately thirsty. Their mother searched for water and eventually found a pothole filled with unsanitary water. Knowing the risks, she soaked her clothes in the contaminated water and returned to her children, making them suck the water from her wet clothes to hydrate. Alyah recounted:

"When people saw my mother's wet clothes, they attacked her and started sucking the water from her clothes. My poor mother tried to escape and screamed. We were terrified and crying. She took off her Thobe [traditional dress] and threw it at the people. I still remember well how people were crawling to get my mother's Thobe like ghosts. We thought they would kill my mother. The poor people turned into vicious animals in order to survive."

Safaa, who was born 10 years after the Nakba, describes how her parents' memories of dehumanization have become part of her own memory and ongoing psychological experience, one that did not end with the conclusion of the war. In her words:

"I was born in the camp. We were nine people in one bedroom, living in boxes. I didn't go to school because my father couldn't afford shoes for all the children, so I had to stay barefoot for a long time. It was a cruel circumstance. I remember standing in the UNRWA line to receive milk or food. I have never seen the sea; I have never left the camp. They [the Israelis] decide when we can move, what we can eat, and where we should live. Even now, young soldiers, just 18 years old, catch you at the checkpoint and play with you like a toy. We are no different from animals. It's the same situation since the Nakba."

This narrative illustrates how policies of restriction and control perpetuate the structural dehumanization of Palestinian children across generations, creating ongoing inhuman conditions that many refugees describe as resembling animal-like existence. The memories of Palestinian children during the Nakba reveal a systematic process of "unchildhood"; the complete erasure of childhood through intertwined mechanisms of invisibilization and dehumanization. Children's suffering went unseen, their voices unheard, and their basic needs ignored. Simultaneously, children endured conditions so degrading that survivors used animal metaphors to describe their existence, drinking urine and eating raw meat. This transformation from protected dependents into prematurely burdened adults is captured by George, an eight-year-old boy left behind in Lydda, who said, "*Since the Nakba I changed, I felt that I must grow up and be an adult.*" His words underscore how the Nakba did not merely interrupt childhood but systematically erased it, compelling Palestinian children to abandon their innocence and assume adult responsibilities in a world that denied them the recognition and protection essential to childhood.

Silencing childhood: "to be silent is to survive"

children memories reveal that silencing became deeply embedded in every aspect of their displacement, operating through multiple mechanisms, including systematic intimidation—a psychological tactic employed by Jewish militias to control movement

and suppress voices, targeting both immediate reactions and long-term abilities to process ongoing trauma. Their narratives demonstrate that silence was not merely the absence of sound or speech, but an active force that shaped survival strategies and psychological experiences throughout the ordeal. Some refugees recalled being told not to cry or speak about their experiences as children, describing "crying in silence" and feeling compelled to suppress their emotions. Others noted that they were unable to express pain or seek help, describing a persistent sense that their childhood suffering was silenced and unacknowledged. From a psychological perspective, silence emerges in these memories as both a defense mechanism against the trauma of loss, shock, and collective suffering, and as a survival strategy necessary to endure the horrors of the Nakba, the dehumanization they faced, and the deep psychological wounds it caused.

For this theme, the discussion will focus on how silence and silencing functioned as survival strategies from the refugees' perspectives, illustrating the complex ways in which imposed silence shaped their experiences and coping mechanisms during and after the Nakba. Refugees described survival strategies centered on the suppression and silencing of their senses—such as controlling their eyes and inhibiting their sense of smell—to avoid detection and protect themselves amid violence and displacement. Additionally, silence extended to the suppression of memories, where painful recollections of suffering and trauma were deliberately muted or left unspoken as a means to manage overwhelming grief and facilitate endurance. These dual forms of silence—both sensory suppression and memory silencing—were crucial for psychological survival in the face of dehumanization and ongoing trauma.

Silencing the senses

During the Nakba, Ali and his family walked for 2 days to reach Ramallah. The journey on foot from Lydda to Ramallah, especially with children, was arduous and nearly impossible. The family lost their way twice, forcing Ali's father to change their route to ensure they arrived safely. Ali, who was 8 years old at the time, recalled the road between the Palestinian villages with these words:

"The road was full of bodies—I couldn't count them. It was a horrible scene you can't imagine; most were children and women."

Ali could not bear the pain of seeing the dead, especially infants and children, he silenced his senses to cope with the horror and to repress the fear and guilt he felt:

"I closed my eyes every time I saw a dead body. I pretended not to hear the screams of the people. I thought it would be better than seeing others dying and not helping them, and feeling ashamed of myself. The smell of dead bodies accompanied us all the way. It was very hot, and the bodies began to decompose quickly. Despite all my efforts to forget, I still remember the smell clearly".

Ali's deliberate avoidance of seeing, hearing, and smelling illustrates how silencing the senses became essential for survival and enabled children to function in circumstances that would otherwise paralyze them with fear.

Similarly, Susan's experience reveals another dimension of sensory silencing. She was 6 years old during the Nakba when her foot was injured after walking barefoot for hours. Her father was forced to carry her for much of the journey. After hours of walking, her father, became tired and thirsty and asked the family to rest under a tree. Susan, in pain and exhausted, kept crying. A refugee walking with them approached her father and said, *"Leave the girls under the tree and keep the boys; people are abandoning their children, but God will protect them until we come back."* Susan heard this and was terrified. She shared her memories and feelings:

"I was afraid. I pretended not to hear the man, but all the way I kept thinking, 'What if he leaves me like the others?' My foot was throbbing with pain, but I shut my ears and my mouth. I didn't say a word, stopped crying, and continued in silence. I was afraid my father would get tired and leave me."

As she spoke, Susan cried and showed me her injured leg, which worsened over the years due to lack of proper medical care and complications from diabetes. Although her father did not heed the man's suggestion and carried on with her, the fear and anxiety continued to dominate Susan's experience. She blocked out the sounds and scenes around her and did not communicate with those nearby:

"The images of abandoned children were always in my head. I couldn't look anymore... I was terrified, thinking about that man and my father. I closed my eyes until we reached Ni'lin [Palestinian village], and I didn't cry."

Following this exchange, Susan stopped crying or speaking altogether. She ignored her pain and the suffering around her as a way to survive and avoid being abandoned like the others. George's memories demonstrate the most extreme form of silencing the senses. At the age of eight during the uprooting, he witnessed the death of his mother from thirst and the killing of his uncle by soldiers. Forced to abandon their bodies without a proper burial or the opportunity to bid them farewell, his reluctance to share detailed accounts of these traumatic events, and how silencing his eyes and ears helped him to continue his journey with the family, in his words:

"When my father realized that my mother Tarez had passed away... he put her body under a tree... we left her... even without a cover, my father didn't allow us to pray next to her. My sisters and I were crying loudly over our mother's body... but my father screamed and told us they [the Jews] will come after us and kill everybody... I saw them killing my uncle that same day, I realized it was the truth. I shut my mouth and cried in silence all the way to Ramallah... when we passed dead bodies or injured people I closed my eyes, I didn't want to see or hear people who were dying. I was moving like a machine without hearing or seeing anything."

George described how silencing his senses turned him into "a machine without hearing or seeing anything" after witnessing his mother's death from thirst and his uncle's murder in a single day. His father's command to suppress mourning forced George to emotionally disconnect as a means of survival. This total silencing of senses and

feelings illustrates the profound trauma of childhood—the suspension of a child's emotional self to preserve physical life.

The memories of Ali, Susan, and George reveal how silencing the senses became an essential survival strategy for Palestinian children during the Nakba, allowing them to endure circumstances that would otherwise overwhelm their psychological capacity to function. This sensory silencing operated across multiple dimensions—visual, auditory, and olfactory—and ranged from selective avoidance to complete sensory shutdown. The children's accounts demonstrate that this was not passive numbing, but active psychological work that required tremendous effort and came at significant cost. While this mechanism enabled immediate survival during the crisis of displacement, it also established patterns of suppression that would extend far beyond the journey from Lydda, creating the foundation for the systematic silencing of memories and experiences that would characterize the refugees' post-Nakba existence. The silencing of the senses during displacement thus represents the first layer of a broader politics of silencing that would continue to shape Palestinian childhood for generations to come.

Silencing the memories

While the silencing of the senses enabled children to survive the immediate trauma of displacement, a different form of silencing emerged in the aftermath of the Nakba—the systematic suppression of traumatic memories and experiences. For both first and second-generation refugees, silence became a dual survival strategy: internally, it provided psychological protection from overwhelming memories of loss, death, and dehumanization; externally, it offered protection from ongoing Israeli threats and surveillance that made the open expression of Palestinian experiences dangerous.

Layla recalled how after resettling in Jalazone Camp, the trauma of loss, the pain, and the deep sense of helplessness were overwhelming. She described these feelings as 'a fire [Nār in Arabic]' that never stops burning—a relentless flame that scorches through every moment, leaving behind ashes of fear, loss, and disorientation. She explained:

"She recalled how she preferred not to remember anything related to the uprooting and their journey to the camp: "After what happened to us, I couldn't even remember what happened. I didn't talk about what I experienced or saw... I saw many horrible things. What can be more painful than seeing my cousin's body in the street? She was my friend... I couldn't handle these memories, I forced myself to forget... I remember that I never talked about this in front of my parents... I pretended that I don't remember... and I grew up and never talked about what I remember".

Layla's deliberate forgetting represents a protective silencing strategy where suppressing traumatic memories became essential for psychological survival. By pretending not to remember and refusing to speak about her experiences, she created a barrier between herself and the overwhelming pain of reliving the trauma. This conscious act of silencing allowed her to function in daily life while avoiding the emotional devastation that would come from repeatedly confronting memories of loss, death, and helplessness.

The same experience of silencing the memories was described by Majed, who was fourteen years old during the Nakba. During the interview, Majed kept asking me:

"Why do we need to remember? What will happen if I talk about what happened? I don't want to remember, I just want to be relieved... since the war I saw people here talking about the Nakba, and they became sadder and depressed. Nothing happened—they didn't return to their homes and no one cared about their suffering. I don't want to be like them."

Majed's decision to remain silent about his trauma reflects a deliberate survival strategy, shaped by his belief that remembering only intensified suffering without providing relief or justice. His refusal to engage with painful memories was not passive avoidance but a pragmatic effort to protect his psychological well-being in a context where remembrance offered no healing. This strategy of protective silencing extended to the second generation, as demonstrated by Sanaa, who was born 2 years after the Nakba in al-Amari refugee camp. During the interview she recalled very cruel living circumstances: the lack of food and shelter, the separation of the family when her father and two brothers were forced to leave for months in order to work and bring urgent necessities, and the persistent fear and hope of returning to Lydda. Despite not witnessing the uprooting, she described silencing the memories with the following words:

"My grandmother all the time was telling us about *alblad* [Lydda] and how they forced them to leave, and how her neighbor forgot her child at home from fear and they couldn't go back to bring him. As a child I was panicked, it was very fearful to hear these memories... we also suffered in the camp, our childhood was very hard. I decided to forget my grandmother's memories and the camp memories... I didn't talk to my children about it, I don't want them to have these memories. It's very hard now after all these years to remember how I was barefoot and hungry, how I wanted to go to school but I couldn't."

Sanaa's experience shows how silencing memories extends beyond the first generation, encompassing inherited trauma. Her choice to withhold these stories protects both herself and her children from reliving the pain, enabling survival amid ongoing hardship.

While Sanaa's silencing was primarily driven by personal protection and family preservation, Emad's (born during the Nakba) approach to memory suppression revealed another dimension of survival—protection from external political threats. Emad described silencing the memories as a survival strategy necessitated by the politics of the Israeli authorities that threatened refugees' lives since the Nakba. He mentioned how memories, especially about the past, the war, the uprooting, and the horrors of the Nakba, became taboo subjects that could endanger those who spoke about them. Reflecting on this, Emad said:

"I remember all my grandfather's stories and my father's stories about Lydda, and how they left their homes... but here we can't talk... the walls have ears... I learned it from people who talked and paid for it.... some were arrested, some were forced to leave their work and never found another... if you want to live

you should not remember your family's past, your origins. It's like Lydda wasn't our homeland... we weren't there; we didn't live there..."

Emad's words reveals how silencing memories became a necessary survival strategy that required denying not only traumatic experiences but also Palestinian identity and connection to their homeland. The consequences he witnessed—arrests and job losses of those who spoke about their experiences—reinforced his understanding that silence was essential for survival. For Emad, suppressing memories and denying his family's past became the price of being able to continue his life without facing persecution, demonstrating how political threats transformed silence from a coping mechanism into a daily survival.

The testimonies of Layla, Majed, Sanaa, and Emad reveal how silencing memories became a vital survival strategy across generations. For first-generation survivors, silence offered protection from the psychological weight of trauma, while second-generation refugees suppressed both inherited and personal memories to shield themselves and their children. Emad's story highlights how political threats turned silence into a necessity, where remembering could lead to persecution. These narratives show how memory suppression became a lasting feature of Palestinian refugee life—a means of coping with trauma and resisting ongoing oppression.

The child that remained: memories countering trauma

"If, one day, the people will to live, then fate must obey... Darkness must dissipate, and the shackles must break... I love this poet — his words speak to our reality. We were so young when the Nakba happened, but we are still here. We never gave up... We still remember who we were and where we came from, we were born and raised in Lydda, our childhood was in Lydda..."

These are the words of Sarah, who was 7 years old during the Nakba and whose words I began this section with: "*the sorrow never forgets*." Like other refugees, Sarah as a child witnessed both the Nakba and its aftermath. Her descriptions of the Nakba's memories reveal that memory in her consciousness works as two sides of the same coin: painful traumatic memories, and a site of power and resistance against erasure and unchilding. Her insistence that "we are still here" and "we never gave up" transforms childhood memory from a site of loss into a declaration of survival and continuity.

Refugees' childhood memories position remembering and past experiences as a dynamic space where silencing and suppression coexist with acts of resistance and resilience. Despite trauma, displacement, and ongoing oppression, refugees preserved fragments of childhood—not the lost childhood of the Nakba itself, but the childhood they chose to remember: the child who remained connected to their homeland. These preserved memories function as acts of defiance against the continuous political erasure of Palestinian identity and the distortion of childhood experiences.

The refugees' narratives demonstrate how childhood memories of their homeland, Lydda, serve as protective psychological spaces where their pre-trauma selves remain intact and continue to support resilience over time. These memory sanctuaries preserve not only the

factual details of early life but, more importantly, the emotional landscapes of safety, joy, and belonging that existed before displacement and ongoing oppression. Naela, who was 10 years old during the Nakba, lived in her grandparents' house with her extended family. She described how "the big house included all the family's children," and how she spent her days playing with them in the garden. Recalling her happiness, she said:

"I lived ten years in Lydda... I had the most beautiful childhood. We were a big family, living together and spending time together... I remember our grandmother in the garden telling us stories. My grandfather brought a teacher to our home to teach us reading and writing. Those were good days—worth remembering."

Naela described the uprooting as the shock of her life, saying that their world was destroyed and nothing ever returned to the way it was—especially after the separation of her family. Yet despite the pain, her childhood memories continued to strengthen her in the aftermath of the Nakba:

"I passed through many cruel circumstances... You can say that all my life has been a sense of loss—losing al-blad, my family, my husband, and my son. Since the Nakba, it has been like this. It wasn't easy to live here [in the camp]; it's not our home... Remembering Lydda gives me relief and makes me feel safe; it brings back that happiness. When I feel overwhelmed by what is happening to us in the camp, I close my eyes and imagine I'm sitting in our garden, then I calm down."

The embodied nature of these memories extends beyond psychological recollection into physical practice. Naela mentioned that she continued styling her hair the same way her grandmother had done for her in Lydda, maintaining this practice many years after the Nakba and into adulthood. She described this ritual as a way of preserving memories and remaining connected to her childhood self.

The concept of memories serving as a psychological sanctuary illustrated through Ali's recollections. He describes Lydda as 'paradise' where everything was available. He went to school, played with children for long hours in the neighborhood, and participated in ceremonies. He described how the community was very collective and supportive of each other, which made his childhood experience special: *"I felt the freedom...as a child, I was free to play and move. Lydda was a safe place; everybody cared for children."* He explained how these memories of paradise and safety transformed into a safe psychological space:

"The memories are important for us...they help us to feel comfortable and belong to our community and city. The belonging makes me feel safe in this cage that we live in today. We need to keep passing these memories to our children and offspring—it helps them to feel the belonging."

Like Naela, Ali's connection to memory manifests through embodied practices. He continued playing his favorite childhood game from Lydda called 'the seven stones' and taught it to his children. For him, this childhood game represented an important component of his memories, serving as a tangible link to his past that he could physically recreate and share with the next generation. Majed

reinforced these themes during his interview, emphasizing how memories counter the psychological effects of dehumanization. He explained that while the trauma they suffered during and after the Nakba left them psychologically overwhelmed, remembering their origins and childhood in Lydda restored their sense of belonging and dignity:

"Since 1948 we are refugees...they made us homeless...but we know well that's not true. We have origins, we have homes in Lydda. We were there and spent our childhood in the city. I remind myself and my children all the time that we have roots, we are from Lydda. This makes me feel strong, makes me feel human."

Majed also described how actively sharing these memories strengthened their preservation. He explained that telling stories about the past and recounting Palestinian literature he knew as a child to others—people in the camp, his friends, and children—helped him continuously recall and maintain these memories. This narrative sharing transforms individual memory into collective practice, creating community bonds while ensuring the memories remain vivid and accessible.

Narratives of second-generation refugees indicate that inherited memories from the first generation play a crucial psychological role in their everyday lives. These memories provide refugees with a sense of belonging to a place and people, fostering feelings of humanity and continuity in lives characterized by exile and ongoing violence under occupation. Suha, 64 years old at the time of the interview, never visited or lived in Lydda, but she grew up listening to her father's stories and memories about the past. Suha preserves those memories as if they were her own, indicating that these inherited narratives provide her with a picture of the normal life she never experienced and serve to humanize her experience as a refugee:

"I remind myself and my children of my parents' stories about our house in Lydda. It makes me feel that I have something worth living for and not to give up on this messy and crazy life here in the camp. It makes me feel relief."

The transmission of memory extends beyond storytelling to embodied practices. Suha's father taught her to make dolls from simple fabric—the same type of dolls that her grandmother had made for him in Lydda. Suha described these dolls as her inheritance from her father's memories, explaining that creating them made her feel belonging and provided emotional relief. Through this tactile practice, second-generation refugees transform inherited memory into embodied knowledge, creating psychological safe spaces that transcend physical displacement.

The narratives show that both first- and second-generation refugees continue to draw upon memories of pre-1948 Lydda as essential psychological resources in their daily lives. Participants reported that these memories provide emotional support, offering comfort, stability, and a sense of inner safety amid ongoing adversity. By mentally returning to moments of happiness, security, and belonging from their early lives, refugees are able to regulate distress, manage the psychological impact of trauma, and sustain hope across generations of displacement. This reliance on positive childhood memories functions as a coping mechanism, helping individuals

preserve psychological well-being despite persistent instability and loss.

Discussion

Childhood as counter-method: Palestinian memory challenges Western knowledge systems

This study reveals that the Nakba marked a pivotal turning point in the childhoods of Palestinian refugees. The memories documented in the narratives illustrate systematic processes of *unchildhood* (Shalhoub-Kevorkian, 2019), manifested through the loss of childhood, premature assumption of adult responsibilities, dehumanization, and invisibilization. Analysis of these narratives demonstrates that childhood memories serve as complex sites where experiences of displacement-related trauma intersect with adaptive survival mechanisms, including selective sensory silencing and strategic memory suppression, that enabled children to navigate impossible circumstances. Importantly, these strategies not only facilitated survival but also helped to build resilience by preserving essential elements of identity and community connection, sustaining refugees across generations of ongoing settler-colonial violence.

These findings challenge conventional Western trauma frameworks, which conceptualize traumatic experiences as discrete, time-bounded events amenable to therapeutic resolution (Giacaman, 2018). This limitation is compounded by cross-cultural approaches that often frame the psychological experiences of people in “developing countries” through rigid distinctions between the “East” and the “West,” uncritically imposing psychoanalytic concepts rather than engaging with people’s subjective experiences (Mihalits, 2017). Palestinian children’s memories instead exemplify what Fanon (1961, p. 4) identified as the structural nature of colonial trauma—violence that is not episodic, but constitutive of the colonial relationship itself. Fanon described this as “sociogenic” trauma, meaning trauma that arises from oppressive social structures rather than individual pathology. For example, when Ali states, “since the Nakba, I could not remember anything beyond the loss of our homes and land,” when Layla pretends not to remember the Nakba, or when Majed expresses ambivalence and hesitation toward remembering, they are not articulating psychological dysfunction. Rather, they embody what Fanon recognized as the colonized subject’s disrupted relationship to time, memory, and selfhood under ongoing colonial violence.

This section discusses how Palestinian childhood memories reveal the inadequacy of conventional Western psychological frameworks for understanding children’s experiences under ongoing colonial violence. It argues that Western frameworks not only misinterpret Palestinian children’s experiences but actively obscure the sophisticated survival epistemologies they develop under impossible conditions.

As a social worker educated within a Western system and trained in welfare practices grounded in Western knowledge, research, and theories, I was accustomed to clearly defined rules regarding child abuse, childhood trauma, and appropriate interventions for children and families. While these frameworks often strive to be “culturally and religiously sensitive,” analyzing the narratives of refugees proved to be a complex and challenging task that requires more critical and nuanced perspectives to fully understand the cultural, historical, and

political dimensions involved. For example, when I first heard George’s memory about his mother’s death and how his father prevented him from saying goodbye, my initial reaction was to feel sorry for this seemingly powerless child experiencing traumatic loss. I interpreted his silent response as a defensive mechanism and judged the father as cruel, someone who could have acted with greater sensitivity toward the child’s shock. However, after our second meeting and upon deeper reflection on his description of their circumstances, I began to see the child within George differently—recognizing the complex survival strategies embedded in this memory and the remarkable ability of this child to continue his life. Rather than pathology, I saw how George was building a safe psychological space by recalling positive childhood memories with his mother.

This shift in understanding raises critical questions about the production and validation of knowledge in contexts of ongoing colonial violence: Who determines what constitutes legitimate knowledge about childhood trauma and survival? How do Western academic and professional frameworks silence or pathologize the survival strategies that enabled Palestinian children to endure impossible circumstances?

Drawing on Michel Foucault’s analysis of power/knowledge relations in *Discipline and Punish* (1977), these Palestinian childhood memories reveal how Western professional frameworks—including social work, psychology, and trauma studies—function as disciplinary mechanisms that normalize Western ways of knowing while rendering alternative knowledge systems invisible or pathological. Edward Said’s critique of colonial discourse similarly highlights how Western knowledge production dominates and marginalizes the colonized “Other.” This disciplinary power operates not only through direct repression but through the establishment of what constitutes ‘legitimate’ knowledge about childhood trauma and appropriate responses to it. The study shows how Palestinian children developed practices such as sensory silencing and strategic memory suppression in response to their psychological situation. These were not merely unconscious pathological or primitive defense mechanisms, as Freud (Di Giuseppe et al., 2021) and other theorists have suggested, but rather conscious sophisticated survival strategies adapted to conditions of ongoing violence and dispossession. Contemporary applications of Freud’s theorizing of the “primitive” construct it as the container for all that is not civilized, signifying qualities or traits such as irrationality, hypersensitivity, and psychological, intellectual, or social inferiority (Tummala-Narra, 2022). This approach maintains and even strengthens settler-colonial psychological policies toward Palestinian refugees.

The conscious act of recalling these memories by refugees, and their articulation of silencing as a deliberate strategy to survive, live, and continue, reveals forms of knowledge that have been systematically excluded from Western frameworks. This study suggests understanding the children’s responses as recalled by the refugees not as pathological responses requiring therapeutic intervention, but as knowledge that foregrounds resilience and agency. It challenges Western frameworks that pathologize these strategies as dissociation or avoidance, calling instead for careful consideration of cultural and contextual differences. This invites a critical re-examination of trauma and intervention approaches in settler-colonial contexts, emphasizing the importance of socio-political realities and community-based coping mechanisms.

Rethinking childhood memories of acting against dehumanization and invisibility in order to survive reveals how Palestinian children were not passive victims but active agents, developing acute awareness and consciousness of the colonial forces shaping their reality. These experiences directly counter universalist frameworks that construct what called modern notion of childhood as a state of victimhood, innocence, passivity, and powerlessness (Greer, 2007). As Burman (2024) argues, the figure of the child is deeply implicated in the production and maintenance of social, political, and racial hierarchies, with dominant Eurocentric models universalizing culturally specific notions of innocence and dependency. By foregrounding the agency, resilience, and political consciousness demonstrated in Palestinian childhood experiences, we unsettle these naturalized assumptions and create space for alternative, decolonial understandings that reveal how childhood functions as a site where colonial power operates and where sophisticated survival strategies emerge under impossible conditions. Palestinian children's acts of resistance—whether through bodily presence, strategic silence, or daily navigation of violence—demonstrate lived resistance and the refusal to be erased or rendered invisible by settler-colonial forces.

When nine-year-old Dalal was injured by a bullet in her hand during displacement, she described herself as becoming “a shadow”—not an injured child requiring medical and psychological protection and intervention, but an invisible presence whose suffering went unrecognized even by her own family, who were focused on survival. Significantly, Dalal never blamed her father for putting his hand over her mouth to silence her cries of pain, demonstrating that even as a child, she understood the survival imperative governing their circumstances. Her ability to recall this moment as an adult without resentment reveals a form of border consciousness that grasped both her need for care and the impossibility of receiving it under colonial violence. This transformation from “injured child” to “shadow” and the articulation of such harrowing survival practices exemplify what Mignolo (2012) identifies as border thinking—knowledge that emerges from existing between the categories colonial systems recognize and the lived realities of those systems' violence.

Dalal's experience reveals the colonial difference at work: Western child protection frameworks would classify her as a trauma victim requiring immediate intervention and might pathologize her father's actions as harmful rather than protective, while Dalal's consciousness allowed her to understand and give meaning to survival logic that made care impossible under settler-colonial assault. Dalal's childhood understanding that her father's silencing was necessary for survival represents a sophisticated border epistemology that Western child protection frameworks cannot accommodate (Mignolo, 2012; Abebe et al., 2022).

Other childhood memories, such as drinking urine or eating raw meat with blood, vividly reveal Palestinian children's understanding and awareness of the unchilding processes they experienced, demonstrating how settler-colonial violence forced them into survival situations that contradicted Western notions of childhood innocence and passivity as a state requiring external rescue and protection. War and settler-colonial violence severed their childhood and transformed them into adults, forcing them to act with adult-like responsibility to survive. Ali recalled his duty to bring water for his sisters, while Susan described how she prevented herself from crying and pretended to handle pain like adults do, all as deliberate strategies to survive. These examples call into question Western perspectives on childhood

protection, which fail to account for such adaptive agency in contexts of ongoing violence (Shalhoub-Kevorkian, 2019).

The consciousness demonstrated by Palestinian children ultimately constitutes a refusal to accept Western analytical frameworks as universal approaches for understanding human experience. To understand how this can be understood as refusal, I draw on Audra Simpson's (2014) analysis of Indigenous refusal, which demonstrates that such refusal is not merely rejection but a deliberate, political, and ethical stance that protects sovereignty and self-determination by resisting the imposition of colonial epistemologies. The memories examined in this study exemplify such refusal through what can be termed countering trauma, a process whereby both first and second-generation Palestinian refugees refuse to accept erasure, elimination, or psychological destruction. Despite experiencing profound trauma, they refuse to relinquish memories of freedom, “good days,” and descriptions of Lydda as “paradise.” Rather than interpreting these recollections as idealization, denial, fantasy, or trauma-induced distortion, Simpson's framework reveals how preserving positive memories constitutes a form of refusal that protects what is sacred from colonial conquest.

This aligns closely with what decolonial theorists such as Mignolo (2012) call “epistemic disobedience.” Epistemic disobedience refers to the conscious rejection of colonial ways of knowing and the assertion of knowledge systems that emerge from the colonial difference itself, rather than from within Western epistemological frameworks. Mignolo argues that “delinking” from Western categories of thought is necessary to escape the coloniality of power, and that epistemic disobedience opens space for new beginnings rooted in Indigenous and other marginalized epistemologies. In the Palestinian children's case, as demonstrated in this study and others (Shalhoub-Kevorkian, 2019), the Nakba initiated a continuous systematic process that affects every aspect of children's lives and psyche. Perhaps the most observable contemporary example is the ongoing war on Gaza and the unimaginable suffering of Palestinian children. This specific political context demands new knowledge based on what Paulo Freire's pedagogy calls for: education rooted in the lived experiences and agency of the oppressed—Palestinian children—rather than imposed from above through colonial or authoritarian frameworks.

Building on Mignolo and Freire, Burman (2017)'s decolonial analysis of childhood demonstrates how this epistemic disobedience extends specifically to challenging Western constructions of childhood. Palestinian children's survival strategies constitute what Burman calls “childhood counter-narratives” that refuse Western developmental paradigms and assert alternative understandings of children's capacities, agency, and knowledge under conditions of colonial violence. This decolonial childhood perspective reveals how Palestinian children's experiences challenge not only Western trauma frameworks but the entire colonial edifice of childhood studies that positions Western developmental models as universal while pathologizing non-Western ways of understanding children's lives and capacities.

However, in this analysis I do not suggest a wholesale rejection of Western theories or therapeutic interventions. Rather, I call for researchers and professionals to approach these frameworks with critical awareness of their limitations and cultural specificity. The goal is not to abandon Western knowledge entirely, but to recognize it as one among many ways of knowing, while actively incorporating Indigenous and local epistemologies into practice. In other words, this approach aims to humanize Palestinian children's narratives by understanding and seeing the child as a whole person with all of the

intertwined complexity of intrapsychic and interpersonal dimensions (Tummala-Narra, 2021). This requires what Linda Tuhiwai Smith (2021) calls “methodological reflexivity”—constant critical self-awareness by researchers and practitioners of how Western frameworks may silence or pathologize non-Western ways of understanding childhood, trauma, and healing. For Palestinian children specifically, this means integrating Palestinian cultural understandings of childhood, family, community healing, and resistance alongside carefully selected Western approaches that can support rather than undermine Palestinian ways of knowing. The challenge lies in creating what Bhabha (2004) calls “hybrid” approaches that honor both Palestinian epistemologies and useful Western insights without allowing the latter to dominate or erase the former. This demands ongoing dialogue with Palestinian communities, and specifically with children as Burman suggests, about what forms of knowledge and intervention truly serve their needs and self-determination.

Conclusion

This article demonstrates how Palestinian refugee childhood memories challenge Western knowledge systems while revealing sophisticated survival strategies developed under ongoing settler-colonial violence. Palestinian children’s experiences of “unchildling”—invisibilization, dehumanization, and forced premature maturation—cannot be adequately understood through conventional Western trauma frameworks that treat trauma as discrete, resolvable events. This research calls for critical awareness of Western frameworks’ limitations while actively incorporating Palestinian epistemologies. The goal is creating hybrid approaches that honor Palestinian ways of knowing without Western domination. Ultimately, this study contributes to decolonial scholarship serving Palestinian liberation, supporting struggles for narrative sovereignty while challenging Western complicity in ongoing settler-colonial violence.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving humans were approved by the Ethics Committee of the School of Social Work, The Hebrew University of Jerusalem. The studies were conducted in accordance with the local

legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

RN: Writing – original draft, Funding acquisition, Resources, Writing – review & editing, Formal analysis, Validation, Project administration, Conceptualization, Methodology, Investigation.

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Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Legal frameworks and practical challenges: a review of the enduring failure to prevent family separations in armed conflicts

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The separation of families during armed conflicts remains a persistent tragedy, inflicting suffering on individuals and tearing apart the social fabric of communities. Despite the existence of international laws and conventions designed to protect families and ensure their reunification, the international community continues to fall short in preventing these separations. This review seeks to analyze the multifaceted reasons behind this ongoing challenge by examining the relevant international legal frameworks and the limitations and practical challenges faced by local, national, and international actors. It further seeks to explore the underlying causes of separation, and unintended consequences of humanitarian responses, drawing on lessons learned from past and present conflicts, in an effort to illuminate potential pathways to more effective actions.

KEYWORDS

separated children, unaccompanied children, armed conflict, humanitarian response, child rights, international humanitarian law

Introduction

UNICEF estimates that over 473 million children—nearly one in five globally—are currently living in or fleeing conflict zones (Østby and Siri Rustad, 2024; UNICEF USA, n.d.). Within this war-affected child population are those who have become separated from their families. The phenomenon of children being separated during wartime is not new (Ressler, 1988). Throughout history, armed conflicts have forcibly displaced populations, leading to family fragmentation. However, the scale and nature of family separation have evolved with modern warfare, a crisis underscored by estimates that hundreds of thousands of children are currently separated from their families globally due to conflict, contributing to what some term a “global crisis” (Save the Children, 2023; PBS News, 2020).

Children separated from their families in armed conflict face an array of specific risks, exacerbating the already dire circumstances of war. These children, defined as those under 18 years of age who are apart from their parents or primary caregivers, are plunged into a state of extreme vulnerability, making them susceptible to a cascade of threats that can have devastating and long-lasting consequences (International Committee of the Red Cross, 2004). The absence of parental protection immediately elevates a child's risk profile. Separated children are at a significantly higher risk of violence, exploitation, abuse, and recruitment into armed forces or groups. This vulnerability stems from various factors. Families fleeing violence can become separated during chaotic movements, bombings, or attacks, leaving children disoriented and alone. This disarray creates opportunities for predators and makes children easy targets. Conflict often results in the loss of adult family members, leaving children orphaned or without care, effectively removing their primary source of protection. Both boys

and girls are actively recruited or abducted by armed forces and groups, often far from their homes. They may be forced into roles such as combatants, porters, spies, cooks, or subjected to sexual exploitation. Children associated with armed groups, or even those merely perceived to be, may be detained, leading to separation from their families and exposure to further risks within detention facilities (Wessells, 2016).

The psychological effects of war and family separation were recognized early in the field of child psychology. The classic work of [Burlingham and Freud \(1944\)](#), based on observations of children in British nurseries during World War II, was foundational in demonstrating the profound psychological effects of war and family separation on children, even in the absence of direct physical injury. Their research highlighted that the emotional turmoil of separation and the disruption of attachment bonds could be as damaging as, if not more damaging than, physical harm ([Burlingham and Freud, 1944](#)). More recent systematic reviews corroborate and expand upon these findings. They provide a detailed examination of the relationship between exposure to war, forced displacement, and mental health outcomes in children, identifying key risk factors that are often exacerbated by family separation ([Betancourt et al., 2010](#); [Tol et al., 2013](#)). They documented a range of troubling outcomes that include PTSD, depression, and behavioral problems.

For separated children, these problems are particularly acute, as the very structure of their support system—the family—is absent, leaving them to navigate war-related events largely alone ([Brown et al., 2017](#)). A systematic review that specifically synthesizes research on the psychosocial well-being of separated children highlights the negative effects of family separation on their development and mental health ([Jones-Mason et al., 2019](#)). These developmental impacts can manifest in various ways, including difficulties in forming secure attachments, impaired cognitive development due to chronic stress, and challenges in emotional regulation. The absence of consistent parental guidance and a stable home environment deprives children of crucial developmental stimuli and protective factors, essential for healthy growth and resilience.

Beyond individual psychological distress, family separation in armed conflict leads to significant social consequences, disrupting a child's social integration, identity formation, and overall protective environment. Children separated from their families often face immense challenges in forming new social connections and integrating into communities, whether in displacement camps, host communities, or later upon return or resettlement. A review of war-affected youth noted the prevalence of social difficulties and behavioral problems among young people affected by war ([Brown et al., 2017](#); [Tol et al., 2013](#)). For separated children, these difficulties are amplified by their isolated status, making it harder to establish trust, understand social norms in new contexts, and access social support networks. The absence of family structures also profoundly affects a child's sense of identity and belonging. Children who are separated from their cultural roots and family narratives can struggle with identity formation, leading to feelings of alienation and confusion. Moreover, the lack of family protection significantly increases their vulnerability to various forms of exploitation, abuse, and neglect. A meta-analysis emphasizes the need for coordinated and evidence-based policy and practice for protecting children outside of family care ([Boothby et al., 2012](#); [Boothby, 2008](#)). These findings highlight the systemic recognition that separated children are in an

exceptionally precarious position, requiring specialized human rights and programmatic interventions to mitigate the risks they face.

Method: scoping review on prevention of family separation in armed conflict

This review seeks to analyze the multifaceted reasons behind the enduring challenge to prevent child-family separations in armed conflict. This specific focus on the prevention of family separation during armed conflict was identified as a key concern in consultation with the Humanitarian Development Partnership's (HDPI) working group on child protection ([HDPI, n.d.](#)). HDPI's child protection working group serves as an informal advisory group to humanitarian practitioners, policy makers, and scholars concerned with child protection responses in situations of armed conflict and mass population movements. Its membership includes 11 experts—former child protection leaders in UNICEF, UNHCR, United Nations Development Program, Save the Children, International Rescue Committee, Child Fund, and USAID—with significant practice and policy experience with separated and unaccompanied children in armed conflict. Its non-affiliation status allows the group to render impartial advice—in this case—to help frame the study's focus. An initial consultation reviewed a range of critical issues including interim care, family tracing and reunification, and the fate of child protection in general given recent bilateral funding constraints. While these concerns were thoroughly vetted, the strongest consensus between the author and this informal advisory group emerged around questions involving family unity and the inability to prevent family separation during armed conflicts.

The PCC framework (population concept, and context) is recommended as a guide to construct clear and meaningful objectives and eligible criteria for a scoping review ([Pollock et al., 2023](#)), and was employed to frame this study. (1) *Population*: the population of concern is separated and unaccompanied children; (2) *Concept*: the purpose of the study is to identify the rights to family unity and protection guarantees for separated and unaccompanied children enshrined in international humanitarian law and human rights conventions and obstacles to enforcing these protection measures; and, (3) *Context*: the study's focus is limited to armed conflicts mass population movements. The PCC framework was shared with the HDPI child protection working group during a second consultation to frame a discussion on key research questions. An overarching research question emerged from this second discussion: What factors contribute to the enduring challenge to effectively prevent family separation in the context of armed conflict? Sub research questions were also identified: (1) What are the relevant legal and policy frameworks intended to prevent family separation in armed conflict, and what are the reported limitations in their practical application? (2) What operational and logistical challenges do humanitarian actors face in their efforts to prevent family separation during armed conflict? And, (3) What evidence exists regarding the unintended consequences of humanitarian approaches and programs as they relate to family separation?

A scoping review method was used for this study to map the existing literature on the enduring challenge to prevent child-family separations in armed conflict. Unlike a systematic review, which answers a specific, focused question, a scoping review aims to identify and analyze the breadth of inter-related questions using both published

and grey literature (Arksey and O'Malley, 2005). The literature search used specialized academic databases for social sciences and international relations. Academic databases included in the search were Social Services Abstracts, PubMed/MEDLINE, and Web of Science. Google Scholar was also used to cast a wide net of scholarly literature and non-peer reviewed content. Given the nature of this topic, a grey literature search figured prominently in this scoping review and was extended to documents and reports from organizations "working on the ground," including United Nations, International Committee of the Red Cross, international non-governmental organizations, practitioner research network, and interagency working groups.

The search terms were based on a predefined set of keywords and themes. Initial search terms included: "separated children armed conflict," "unaccompanied children armed conflict," and "children refugees armed conflict." To refine the scope and focus on specific aspects of the problem, these terms were further developed into key thematic clusters. The refined search terms focused on: (1) *Prevention and intervention*: "prevention of family separation," "family tracing and reunification," and "unintended consequences intervention." (2) *Child rights and legal frameworks*: "separated children humanitarian law" and "separated children human rights".

Studies were included if they: (1) Focus on the separation of families (broadly defined to include nuclear, extended, and chosen families where applicable) as a direct or indirect consequence of armed conflict. (2) Examine the factors that contribute to family separation, including armed conflict, forced displacement, conflict-related deaths, recruitment of child soldiers, arbitrary detention, and lack of access to humanitarian aid. (3) Evaluate the effectiveness of the application of international humanitarian law or human rights, care and protection interventions, and/or policies aimed at preventing family separation or facilitating reunification.

Studies were excluded if they: (1) Focus on the psychological or social consequences of family separation, without addressing the factors leading to the separation itself. (2) Deal with family separation in contexts other than armed conflict (e.g., economic migration, natural disasters, unless these are intertwined with conflict). (3) Are not available in English.¹ (4) Are primarily journalistic accounts or personal narratives, unless they provide data or analysis relevant to the research questions.

The initial search yielded 137 sources. An AI tool (Notebook LM) was employed to produce summaries of each source, which were spot-checked for accuracy by the author. Based on this secondary review, 34 sources that did not clearly fit inclusion criteria were eliminated, resulting in a final total of 105 sources included in this article.

The foundation of international law

The right to family unity is a universally recognized human right, enshrined in a variety of international legal instruments. Key among these is the Universal Declaration of Human Rights of 1948, which, along with the Office of the High Commissioner for Human Rights (1966), affirms that "the family is the natural and fundamental group unit of society and is entitled to protection by society and the State" (UN,

n.d.; Office of the High Commissioner for Human Rights, 1989; Office of the High Commissioner for Human Rights, 1966). This principle is further reinforced by the Convention on the Rights of the Child (CRC), a pivotal document that mandates states to facilitate family reunification, particularly for migrant children (OHCHR, 1989; UNICEF, 1989).

Beyond human rights law, international humanitarian law (IHL) also establishes measures to prevent family dispersion and facilitate reunification in times of conflict (International Organization for Migration, 2021). The ICRC's customary IHL study explicitly states that "family life must be respected as far as possible" (International Committee of the Red Cross, n.d.2). The Central Tracing Agency of the ICRC, along with the broader Red Cross and Red Crescent movement, has a specific mandate to assist in searching for family members and enabling their reunification (International Committee of the Red Cross, n.d.1; International Committee of the Red Cross, n.d.6). This legal framework mandates that the protection of families in conflict is not an optional goal but a core obligation under international law (International Committee of the Red Cross, n.d.4; International Committee of the Red Cross, n.d.5) (see Table 1).

Humanitarian guiding principles and actions

Building on the legal foundation, humanitarian organizations have developed practical frameworks to guide their interventions. The Inter-Agency Guiding Principles on Unaccompanied and Separated Children, a consensus document prepared by leading humanitarian bodies including the ICRC and UNICEF, serves as a comprehensive roadmap for action in emergencies (International Committee of the Red Cross, 2004). These principles cover all stages of a crisis, from preventing separation to tracing, reunification, and long-term care. More recently, NGO working groups have focused on prevention of child recruitment and use of children by armed forces and armed groups (The Alliance for Child Protection in Humanitarian Action, n.d.; Interaction, 2025).

In practice, humanitarian agencies like UNICEF focus their efforts on strengthening child protection systems to prevent and respond to abuse and exploitation (UNICEF USA, n.d.). This involves supporting families, equipping community-based groups, and providing direct emergency relief, such as medical care, safe water, and psychosocial support. A pivotal aspect of this work is the direct care for and reunification of children who have been separated from their families (International Committee of the Red Cross, 2004; International Organization for Migration, 2021). The process of family tracing, identification, and reunification is a key component of the guiding principles, with an emphasis on acting quickly and safely to ensure the best interests of the child (Global Protection Cluster, n.d.). This framework moves beyond abstract legal rights to a concrete set of actions designed to protect and care for vulnerable children in humanitarian crises (UN Research Guides, 2025).

The anatomy of separation: understanding the diverse causes in conflict zones

Despite a comprehensive legal framework and practical guidelines, the continued challenge to effectively prevent family separations in

¹ Exclusion of non-English sources is noted as a limitation necessitated by limited time and resources.

TABLE 1 Summary of the key international legal instruments relevant to family unity and family reunification.

Instrument	Article/Rule	Key provision	Supporting sources
Universal Declaration of Human Rights	Article 16 (3)	“The family is the natural and fundamental group unit of society and is entitled to protection by society and the state”	UN (n.d.)
International Covenant on Civil and Political Rights	Article 23 (1)	“The family is the natural and fundamental group unit of society and is entitled to protection by society and the state”	Office of the High Commissioner for Human Rights (1966)
Convention on the Rights of the Child	Articles 9, 10, 22	States must ensure that children shall not be separated from their parents, respect the right to family reunification, and provide appropriate protection for refugee children	Office of the High Commissioner for Human Rights (1989) and UNICEF (1989)
Customary International Humanitarian Law	Rule 105, 131	“Family life must be respected as far as possible.” All possible measures must be taken so that “members of the same family are not separated”	International Committee of the Red Cross (n.d.1) and International Committee of the Red Cross (n.d.2)

armed conflicts suggests a significant disconnect between the existence of legal obligations and the recognition of those obligations on the ground. Indeed, the number of separated children in conflict zones continues to grow, with estimates upwards to 150,000 worldwide (War Child, 2024). To be sure, the tragedy of family separation in conflict zones is not a monolithic phenomenon; rather, it is the result of a complex interplay of systemic failures, strategic actions, and chaotic circumstances. This section delves into the specific, identifiable mechanisms that lead to children becoming separated from their families. Based on the findings and analyses of this scoping review, the causes outlined herein have been identified as the main, recurring factors driving family separation and the subsequent endangerment of children in contexts of armed conflict and violence.

Mass displacement

Rapid, violent displacement can shatter family units and stands as a primary driver of child-family separations (Better Care Network, 2018; Alexander et al., 2010). In the chaos of fleeing conflict zones, families can easily become separated, whether during the initial flight, in overcrowded shelters, or while attempting to cross borders in search of safety (Civilians in Conflict, 2023). Displacement not only separates families physically but also disrupts their established support networks, leaving individuals, particularly children, more vulnerable to a range of risks.

The Rohingya refugee crisis is a case in point. In August 2017, a mass exodus of the Rohingya people began from Myanmar’s Rakhine State into Bangladesh, triggered by a brutal military crackdown. More than 700,000 Rohingya, over half of whom were children, fled their homes in a matter of weeks (UNHCR, 2017). The journey was perilous, with families often fleeing on foot or by boat under a hail of violence and persecution. In the panic and disorder, countless children were separated from their parents or caregivers (Save the Children, 2017). The violence was so intense that some children arrived in Bangladesh having witnessed the deaths of their parents or other

family members. The sheer volume of people crossing the border made it impossible to keep track of everyone. Humanitarian organizations established special centers and tracing programs to help identify and reunite unaccompanied and separated children. However, the sheer scale of the displacement, coupled with the horrific experiences of both children and parents, made these efforts incredibly difficult. Many children, having been orphaned or separated, were left to care for younger siblings, forced to become heads of households overnight (UNICEF, 2022).

Mass destruction

The humanitarian crisis in Gaza has resulted in a devastating number of separated infants and children, a situation made more complex by the extreme conditions of the conflict (UN, 2025, International Rescue Committee, 2024a). While precise numbers are difficult to verify due to the ongoing hostilities and displacement, the UN has estimated at least 17,000 children have been separated or unaccompanied (UNICEF USA, 2025). This staggering number is a direct result of relentless military operations, mass displacement, and the collapse of civil and family structures. Many children have lost their families entirely, with some being found alone in hospitals or amid rubble, unable to even recall their names (International Rescue Committee, 2024a). Mass destruction has forced families to flee their homes, multiple times, often under fire (UN, 2025). In the chaos of these evacuations, children have been separated from their parents or caregivers. The constant movement of the population, with families relocating from northern to southern Gaza and back, makes tracing efforts nearly impossible (International Rescue Committee, 2024b). The high number of civilian casualties means that many children have been orphaned. Others are separated from their parents who are injured and receiving medical care, or who have been detained. The absence of a functioning, centralized system for tracking and registering unaccompanied children is a major barrier. Humanitarian workers and community members are often working in a vacuum,

with disrupted communication and no official records to assist them (UN, 2024).

Chronicity

The chronic nature of numerous armed conflicts creates a humanitarian crisis where family separation is a widespread and long-term issue, as is the case in South Sudan (McCauley, 2024). Unlike a short-term disaster where families might be displaced for a few weeks or months, the ongoing conflict since 2013 has meant that children and parents can be separated for years, sometimes even a decade, making the process of family tracing and reunification (FTR) a complex and persistent challenge (Sandbu-Ryena, 2019). South Sudan has one of the highest rates of internally displaced people in the world, with millions of people having fled their homes, often multiple times (UNHCR, 2025). In the chaos of these repeated evacuations, families are torn apart. Children have been separated from their parents while fleeing an armed attack or while seeking food and shelter. Many end-up in different, isolated refugee camps or across international borders. The length of the conflict also means that the children who were separated years ago have now grown up, making physical identification and memory-based tracing efforts more difficult (UN, 2017). Furthermore, a new generation of separated children is continually being created as the violence flares up in different regions.

The chronicity of the conflict means that FTR cannot be a short-term emergency response. It requires a sustained, long-term commitment from humanitarian organizations. Agencies like UNICEF, Save the Children, and the International Committee of the Red Cross (ICRC) have established permanent programs in South Sudan with dedicated case workers who build trust with local communities and meticulously maintain a national database of separated children (Sandbu-Ryena, 2019). This long-term approach has yielded some successes. Since the outbreak of the war, thousands of children have been successfully reunited with their families, sometimes years after they were separated (Ferguson, 2018). The case of South Sudan demonstrates that in a protracted crisis, family reunification is not just a quick rescue mission, but a continuous, essential effort to restore the fundamental right of a child to live with their family.

Deliberate targeting families

A tactic of war that specifically targets families is known as “kinocide.” This strategy aims to terrorize the population and destroy the social fabric of a community by intentionally harming, abducting, or killing family members of the enemy. The goal is to break the will of the opposition and create a climate of fear and submission. The Lord’s Resistance Army (LRA), for example, systematically and deliberately targeted families as a core tactic of its campaign of terror in Northern Uganda (Office of the Special Representative of the Secretary-General for Children in Armed Conflict, n.d.). The LRA’s strategy was not just to kill or abduct, but to psychologically and socially annihilate a community’s ability to resist by destroying the family unit itself. The Lord’s Resistance Army (LRA) is also notorious for its mass abductions of children from Northern Uganda and surrounding regions (Kelly et al., 2016). The LRA’s recruitment was

almost entirely based on forced conscription. They would raid villages, schools, and homes, taking children and forcing them into their ranks as combatants, porters, or “wives” for commanders. The LRA’s indoctrination methods included stripping children of their former identities, given new names and forced to adopt new “family” structures within the LRA, with senior fighters acting as “fathers” (Kelly et al., 2016). These new bonds were used to replace their original family connections. The group actively prevented any contact with their former communities. For girls, the forced “marriages” and subsequent pregnancies resulted in them returning with children of their own, facing social stigma and rejection from their families and communities who saw them as being associated with the enemy. This often led to a second separation—from their children—as some communities or family members would only accept them back if they abandoned their LRA-born children.

Forced recruitment

As highlighted with the LRA example, forced recruitment into armed forces or groups is a significant cause of family separation (International Committee of the Red Cross, 2013). Children are often targeted for recruitment, either through abduction, coercion, or manipulation, tearing them away from their families and communities (Internal Displacement Monitoring Centre, n.d.). This practice not only separates children from their loved ones but also exposes them to extreme violence, exploitation, and abuse. Many children are used by warring parties in areas that are inaccessible to United Nations officials and other observers, making it impossible to document cases, rendering the existing monitoring mechanism ineffective. For example, estimated of the number of child soldiers under the age of 18 during the Sierra Leone Civil War (1991–2002), range from 10,000 verified UN cases to over 100,000 estimated through population-based methodologies. Regardless of scale, the Revolutionary United Front (RUF) and other armed groups did systematically abducted thousands of children (Betancourt et al., 2010). The recruitment process was designed to traumatize and break the familial bonds of the victims. The forced separation was a traumatic and lasting experience for both the abducted children and their families (Schomerus, 2007; Human Rights Watch, 2000). Many parents and relatives never knew the fate of their children, living with years of uncertainty. The RUF would move abductees far from their homes to disorient them and make escape difficult. Even after the conflict ended, the process of reunification was challenging. Some children, having forgotten their old names and family structures, could not be traced. Others faced stigma and rejection from their communities and families, who struggled to accept them back after the atrocities they were forced to commit (Betancourt et al., 2010; Schomerus, 2007).

Forced transfer

Since Russia’s full-scale invasion of Ukraine in 2022, there have been widespread reports of the illegal transportation of Ukrainian children to Russia and Russian-occupied territories (Office of the High Commissioner for Human Rights, 2025; Council of Europe, 2025). This has been documented by multiple international organizations and governments, and is a key focus of legal and

diplomatic efforts. The number of children forcibly transferred is difficult to verify, with estimates ranging widely. The Ukrainian government has confirmed nearly 20,000 cases, while other sources like the Yale Humanitarian Research Lab place the figure closer to 35,000 (Yale School of Medicine, 2025). Russia's Commissioner for Children's Rights has claimed that over 700,000 Ukrainian children have been "relocated" (Ödebrink, 2025). The transfers often occur under the guise of "humanitarian" or "recreational" programs, such as summer camps, medical care, or evacuation from war zones. Russian authorities also target vulnerable children, including orphans, those with disabilities, or children from low-income families (European Council, 2025). There are also documented cases of children being separated from their parents, and sometimes even their parents being killed, with the children subsequently being taken to Russia. Once in Russia, Ukrainian children are subjected to a systematic program of "re-education" and Russification aimed at erasing their Ukrainian identity (Erlewein et al., 2024; Mentzelopoulou, 2025). This includes cultural erasure (must speak Russian), militarization (military camps and youth armies), and forced adoption and citizenship (recent Russian legislation streamlines the process). The European Court of Human Rights has found Russia responsible for "systematic and regulatory" violations of human rights, including the unlawful transfer of children, and the European Union has condemned Russia's actions and imposed sanctions on individuals and organizations involved in the illegal transfers (Council of Europe, 2025).

Loss of identify documents

The loss or destruction of identification documentation during armed conflict presents a major obstacle to family tracing and reunification (Hague Conference on Private International Law, 2020). Without proper documentation, it becomes exceedingly difficult to establish identity and prove family relationships, especially when attempting to reunite families across international borders (American Academy of Child and Adolescent Psychiatry, 2023). Without official proof of identity, nationality, or family ties, displaced individuals, particularly children, can face bureaucratic and legal hurdles that prevent them from reconnecting with loved ones.

The Bosnian War (1992–1995) led to mass displacement, disappearances, and the systematic destruction of civil records and personal documents. Many people were killed or went missing, and their remains were buried in unmarked mass graves (Williams and Crews, 2023). The lack of identification on the bodies and the destruction of records presented an immense challenge for tracing services. The International Commission on Missing Persons (ICMP) was established to help identify the missing (International Commission on Missing Person, 2023a, 2023b). Because physical documents were often destroyed or unobtainable, the ICMP pioneered the use of DNA-based identification to match human remains with living relatives (Barnert et al., 2022). This scientific approach became a vital tool for proving the identities of the deceased and providing closure to families. However, even with this advanced method, the process was complicated and lengthy, requiring the voluntary participation of family members to provide genetic samples. While not a direct reunification in the traditional sense, this process of identification provided a form of "reunification" by confirming the fate of

missing family members, which was an essential step for survivors to move forward.

The more recent Syrian civil war has caused one of the largest displacement crises in modern history, with millions of people fleeing their homes. In the chaos of flight, many refugees lost or had their identification documents, such as national ID cards, passports, and family booklets, destroyed (Bunn et al., 2023). These documents are vital for proving legal identity and family relationships. For Syrian refugees, the absence of a "family booklet," a key civil record, has become a major challenge. This document is required to prove a person's family lineage and is necessary for registering marriages, births, and deaths. Families who were separated and sought asylum in different countries often could not prove their relationship to one another without these booklets (McNatt and Boothby, 2018). This made it difficult, if not impossible, for children to be reunited with their parents or for spouses to join their partners through legal family reunification processes. This documentation gap has also created a risk of statelessness for children born in displacement, as they cannot be registered and issued documents without their parents' proper identification, which in turn leads to a host of other protection issues (Bunn et al., 2023).

Examining specific instances of armed conflict provides valuable insights into the patterns of family separation and the effectiveness of the international community's response. Collectively, these examples illustrate some of the recurring challenges associated with family separation in armed conflicts, including the massive scale of displacement, the devastating impact of forced recruitment and abduction, and the significant difficulties encountered in facilitating in-country and cross-border family reunification. The following table summarizes some of the main causes of child-family separation during armed conflict (see Table 2).

A shared responsibility: the roles and actions of governments, international organizations, and NGOs

The protection of the fundamental right to family unity in times of armed conflict is not merely a legal or ethical aspiration, but a matter of practical enforcement. Crucially, the issue does not hinge on the mere possession of rights by individuals, but rather the active recognition of these rights by the duty-bearers responsible for upholding them. International legal instruments, such as the Convention on the Rights of the Child (CRC) and the Geneva Conventions, enshrine the principle that families must be protected and kept together. However, the continued failure to prevent child-family separation demonstrates a significant disconnect between the existence of these legal obligations and their consistent application on the ground. This section briefly outlines the established roles and responsibilities of the key actors—Governments (both state and non-state), United Nations agencies, and civil society organizations—in promoting family unity and preventing separation during armed conflicts. Following this overview, the analysis turns to examining the profound failures by these same actors to fulfill their mandates, which ultimately contribute to the enduring crisis of separation.

National governments bear the primary responsibility for protecting their citizens, including preventing family separation and facilitating reunification (Professionals in Humanitarian Assistance

TABLE 2 Causes of child-family separation in armed conflict.

Category of cause	Specific causes of child-family separation
Direct conflict-related events	
Mass/Chaotic displacement	Children becoming separated while fleeing attacks, during initial flight, in overcrowded shelters, or while crossing borders in search of safety
Mass destruction & violence	Separation resulting from relentless military operations, bombings, or attacks Children being separated in the chaos and violence of a humanitarian emergency (sudden danger)
Death or incapacity of parents/caregivers	Conflict resulting in the loss of adult family members, leaving children orphaned Parents dying or becoming too weak/injured to continue their journey, leaving children behind, or being detained
Chronicity	Protracted conflicts creating long-term separation (sometimes a decade), with repeated evacuations and a new generation of separated children continually being created
Deliberate/Coercive actions by armed actors	
Deliberate targeting of families (kinocide)	A tactic of war aimed at terrorizing the population by intentionally harming, abducting, or killing family members of the opposition to destroy the social fabric
Forced recruitment	The abduction, coercion, or manipulation of children into armed forces or groups (e.g., as combatants, spies, porters), which breaks familial bonds
Forced transfer	A party to a conflict illegally transporting or abducting children to another country or occupied territory, often under the guise of “humanitarian” or “recreational” programs
Exploitation and detention	Parties involved in the conflict forcibly pulling children away from their families for exploitation, or children/parents being detained
Family/Parental actions (protective or desperate)	
Seeking safety	Parents choosing to send their children to a safer location or neighboring country in hopes they will find asylum and escape danger
Abandonment	Parents, in desperate situations, leaving children with others, such as in a hospital or camp, believing the child has a better chance of survival
Economic coping strategies	Disrupted family structures forcing parents to separate from their children as a negative coping mechanism
Voluntary joining/labor	Some children voluntarily leaving their families to find work or join armed groups/forces, often to lessen the financial burden on their parents
Systemic, legal, and logistical barriers	
Loss of identity documents	The loss or destruction of identification and civil records (e.g., “family booklets”) making it difficult to establish identity and prove family relationships for reunification, potentially leading to statelessness
Separation at borders	Families becoming separated at borders during asylum processes, often due to restrictive national policies and bureaucratic hurdles
Evacuations	The rapid movement of large populations during military or humanitarian evacuations, where logistical challenges and the lack of prioritization of family unity can lead to fragmentation
Unintended consequences of humanitarian aid	Perceived unfairness in the distribution of limited resources, which can strain relationships and lead to further displacement, or assistance programs that focus exclusively on the child without supporting the extended family caregivers

and Protection, 2021). They have the duty to enact and enforce laws that protect family rights during armed conflict and to cooperate with international efforts in this area. However, in some instances, governments are perpetrators of family separation through policies such as forced transfers or deportations (Georgetown University Collaborative on Global Children's Issues, 2023). This highlights the critical importance of holding states accountable to their international legal obligations (Gulati and Khoso, 2013).

UNICEF provides support to separated and unaccompanied children, works to identify and register them, and advocates for their rights (UNICEF USA, n.d.). UNICEF's effectiveness, however, is often hampered by the security and access limitations inherent in conflict zones, as well as resource constraints. UNHCR has a specific mandate to protect refugees and promote family unity (UNHCR, 2021). UNHCR works to improve access to family reunification procedures for refugees and provides support to separated refugee families (United Nations, 2020). While UNHCR's focus is primarily on

refugees, family separation is also a critical issue for internally displaced persons who may not fall under UNHCR's direct mandate. The Office of the Special Representative of the Secretary-General for Children and Armed Conflict (Office of the Special Representative of the Secretary-General for Children in Armed Conflict, n.d.) plays a role in advocating for the protection of children affected by armed conflict, raising awareness about their plight, and fostering international cooperation to this end (United Nations Security Council, 2009; Global Action on Aging, n.d.; Asokan, 2021). The SRSR CAAC's work seeks to keep the issue on the international agenda and encourages states and other actors to take action (Security Council, 2024).

Non-governmental organizations (NGOs) are important partners in addressing family separation. They often operate directly on the ground, providing essential assistance, conducting family tracing activities, and offering reunification services (International Committee of the Red Cross, 2013). Among NGOs, the International Committee

of the Red Cross (ICRC) has a specific mandate under international humanitarian law to work for family reunification and to trace missing persons (Global Protection Cluster, n.d.).

The limits of reach: the influence of state sovereignty and non-interference

While the preceding section outlined the roles and responsibilities incumbent upon states under international human rights and humanitarian law, the practical effectiveness of this legal framework often confronts a powerful structural impediment: the principle of state sovereignty. This section, entitled “The Limits of Reach: The Influence of State Sovereignty and Non-Interference,” shifts focus from the ideal to the reality. It describes key failures identified in this scoping review to uphold international agreements designed to preserve family unity and protect separated children, demonstrating how the invocation of state autonomy and the principle of non-interference can undermine the very protections outlined in treaties, leaving vulnerable children and families exposed to inadequate or absent legal and humanitarian support.

State sovereignty

One of the most significant obstacles to the international community’s efforts to prevent family separation and reunite children is the principle of state sovereignty. This principle, enshrined in the UN Charter, grants States exclusive authority over their internal affairs and their borders (Jones et al., 2017; Picard Kentz & Rowe LLP, 2024). While international law on human rights and humanitarian law obliges states to protect the family unit, states can and have used sovereignty as a pretext to limit or block these efforts (Woods, 2025).

The European migration crisis and subsequent responses by various European nations offer a clear case study of how state sovereignty has been used to limit family reunification efforts, particularly for refugee and asylum-seeking children. Beginning in 2015, a large influx of asylum seekers and migrants arrived in Europe, many of whom were children, including a significant number of unaccompanied minors. Many of these children were separated from their families while fleeing conflict or violence in countries like Syria, Afghanistan, and Iraq. Humanitarian organizations began the process of identifying and tracing these children’s family members, a task made even more challenging by the lack of documentation and the dispersed nature of the families across different countries.

Despite the international legal frameworks (the Convention on the Rights of the Child and the European Convention on Human Rights) which protect the right to family life, many European states invoked their sovereign right to control their borders and immigration policies. This led to a range of practices that directly obstructed family reunification, including:

- Restrictive legal definitions of “family”: Some states narrowed their legal definition of a “family member” eligible for reunification. This often meant only nuclear family members (parents, minor children, spouses) were eligible. This narrow definition excluded a significant number of vulnerable people,

such as adult siblings, grandparents, and other dependents, who are often the sole remaining relatives of a separated child (Chech, 2017).

- Administrative and Bureaucratic Obstacles: States imposed stringent and often prohibitive bureaucratic hurdles (Nabuco, 2020). These included:
 - o Lengthy processing times: Applications for family reunification took years to process, during which time a child might turn 18 and no longer be considered a minor, making them ineligible for reunification.
 - o Burden of proof: Requiring families to provide documentation that was often lost or destroyed during conflict and displacement. In some cases, states demanded expensive DNA tests to prove family relationships.
 - o Financial requirements: Forcing the refugee or asylum seeker to demonstrate they had sufficient income and housing to support their family members, which is nearly impossible for someone who has just arrived in a new country and is not permitted to work.
- Changes in legislation: As the situation evolved, some countries enacted new laws or temporary exemptions that further restricted family reunification. For example, some states implemented a waiting period of up to 3 years before a person with “subsidiary protection” (a lower form of protection than refugee status) could even apply to reunite with their family (Chech, 2017).

This use of sovereignty effectively created a legal and administrative wall that humanitarian organizations and international bodies struggled to overcome. While humanitarian organizations could offer practical assistance—such as legal aid and help with documentation—their efforts were ultimately limited by national laws (Red Cross EU Office, 2015). The case of family reunification in Europe demonstrates a recurring theme: while states are signatories to international conventions that protect human rights, they can selectively apply or circumvent these obligations under the guise of national security, border control, or migration management. This highlights a fundamental tension between the universal principles of human rights and the powerful, enduring principle of state sovereignty.

Humanitarian intervention using force

The concept of humanitarian intervention, which involves the use of force to protect populations from gross human rights violations, lies at the heart of the tension between state sovereignty and the international community’s responsibility to protect (Brown, 2000). While there is a growing recognition of this responsibility, particularly in cases of mass atrocities that may lead to family separation, the principle of sovereignty remains a powerful constraint on the willingness of states to intervene militarily without Security Council authorization or the consent of the affected state (Woods, 2025). Even non-military forms of intervention, such as targeted sanctions or diplomatic pressure aimed at influencing a state’s policies on family protection, can be viewed as infringements on state sovereignty and may be met with resistance by the concerned government (Jones et al., 2017). States often prioritize their sovereign rights over external scrutiny of their human rights practices, limiting

the tools available to the international community for preventive action.

From the outset of the Syrian conflict, for example, the Syrian government consistently invoked the principle of state sovereignty as a way to reject any form of foreign military intervention aimed at protecting its population. The Assad regime and its allies, particularly Russia, framed any potential humanitarian intervention as an illegal violation of international law and a pretext for “regime change.” This invocation of sovereignty was particularly effective in the United Nations Security Council (UNSC), where Russia and China, as permanent members with veto power, repeatedly blocked resolutions that would have authorized a military response or even imposed significant sanctions. Their arguments rested on the premise that the conflict was an “internal matter” and that any external military action would be a violation of Syria’s sovereignty. At the same time, indiscriminate shelling, chemical attacks, and siege warfare against civilian populations resulted in the death of hundreds of thousands of people and forced millions to flee their homes, leading to one of the largest refugee crises in modern history. In the chaos, countless children were separated from their families. Parents were killed, detained, or lost track of their children in the stampedes of mass evacuations.

In the Syrian case, the principle of state sovereignty, as wielded by the Assad regime and its powerful allies, acted as a nearly insurmountable barrier. It effectively paralyzed the international community’s ability to use the tools of humanitarian intervention to protect a population from gross human rights abuses. As a result, family separation became not a temporary tragedy, but a chronic and ongoing consequence of a conflict that the international community, due to a diplomatic impasse, was powerless to stop.

State policies opposing the international framework

A profound challenge to the international framework is the existence of state policies that are in direct opposition to its core principles. The United States’ policies of family separation and child detention at its borders are a stark example of this deliberate contradiction (Human Rights Watch et al., 2024; American Immigration Council, 2025). The analysis shows that these policies use children as “weapons of deterrence,” operating on the theory that treating children poorly will dissuade parents fleeing persecution from seeking asylum (Mousin, 2019). This approach is in direct violation of the CRC’s purpose of ensuring “special care and assistance” to children and recognizing the fundamental role of the family.

Furthermore, the practice of mass detention of children and families as a “first resort” and their accelerated removal is inconsistent with the CRC’s mandate that detention should only be a “last resort and for the shortest time possible.” By failing to ratify the CRC, the United States not only abdicates its moral leadership but also invites other nations to emulate its disregard for child and family rights, a critical function of its foreign policy and international standing. This situation indicates that the primary failure of the international framework is not a lack of legal instruments but a lack of political will on the part of States to adhere to their obligations.

Unintended consequences of humanitarian interventions on family structures

Local, national, and international organizations play a complex and crucial role in humanitarian contexts. Their work can encompass a wide range of activities, from providing emergency relief and protection services to facilitating family tracing and reunification. However, the very nature of responding to emergencies in conflict zones means that even well-intentioned actions can sometimes lead to unintended negative consequences, including the separation of children from their families (Ressler, 1988; Better Care Network, 2018). While acknowledging the often-dedicated efforts of local, national, and international actors, it is also important to examine how humanitarian responses have inadvertently contributed to child-family separations during armed conflicts.

Broader assistance

While humanitarian aid is designed to alleviate suffering and provide essential support, the complexities of its delivery and distribution in conflict zones can sometimes lead to unintended disruptions of family units (Brown, 2000; Hope and Home for Children, n.d.). For instance, the distribution of limited resources, if not managed equitably and sensitively, can create competition or tension within families or between extended family members who are sharing the responsibility of caring for children separated from their parents (ReliefWeb, 2025). Perceived unfairness in the allocation of food, shelter, or other necessities can strain relationships and lead to further displacement or separation as individuals seek what they believe to be more equitable access to aid elsewhere. Similarly, if certain types of aid disproportionately benefit some family members over others, it can alter traditional family dynamics and create imbalances that might ultimately contribute to instability and separation (Feinstein International Center, 2017).

While a dedicated focus on separated children is crucial, the design and implementation of assistance and protection programs must also consider the broader family context (Human Rights Watch, 2023). If support is provided exclusively to the child without adequately assessing and addressing the needs of the extended family or community members who are acting as caregivers, it could inadvertently place additional burdens on them. This can lead to situations where these caregivers, already stretched thin by the conflict, are unable to sustain their support, potentially resulting in the child being moved elsewhere, further disrupting family or kinship ties. A holistic approach that recognizes the interconnectedness of family members’ needs is essential to avoid unintended negative consequences on family structures (Boothby et al., 2012).

Following the civil war in Sierra Leone, for example, a post-conflict reintegration program aimed to help former child soldiers return to their families. The program’s main problem was its individual-focused approach, which provided support, such as psychosocial counseling and vocational training, directly to the former child soldiers but largely overlooked the needs of their families (Elkhaili and Sempijja, 2025). This caused significant conflict and strained relationships, ultimately hindering successful reintegration for many children. Reintegrating children, for instance, were given a

small financial demobilization package and access to education or job training. However, their families, who had lost livelihoods and assets during the war, received no equivalent support. This disparity led to resentment, as families felt the returning child was receiving preferential treatment. Many former child soldiers, especially girls who had been subjected to sexual violence or forced “bush marriages,” returned with a deep sense of shame and stigma. The program’s focus on the individual did little to prepare the family and broader community to accept and support them. Without a family unit that could provide a buffer against community rejection, the children felt isolated and unwelcome, which sometimes drove them back to armed groups or to a life on the streets (Betancourt et al., 2010).

The case of Sierra Leone demonstrates that a successful reintegration program cannot treat a child in isolation. By neglecting the family unit, the program unintentionally created an environment of discord and instability (Zack-Williams, 2001). This often led to the failure of the reintegration process, with some children being re-recruited by armed groups or struggling with long-term mental health issues and social isolation.

Institutional care during conflict

Supporting orphanages in conflict zones presents a significant dilemma for humanitarian organizations. This is particularly salient given the increasing evidence that favors family-based care as the optimal environment for children’s growth and development (St. Petersburg-USA Orphanage Research Team, 2009). Prioritizing institutional care can contradict the fundamental ethical principles of humanitarian action, such as “do no harm” and acting in the “best interests of the child” (UNICEF, 2021). Furthermore, international experience has shown that crisis response and the influx of international aid can have negative impacts on underfunded social service systems, potentially perpetuating a reliance on institutional models rather than fostering more sustainable, family-centered approaches (ReliefWeb, 2025).

Armed conflict destroys local economies, pushing families to make difficult decisions regarding the care of their children (Hope and Home for Children, n.d.). Loss of livelihoods, displacement, and the absence of social safety nets, can become a primary driver for placing children in orphanages (Feinstein International Center, 2017). In situations where families are struggling to access basic necessities such as food, shelter, healthcare, and education, orphanages might be perceived as the only viable option to ensure their children’s survival and well-being (Ressler, 1988; Better Care Network, 2018).

When families face direct threats from violence or bombardments, orphanages can be viewed as places of refuge that can provide a more secure environment for children compared to the dangers they face within their communities or while fleeing. However, this perception can be misleading. Research consistently shows that institutional care itself poses significant risks to children’s physical, emotional, and social well-being (Habbach, 2020). Moreover, orphanages in conflict zones are not immune to the dangers of war and can be susceptible to abusive conditions, exploitation, and even trafficking (van Dore and Nhep, 2021). Relying on orphanages as a primary safety measure can inadvertently expose children to other forms of harm and lead to separation from families who might be able to provide better protection with adequate support (Human Rights Watch, 2020).

In emergency situations, local and international actors often establish temporary shelters or registration points where separated children are brought for immediate care and safety. However, if these initial safety measures are not rapidly followed by robust efforts to trace and reunite children with their families, these temporary arrangements can inadvertently evolve into longer-term institutional placements (Physicians for Human Rights, 2020).

The humanitarian response in the aftermath of the 1994 Rwandan genocide is illuminating. In the immediate aftermath of the genocide, the international community and NGOs rushed to establish orphanages and “Children’s Centers” to provide care for the tens of thousands of children who had been separated from their families. While the intent was to provide a safe haven, the institutional model of care created serious problems (Human Rights Watch, 2003).

- *Disincentive for family reunification:* Orphanages, often well-funded by foreign donors, provided a level of food, shelter, and medical care that was often superior to what struggling Rwandan families could offer. This created a perverse incentive. In some cases, families who had initially taken in a separated child spontaneously—as per the traditional Rwandan practice of “spontaneous fostering”—were later unable to cope with the economic burden. They would then turn the child over to a well-resourced orphanage, believing it was a better solution for the child’s well-being. This effectively pulled children out of families and into institutional care (Waddington, 2020).
- *Stigma and psychological harm:* Children in institutions often experienced a sense of being “separate” from society. They were segregated from their communities and struggled to develop the social and relational skills needed for a normal life. This led to difficulties in reintegrating with families later, as the children had become institutionalized and often felt a disconnect from their cultural roots and family ties. Some children were reluctant to leave the “nicer” environment of the orphanages, further complicating reunification efforts (SOS Children’s Villages, 2025).
- *Perpetuation of institutions:* The availability of funding for orphanages led to a proliferation of these institutions, even as the government and aid agencies began to recognize that family-based care was the ideal and most sustainable solution. The sheer number of children in institutional care became a self-perpetuating problem, as agencies had to maintain these facilities and often delayed family reunification due to a fear that funding would cease once the number of “orphans” decreased.
- *Long-term consequences and costs:* Child-family separations continued for several years. By 1999, it was estimated that approximately 375,000 children had been orphaned or separated from their families. The Government of Rwanda became increasingly concerned about the proliferation of orphanages as the cost of caring for a child in an orphanage was believed to be 7–10 times higher than providing support to a family to care for a child, due to overhead costs, including infrastructure, salaries for staff, and centralized food and medical supplies (Waddington, 2020). In contrast, family-based care models, such as foster care or support for extended families, require far less capital and are more sustainable. The Rwandan government realized the situation was not sustainable and directed international community to reorient their funding and programming to

TABLE 3 The role of orphanages in separation: comparison of institutional care and family-based care for children in conflict zones.

Criteria	Institutional care	Family-based care	Relevant references
Emotional well-being	Higher risk of emotional detachment, difficulties forming secure attachments	Promotes secure attachment and emotional stability	Burlingham and Freud (1944) St. Petersburg-USA Orphanage Research Team (2009) Ressler (1988)
Social development	Delayed social skills, challenges in forming healthy relationships	Fosters healthy social skills and positive peer interactions	Human Rights Watch (2020) St. Petersburg-USA Orphanage Research Team (2009) Better Care Network (2018)
Risk of abuse & neglect	Increased vulnerability to physical, emotional, and sexual abuse and neglect	Generally lower risk of abuse and neglect in well-supported systems	UNICEF (2021) Habbach (2020)
long-term outcomes	Child: Potential for long-term psychological and emotional issues, developmental delays Systems: Perpetuation of an institutional care model beyond the duration of a conflict	Child: Better long-term psychosocial outcomes, improved educational attainment Systems: support for alternative family care long-term model.	St. Petersburg-USA Orphanage Research Team (2009) Better Care Network (2018) Ressler (1988)
Family contact	Often limited or no family contact, weakening of family ties	Maintains crucial family ties and cultural connections	Ressler (1988) Habbach (2020)
Impact on identity	Challenges in forming a strong sense of identity and belonging	Supports the development of a strong sense of identity and cultural heritage	Ressler (1988) Habbach (2020) Better Care Network (2018)
Cost-effectiveness	Can be more expensive to maintain in the long term	Often more cost-effective and sustainable, especially when community resources are leveraged	Waddington (2020) Ressler (1988)

provide basic support like food aid, school fees, and medical assistance directly to the family (see [Table 3](#)).

Evacuations

The process of evacuating children from active conflict zones, while ostensibly a measure of protection to prevent physical harm, was identified in the scoping review as a critical issue in need of further analysis due to its frequently detrimental, unintended consequences. This section, explores this complex and often controversial practice. Historically, evacuations have been employed as an immediate life-saving tactic; however, a closer examination reveals that, more often than not, these efforts—particularly when children are moved without their parents or guardians—have inadvertently undermined family unity and resulted in lasting harm to the children and their families. To illustrate this challenge, this section provides a case illustration highlighting these unintended consequences and, drawing upon the evidence gathered in the scoping review, concludes by offering targeted guidance for designing evacuation processes that better adhere to and protect the principle of family unity.

Evacuations in conflict zones can take various forms, each carrying its own risks of family separation. These include military evacuations, often prioritized for strategic reasons; humanitarian evacuations, organized by aid organizations as a measure of last resort; and self-evacuations, where civilians flee independently seeking safety ([ReliefWeb, 2025](#)). Regardless of the initiator, the rapid movement of large populations in insecure and often hostile environments inherently increases the likelihood of families becoming separated. Logistical

challenges, communication breakdowns, and the sheer scale of displacement can all contribute to family fragmentation. Furthermore, the different priorities and operational procedures of military and humanitarian actors might not always align with the primary need to keep families together. These threats and challenges underscore the importance of prioritizing the prevention of family separation as a central objective of all evacuation efforts ([Abdul Waajid and Shrivastava, 2017](#)) This need is further evidenced by the historical reality that many evacuated children were never returned to their biological families ([Sharp, n.d.](#); [Physicians for Human Rights, 2020](#); [Ressler, 1988](#)).

The Nigerian Civil War (1967–1970) serves as a poignant example of how the evacuation of children can lead to permanent family separation, with many children never being reunited with their families. During the war, the Nigerian government imposed a severe blockade on the secessionist state of Biafra. This led to widespread famine, and images of starving, skeletal Biafran children were broadcast worldwide, leading to a massive international humanitarian response ([Ibhawph, 2020](#)). Relief agencies undertook a large-scale airlift to bring in food and medicine. As part of this effort, they also evacuated thousands of severely malnourished children, primarily to neighboring African countries like Gabon and Côte d'Ivoire, for medical treatment and rehabilitation. While the evacuation was undertaken with humanitarian intentions, a significant number of these children were never returned to their families for several reasons.

Politics: the evacuation and repatriation process were deeply entangled in the politics of the war. Gabon and Côte d'Ivoire had recognized Biafra, putting them at odds with the Nigerian federal government. The Nigerian government insisted the children were “temporary evacuees” and not “refugees,” and the host countries were

TABLE 4 Evacuations and family fragmentation: preventing family separation during humanitarian evacuations.

Stage of evacuation	Recommended actions for humanitarian organizations	Relevant references
Pre-evacuation planning	Conduct thorough family tracing risk assessments for the affected population. Establish clear and multiple communication channels with families using various accessible methods. Prioritize the evacuation of entire families together whenever logistically possible. Implement a robust and rapid registration system that carefully captures family links and relationships	UNHCR (2020) International Committee of the Red Cross (2004) International Committee of the Red Cross (n.d.1, n.d.5, n.d.6) UNHCR and UNICEF (1992)
During evacuation	Designate family-friendly waiting areas at transit points where families can stay together. Provide clear signage and guidance in multiple languages. Ensure trained personnel are available to assist families and prevent separation. Prioritize the needs of vulnerable family members, such as children, the elderly, and persons with disabilities. Maintain open communication with families throughout the evacuation process	International Committee of the Red Cross (2004) UNHCR (n.d.) UNHCR (2020) UNHCR and UNICEF (1992)
Post-evacuation	Establish clear procedures for reporting and addressing cases of separation. Prioritize family reunification as the primary goal in the immediate aftermath of evacuation, even if temporary accommodation is required. Provide safe and accessible spaces for separated children. Ensure immediate access to psychosocial support for distressed families and separated children. Continue family tracing efforts until all possible reunifications are achieved	International Committee of the Red Cross (n.d.1, n.d.2, n.d.3) UNHCR (2020) Better Care Network (2018) UNICEF (2024)

often reluctant to cooperate with international agencies for their return. The process was fraught with mistrust and conflicting interests.

- *Loss of identity documentation:* In the chaos of the war, accurate records of the children’s identities and their families were often not maintained. This made it incredibly difficult, if not impossible, to match a child to their family after the war.
- *Death and adoption:* While many children were successfully returned, a number of the most malnourished children died in the camps. Others were adopted by local families in their host countries. In some cases, Biafran mothers made the difficult decision to give up their children, and for some, this separation was final.
- *Child’s sense of time:* The long separation, coupled with the children’s young age and their integration into their new environments, meant that by the time a return was possible, many children had lost their memory of their birth families and their culture and formed close relationships with their “psychosocial families (see Table 4).”

Discussion: the enduring gap between legal obligation and practical protection

This scoping review set out to analyze the factors contributing to the enduring failure to effectively prevent family separation in armed conflicts, despite a comprehensive international legal and policy framework. The core finding is that the challenge is not one of absent law, but one of structural, political, and operational failure to consistently apply existing obligations on the ground. The disconnect between the ideal of family protection and the reality of persistent mass separation can be traced to three critical, interconnected mechanisms.

The politicization of protection: the barrier of state sovereignty

The most significant structural impediment to preventing separation is the invocation of State Sovereignty. While International Humanitarian Law (IHL) and the Convention on the Rights of the Child (CRC) mandate the protection of the family unit, states can and do use sovereignty as a pretext to limit or block these efforts. This mechanism manifests in two critical ways:

- *Paralyzing intervention:* The principle of non-interference can paralyze international political bodies, as seen in the Syrian conflict, where the veto power, based on the principle of sovereignty, acted as an insurmountable barrier to intervention and protection of the civilian population. This failure allowed indiscriminate conflict tactics to lead to the separation of countless children.
- *Obstructing reunification:* In non-conflict receiving states, sovereignty is used to erect administrative and legal walls against reunification. Practices like imposing restrictive definitions of “family,” requiring the impossible burden of proof (documentation lost during displacement), and implementing lengthy processing times effectively sabotage the right to family life guaranteed under international conventions. This selective application of international law, as exemplified by migration policies in Europe and the US border policies, demonstrates a critical lack of political will to adhere to obligations when they clash with national migration controls.

The paradox of aid: unintended consequences of intervention

Even well-intentioned humanitarian responses can inadvertently contribute to separation or undermine reunification efforts if not

designed holistically. This review identified three major operational pitfalls:

- The perpetuation of institutional care: The immediate, crisis-driven prioritization of institutional care, such as orphanages, can contradict the fundamental ethical principles of humanitarian action, namely “do no harm” and acting in the “best interests of the child.” In places like post-genocide Rwanda, well-funded institutions created a perverse incentive, pulling children out of struggling family or spontaneous foster care arrangements and into long-term institutionalized environments that delayed or complicated reunification efforts.
- Individual-focused programming: Humanitarian aid that is too narrowly focused on the individual separated child (e.g., providing financial aid or training only to the former child soldier) can create resentment and discord within the family unit. As shown in Sierra Leone, this disparity can hinder successful reintegration, sometimes driving children back to armed groups or isolation, proving that a program cannot effectively treat a child in isolation from their social context.
- Evacuations as separation: The practice of evacuating children, while sometimes necessary for immediate life-saving purposes, has a frequent, detrimental unintended consequence: permanent family separation. When children are moved without their parents or guardians, the rapid, chaotic movement, logistical challenges, and historical difficulties in tracing and returning children often result in the undermining of family unity, which underscores the necessity of prioritizing family unity as the central objective of all evacuation efforts.

Conclusion and recommendations

The separation of children from their families in armed conflict remains a persistent tragedy, sustained not by a void of law, but by a failure of will. The current focus on Family Tracing and Reunification (FTR), while essential, is an insufficient strategy that overwhelmingly addresses the symptoms rather than the root cause. This review concludes that the enduring crisis can only be mitigated by a fundamental shift toward prevention and political accountability.

Based on the synthesis of legal, political, and operational failures, this review offers the following recommendations for a more effective and coherent strategy:

- Strengthen accountability against state sovereignty: International bodies, including the UN Security Council, must develop mechanisms to impose sanctions or diplomatic consequences on states—both conflict actors and receiving states—that invoke sovereignty to deliberately obstruct IHL/CRC obligations regarding family protection, forced transfers, or family reunification.
- Mandate family-based care in all emergency protocols: International donors and humanitarian agencies must make it a condition of funding that responses prioritize and financially support family-based care models (kinship care, spontaneous fostering, community-based care) over institutional models, except as an absolute last resort and for the shortest duration

possible. Funding must be flexible to support the economic needs of struggling biological or extended families acting as caregivers.

- Integrate prevention into humanitarian programming: All major aid programs must adopt a holistic, family-centric approach that addresses the needs of the entire family or caregiving unit, not just the separated child. This includes providing aid, counseling, and reintegration support to parents and community members to buffer against stigma and prevent the secondary separation that occurs due to economic strain or social rejection.
- Digitize and secure identity documentation: The international community should invest in technologies and standardized, secure, and easily verifiable digital civil registration systems (such as blockchain-based identity solutions) that are resilient to the chaos of mass displacement and destruction. This ensures that lost physical documents are not a permanent barrier to establishing identity and family lineage, which is critical for FTR.

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“There is no peace when you are excluded”: exploring peace and peacebuilding with children and youth affected by armed violence

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The global community is becoming increasingly fragile, plagued with intensifying armed violence, fracturing democratic governance processes, diminishing commitments and actions to protect basic human rights, and raging climate crises. Amid these complexities, children and youth are disproportionately impacted, and all signs point to increased precarity of their rights. Young people affected by armed violence are particularly suffering, thus understanding their rights and needs during and post conflict is essential to building effective peace and security. This research features the peace perspectives of 50 children and youth, all impacted by armed violence, and demonstrates the power of listening to young people's visions for peace. The key findings illustrate the importance of interpersonal peace, learning peacebuilding skills, and the essential role that children and youth play in building peace in their homes, schools, and communities. Recommendations for meaningful child engagement in the development of a Children, Peace, and Security Agenda are featured.

KEYWORDS

children and youth, peace and security, armed violence, peace perspectives, peacebuilding, children's rights, participation

“Peacebuilding is a long-term investment, and we're just at the beginning.”

- Ilwad Elman, 2019 Nobel Peace Prize Nominee

Introduction

The global community is becoming increasingly fragile, plagued with intensifying armed violence, fracturing democratic governance processes, diminishing commitments and actions to protect basic human rights, and a raging climate crisis. Amid these complexities, children and youth are disproportionately impacted, and all signs point to increased precarity of their rights. Children and youth are developing at a time of heightened insecurity and depleting hope, a time when learning peacebuilding skills and principles is constrained by pervasive inequitable systems and structures, and the consequences of these layered impacts of violence are oppressing generations. Young people affected by armed violence are particularly suffering, physically, emotionally, and mentally. They are forcibly displaced, persecuted, and detained. They are separated from and lose loved ones. Their schools are targeted, closed, and in some cases, permanently destroyed. They are increasingly impacted by poverty and face bleak employment prospects for healthy and sustainable futures. Moreover, they face a systematic unwillingness among adults to listen to, value, and collaborate across a range of social issues. Yet, young people are also fierce peace activists—in their homes, their schools, and their communities—leading important peace processes and demanding change. They are learning

their rights, naming their needs, and identifying strategies for peace. This research features the peace perspectives of 50 children and youth, all impacted by armed violence, and demonstrates the importance of listening to young people's visions for peace.

Children and the current state of the world

The number of children living in conflict-affected regions continues to grow at a distressing rate, with over 473 million living in conflict zones (Østby and Rustad, 2024) and nearly 50 million displaced by violence, internally and internationally (United Nations Children's Fund, 2025). The annual United Nations Secretary-General (2025) report on children and armed conflict illustrates an alarming trend of increasing grave violations and a fracturing of respect for the protection mechanisms designed to keep children safe and well. Grave violations against children include maiming and killing, sexual violence, recruitment, abduction, attacks on schools or hospitals, and the denial of humanitarian access, and these violations are monitored annually through the UN Monitoring and Reporting Mechanism (MRM) as directed through Security Council Resolution 1612 (United Nations Security Council, 2005). The 2025 report revealed a disturbing 25% increase in validated grave violations committed against children, totaling 41,370, with some children experiencing multiple violations (United Nations Secretary-General, 2025). The regions with the largest number of validated violations included Israel and the Occupied Palestinian Territory, the Democratic Republic of Congo (DRC), Somalia, Nigeria, and Haiti (ibid). The levels of violence documented against children are unprecedented, are compounded by health and environmental crises, and are influenced by intensifying global inequities, which are being exacerbated by a rise in right-wing essentialism, seen, for example, in recent decisions to drastically cut global humanitarian assistance. These intersecting sites and sources of harm are shattering the protection of children's rights and deepening their needs.

Children's experiences living in contexts of armed violence have always been fraught with danger and harm, a reality Graça Machel alerted the international community to in her seminal report in 1996, which acknowledged the disproportional impact of armed violence on children (Machel, 1996). Alarming, state and non-state actors are increasingly targeting children, and these trends are being documented across conflict regions. The United Nations Secretary-General (2025) annual report on children and armed conflict indicated "warfare strategies included attacks on children, the deployment of increasingly destructive weapons, the use of explosive weapons in populated areas and the systematic exploitation of children for combat" (p. 2). The Independent International Commission of Inquiry, tasked by the Human Rights Commission to investigate alleged violations of international humanitarian and human rights law in the Occupied Palestinian Territory and Israel, argued that, in addition to the deeply disturbing killing of over 15,600 Palestinian children, nearly 660,000 children are not able to access formal education (Office of the High Commissioner for Human Rights, 2025). The report further argues that "the destruction of the education system in Gaza is expected to harm Palestinians for generations to come, with consequent challenges in economic development, work and social abilities" (Office of the High Commissioner for Human Rights, 2025, p. 6). In the DRC, sexual violence against girls is particularly troubling (United Nations

Secretary-General, 2025), bringing attention to the gendered impacts of armed conflict on children and the ways in which social identities and power structures intersect to particularly disadvantage marginalized children. In Sudan, the displacement of thousands of children due to intercommunal violence illustrates how generational cycles of violence, sustained through inequitable structures and systems, intensify children's needs and lead to barriers to building peace. Furthermore, the millions of children forcibly displaced by conflict around the world also face many barriers, from family separation to lack of access to basic health and social services, to heightened vulnerability to abuse and exploitation (Hadfield et al., 2017; United Nations High Commissioner for Refugees, 2016). Children remaining in conflict-affected regions, as well as those displaced by conflict, have complex and diverse experiences. Yet, their voices are largely missing from the development, implementation, and evaluation of peace and security policies and practices.

Conceptualizing children and protection

Though the definition of a child can vary regionally and culturally, for the purposes of this study, a child is defined as "every human being below the age of 18" (UNCRC, 1989). Utilizing this definition is in line with special protections afforded to children in international humanitarian and human rights law, such as preventing the recruitment and use of children in armed conflict and ensuring access to humanitarian aid. These special protections are embedded in instruments such as the Geneva Conventions (International Committee of the Red Cross, 1949), the Convention on the Rights of the Child (UNCRC, 1989), and the African Charter on the Rights and Welfare of the Child (Organization of African Unity, 1990). In addition, there are many political frameworks that seek to enhance protections for children affected by armed conflict in recognition of their unique needs, including the Paris Commitments to Protect Children Unlawfully Recruited or Used by Armed Forces or Armed Groups ("The Paris Principles") (United Nations Children's Fund, 2007), the Safe Schools Declaration (The Global Coalition to Protect Education from Attack, 2015), and the Vancouver Principles on Peacekeeping and the Prevention of the Use of Child Soldiers (Government of Canada, 2017). Together, these protection mechanisms bring attention to the unique vulnerabilities children face in armed conflict and set guidelines for reducing harm.

Protecting children from direct forms of violence has been the main and important focus of international protection mechanisms. Given the gap in recognition of children's centrality to peace and security, the aforementioned frameworks and political commitments are essential. However, two key challenges require further consideration. First, except for the Geneva Conventions, these frameworks sit on the periphery of the peace and security architecture, demonstrating the minimalization of children's significance to broader peace and security. This reduced visibility is evident in the lack of a Children, Peace, and Security agenda (Johnson et al., 2023) and, for example, consideration for children in conflict early warning (Baillie Abidi and Cleave, 2023). Failing to monitor early warning indicators related to children in fragile and conflict contexts means, in some cases, that nearly 50% of the population is not factored into conflict prevention, assessment, and response policy and practice. Second, these mechanisms have been designed by adults for children, often

reinforcing the narrative that children affected by armed violence are passive and helpless victims (Denov, 2012; Drumbl, 2012; Johnson et al., 2022; Tabak, 2020), and that children's perspectives and lived experiences are inferior to those of adults. These conceptualizations have complicated and, in most cases, overlooked children's role in peace and security and children's agency within armed violence. Children's lack of perceived agency has contributed to their peripheral recognition in peace and security.

Theoretical and methodological frameworks

Peace and violence are deeply interconnected concepts that exist along a complex continuum. According to Galtung (1969, 1996), violence can be understood as three interrelated forms: direct (physical and visible violence, such as hitting or hate speech), structural (exploitive and inequitable systems, such as racist, anti-semitic, or Islamophobic laws or policies), and cultural (normalizations of violence, such as values that dehumanize certain groups of people in our communities). The violence triangle, as the three elements are dubbed, aims to critically expose how social norms enable violence to manifest and sustain (Galtung, 1996). Breaking generational cycles of violence requires a deep dive to explore how violence was and continues to be socially constructed. The social construction of violence has long been asserted by scientists (United Nations Educational, Scientific and Cultural Organization, 1989; World Health Organization, 2002) who emphasize that humans appear to have an inherent propensity for cooperation.

While the international community has systems to monitor direct violence perpetrated against children, such as the UN MRM, and these systems are important to track the impacts of violence, deeper analyses that aim to critique and challenge the normative frameworks enabling violence to occur in the first place are lacking (Chaudhry, 2017; Denov and Akesson, 2017; Baillie Abidi, 2018; Baillie Abidi and Cleave, 2023). This failure to expose and critique root causes overlooks the significance of the continued impacts of colonialism, particularly for children living in conflict-affected regions (Chaudhry, 2017; Denov and Akesson, 2017; Kindersley and Rolandsen, 2019). Thus, Galtung (1969, 1996) violence triangle offers a helpful framework to understand the multiple layers of violence construction. Engaging young people in this analysis is particularly important given their historical exclusion from participating in conflict analyses and peacebuilding processes.

Equally important to unpacking normalizations of violence with young people is exploring how relations of power influence violence construction and peacebuilding. Lederach (2006) argues that relationships lie at the heart of peacebuilding processes. Given that violence is socially constructed, transforming violence requires a collective and relational approach that recognizes how societies are built on foundations of gender, class, racial, and other forms of inequities. Unfortunately, violence transformation and peacebuilding processes often overlook these foundational inequities, including the exclusion of the voices and meaningful engagement of children and youth, which led Pepper (2017) to argue that age is an additional "vector of oppression" (p. 84). This glaring omission of young people's voices illustrates how adultism operates in peace and security

architectures in a manner that limits our understanding of peace and peace action. Adultism, or the assumption of the inferiority of young people, is supported by a social design that privileges adult perspectives and adults' power over children and youth (Bell, 1995). This social design skews and limits how we understand children's lived expertise.

There is increasing recognition of the importance of youths' participation in peacebuilding, as codified in several UN resolutions, namely Security Council Resolution 2250, which highlights "young people's inclusive participation and positive contribution to building peace in conflict and post-conflict situations" (United Nations Security Council, 2015, p. 1). However, while youth are forging access to previously adult-controlled political spaces and demonstrating the importance of their participation in peace and security, they continue to largely be excluded from decision-making opportunities (Baillie Abidi, 2018; Berents, 2018; UN, 2022). For example, despite having unique experiences, youth impacted by forced migration describe being "seldom consulted, frequently overlooked, and often unable to fully participate in decision making, the talents, energy, and potential of refugee youth—young people aged 15–24 years old—remain largely untapped" (United Nations High Commissioner for Refugees, 2016, p. 4). Failure to understand youths' peace and security experiences and perspectives results in a gap in our collective understanding of the complexities, opportunities, and relations of power.

Similarly, children's experiences are shaped by diverse positionalities and experiences, and yet their lived expertise remains missing from peace and security policy and practice (Baillie Abidi, 2021; Berents, 2015; Bhabba, 2014; Thompson et al., 2019). Despite participation being identified as a right in the Convention on the Rights of the Child (United Nations, 1989), the voices and participation of children are not entrenched in peace and security architectures. The gaps in meaningful engagement of children are often attributed to the lack of appreciation of children as agential members of society (Berents, 2015; Berents and Mollica, 2022; Denov, 2012), stemming from a biased social context that privileges adults (Bell, 1995). Understanding children's perspectives as incomplete or not valued results in a significant portion of our communities being excluded from peace conceptualizing, planning, and programming, despite recognition that children and youth play an essential role in peacebuilding (McGill and O'Kane, 2015; O'Neil, 2018; Pruitt, 2020; Toh, 2002). Children and youth are central to relational frameworks for peace as they have unique and intersecting needs and perspectives that are often different from adults due to their stage in the life cycle and social conceptualizations of childhood. This research aimed to prioritize children's perspectives on the multiple dimensions of violence, the important roles of children in violence transformation and peacebuilding, and how centering young people's visions of peace possibilities within fragile and conflict contexts is an essential part of peace and security.

Arts-informed research

This qualitative research was inspired by many of the principles of Participatory Action Research (PAR), particularly the importance of centering the lived expertise of people most affected by the social issue being studied, in this case, children and youth affected by armed

violence. PAR seeks to engage participants in meaningful ways to inform the research process (Reason and Bradbury, 2008). PAR is action research, designed to create meaningful change *with* participants (MacDonald, 2012), and is an effective methodology to support young people in identifying the changes they want to see in their communities (Baillie Abidi, 2018). This approach recognizes the agency of children and youth, that they are rights holders (UNCRC, 1989), and they are experts of their own diverse lived experiences. This research engaged children and youth to identify how peace and violence exist in their communities, in their relationships, and in their ideas for creating peaceful pathways. Actions based on this research will be further explored in a second phase of the research.

This PAR-inspired research used a range of arts-informed methods to collect and analyze data, while supporting conversations and collective learning, aligning with the critical theoretical and relational framework guiding this research. Utilizing arts-informed methods is an effective approach to engage children and youth in research as it centers relational learning and can destabilize relations of power between researchers and participants (Baillie Abidi, 2018; Shaw et al., 2011). According to Cole and Knowles (2008), arts-informed research “acknowledges the power of art forms to reach diverse audiences and the importance of diverse languages for gaining insights into the complexities of the human experience” (p. 59). Arts-informed methods offer powerful ways for children and youth to demonstrate their perspectives by using visualizations of their experiences and ideas (Guruge et al., 2015), and these methods were particularly effective in this research, given that many young people were learning English. The diverse, non-verbal ways of expressing their perspectives enabled broader and meaningful participation.

The arts-informed methods ranged from using games, poetry, creative writing, and drawing. The focus group agenda flowed from confirming consent and assent, the creation of community guidelines (i.e., rules to guide collective learning to contribute to safer spaces), engaging in community building activities such as exploring what peace means to each participant through a ball toss-peace word association game, reading a poem about children and war called *The Eloquent Young Elephant* (Fitch, 1997), using drawings, creative writing and/or collaging to demonstrate visualizations of their peace learning, and finally, exploring strategies for children and youth to engage in peacebuilding in their homes, schools and communities.

Methods and participants

Four focus groups were held, two in Cameroon and two in Canada, with children and youth affected by armed violence. The participants ranged in age from 9 to 18, and while all participants fall within the legal definition of a child, some participants preferred to be identified as youth. Thus, throughout the manuscript, the use of children and youth or young people is used to capture this age range.

In Cameroon, the research was conducted in partnership with Local Youth Corner Cameroon, a youth, peace, and security organization leading community-engaged programming with children and youth affected by the two conflicts occurring in the country. Participants were recruited with a poster shared with community partners. One focus group took place in Buea, a region

impacted by the Anglophone Crisis, an internal conflict that began in 2017, and the second focus group was held in Yaoundé, the capital city, with children and youth from diverse regions of the country. In total, 31 children and youth participated in the focus groups in November 2024. In Canada, two focus groups were held in December 2024 in collaboration with the YMCA of Greater Halifax/Dartmouth, Immigrant Programs. The participants were recruited with a poster shared through YMCA community programming notifications. A total of 19 newcomer children and youth, representing multiple countries of origin and experiences with varying forms of insecurity and armed violence, participated (Table 1).

All four focus groups followed a common format starting with introductions and the development of community guidelines, or rules to support building a safer learning experience (e.g., committing to maintaining the confidentiality of stories shared, using respectful language, and endeavoring to be curious instead of judgmental). Following these foundational activities, the participants were invited to pass a ball in a circle while sharing a word they associate with peace as they catch the ball. Words included harmony, no violence, health, safety, freedom, etc. This activity was designed to begin our peace discussions, to get to know each other, and have a little fun, something key to effective engagement with young people (Heartwood Centre for Community Youth Engagement, 2011). For two focus groups where we had more time, one in Cameroon and one in Canada, we also facilitated the “human knot” activity, whereby everyone reaches into the center of a circle and holds hands with two different people. The participants are then asked to unwind without letting go of their partner’s hands. The goal is to form a wider circle holding hands in an uncrossed manner. Following this activity, the children and youth discussed how observation skills, clear communication, listening, testing different strategies, failing and trying again, and teamwork were key to their success, and that these skills are also key to effective peace processes.

The next portion of the focus group involved reading the poem *The Eloquent Young Elephant* written by Fitch (1997), a Canadian poet. The poem focuses on the role of a young elephant who successfully convinces a group of adult elephants not to go to war. After reading the poem together, and reviewing complex words and understanding, which was an important component given the workshop was conducted in English, a learning language for many participants, the participants were invited to reflect on the most meaningful part of the poem and their broader understandings of peace. These discussions led to art-making activities whereby the children and youth could create their own peace representation through poetry, spoken word, drawing, or other methods. Following the artmaking session and discussions about the peace representations, the participants engaged in a

TABLE 1 Focus group locations and dates.

Research location	# of participants	Date of workshop
Buea, Cameroon	16	November 2024
Yaoundé, Cameroon	15	November 2024
Halifax, Canada	14	December 2024
Halifax, Canada	5	December 2024

discussion about peace actions they see, engage in, or would like to engage in, within their homes, schools, community, and beyond. Establishing ground rules, engaging in ice-breakers, and using creative methods are important research methods that fall in line with the Guidelines for Research with Children and Young People (Shaw et al., 2011).

Data analysis

The data analysis was derived from all the materials submitted by the participants, including their art representations of peace, which were captured in drawings, comments, and poems; completed handout sheets; and researcher notes recording key comments, insights, and discussions. The researcher engaged in thematic analyses to generate key findings (Braun and Clarke, 2006). Thematic analysis is a helpful approach for research centering on underrepresented voices (Braun and Clarke, 2006, 2024), in this case, that of children and youth affected by armed violence, as it prioritizes participants' voices in the data. The thematic analysis process involved becoming familiar with the data, including reviewing written and visual data, then generating codes, and finally building themes in alignment with the research questions (Braun and Clarke, 2006, 2024). The reflexive approach also included ongoing debrief discussions among the research team in relation to observations, strategies to mitigate researcher bias, and contextual influences. For example, the Canadian focus groups occurred shortly after the fall of the Bashar al-Assad regime, and given that many of the participants were from Syria, including one of the community partner facilitators, this event informed our discussions on peace, requiring the researcher and community partner to maintain regular check-ins throughout the focus groups.

This research aimed to prioritize the perspectives of children who have experienced armed violence, recognizing the ongoing omission of children's voices in peace and security dialogs. Due to time and funding limitations, a broader intersectional analysis—exploring how other social identities, such as gender and language, intersect with age and conflict experience—was not included in this phase. The researcher acknowledges that peace and security experiences are shaped by intersecting factors, and the absence of a wider intersectional lens is a limitation, particularly in the context of rising state violence perpetrated against already marginalized communities. Phase two will expand the intersectional analysis with young people affected by armed violence and will be led by youth researchers in collaboration with community partners.

The findings from this phase were largely consistent across the four focus groups. Given the diverse regions represented in Cameroon and the varied countries of origin of participants in Canada, differences between ethnic or national groups were not emphasized to avoid researcher bias or misinterpretation. Moreover, participants were not directly asked to disclose their ethnic group or country of origin, which further limited comparative analysis. The analysis presented here aligns with participatory action research (PAR) principles by centering the voices of children and youth. Phase two will build on this foundation, focusing more explicitly on location as an intersecting factor alongside age, gender, and experiences of armed violence.

Ethical considerations

This research was guided by an ethics of care, which focused on protecting children's rights and agency in line with the Guidelines for Research with Children and Young People (Shaw et al., 2011). Ethics approval was awarded through Mount Saint Vincent University (#2024-007).

The ethical guidelines were collaboratively developed with youth working with Local Youth Corner Cameroon and the YMCA. Importantly, the children and youth engaged in this research were already actively involved with the partner organizations, so prior relationships, collaboration, and trust existed.

Parental consent was obtained prior to the initiation of the data collection. Confirmation of assent with the participants was also obtained at multiple points throughout the process, including the beginning, midway, and at the end of the focus group. The community guidelines previously discussed were revisited throughout the focus group to review if everyone was honoring the commitments and if new elements were required to strengthen the safety of the learning experience. Finally, the participants were encouraged to lead the discussion and recommend changes to the agenda, if need be, as the research team was committed to valuing the perspectives of the young people involved.

Key findings

The aim of this research was to listen and learn with children affected by armed violence about their understanding of peace and children's roles in creating peace. The following section explores the themes that evolved through discussion and art making with children and youth.

Children's peace perspectives

The participants had a lot to say about peace, what it means to them, as well as what it means to be without peace. They described negative and positive conceptualizations of peace and emphasized relations and community as integral elements. For the children and youth involved in this research, peace is about freedom and safety, community, and peace is a process.

Peace is freedom and safety

"Peace is a state in which there is no war and no lack of understanding. Where there is no revenge and no fighting, just calmness" (research participant). The participants stated that at its core, peace exists when everyone is free from violence and violent structures, when there is *"safety in your country," "no fighting,"* and *"no violence or war."* They described that peacelessness occurs *"when there is violence, lies, theft, and disobedience"* and this is enabled by *"people that do not want you to have peace."* In this regard, the children and youth described how corruption, tribalism, leaders who are *"bad people who have no regard for others well-being,"* and the existence of gangs or other armed actors, compromise children's ability to experience peace, because *"fear dominates"* in these conditions. The children and youth described a range of impacts of collective violence, including loss of life, illness and injury, and a loss of *"calmness"* or mental wellbeing.

When reflecting on the Fitch (1997) poem *The Eloquent Young Elephant*, the participants overwhelmingly chose the stanza that focused on the negative impacts of violence, including the possibility of death as an outcome of war, as the most impactful verse. They reflected on the senselessness of armed violence and the real consequences children are experiencing, questioning the reason why war would be waged at all. During these discussions, participants described facing violence in many contexts, and particularly in Canada, participants described the impact of violent structures, lamenting the need for a “different approach to policing,” for example, where young people struggling with the impacts of war were supported instead of punished for trauma-related behaviors. The young participants reflected on how the challenges of armed conflict experiences can influence behavior, leading to cycles of violence, something they wished adult professionals who work with children and youth, namely police officers, health professionals, and teachers, would better understand.

While all the children and youth involved in this research experienced violence at the socio-political state level, living in a “safe environment” for many of the participants equated largely to the interpersonal level, and particularly experiences within the family. The participants discussed family tensions and experiences of “jealousy,” “abuse,” and neglect as disrupting children’s peace. When invited to create an arts-informed representation of their understanding of peace, several participants focused on interpersonal safety within the family unit and the home. One participant drew a bed and described that after being out in the community where violence is always visible, “crawling into my bed at night, where I know I am safe, feels peaceful” (Figure 1). This participant described the importance of their safe family home and how peacefulness for children is generated from the family. Another participant drew a blueprint of a home and described how reducing or preventing community violence will not be possible unless we create peaceful homes where children are protected and cared for (Figure 2). And yet another participant shared:

In a society where there is a lack of love, there is no peace.

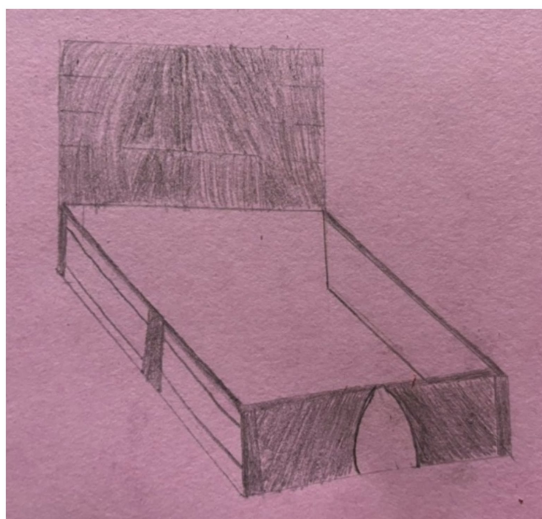


FIGURE 1
Image of a bed, symbolizing intra, and interpersonal peace; drawn by a Cameroonian participant.

*In a home full of hate and jealousy there is no peace.
In a school full of gossip and jealousy, there is no love or peace.
In a neighbor[hood] full of hate and jealousy there is no love or peace.
Hence, we should make love the order of the day in order to always ensure peace.
Love is peace.*

-Cameroonian participant

These examples demonstrate the essential link between interpersonal and collective violence and the importance of strong and safe family units for children affected by armed violence.

The participants also highlighted important aspects of positive peace, building equitable and caring social systems, and how freedom and peace are interlinked. One participant argued that peace is present “when there is freedom and people can do and say what they want.” The complexities of achieving peace and freedom in a “violent world” were thoroughly discussed, with one participant sharing: “we cannot find peace unless we are free, and we cannot be free until we are at peace.” Other participants stated that peace occurs when “everyone is equal and has freedom of speech,” when we are all living in “a happy and positive space,” a “place where we cannot be judged,” where we can all “be yourself,” and “when we understand each other.” For one participant in particular, “peace is when you love and respect people in your society. Peace makes people have better understanding together.” In a similar regard, a participant chose to represent their vision of peace, from a positive peace lens, by drawing an eye with a multi-colored iris (Figure 3). They described their image as a representation of valuing diversity and argued that if we celebrate everyone, and appreciate our differences, then peace will be possible.

Peace is community

Peace was described as a relational concept, deeply interconnected with community and a sense of belonging. One participant shared how peace is “a multifaceted concept that encompasses various aspects of the human experience” and further argued that the human experience is grounded in relations. Another participant discussed the quintessential role of “mujtamae” (community in Arabic), stating, “when the community is supported, and people can make a better life for their children,” then peace can be realized. Feeling connected to community, family, and friends was central to the children’s and youth’s peace perspectives. As one participant described, “there is no peace when you are excluded.”

Inequities within communities were frequently raised by the participants, who argued that peace can only be achieved when each member of a community is valued. For example, the children and youth in this research suggested that when “your opinion matters,” when “everyone is equal,” and when there is “equality between people,” then peace will be possible. Respecting others, emulating “trust, honesty and empathy,” and engaging in “good communication and collaboration” create conditions for “understanding and peace to blossom.” Community as an important site and source of peace was further demonstrated by a participant who shared an anagram while reflecting on reciprocal peace in relationships:

PEACE

*P – practice your moral values instead of just composing them.
E – evaluate yourself in a grade of 10 and see how many you score as a peace maker.*

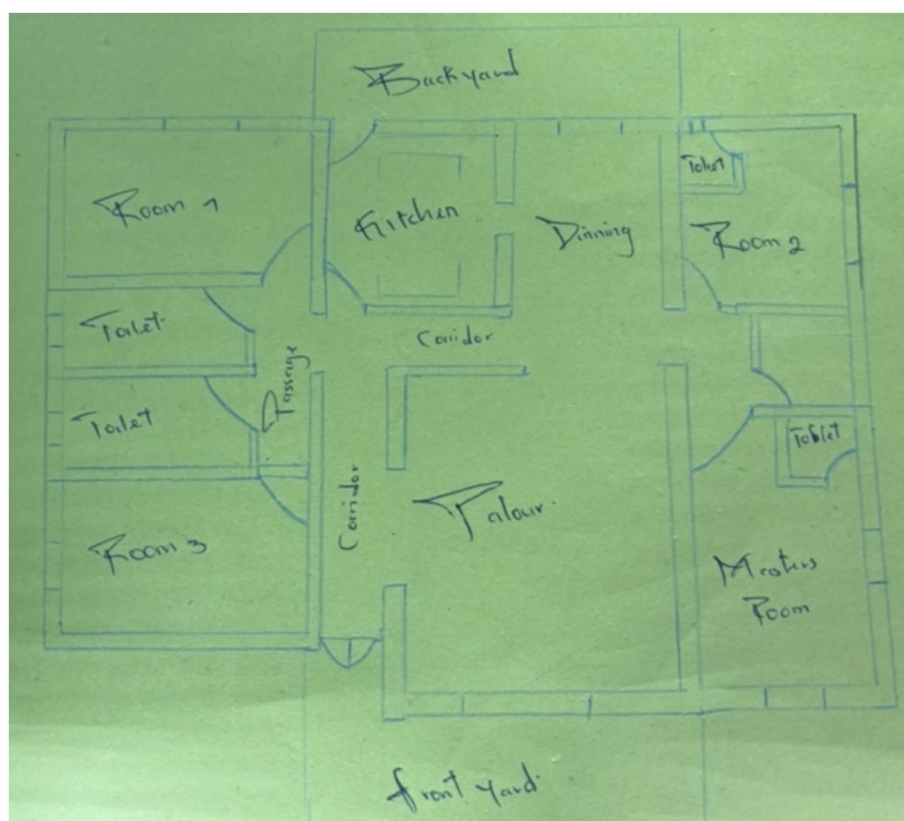


FIGURE 2

Image of a house blueprint, symbolizing the importance of domestic peace; drawn by a Cameroonian participant.

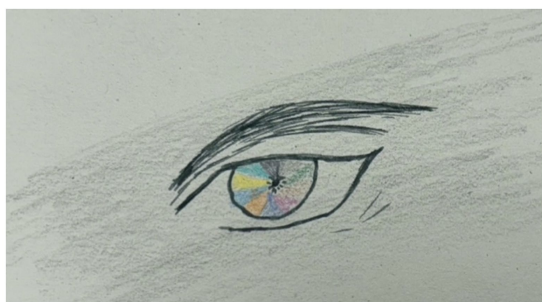


FIGURE 3

Image of a multi-colored eye, symbolizing respect for diversity; drawn by a Canadian participant.

A – act towards others as you want them to act towards you.

C – communicate love, kindness, respect and morality to people around you.

E – express yourself with respect towards others because respect is reciprocal.

- Cameroonian participant

The notion of belonging as being central to peace was demonstrated by another participant's art representation. The participant drew a Serin, a bird that serves as one of the symbols of the Syrian Revolution (Figure 4). They articulated the impact of violence on their family, from

losing loved ones to forced displacement to heightened risks for criminality due to their trauma, and yet the idea of a community of people resisting a violent leader and rallying together to create a peaceful future was comforting and a source of pride for this participant. Several participants, in Cameroon and Canada, discussed how being part of revolutions or communities challenging state-perpetrated violence was an important element of their understanding of peace as they felt part of a larger network of relationships, and they had purpose due to their peace-seeking and collaborative actions.

Peace is a process

Beyond describing what peace entails and the notion that peace is built with and in relations, the participants also described peace as a process. One participant shared a Martin Luther King Jr. quote to demonstrate this aspect: “*peace is not merely a distinct goal, but a means by which we arrive at that goal.*” The children and youth in this research described peace as a practice; for some, this practice was connected to faith and prayer, for others it was connected to morals and ethics. One participant articulated, “*peace is achievable, it is not a dream,*” through a poem focused on a conscious journey together:

Peace Not a Dream

Peace not a dream but a reality we weave.

A tapestry of love, forgiveness and release.

Not just a word but a world to create,

Where differences resolve and love participates.

Peace not a dream but a choice we make,



FIGURE 4
Image of a Serin, a symbol of the Syrian Revolution; drawn by a Canadian participant.

*Every moment, any time for our own sake.
Peace not a dream but a journey we take,
Together hand in hand for humanity's sake.*
- Cameroonian participant

This participant further added:

Be kind to everyone because you never know when you might need them in the future. Be so busy improving yourself that you have no time criticizing others. It's not very peaceful—like. Remember, we reap what we sow. If you sow peace, you reap peace. Also, put in mind a peaceful environment is a place to be. And remember the way you fix your bed so shall you lie on it. It takes one man to project but a community to spread the finish product so let us come together and spread peace.

Another participant drew a car on a path to demonstrate that each person's peace journey will be different, and we should each “choose the path that you want to take in life with no judgement or pressure...it is acceptable to take a different path in life than what you are supposed to do” (Figure 5).

The participants discussed activities that support peacefulness and “harmony” in their lives. Many participants focused on the importance of peace journeys beginning with themselves, building internal “quiet and serenity” to flourish in their peace practice. The children and youth in this research shared how music, going to the gym, playing sports, drawing, cooking, playing video games, “doing something I enjoy,” and “taking care of yourself” are important to begin or sustain a peaceful mental state. For one participant, music was described as central to their feeling of peacefulness, and through music, they can generate peace in their community. They chose to represent their



FIGURE 5
Image of a car on a path, symbolizing a peaceful journey; drawn by a Canadian participant.

journey of peace by drawing headphones in a heartbeat to symbolize how significant music and art are for their inner peace (Figure 6).

Another participant created a poem to illustrate the importance of inner peace:

PEACE
Peace is a
quiet moment.
I sit and breathe and let go.
My worries fade, my
soul glows, the world
outside recedes from view
and in the silence, I find you.
My heart once racing, now at peace,
My mind once cluttered now releases.
The stillness soothes my soul's dark night
And fills me with a warm, gentle light.
In this quiet moment, I am free.
My thoughts untangle, clarity I see.
No noise, no distractions, just me
connected to serenity.
So let me sit and breath
and be in harmony
with peace and glow
For in the quiet
I find my way.
- Cameroonian participant

For this participant, inner peace is the starting point to collective peace and as a community, we need to do more to help children find their own sense of peace.

Children and peacebuilding

While reflecting on *The Eloquent Young Elephant* (Fitch, 1997) and engaging in discussions about what building peace looks like, the

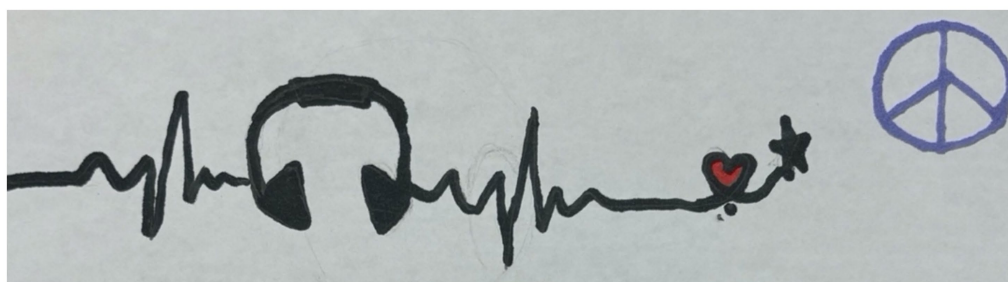


FIGURE 6

Image of a heartbeat with headphones, symbolizing activities that brings peace; drawn by a Canadian participant.

children and youth in this research highlighted the important experiences and perspectives that children have in relation to peace and security, especially children affected by armed violence. The participants discussed the essential role of children as peacebuilders in their communities.

Wisdom of children

The participants described the importance of respecting and listening to all members of a community, “no matter your age, your size” to find a common goal toward peace. One participant shared: “Peace is all about living together, unity, love and mutual respect. Peace is about giving a listening ear to others [because] everyone’s opinion counts. You are important whether you are big or small, tall or short, fair or dark.” The children and youth in this research acknowledged their diverse experiences based on their gender, race, proximity to armed violence, age, and education, among other identities and experiences. They also lamented how their experiences are different from those of adults and “sometimes young people know more than old people.” The participants in all four focus groups expressed frustration that their lived expertise was not valued, seen, respected, or acted upon; that their wisdom was not recognized in the largely adult-controlled peace and security landscape.

One participant chose to represent children’s knowledge and experience in their peace representation and drew a boat, called the “Peace Finders”, an island called “Peace Land,” and indicated: “we are all in this ship on our way to go and mine gold. And our gold here is ‘peace’” (Figure 7). This participant invited everyone to “follow us and discover the best way of eradicating war and promoting understanding on our ‘Peace Land.’” For this young participant, the “us” was children, and the story they shared was one of exceptional navigation skills toward peace because children can see and steer in a different way than adults.

In reflecting on *The Eloquent Young Elephant* (Fitch, 1997), the participants highlighted the importance of the bravery of the young elephant who shared their perspectives with adults, especially when the adults were preparing to engage in violence. One participant noted: “the small elephant was brave enough to say his opinion even though they might not listen to him,” and several participants acknowledged that seeing the bravery of children engaging in peace action—whether in the poem or in real life—can inspire confidence to engage as well. Another participant discussed the importance of sharing knowledge between children and adults, to ensure diverse perspectives are understood, and there is an enhanced opportunity to learn. This participant created a paper boat to symbolize peace, invited

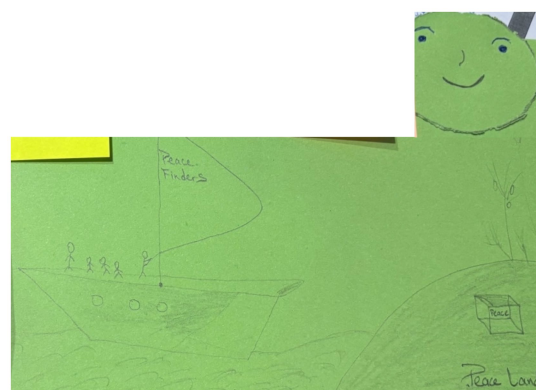


FIGURE 7

Image of a ship sailing toward “Peace land,” symbolizing children’s peace wisdom; drawn by a participant from Cameroon.

adults to “plant your peace seed for my country to harvest,” and highlighted how young people can also share their seeds (Figure 8).

Children as peacebuilders

Despite their experiences with armed violence, the children and youth in this research demonstrated a strong hope that peace is possible. The participants shared that engaging children who experienced armed violence in peacebuilding is essential to achieving peace and security because they understand the tensions and complexities and have ideas for solutions that may be overlooked by adults or other young people who have never experienced armed violence. A participant stated: “pain is a universal constant in life. What matters is how or what you do about it. You either crack and break like a pane of glass or rise like a phoenix from its ashes, more powerful than before. Afterall, the purest steel is formed under the greatest pressure.”

The participants identified several actions that they are already taking or could take in their homes to enhance peace. They discussed supporting and helping with chores, spending quality time with family, and ensuring laughter is part of the process. The participants also discussed the importance of building non-violent and peace communication skills that “give other people space” to “feel heard and accepted,” use “our mouths more than our hands to communicate,” and focus on “communicating with others to build understanding.” Overall, the participants discussed how generally “being respectful” and remembering to “love each other” even during

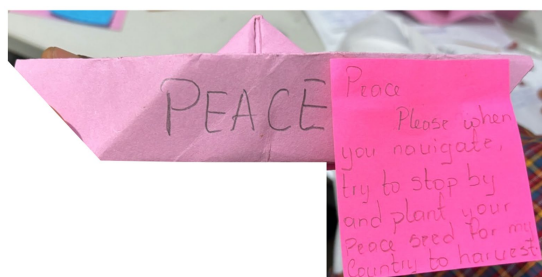


FIGURE 8
Image of a boat made of paper, symbolizing spreading peace; drawn by a participant from Cameroon.

conflict could go a long way to building peace in the home. As one participant argued, “*peace cannot be bought, but it could be practiced.*”

Schools as a site for peacebuilding and peace action were the most commonly discussed area of focus for the participants. The children and youth discussed the importance of having explicit “*peace goals*” at school that prioritized learning peace skills such as peer mediation, non-violent communication, and empathy. The participants discussed that at school, there is a need to strengthen conflict transformation skills to help prevent conflicts among friends from escalating to violence, and shared countless stories of strategies they used to try and resolve conflicts. The strategies ranged from speaking up when witnessing unkind acts or acts of violence, “*saying what you feel to help other people understand you,*” prioritizing inclusion to “*not make some feel excluded,*” modeling respect for different cultures, and working with teachers to strengthen peace in their schools. Some participants were already engaged in school-based peace clubs, and many left the focus groups motivated to start peace clubs in their schools, committing to connect multiple schools in peace actions together. One participant shared that “*building a peace club is one of the goals to achieving peace in our communities, schools, homes, and even our churches and the whole world*” for within these clubs, the central focus is learning how to promote peace, a lifelong and essential skill. The participants expressed confidence in their ability to lead peace in their schools, particularly when they were engaged in group peace actions stemming from peace clubs, and expressed gratitude for the opportunities to lead peace work.

Finally, the participants also argued that children are essential to community-based peacebuilding. The children and youth in this research reflected on learning peacebuilding skills from adults in their community and yearned for more intergenerational opportunities to engage in peace work. They expressed a desire to listen and learn with elders and to share insights from younger generations. One participant specifically focused on the intergenerational aspect of peace work by drawing people of all ages holding hands and described the strength of an all-ages—all community member—approach to peace actions (Figure 9). Other participants focused on community action. They spoke of volunteering, helping friends and community members by “*looking out for one another,*” and working on skills to translate experiences from young members of society to elders. Another participant highlighted the capacity of young people to lead peace, arguing that young people have responsibilities to create and sustain peace in communities (Figure 10). The participants expressed that



FIGURE 9
Image of people holding hands, including children; drawn by a Cameroonian participant.

peace cooperatives, focused on building community peace skills, would be an important next step.

Children and youth have a lot to share about peace and their role in peacebuilding. The key findings from this research demonstrate the importance of valuing the lived expertise of children and youth affected by armed violence to build more comprehensive and effective peace and security frameworks.

Discussion and recommendations

The opening overview of the UN annual report on children and armed conflict states: “*violence against children in armed conflict reached unprecedented levels... Children bore the brunt of relentless hostilities and indiscriminate attacks, and were affected by the disregard for ceasefires and peace agreements and by deepening humanitarian crises*” (United Nations Secretary-General, 2025, p. 2). From Gaza to the Democratic Republic of Congo to Haiti, children are suffering extreme consequences in fragile and conflict-affected contexts, something Machel (1996) has been asserting for over 30 years. Reflecting on the possibilities for violence transformation, Machel (1996) stated:

Children can help. In a world of diversity and disparity, children are a unifying force capable of bringing people to common ethical grounds. Children’s needs and aspirations cut across all ideologies and cultures. The needs of all children are the same: nutritious food, adequate health care, a decent education, shelter, and a secure and loving family. Children are both our reason to struggle to eliminate the worst aspects of warfare and our best hope for succeeding at it.

Given the state of the world, one has to wonder if the global community really believes that children are a “unifying force.” Despite being increasingly and disproportionately impacted by armed violence (United Nations Secretary-General, 2025; World Health Organization, 2014), children continue to be framed as a peripheral issue in peace and security. In fact, many peace agreements fail to mention children at all (Grace, 2024).

As armed conflicts grow in number and intensity globally, the need to understand the root causes of armed violence, particularly the

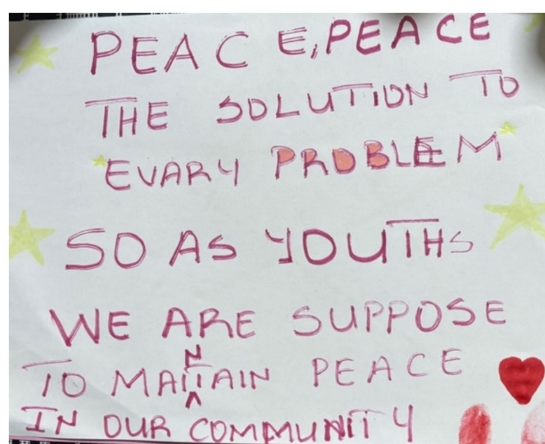


FIGURE 10
Image of a sign about the role of youth as peacebuilders; drawn by a Cameroonian participant.

structural and cultural forms of violence that enable direct violence to occur (Galtung, 1996), becomes paramount. Watchlist on Children and Armed Conflict is calling for “UN agencies, civil society organizations, humanitarian organizations, and relevant academic institutions” to invest in better understanding the root causes of armed conflict as a strategy “to inform future responses to grave violations against children” (Grace, 2024). To do this conflict analysis work effectively, and violence prevention work particularly, we need to understand the experiences of those most impacted, children and youth. The young people engaged in this research clearly articulated why children’s and youth’s perspectives on violence, peace, and security are essential. First, they identified the importance of the interconnections between intrapersonal, interpersonal, and collective violence, and how a “safe environment” in the home, family, school, and community is essential to sustainable peace. Research continues to underscore the broad risks of interpersonal violence, from impacts on individual health and wellbeing to normalizing violence within communities (Mercy et al., 2017; World Health Organization, 2014). Moreover, in global peace and security architectures, which are informed almost exclusively by adult men, priority is largely attributed to collective violence, often minimizing the impact and influence of interpersonal violence. Failing to see the strings that bind interpersonal and collective violence has contributed to maintaining systems of cultural violence that are gendered and not child-responsive.

Second, the children and youth articulate, through their lived expertise as young people affected by armed violence, how violence prevention and peacebuilding are predicated on building equitable communities. They describe the need for culturally responsive communities, where “everyone is equal,” seen, heard, and valued, and how these are the conditions for “understanding and peace to blossom.” The children’s and youths’ perspectives align with Lederach (2006) emphasis on relationships as being central to peacebuilding. They also align with the Sustainable Development Goals (UN, 2015), which emphasize equity and social justice as being quintessential to peace and development. All 17 goals connect with the idea of equitable communities; however, goal 16, Peace, Justice, and Strong Institutions, particularly recognizes how violence ruptures peace possibilities and that the “protection of

fundamental freedoms” and the enforcement of “non-discriminatory laws and policies” are important cornerstones for peace (ibid). For the young people involved in this research, the “we” is essential, and peace through community is demonstrated in enhanced empathy for each other, including children who may exhibit trauma-related behaviors that violate community norms. For example, building justice, educational, and social policy and practices that recognize the complex experiences of children affected by armed conflict was identified by the children and youth as an important approach to strengthening communities. The ideal community illustrated by the young people in this research would work together toward peaceful solutions where our collective humanity is of utmost importance.

Finally, the children and youth in this research described peace as a process that they are actively influencing in many ways, but are often denied access to at the formal and State levels. Children’s place in peace and security has historically been tied to the notions of victimhood and vulnerability (Berents, 2015; Berents and Mollica, 2022; Denov, 2012), demonstrated in mechanisms that are designed to protect children from adult-perpetrated violence or in the politicization of childhood. While images of and narratives about children are regularly used to generate political support for war and security actions (Berents, 2020; Beier, 2015), rarely are children the true source of the conflict, and even more rarely they are included in peace processes. Adultism, which orients age as a “vector of oppression” (Pepper, 2017), minimizes a holistic understanding of peace and security, and contributes to actions that lack the perspectives of the most disproportionately impacted members of our communities, children and youth. Despite these barriers, children are already building peace and expressing a desire to learn, develop, and enhance peace practices, such as non-violent communication. As one participant shared, “peace not a dream but a reality we weave,” the children and youth expressed a desire to actively engage in peacebuilding through learning from elders, and from each other. Failing to engage children in peacebuilding leads to the exclusion of their important perspectives, misses opportunities for intergenerational learning, and reduces peace-related skills development.

Thus, based on the insights and perspectives of 50 children and youth engaged in this research, the following recommendations are put forth for further consideration:

Value children’s and youths’ peace perspectives

- Challenge adult-centric ways of knowing and doing by recognizing children and youth as equals in peacebuilding.
- Listen and learn from and *with* children and youth affected by armed violence, in different regions and with diverse social positionalities and lived expertise, to fill gaps in understanding of violence normalization processes, young people’s needs and their visions for peace strategies.
- Explore the connections between and impacts of interpersonal and collective violence *on* children and youth.
- Develop professional development opportunities for adults who work with children and youth—in consultation *with* children and youth affected by armed violence—for example, police, teachers,

and health professionals, to enhance understanding of young people's needs and agency.

- Build research skills *with* young people so they are informing and influencing peace and security research questions, methodologies, analysis, and recommendations for future research, policy, and practice.

Building peace with children and youth

- Strengthen community social safety nets and provide support for children and youth affected by armed violence based on their identified needs.
- Create intergenerational learning opportunities to teach critical thinking and peacebuilding skills to and *with* children and youth.
- Empower children and youth, particularly those affected by armed violence, to connect with other young people to engage meaningfully in peace action in their schools and communities by providing adult partnerships and material resources.
- Empower children and youth, particularly those affected by armed violence, to meaningfully engage in developing child-responsive peace and security policy and practice that challenges normative frameworks of normalized violence and strengthens the impact of the peacebuilding work.
- Enhance respect for children's rights and existing protection mechanisms through community education and political accountability mechanisms.
- Advocate for a Children, Peace, and Security agenda to demonstrate the centrality of children to long-term peace and security and build mechanisms to advance peace collaboratively.

Conclusion

The state of the world today is fraught with images of violence and intensifying inequity. We are living in a time of existential threats and harms that are disproportionately impacting young people. Now more than ever is the time to learn from and *with* children and youth to understand how they see the world around them and peace possibilities. In total, 50 young people affected by armed violence participated in this research, sharing their ideas of what peace entails, how we can build and sustain peace, and why children and youth are key to strengthening the peace and security architecture. Conceptualizations of effective peace and security must prioritize meaningful engagement with young people through listening, learning, and collaboration, recognizing that children are not incomplete or merely in the process of becoming agents, but are already significant actors within their communities.

As we celebrate the tenth anniversary of the Youth, Peace and Security Agenda, an agenda built on the understanding of the importance of youths' participation in peace and security, it is important to reflect on the absence of an equivalent agenda for children. A Children, Peace and Security (CPS) Agenda that recognizes the unique needs, experiences, and perspectives of children is needed to advance protections for and participation in peace and security policy and practice. Building a CPS Agenda requires the intentional and thoughtful engagement of children. This research sought to ensure the diverse lived expertise of fifty children and youth affected by armed violence is seen, heard, and valued, and that their

peace insights, as those most impacted by peacelessness, are amplified and centered. Creating sustainable peace is a complex journey, one that requires respect for shared humanity and collaboration across differences. As this wise Canadian participant shared, "*peace is what we all need.*"

*Peace is what we all need.
A calm place for hearts to feed.
No more fighting, no more pain.
Only sunshine after rain.
Let us work to understand,
Reach out with helping hand.
In our hearts, let's plant seeds,
Of peace, of love, of what we need.
Together strong, we can stand
Creating peace across the land.*

Data availability statement

The datasets presented in this article are not readily available because personal information is protected by limiting its use and disclosure to what is necessary and consented to. Requests to access the datasets should be directed to Catherine Baillie Abidi, catherine.baillieabidi@msvu.ca.

Ethics statement

The studies involving humans were approved by Mount Saint Vincent University Research Ethics Board. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin. Assent was also obtained from the children and youth participants.

Author contributions

CB: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

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Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The author(s) declare that no Gen AI was used in the creation of this manuscript.

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Supplementary material

The Supplementary material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2025.1689758/full#supplementary-material>

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Child marriage in contexts of forced displacement: exploring drivers and decision-making in Jordan through a gender and generational lens

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Introduction: Humanitarian actors have been slow to address child marriage, despite evidence that it is particularly common in conflict-affected contexts. This article explores the child marriage decision-making process among refugees living in Jordan, using a gender and generational lens.

Methods: Data used in this paper was collected between 2018 and 2022 and focuses on refugee girls (and young women) who live in Jordan and who married prior to age 18. Survey data was collected from 152 young Syrian brides. In-depth interviews were conducted with 45 Syrian and Palestinian brides—as well as their parents, in-laws, and husbands.

Results: Our research finds that girls' parents, grooms' parents, grooms, and girls themselves operate under deeply constrained conditions resulting from the legal and economic precarity experienced by refugee communities, and that these disadvantages reinforce gender norms and commitments to clan and culture. Girls' fathers are often beholden to their brothers to provide brides for their nephews; mothers prefer child marriage because of expectations that they will vouchsafe their children's behavior and the family's honor; grooms view marriage to girls as way of achieving adult masculinity and girls who married as children report that they felt like active agents in the process—albeit because they have so few other options.

Implications: Given the importance of economic precarity, ending child marriage in contexts of forced displacement will require expanding girls' access to education and improving refugees' access to work, which will provide a route through which fathers and young men can demonstrate their adult masculinity, and to allow girls and women some measure of financial independence. Given that displacement now often lasts for decades, the humanitarian sector also needs to focus on addressing the gender norms that leave girls at risk of child marriage.

KEYWORDS

child marriage, gender norms, decision-making, refugee, conflict-affected, Jordan

Key messages

- Among Jordan's refugee populations, decisions about child marriage are shaped by economic and legal precarity, which reinforces gender norms and leaves all actors—fathers, mothers, girls, and grooms—feeling that their options are deeply constrained.

- Adult women are more central to marriage decision-making than has been assumed, because they are responsible for making sure their children adhere to entrenched gender norms; adolescent girls—given their very limited options—often feel they are active agents in the child marriage decision-making process; fathers' decision-making is often constrained by familial obligations.
- Interventions and messaging to counter child marriage need to be tailored, based on an understanding of this complex gender and generational “order,” and should take account of actors' social roles and developmental needs.

Introduction

Child marriage, which each year truncates the trajectories of 12 million girls globally, is recognized as an abrogation of girls' rights and a form of gender-based violence [United Nations General Assembly, 2015; UNICEF, 2023]. However, although international and national actors have embraced efforts to end child marriage in non-conflict-related contexts, the humanitarian sector—which is focused more on meeting immediate survival needs—has been slower to do so (Murphy et al., 2016; Wodon et al., 2017; Mazurana et al., 2019; Girls Not Brides, 2022). This lack of attention is despite research which finds that rates of child marriage in conflict-affected contexts are twice the global average, and despite the ever-growing number of young people who experience protracted displacement [Human Rights Council, 2019; Singh et al., 2022; United Nations High Commissioner for Refugees (UNHCR), 2022].

This article draws on primarily qualitative data collected with Palestinian and Syrian refugees living in Jordan between 2018 and 2022. It explores how conflict and displacement leave girls (and some boys) at elevated risk of child marriage by amplifying the structural and cultural factors that support this harmful practice and introducing new forms of legal and economic precarity. It also highlights that these dynamics are best understood by examining child marriage decision-making through the eyes of the girls, grooms, and parents involved. In the next sections, we briefly review the literature on child marriage decisions, introduce the Jordan context, and describe our research methods. We then present our findings, which are organized by the actors involved in decisions about child marriage. We conclude by discussing the implications of our findings for policy and programming.

Literature review

Social norms and child marriage

The social norms literature provides a useful lens for understanding why child marriage continues, even as individual preferences evidence change (e.g., Cislighi and Heise, 2019; Taylor et al., 2019; Shakyia et al., 2020; Abdurahman et al., 2022; Sripad et al., 2024). Key scholars argue that social norms reflect community expectations (Bicchieri et al., 2014; Mackie et al., 2015; Mackie, 2018; Cislighi and Heise, 2019; Legros and Cislighi, 2019).

While definitions remain diverse, Bicchieri (2014) defines a social norm as a rule of behavior that people prefer to conform to because they believe that others in the community conform to it. Moreover, they believe that others in the community expect them to conform to it, and that if they do not conform to it, then they may be socially sanctioned. Using this definition, child marriage is itself a social norm, because most people (in certain contexts) believe that most girls marry prior to age 18, they believe that others expect them (or their daughters) to marry at that time, and they believe that there will be costs if they (or their daughters) do not marry at that time (Bicchieri, 2014).

Child marriage drivers

Malhotra and Elnakib (2021), in their systematic review of the evidence base, observe that as the economic costs of child marriage (estimated by Wodon et al., 2017 to amount to trillions of dollars) have become increasingly visible, research on the antecedents of child marriage has seen explosive growth. Quantitative research has found strong links between child marriage and other factors, including: education level of girls, boys, and parents; household size and economic status; and rural residence (Malhotra and Elnakib, 2021; Siddiqi and Greene, 2022; Edmeades et al., 2022; Pourtaheri et al., 2023). Qualitative research has focused on the social drivers of child marriage and has consistently found that it is fundamentally driven by gender inequality—even when it is boys who marry as children (Malhotra and Elnakib, 2021; see also Psaki et al., 2021; Rialet et al., 2022; Siddiqi and Greene, 2022; Pourtaheri et al., 2023). Indeed, Malhotra and Elnakib (2021) note that gender inequality is so central to understanding child marriage that it is worth “unpacking” the ways in which it is embedded. They identify three primary pathways: beliefs about gender and sexuality (especially in relation to girls); the relationship between gender and economics; and beliefs about gender roles and how they shape broader opportunities for girls and women (Malhotra and Elnakib, 2021; see also Psaki et al., 2021; Rialet et al., 2022; Pourtaheri et al., 2023). A small but growing body of research has found that conflict and displacement amplify each of these pathways by leaving families more fearful of sexual violence and more protective of girls' honor (Bartels et al., 2018, 2020; Leigh et al., 2020; Al Akash and Chalmiers, 2021; Gausman et al., 2022; Hunersen et al., 2024; Girls Not Brides, 2022; Mieth et al., 2025). Conflict and displacement also make families more financially insecure and thus likely to use child marriage as an economic coping strategy, thereby reducing girls' opportunities for education and employment (Bartels et al., 2018, 2020; Leigh et al., 2020; Al Akash and Chalmiers, 2021; Gausman et al., 2022; Hunersen et al., 2024; Girls Not Brides, 2022; Mieth et al., 2025).

Child marriage decision-making

Research on child marriage decision-making is far more limited, but tends to emphasize the role of parents, with fathers

found to be the final decision-makers in many contexts (McDougal et al., 2018; Kakal et al., 2023; Wahyuningsih et al., 2025). Several studies have found that girls—or boys—rarely object. In part, this is because consent cannot be understood as diametrically opposed to coercion, given the strength of norms surrounding child marriage and the limited other options open to girls in contexts where child marriage remains common (Mukherjee and Sekher, 2017; Stark, 2018; Mowri et al., 2020; Lokot et al., 2021; Baraka et al., 2022; Howe et al., 2022; Lokot et al., 2022; Mieth et al., 2025; Wahyuningsih et al., 2025). In part, however, this is because parents deliberately “manufacture” consent, by encouraging adolescents to see child marriage as not just being in their own best interest but that of their family too (Dean et al., 2019). The two recent studies that have explored marriage decision-making among Syrian refugees in Jordan have both concluded that women and girls have more input into marriage timing than is often presumed, given prevailing and deeply patriarchal gender norms. They note that this is because, as discussed above, in the context of displacement, marriage can confer security and status (Zuntz et al., 2021; Gausman et al., 2022; Lokot, 2023).

Familial violence

Conflict is not the only form of violence which shapes child marriage decision-making. Decisions must also be understood in the context of familial violence. Research has found that such violence is not siloed and that emotional and physical violence against children often occurs alongside intimate partner violence, especially in conflict-affected contexts (Hamby et al., 2010; Pearson et al., 2023; Asghar et al., 2025). It has also been found that violence is transmitted across generations, with children who grow up exposed to violence more likely to become perpetrators of myriad forms of violence themselves (Crombach and Bambonyé, 2015; Guedes et al., 2016; Fulu et al., 2017; Velloza et al., 2022).

The Jordan context

Jordan is one of the world's least gender equitable middle-income countries. In 2024, it was ranked 123rd out of 146 countries on the Global Gender Gap Index (World Economic Forum, 2024). Although women in Jordan are better educated than men, and healthy life expectancies are not shaped by gender, women in Jordan have extremely limited access to paid work, are almost entirely excluded from politics, and have limited legal rights (World Economic Forum, 2024). For example, Jordan's Personal Status Law grants fathers and husbands control over girls' and women's movement and gives men and not women, the right to pass on citizenship to children, to file for divorce, and to have legal custody of children after divorce (Government of Jordan, 2019).

Approximately one-third of Jordan's estimated 11.3 million residents are refugees—primarily Palestinian and Syrian (Department of Statistics, 2023). Although most Palestinians in Jordan were granted citizenship long ago, nearly 20% are stateless. These families, most of whom are ex-Gazans (and their descendants) who were displaced to Jordan in the late 1960s, live in formal refugee camps and face extremely high unemployment

and poverty levels (the poverty rate in Jerash camp is 53%) because they are excluded from most forms of professional work (and are required to purchase expensive work permits to undertake others) and are prohibited from accessing formal financial services and owning most types of property (Abbas and Toor, 2021).

Jordan's Syrian population (most of whom fled the Syrian civil war that erupted in 2011) primarily (~80%) live in Jordanian host communities, although a large minority live in formal refugee camps and a much smaller number live in informal tented settlements. Despite assistance from the international community, the poverty rate among Syrians is more than five times as high as that for Jordanians (80% vs. 15.7%), because the government allows them to work only in the agricultural, construction and sanitation sectors, charges them to access health and post-secondary education services, and prohibits their ownership of property and access to financial services (Ministry of Planning and International Cooperation, 2020).

Although the legal age of marriage in Jordan is 18 (for women and men), girls are allowed to marry at age 16, with the permission of a Sharia court and with the caveat that marriages must be voluntary (Human Rights Council, 2019). The most recent Jordan Population and Family Health Survey (JPFHS) found that 20% of Syrian women aged 20–24 had been married before the age of 18, and 4% had been married by age 15 [Department of Statistics (DoS) ICF, 2024]. A UNICEF study found that in 2013, nearly 18% of marriages among Palestinian refugees involved girls under the age of 18 [United Nations Children's Fund (UNICEF), 2014].

Methodology

This article draws on data collected as part of the Gender and Adolescence: Global Evidence (GAGE) longitudinal research study, which has been using mixed-methods research to follow just over 4,000 Syrian, Palestinian and Jordanian adolescents living in five governorates of Jordan since 2018 (Baird et al., 2021). Adolescents were aged 10–17 at baseline. While most of the sample was randomly selected, adolescent girls who had been married as children were deliberately oversampled, in keeping with GAGE's focus on the most disadvantaged (Baird et al., 2021).

Data used in this paper was collected between 2018 and 2022 and focuses on refugee girls (and young women) who married prior to age 18. Survey data was collected from 152 young Syrian brides (see Table 1). In-depth interviews were conducted with 45 Syrian and Palestinian brides—as well as their parents, in-laws, and husbands (all of whom were adults when interviewed). All Palestinians in the sample are stateless and live in Jerash camp, while Syrian refugees live in host communities, formal camps, and informal tented settlements.

GAGE research tools consisted of a broad survey, which included a module on marriage, and an array of interactive activities, including vignette-based discussions, social norm mappings, timelines, and a child marriage decision-making tool (the tools are available online) (Baird et al., 2019; Jones et al., 2018, 2019). The tools were employed by carefully trained researchers of the same sex, and the same nationality, as the respondent. Statistical analysis was conducted using Stata 18.0. Qualitative data analysis involved a multi-step process. Preliminary analysis

TABLE 1 Research sample.

Quantitative sample	Qualitative sample
• 152 married Syrian girls • Residence location: host communities (64%), formal UNHCR camps (30%), informal tented settlements (7%) • Mean age when interviewed: 16.7 years • Mean highest grade attended: 7th • Mean age when married: 15.4 years • Mean age gap with husband: 5.8 years	• 45 girls (and young women) who married prior to age 18 • 38 Syrians (25 in host communities, 10 in formal camps, 3 in informal tented settlements); 9 Palestinians • Age when interviewed: 14–22 • Age when married: 11–17 • Age gap with husband: 2–15 years • Educational attainment: grade 2 to grade 10

TABLE 2 Characteristics of young brides' marriages.

Length of time young brides had known their husband prior to marriage	• Less than a year = 76% • Less than a month = 27% • Less than a week = 11%
Type of marriage	• Voluntary = 94% • Forced = 6%
Young brides' readiness to marry at the time	• Ready to marry at the time = 63% • Would have preferred to wait = 37%

took place during daily debriefings with the research team to discuss similarities and differences across sites; these findings were used to develop a thematic codebook informed by GAGE's conceptual framework, based on a gendered capabilities approach that allows us to explore young brides' broader lives and the socio-ecological forces that shape them (GAGE Consortium, 2019). All interviews were transcribed and translated by native speakers of the local language, then coded using a qualitative software package, MAXQDA.

The research design and tools were approved by the George Washington University Committee on Human Research's Institutional Review Board (071721), ODI Global's Research Ethics Committee (02438), and all appropriate ethics review boards at national (and camp) levels. Consent (written or verbal as appropriate) was obtained from caregivers and married adolescents; written or verbal assent was obtained for all unmarried adolescents under the age of 18. Care was taken, given the sensitive nature of the questions, to communicate the objectives of the research to young brides as well as their natal and marital family members. There was also a robust protocol for referral to services, tailored to individual research sites based on GAGE's longstanding relationship with local community-based organizations.

Findings

We first present survey findings on how girls' marriages were transacted and then turn to qualitative findings on why actors choose child marriage. Respondents' preferences for child marriage are best understood—and become more actionable for policy and programming—when respondents are categorized based on their social roles. With the caveat that we triangulate preferences using insights from both actors themselves, as well as from other family members (because social norms often keep actors from

recognizing and articulating their own thought processes), results are organized accordingly.

The GAGE baseline survey found that child marriages are often hasty, but rarely forced and usually not unwanted by the girls entering into them. Just over one-quarter (27%) of young brides reported that they had known their husband for less than a month before their wedding; 11% had known him for less than a week (see Table 2). Despite this haste, 94% of girls reported having married voluntarily and 63% reported having been ready to marry when they did.

Brides' fathers

Although respondents agreed that fathers are usually the final arbiters of when and to whom their daughter marries, our findings suggest that this generalization obscures significant complexity. A minority of child marriages were unilaterally decided by fathers. In almost all cases where this was true, these matches were consanguineous, and, in many cases, they went ahead despite strenuous objections by the girl and her mother. Although fathers themselves insisted that they prefer that their daughters marry paternal cousins to keep the girls safe, young brides and their mothers were unanimous that fathers' decisions are less about fathers' fears for girls' safety and more about fathers' fears for their own role in the extended paternal family. A 19-year-old Syrian young mother recalled that her future had been the coin with which her father had bought family harmony:

“My uncle told him that there would be hatred if we refused the marriage.”

Respondents noted that conflict and displacement have strengthened fathers' commitment to consanguineous marriage, because displacement has limited the economic opportunities open to the young men who are their nephews (and who are allowed to proffer a lower bride price because they are related), and has exacerbated parental fears about their sons' behavior. A Syrian father reported that while he would have preferred to wait until his daughter was 18 before she married his brother's son, his brother refused to wait because he was afraid that his son would shame the family by engaging in a premarital relationship:

“My brother... he is in a hurry because his son is 20 years old.”

Most fathers reported that marriage decisions were made after consultation with their wives, despite admitting that this had limited value to them, because they see themselves as “rational” heads of household. A Syrian father explained,

“You take her advice, of course, if her advice is sound. But a woman always gives her opinions with her affection.”

In some cases, fathers explained that their support for child marriage was because of their role as the family breadwinner,

as they feel most acutely the pressure to ensure household food security in the context of high unemployment and very limited work opportunities for refugees. Palestinian respondents—who have endured generations of exclusion from the labor market and have effectively no access to formal social protection—were the most likely to report that girls are pushed into child marriage to improve the living standards of their natal family. A Palestinian mother explained,

“When the father can’t cover expenses, he will find himself forced to marry his daughters to reduce expenses.”

In other cases, fathers’ support for child marriage was rooted in their responsibility for protecting the honor of the family and clan, which has taken on added importance during displacement because of men’s restricted work opportunities and ability to provide for their families. A Syrian father reported that he married his daughter when she turned 16 to prevent her from adopting “modern” Jordanian beliefs and behaviors:

“The girl has... departed from our customs and traditions... so that you say that you do not want your daughter to be exposed to this.”

Fathers also reported that conflict and displacement have shifted the way they evaluate marriage as a mechanism to ensure their daughters’ longer-term social and economic security. A Syrian father explained that he will marry his daughter as soon as she turns 16, so that if he is deported, his daughter will be provided for since her husband will become her legal guardian:

“This country is not ours... We always live in fear... I may bother the authorities. Thus, they can expel me to the border.”

Some fathers admitted that they had been pushed by others (including their own wives, the girl’s future in-laws, and the broader community) into allowing their daughters to marry as children, despite having reservations about it. The father of a married Syrian girl explained that his daughter’s now grandmother-in-law had worked for months to convince him to allow his daughter to marry. He recalled,

“I told her, ‘The girl is too young. She still cries over a quarter of a dinar!’ But she replied, ‘Do not break me... I will neither drink tea nor drink coffee until you do as I request.’”

The mother of a married Syrian girl explained that fathers who delay their daughter’s marriage are taunted by the community for failing to recognize that girls’ value lies in early marriage and motherhood:

“We say that he wants to preserve his daughter like pickles.”

Respondents noted that pressure on Syrian fathers has increased as displacement has become protracted, and as other actors in girls’ lives develop stronger preferences for child marriage (see below).

Largely absent from the existent evidence base, our research is finding that for some Syrian fathers, their role as head of household also affords them the opportunity to protect their daughters from child marriage. This is most common in formal refugee camps, where exposure to NGO programming has been regular and sustained and where the links between child marriage and divorce are highly visible (because households move less often). In some cases, fathers simply refuse to marry their daughters until they turn 18; in other cases, they delay marriage, waiting until their daughters are more mature. For example, the father of a Syrian girl who married at age 17 reported that he afforded her an extra 3 years of childhood:

“From the 8th grade, the grooms began to propose to marry her... More than 20 young men proposed to marry my daughter... Whoever asked me to marry her, I refused because she was young.”

Brides’ mothers

Mothers’ input into child marriage decision-making is generally framed as shared with fathers, but we again find considerable complexity. In line with previous research on marriage decision-making in Jordan (e.g., Zuntz et al., 2021; Lokot, 2023), most mothers and married girls disagreed with fathers’ accounts and instead reported that mothers had played the primary role in child marriage decision-making. A Syrian mother, whose daughter was married at age 14, recalled,

“It was me [who decided]. Her father was refusing the marriage concept, and he used to refuse whoever proposed.”

Fathers often added that this generally reflects mothers’ role in choosing who (and consequently when) girls should marry. A Syrian father explained,

“We are men; most of our time is outside the house. Who is the closest person to the girl?”

It was not uncommon for mothers to report having put considerable pressure on their husbands to allow their daughter to marry. In some cases, this was because mothers hoped that marriage would materially improve their daughter’s life. This was most common among Syrians, the majority of whom recall higher living standards pre-conflict. A Syrian mother explained,

“The girl needs many requirements, and the mother doesn’t have the capability to provide for the girl’s needs... I can let my girl stay with me until the age of 18 or 19, but I can’t see my girl not dressing like other people... So, when a good man wants to marry her, I consider this as a chance. I say: ‘Let me marry her to this man to bring her what she wants.’”

In other cases, mothers’ pressure on fathers reflects their concern that if girls do not marry early—before there is any

possibility that their honor might be questioned—then they might be shut out of the marriage market altogether, and left as a spinster without support or status, given the limited opportunities afforded to women—especially refugee women—in Jordan. A Palestinian mother, after first noting that sexual harassment has become rampant in recent years, stated,

“Families want to marry their daughters quickly because they are worried about them.”

A 16-year-old Palestinian girl who had married at age 15 added,

“My mother feared that I would never get married and get old.”

Mothers, like fathers, also choose child marriage to ensure that girls do not stray from tradition, which has become more likely in Jordan’s increasingly mixed population. A 17-year-old Syrian girl from an informal tented settlement reported that she had fallen in love with a Palestinian man with whom she worked, but her parents quickly forced her to marry a cousin she had never met instead:

“He [the Palestinian man] wanted to get engaged to me, but my mother refused. My mother said that they refused to marry their girls to Palestinian men. We marry our cousins.”

Most mothers acknowledged that they are under considerable pressure from other women in the community to ensure their daughter’s honor and status—and thus their own status as a good mother—by conforming to social expectations regarding child marriage. The mother of a Syrian girl who married at age 16 explained that this pressure can leave even mothers who are opposed to child marriage believing that it is the right thing to do:

“They say, ‘Do you want her to sit with you? Do you want to bear her sin?’ So, you will be convinced by their talk and you will say to yourself: ‘It would be wrong to NOT marry her. It is very important that I marry her now!’”

Mothers also sometimes work to protect their daughters from child marriage. Several young women studying at university (and drawn from the broader GAGE sample of unmarried young people) reported that their mother had been their staunchest ally, refusing to allow them to marry, and working for years to allay their father’s fears about their lack of marriage. A 20-year-old Syrian young woman explained, *“My mom used to refuse, she used to convince him.”* Other girls, usually those married to a cousin, noted that their mother’s efforts had been unsuccessful because of fathers’ obligations to their brothers and the broader clan. A young Syrian mother who married at age 15 explained, *“I know a mother [who] refused to marry her daughter... Her husband beat her.”*

Grooms’ parents

Grooms’ parents also emerged as key actors in the child marriage decision-making process. As noted earlier, fathers put

pressure on their own brothers to provide a suitable and affordable bride for their son, which has become more important given that so few young men from refugee communities have access to stable and decently remunerated employment in Jordan. Mothers are largely in charge of initiating individual marriage matches for their sons. A 17-year-old Syrian girl who married at age 14 recalled that her mother had been randomly approached by her now mother-in-law:

“My mother was in the market, his mother asked her ‘Do you have daughters for marriage?’”

Respondents reported that grooms’ parents have many reasons to want their sons married. Some are concerned that their son might begin an illicit love affair, damaging family honor, or propose to a girl they deem inappropriate (usually because she is of the “wrong” nationality or from the “wrong” clan). Both have become more likely as men’s age of marriage has crept upward in response to high unemployment and poverty rates. Most parents, however, are hoping that marriage will make their sons mature and conform to dominant masculine norms. A Syrian father explained,

“We have a quote that you get your son married so that he becomes a man.”

Parents’ concerns about their sons’ transition from boyhood into manhood have grown during displacement (which for Palestinians is now decades long), because refugee boys and young men are largely excluded from secondary and post-secondary education (due to real and opportunity costs) and are confined to the margins of the labor market. This leaves them with no clear pathway to assume adult status, and with too much time on their hands. A Palestinian mother, when asked why so many boys and young men are using substances and fighting in the streets rather than settling down and contributing to the community, replied that everything comes down to the fact that *“the boy does not have a job”*. Syrian parents, while not yet evidencing the chronic hopelessness of their Palestinian peers, reported that they want their sons settled and off the streets to avoid them attracting the attention of Jordanian authorities, which might put them at risk of deportation and forced military service in Syria. A father explained,

“If they are bothered by my son, they will send him to Syria, then he will be conscripted.”

Grooms’ parents, especially mothers, also want their sons to marry so that they can father children (preferably boys) to continue the paternal line. A 19-year-old Syrian young father explained that producing a daughter had not been sufficient to quiet his mother:

“My mother always wanted me to get married and have children... When I had a girl child, she was upset because she wants boys and is pressuring me to remarry another girl.”

This desire for grandchildren appears particularly common where family members have died during conflict, which creates not only an emotional gap in the mother’s life but also a pressing interest in repairing the family tree. The mother of

a Syrian boy, who married at age 16 to a 13-year-old girl, explained:

“The man of the house is dead, may he rest in peace. I wanted to celebrate something... So I suggested to let him [my son] get married.”

Key to understanding the role of grooms’ parents in perpetuating child marriage is that they (and again, mothers especially) prefer for their sons to marry girls and not women. Respondents agreed that this preference is in part because younger brides are more likely to be “pure”, with their reputations unsullied by gossip. They also agreed that it is primarily, however, about the mother-in-law’s desire for control. The Syrian mother of a girl who married at age 16 explained how,

“The mother-in-law wants to impose her opinion and her thoughts.”

Married girls added that these opinions and thoughts often center around how girls should cater to the needs of their new husband, who has often exhausted his own mother with years of incessant demands. A pregnant 15-year-old Syrian girl stated:

“She [her mother-in-law] married her son to find a woman to bathe him. I have to cook food for him, and I have to make coffee and tea for him. I have to do everything he wants.”

Grooms

Boys and young men, as the other half of young couples, also play an important role in child marriage decision-making, albeit generally with the help of their mother. In a small but increasing number of cases, grooms are themselves initiating marriage matches with girls. Some grooms (almost always those entering their mid-20s) approach non-related girls on their own. For example, a 17-year-old Syrian girl noted that she was only 12 when her now husband (then aged 23) had picked her out, bought her a phone, and “made me feel that he cared about me”. While her father “refused every time” the man wanted to visit, her mother helped her hide the phone, so that she could text the man. She was married at age 13. In most cases, generational hierarchies mean that even young men marry as their parents direct them to. A 19-year-old Syrian young woman who was married at age 17 to a man aged 25 at the time reported that her husband—refused permission by his own parents to marry the girl he loved—had given up:

“He told his parents: ‘It’s up to you. You can choose whoever you want.’”

Respondents offered several explanations for why boys and young men either initiate or capitulate to marriage arrangements. Unsurprisingly, given that males and females are allowed little contact with one another after puberty, the most common explanation was so that boys and young men could explore their own romantic and sexual feelings, which are increasingly

recognized by media-savvy young people as normal but are still seen by adults to threaten family honor unless confined to marriage. A 16-year-old Syrian boy explained,

“If you have a girlfriend, people will talk about you and utter rumors.”

Indeed, most young husbands—all married to adolescent girls but not adolescents themselves—reported that they had been pressured by parents and religious leaders to marry, to make sure they did not commit “*haram*” (forbidden) acts such as engaging in premarital sexual activity. One stated: ‘

“There is encouragement... not once was there was a sheikh [Muslim religious leader] against early marriage.”

Other respondents noted that boys and young men choose marriage to enhance their social status. In some cases, this is so that they can impress their peers, and it reflects age-related developmental imperatives. A Syrian mother reported that her son chose to marry early so that he could capture a particularly beautiful girl:

“He insisted on marrying this girl, the girl is beautiful and there are a lot of young men wanting to marry her.”

In other cases, boys and young men choose to marry because it is the only pathway through which they can claim adult status, given their exclusion from higher education and better-paid sectors of the labor market. An 18-year-old Syrian father, who (somewhat unusually) married at age 16, stated that he is happy to be contributing to his family after losing many relatives during the conflict:

“I am happy I got married... [I am] proud that I worked at a young age and started a family.”

Young men were often forthcoming about their preference for a child bride, which, like their mother’s preference, revolved around greater certainty about the girl’s purity and their own need for control. The husband of a Syrian girl who married at age 15 reported that concerns about girls’ virginity have been so heightened since displacement that some religious leaders—in direct opposition to Jordanian law (which allows religious exemptions for girls over the age of 16)—are encouraging child marriage:

“The sheikh said to marry a girl of 15 years.”

The 25-year-old husband of a 15-year-old Syrian girl added that choosing a younger wife also ensures the compliance that allows men to feel powerful—a rarity in an environment rife with legal and economic insecurity:

“I raised her, knew everything about her, and made her know everything about me while she is still young... It’s like the doll, you can move it as you like... It’s better than getting a mature girl who already has other things.”

Young brides

A minority of young brides reported having been genuinely enthusiastic about their own child marriage. For these girls, explanations highlighted adolescent developmental imperatives and how those play out in communities where girls are increasingly aware of options, and yet those options remain off-limits. For example, girls reported having married for love (because they watch romantic television for hours each day), to alleviate boredom (because they are not allowed to leave home even for school), or to claim status among their similarly aged female cousins (because other forms of status are largely unobtainable). One 19-year-old Syrian young woman who had married at age 16 admitted that she had simply “*wanted to have a party and wear a dress*” and have something nice in her otherwise deprived life. Girls noted that displacement has made child marriage a more attractive option because it has heightened parents’ concerns about girls’ honor and tightened parents’ restrictions on their daughters’ lives. A 17-year-old Syrian girl, pointing to a photo of her mother when she was young, stated that:

“During my mother’s time, women enjoyed more freedoms and mobility... Today, girls are denied their freedom... This was all a result of the war and displacement, and the rumors about girls that people circulate in our community.”

With the caveat that consent cannot be understood as diametrically opposed to coercion, given the strength of norms surrounding child marriage (Mowri et al., 2020), most young brides’ broader narratives suggest that they felt ready to marry because their consent had been “manufactured” by their parents (Baraka et al., 2022). In some cases, fathers had worked to convince girls that child marriage was in their own best interests. A 16-year-old Syrian girl reported that,

“My father said it is better to marry because he... is an old man... After that, I agreed to marry.”

However, girls were more likely to report coaching from their mother, who was often able to convince the girl that she was in love with a man she had only just met. A 14-year-old Syrian mother, who was married at age 13 to a man she had never met but whose mother had approached her own mother, recalled having been madly in love:

“I loved him at first sight... I wanted to get married.”

Parents—one of whom claimed:

“we don’t force the girl to get married”

(mother of a Syrian girl from an informal tented settlement, who married at age 15)—appear to know exactly what they are doing. A young Syrian bride’s mother admitted:

“My daughter said that she didn’t want to marry since the beginning... I played with her mind.”

Families can be so effective at convincing their daughters that they want to marry that even the judicial procedures meant to stop child marriages are unsuccessful. A 15-year-old Syrian girl, married to a 26-year-old man, recalled:

“A woman [from the court] asked me why I want to marry early and told me that I’m still young for responsibility. I told her that I can handle this responsibility.”

Many young brides, like their Rohingya peers who took part in Mieth et al.’s (2025) research, reported that they had agreed to marry because they were capitulating to the inevitable. Sometimes this was to improve the lives of their younger siblings, by freeing up household resources; sometimes to silence the community gossip that surrounds girls, especially once they have left school. Other times it was because displacement has narrowed (or eliminated) other pathways through which girls might achieve adult status or because girls are socialized to be docile and compliant. A 17-year-old Syrian girl explained that she was married as a child because secondary and post-secondary education are unaffordable to refugees in Jordan:

“All my older sisters continued their education... back in Syria. It was different for me. I could not continue my education... They married me off when I reached 16.”

A now-divorced 16-year-old Syrian girl observed that she had married when her mother told her it was time to marry because

“We don’t like to say no to my mother.”

Girls have the least space to gainsay a child marriage when they are to marry a cousin, many of whom are almost completely unknown to girls, given that both extended families and marital age gaps are large—because they are terrified to open rifts in the extended family. A 19-year-old Syrian young woman who married a cousin at age 17 recalled,

“I wanted to say no but I couldn’t... because of the traditions.”

A few girls (all Palestinian) admitted that they had capitulated and given formal consent to a forced child marriage because they had been threatened by their parents with bodily harm. A divorced 16-year-old reported that although she had cried and pleaded with her father, who had arranged a marriage on 5 days’ notice, she then lied to the judge when he asked if she was being forced to marry, to save face in the courtroom:

“I said no [to the judge] because my father was with me.”

Critically, in terms of understanding why girls agree to marry as children—whether willingly or because they are resigned to their fate—respondents noted that girls are only rarely given enough information about marriage to make “no” seem a desirable answer. Indeed, although young brides knew they would gain a husband and move into a marital home where they would be expected to take

on household work, many apparently knew little about the broader responsibilities (emotional and sexual) involved in being a wife. A 16-year-old Syrian girl, married at age 13 and now trapped in an abusive marriage, recalled:

“I did not know anything. All I was happy about was the dress and the gold back then, ha ha!”

Limitations and strengths

This research is limited in that it draws on the experiences of a small number of young brides who married as children. Therefore, results may not be generalizable. However, it is strengthened by being situated inside a much larger research program, which provides ample opportunity for triangulating actors’ responses with those of unmarried young people, parents who have eschewed child marriage for their children, and key informants (ranging from educators to religious leaders).

Conclusion and implications

Our findings regarding broader explanations for child marriage are in line with existent research and emphasize the importance of concerns about sexuality and honor, the role of economic precarity, limits on opportunities, and how these are exacerbated by conflict and displacement (Gausman et al., 2022; Bartels et al., 2020; Malhotra and Elnakib, 2021). They diverge from other research, however, in that they personalize these themes and explore how they play out in the decision-making of the various actors involved in perpetrating child marriage. Indeed, our findings highlight that not only do mothers (of brides and grooms) often play the central role in arranging child marriage (despite men’s titular role as head of household), but that men’s own decision-making is deeply constrained by loyalty to family and clan. Moreover, parents’ concerns about their unmarried sons’ behavior run nearly as deep as their concerns about their unmarried daughters’ honor.

Among Jordan’s Palestinian and Syrian refugee populations, the decision to marry children early is complex. In line with broader scholarship that argues that gender norms and “social practice” are “ordered” based on dynamic and context-specific power relations underpinned by age, class, and other power structures (Connell, 2005; Grabska, 2014), our research finds that girls’ parents, grooms’ parents, grooms, and girls themselves are constrained by gender norms born of deep-seated gender inequality—and fear of social sanctions—as well as legal and economic marginalization stemming from displacement. This marginalization has numerous consequences: it creates barriers to education that would strengthen young people’s voices and open up new opportunities; it hinders access to decent work that would provide adult men and women (and adolescent girls and boys) with incomes and a sense of self-worth; and it strengthens adults’ loyalties to the clan traditions that leave girls most at risk of child marriage.

The implications of our research for programming and policy are multi-pronged. First, given the importance of economic precarity, ending child marriage in contexts of forced displacement will require expanding young people’s access to education, at least

through to the end of secondary school. This should be coupled with stepped-up social protection and improved access to the labor market to relieve financial pressure on households, provide a route through which fathers and young men can demonstrate their adult masculinity, and to allow girls and women some measure of financial independence. As was trialed in Jordan (Abu Hamad et al., 2025), donors might provide cash transfers labeled for education to simultaneously improve access to education and household incomes.

Equally important, given that displacement now often lasts for decades, the humanitarian sector needs to focus on addressing the gender norms that leave girls at risk of child marriage. Interventions should be tailored to girls, parents, and prospective grooms; they should acknowledge actors’ social roles and developmental needs; and they should provide information, support, and access to role models who embody alternative femininities and masculinities. Because of the cultural value placed on sexual purity—especially for girls—it is also vital to engage with faith leaders to raise their awareness of the risks of these harmful norms and to support any who champion an end to the practice of child marriage.

Data availability statement

The datasets presented in this article are not readily available because GAGE does not publicly disseminate qualitative data. Quantitative data is available upon request. Requests to access the datasets should be directed to gage@odi.org.uk.

Ethics statement

The studies involving humans were approved by ODI as well as George Washington University. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants’ legal guardians/next of kin.

Author contributions

EP-M: Formal analysis, Writing – original draft. NJ: Conceptualization, Funding acquisition, Writing – review & editing. SB: Methodology, Writing – review & editing. BA: Writing – review & editing. SA: Investigation, Writing – review & editing. EO: Writing – review & editing.

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Minding the child's mind: parental reflective functioning as a buffer for child distress in displaced families at war zones

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Background: Despite being an exceptionally vulnerable group, internally displaced children are underrepresented in the literature. Parents are instrumental in providing support to these children.

Objective: The aim of this study is to investigate the moderating role of perceived parental reflective functioning (PRF) in the relationship between parental war exposure, parental stress, and parent-rated child distress.

Participants and method: Ninety-six internally displaced Israeli families with young children ages 3–6 were involved. Data was gathered online through online questionnaires using Qualtrics. Parents completed self-report measures assessing their exposure to war-related events, levels of stress and depression (Depression and Anxiety Stress Scale), child distress (Child Stress Scale), and PRF (Parental Reflective Functioning Questionnaire).

Results: Parental reflective functioning (PRF) moderated the indirect link between parental war exposure and parental ratings of child distress via parental stress. At low and moderate PRF, parental stress fully mediated this relationship (Moderate: indirect = 0.05, $p < 0.05$, 95% CI [0.01, 0.09]; Low: indirect = 0.09, $p < 0.05$, 95% CI [0.02, 0.17]). At high PRF, the indirect effect was non-significant, and a direct association emerged ($b = 0.11$, $p = 0.007$), suggesting that highly reflective parents may be more directly attuned to children's emotional responses to war exposure.

Conclusion: These findings highlight the protective role of PRF in war and support the development of PRF-enhancing interventions to promote resilience among young, internally displaced children.

KEYWORDS

stress, parenting, children, war, displacement, parent–child relationship

1 Introduction

The events that unfolded on October 7th, 2023 in Israel resulted in war and the internal displacement of hundreds of thousands of individuals across the country (Mayer et al., 2024; Peleg and Gendelman, 2023). Family units are especially vulnerable to the negative effects associated with displacement as the loss of resources contributes to the unraveling of the family's healthy functioning (Eltanamy et al., 2021; Shyroka et al., 2023; Sim et al., 2018). Children may develop new trauma-based behaviors such as temper tantrums or excessive crying (El-Khani et al., 2020) while parents can experience a significant loss of parental efficacy, competence, and parenting sensitivity in response to rapidly changing environmental and familial conditions (Akeson and Sousa, 2020; Eltanamy et al., 2021).

Parents struggle with how to discuss war and displacement with their children (Dalgaard et al., 2019; Joshi and Fayyad, 2015), experience a lower threshold of tolerance amid severe stress (Eltanamy et al., 2021; Gillespie et al., 2022), grow susceptible to symptoms of PTSD and depression (Eltanamy et al., 2021), and unintentionally engage in harsher parenting practices due to the uncertainty and violence associated with wartime (El-Khani et al., 2017; Ponguta et al., 2020; Zanbar et al., 2023). For children, violent experiences associated with war and displacement can result in symptoms of PTSD (Diamond et al., 2010) and impact development across emotional, psychological, and cognitive domains (Blackmore et al., 2020; Erdemir, 2022b; Gillespie et al., 2022). Symptoms of anxiety and depression, withdrawal, and somatic complaints are common among young children exposed to war and displacement (Erdemir, 2022b).

Parental reflective functioning (PRF) has been identified as a protective factor among displaced parents and children in war. PRF refers to a parent's capacity to understand their own, and their child's, mental states – such as thoughts, emotions, and intentions – and recognize how these mental states impact their child's behavior and the parent–child relationship (Luyten et al., 2017; Schultheis et al., 2019). PRF is imperative to the healthy development of children, the parent–child relationship, and the creation of a secure attachment style (León and Olhaberry, 2020). Effective PRF contributes to the development of children's emotion regulation skills, self-control, and RF abilities while also improving emotional availability and buffering against the effects of stress among parents (Schultheis et al., 2019). Conversely, low levels of PRF are associated with emotion dysregulation, anxiety, depression, heightened stress, hopelessness, and a tendency toward more hostile or neglectful parenting behaviors (Akesson and Sousa, 2020; Decarli et al., 2023; Moreira and Fonseca, 2022).

Interventions that target parenting can buffer the effects of war and displacement on parenting skills and, by extension, buffer the effects of negative parenting on children's development (Joshi and Fayyad, 2015; Lavi et al., 2016; Ponguta et al., 2020). Recent research underscores the importance of age in moderating the effects of war exposure. Rachamim et al. (2025) found that the associations between maternal PTSD, continuous traumatic stress, and child PTSD symptoms were strongest among preschool-aged children in comparison to their older peers. The majority of pre-existing interventions are slim and focus on different age groups (Kristen et al., 2024) or primarily focus on parenting education rather than targeting parents' mental health directly (Kaptan et al., 2021).

The current study aims to contribute to this growing body of work by specifically examining PRF among displaced families with preschool-aged children (ages 3–6), a population at heightened risk and deserving of focused attention. We investigate the mediating role of PRF among direct exposure to war events, parental stress, and child distress. Results will provide essential insights into how enhancing PRF can alleviate the adverse effects of war and displacement on both parents and children. We hypothesize that higher levels of PRF will be associated with reduced parental stress and lower child distress. In the presence of varying levels of PRF, the moderation through parental stress on child distress will be different. Specifically, we hypothesize increased PRF will buffer against the negative effects of war exposure on parental stress and subsequently reduce children's distress. Owing to the transient and sensitive nature of displaced families and the

profound emotional exhaustion associated with surviving during wartime (Ponguta et al., 2020), it was difficult to recruit a large sample of participants for our study. The reality of war and displacement dictates parents must prioritize survival over participation in research studies in order to best protect their family's safety and interests.

2 Methods

The cross-sectional design of this study examines the moderating role of PRF among parental war exposure and child distress via parental stress. Through the use of questionnaires, parent and child variables like PRF, depression and anxiety, child stress, and exposure to war were obtained. General, non-clinical samples of displaced populations were sampled across the country of Israel. The study ran from January 2024–June 2024 and was conducted across the country in different cities that absorbed displaced families.

2.1 Participants

Participants in this study were parents of young children (ages 3–6) who had been displaced from their homes in Israel due to the outbreak of war on October 7, 2023 (see Table 1). Families were eligible for inclusion if (1) they had experienced displacement from either southern or northern Israel as a direct result of the conflict, and

TABLE 1 Descriptive statistics of respondents' background characteristics.

Characteristics	Count	Percent
All	96	100.0
Parent's gender		
Male	12	12.5
Female	84	87.5
Child's gender		
Male	56	58.3
Female	40	41.7
Income categories		
Below average	31	32.3
Average	22	22.9
Above average	43	44.8
Residential location		
North	49	51.0
South	47	49.0
Parent education		
High school	18	18.8
BA	45	46.9
MA+	33	34.4
	Mean	SD
Child age	4.69	1.14
Parent age	39.00	4.53

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ~ $p < 0.10$.

(2) had at least one child between the ages of 3 and 6. Displacement was defined as being forced to relocate from their primary residence due to physical danger, evacuation orders, or destruction of property related to war activity. A convenience sampling method was used to recruit participants from various shelters and communities.

Compensation was not offered to participants and participation in the research was free. To connect with displaced families, our research team collaborated with community centers in their areas of displacement. Participants were motivated to complete measures as they were registered for a free intervention workshop, *Home Within the Heart* (n.d.). This workshop is a group-based, parent–child dyadic intervention aimed toward boosting the parent–child relationship of those living in wartime. The program consists of four 1-h structured group sessions involving both parents and children, emphasizing emotional attunement, reflective parenting, play-based interaction, and co-regulation strategies. Data gathered from participants was prior to their participation in the program.

Our sample comprised 97 parents and one respondent was dropped due to unavailability of data resulting in $N = 96$. The majority were female respondents (87.5%), whereas the children's gender affiliation was more balanced (58.3% boys, 41.7% girls). These respondents were evacuated from either the south (49.0%) or the north (51.0%) in Israel at an approximately equal ratio. The children's mean age was 4.69 ($SD = 1.14$), and the parents' mean age was 39.00 ($SD = 4.53$). The majority of participants demonstrated average or high income and education levels. This is noteworthy as parents of higher education and financial status tend to demonstrate more sensitive parenting skills (Erdemir, 2022a). However, due to the convenience sampling method and recruitment from support sites, the sample may not fully represent the broader population of displaced families.

2.2 Procedure

Parents completed questionnaires concerning their own and their child's mental states prior to the *Home Within the Heart* intervention. Parents were contacted over the phone and research assistants explained the study. The questionnaires, as facilitated by the Qualtrics online survey program, were sent to parents once they agreed to the study. Informed consent was obtained from all participants, ensuring participants were fully aware of the study's aims and procedures. Participant confidentiality was maintained by assigning unique identifiers and securely storing data.

In order to reduce bias, we implemented validated measures in the participants' native language in order to promote transparency and reduce the cognitive load on displaced parents. Participants were gathered through reaching out to multiple communities across the country to promote the diversity of geographic location of displaced families. Additionally, demographic variables such as location of residence and gender were included as control variables in the current study's analysis. Lastly, a moderated mediation analysis was employed to allow for a more complex interpretation of the data.

2.3 Measures

All measures were adapted to participants' native language of Hebrew and have been validated in previous studies.

2.3.1 Demographic questionnaire

Basic demographic information such as age, gender, marital status, education level, financial status, and religiosity were gathered regarding the parents' profiles. The latter was collected as all participants were Jewish Israelis. Questions regarding displacement such as identifying the family's original location of residence, new location, and how long they have been displaced were also employed. Child demographic factors such as age, gender, birth order, and general health information were assessed as well.

2.3.2 Exposure to War-Related Events Questionnaire

This questionnaire was adapted from the Political Life Events Questionnaire (PLE; Slone et al., 1997) and included items related to exposure to war-related events. These events encompassed individual experiences or those of close associates regarding violence, abduction, evacuation, exposure to air raid sirens, and economic and familial challenges. Participants rated items on a 5-point Likert scale ranging from 1 = "I was not exposed" to 5 = "I was exposed and it was extremely stressful." Further, this scale demonstrates high test–retest reliability at $r = 0.87$ and appropriate cross-cultural application (Lavi and Slone, 2012; Slone et al., 2008). The final scale was a count across binary (zero if not, one otherwise) responses to a list of stressful war events. Overall, the mean value of these stressful events was 2.81 ($SD = 1.77$). Exposure was found to be higher among families from the south in comparison to those from the north (south: Mean = 3.70, $SD = 1.50$; north: Mean = 2.02, $SD = 1.50$; $t(96) = -5.30$, $p < 0.001$). Internal consistency was unassessed as, drawing on previous research working with the PLE, consistency in war exposure is not expected (Lavi and Slone, 2012; Slone et al., 2008).

2.3.3 Depression and Anxiety Stress Scale (DASS-21)

The DASS-21 is a 21-item self-report instrument designed to assess anxiety, stress, and depression (Lovibond and Lovibond, 1995). It includes items such as "I found it difficult to relax," and "I felt scared without any good reason." Employing the Hebrew version of the scale (Palgi et al., 2019), participants responded to each item on a 4-point Likert scale, ranging from 1 = "did not apply to me at all" to 4 = "applied to me very much." In the current study, the DASS-21 demonstrated excellent internal consistency as evidenced by an alpha coefficient of 0.95, Mean = 1.75, $SD = 0.53$. No location difference was found ($t = -0.89$, $p = 0.374$).

2.3.4 Child Stress Scale (SRCL)

Stress reactions were assessed using the Stress Reaction Checklist (SRCL; Sadeh et al., 2008). The SRCL comprises 15 items which includes fear of, or strong reactions to noise, fear of separation, passivity and disinterest in play, and nightmares. Parents rated the extent to which their child exhibited each behavior on a scale of 1 = "not at all" to 3 = "severe" and indicated whether the behavior existed before the war. The SRCL demonstrated good internal reliability with a Cronbach's alpha of 0.79, Mean = 1.84, $SD = 0.43$. No difference was found among those displaced from the north and those displaced from the south ($t = 1.59$, $p = 0.116$). This questionnaire was translated from English into Hebrew as part of a rigorous process to ensure accuracy and cultural relevance for our sample population. Reverse translation to English was then employed to ensure the

consistency and reliability of the Hebrew translation of the SRCL. Any discrepancies that may have arisen within the Hebrew translation were reviewed collaboratively by the research team in order to maintain the integrity of the questionnaire's original English content.

2.3.5 Parental Reflective Functioning Questionnaire (PRFQ)

The Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017) was utilized to assess perceived parental reflective functioning as self-reported by participants. The Hebrew version was employed (Shai et al., 2017) and we specifically focused on the Interest and Curiosity subscale, as scores in this subscale are related to parental emotional availability (Luyten et al., 2017). An example item from this subscale is, "I am often curious to find out how my child feels." Parents rated each item on a Likert scale ranging from 1 = "Strongly Disagree" to 7 = "Strongly Agree." The responses for each item were averaged to produce a PRF score, with higher scores indicating greater self-reported reflective functioning skills in parents. The PRFQ has demonstrated good internal consistency, evidenced by an alpha coefficient of 0.88, Mean = 5.97, SD = 0.99. No location difference was found ($t = -0.21$, $p = 0.834$).

2.4 Data analysis

Data gathered was analyzed using SPSS (version 27) and the PROCESS macro for mediation and moderation analysis (Hayes, 2018). Descriptive statistics were calculated for all control variables: child's age, parent's gender, and northern vs. southern residence (see Table 1). Note that there were no missing values and no sensitivity analysis was performed. Time elapsed since evacuation was not included as a separate correlation variable due to the uniformity in timing; most families were displaced simultaneously following the October 7th attack, with

interviews conducted within a relatively narrow window (between 4 and 6 months post-evacuation). As a result, variation in displacement timing was minimal and closely tied to the interview date. To capture meaningful differences in displacement status, we used residential location (north vs. south) as a proxy: families from the north were generally able to return home, while families from the South remained displaced at the time of data collection. This binary variable was included as a control in the models to reflect differential experiences of ongoing displacement.

The hypotheses were tested using a moderated mediation model, where PRF is the moderator between direct exposure to war events and child distress, and parental stress is the mediator on all mediation slopes; that is, from IV to M, from M to DV, and from IV to DV. Regression analyses were performed to assess direct effects of exposure and reflectivity on parents' distress and children's distress reaction, followed by the effect of an interaction between exposure and reflectivity. A final application of the moderated mediation model (PROCESS, Model 59) was performed to evaluate the parents' distress mediation role in explaining exposure effect on children's distress reaction, which was conditioned by parental reflectivity (see Figure 1). Note, however, that by mediation we mean indirect effect rather than any causal effect, except that exposure was prior to stress and distress. A more detailed explanation of the model is provided below. A preliminary power analysis was performed using two independent results for the two regression equations for which we received power ($1 - \beta$) of 0.88 for the first, and 0.92 for the second, given alpha of 0.05, moderate to high effect size of 0.20 based on the actual effects, and sample size of 95. This implied a power of 0.809, above the accepted threshold.

2.5 Ethical considerations

The study adhered to ethical guidelines as outlined by the Institutional Review Board of the University of Haifa (approval

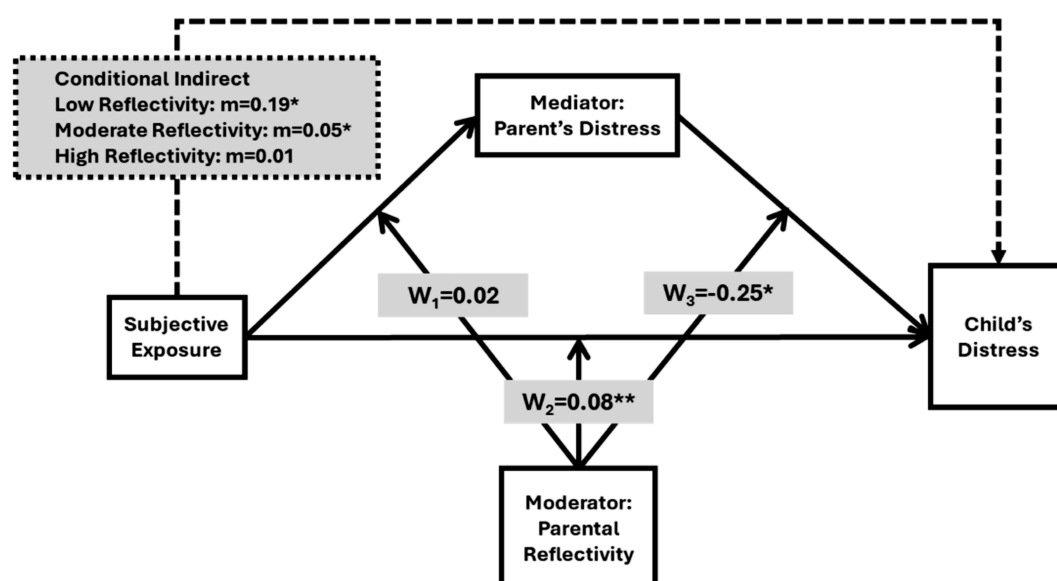


FIGURE 1

Moderated mediation model of the association between exposure to war events and child distress, mediated by parental stress and moderated by parental reflective functioning (PRF). Arrows indicate direct and indirect paths, with moderation effects depicted on each path.

number 003/24) and in accordance with the Helsinki Declaration of Human Rights (World Medical Association, 2013). Informed consent was obtained from all participants, ensuring they were fully aware of the study's aims and procedures. Participant confidentiality was maintained by assigning unique identifiers and securely storing data. Participants were told they are free to stop at any time during the study. Usable data was collected from 96 parents and presented in this manuscript.

2.6 Data availability

Data will be made available by the corresponding author within a reasonable timeframe upon request.

3 Results

Our core inquiry guiding this research was how subjective, direct parental exposure to war events was associated with children's emotional distress. To answer this, we developed a moderated mediation model in which parental response to war exposure by means of parental stress and depression was a mediator of the child's distress. That is, in part or even completely, the war exposure-distress association was expected to be explained by the presence of parents' distress. However, this mediation effect was controlled by PRF. In other words, we expected the mediation effect to vary with respect to varying values of PRF. We adopted the PROCESS procedure (Hayes, 2018) to test these moderated mediation (see previous emphasis on indirect effect) relations between war exposure and child's distress. This allowed us to answer a more general question as to the transfer of parental emotional response onto their children during stressful situations. An illustration with further estimates of the complete moderated mediation model is shown in Figure 1 wherein W1, W2, W3 are moderating effects on slope a, slope b, and slope c, respectively. In regression terms, W1 is the interaction between war exposure and PRF on parental distress, W2 is the interaction between war exposure and PRF on the child's distress, and W3 is the interaction between parents' PRF and the mediator on child's distress. By the moderating effect we emphasize that each of the three slopes which were involved in assessing the mediation varies with respect to varying values of parental reflectivity. This model was tested within a regression framework that included the child's age, parent's gender, and residential location (south versus north) as controls on the outcome of the child's distress. Residential location was explored as, at the time of data collection, those in the south were directly attacked by Hamas while those in the north were unsure if Hezbollah would join the attack, meaning that the short-term future of displaced families from the north was perceived as less clear.

3.1 Moderated mediation (indirect) model results

Table 2 shows modeling results which include direct and indirect effects as well as the interaction effects. Two regression models were performed to generate the indirect effects: 1. from independent exposure to the mediating parents' distress as measured by the DAS,

and 2. from the independent and the mediator variables to the outcome of the child's distress. Child's age, parent's gender, and location of residence did not yield an effect on parental distress but subjective war exposure did ($\beta = 0.48, p < 0.001$); or greater levels of war exposure was associated with stronger parental distress. These controls, however, showed a significant effect on the child's distress (Child's age: $\beta = -0.22, p < 0.05$; Residence: $\beta = -0.32, p < 0.01$; Exposure: $\beta = 0.28, p < 0.05$; DAS: $\beta = 0.32, p < 0.01$). The interaction effects W2 and W3 were found to be significant ($\beta = 0.08, p < 0.01$; $\beta = -0.25, p < 0.05$; respectively), which means that the indirect effect varied with respect to PRF values.

The indirect effect of parents' subjective war exposure on their child's distress is shown in three different conditional values: low, moderate, and high levels of PRF. In the presence of high levels of PRF (mean+1SD), we found the mediation effect to be insignificant (indirect = 0.1, $p < 0.05$). In contrast, in the presence of moderate and low levels of PRF the indirect effect was found to be statistically significant at $p < 0.05$ (Moderate PRF: indirect = 0.05, $p < 0.05$, 95%CI[0.01,0.09]; Low PRF: indirect = 0.09, $p < 0.05$, 95%CI[0.02,0.17]). These findings are shown in Figure 1. However, based on W2 decomposition, the direct effect of exposure on the child's distress appeared significant only when PRF was at high levels ($b = 0.11, p = 0.007$, 95%CI[0.03,0.18]). This means that the conditional indirect effects at the presence of low and moderate PRF

TABLE 2 The effects of subjective war exposure on the child's stress reaction by DAS.

Characteristics	Parental depression and stress	Child's stress reaction
Standardized main effects		
Child's age	-0.17	-0.22*
Parent's gender	0.06	0.06
Residence: south vs. north	-0.17	-0.32**
Subjective exposure	0.48***	0.28*
Parental reflective functioning PRF	0.02	0.06
DAS	-	0.32**
F, R ²	5.25***, 0.23	4.19***, 0.22
Unstandardized interaction results		
Subjective exposure × Parental reflective functioning	-0.02 (0.03)	0.08**, (0.03)
DAS × Parental reflective functioning	-	-0.25*, (0.11)
ΔF, ΔR ²	0.35, 0.003	4.32*, 0.07
Unstandardized conditioned indirect effects (mediation) of subjective exposure		
Low reflective	-	0.09* (0.04) [0.02, 0.17]
Medium reflective	-	0.05* (0.02) [0.01, 0.09]
High reflective	-	0.01 (0.03) [-0.04, 0.06]

N = 96; *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$. Standard error of the estimate in parentheses; 95% confidence interval of the estimates in squared brackets based on bootstrap resampling technique (number of repeats = 1,000).

were complete. In other words, they were a substitute rather than complementary to the effect of exposure on the child's distress. Namely, when PRF was low, parental DAS negatively mediated the effect of exposure on child's distress. When PRF was high, parental DAS was ineffective, though the expected effect of exposure on distress was positive.

Since the direct effect of war exposure on the child's distress was insignificant, we define the two indirect effects at those low and moderate values of PRF as complete rather than partial. In other words, for those parents with low or moderate PRF, the effect of war exposure on the child's distress could be explained via the mediation of parents' distress. In contrast, the positive direct association between war exposure and the child's distress showed no complementary indirect effect via DAS if the level of PRF was high. In this case, if PRF was present in higher values, the exposure effect on the child's distress was positive but decreased in value in relation to higher levels of PRF.

4 Discussion

The results of this study provide crucial insights into the dynamics between direct exposure to war events, parental stress, and parent-rated child distress, emphasizing the moderating role of parental reflective functioning. Our findings suggest that parental exposure to war events has an indirect effect on child distress as mediated by parental stress and depression. Notably, this effect is insignificant when PRF levels are high, but it becomes significant when PRF levels are medium or low. This suggests that high PRF can mitigate the adverse effects of war exposure on children in displaced families. These findings highlight the potential relevance of PRF in supporting parent and child functioning during wartime.

Our findings align with previous studies that highlight the benefits of parental reflective functioning in fostering positive parent-child interactions (Borelli et al., 2021). Parents with high levels of PRF demonstrated a greater ability to provide emotional support to their children, even in the face of significant stress. This emotional availability acted as a protective factor, helping to buffer children from the adverse psychological effects of parental distress. These findings are consistent with previous research that has demonstrated a strong association between high PRF, effective parenting practices, and better developmental and emotional outcomes for children (Decarli et al., 2023; Enav et al., 2019; Schultheis et al., 2019).

However, it should be noted that the presence of a strong parent-child relationship also boosts PRF (Enav and Mayer, 2025). Therefore, PRF should be viewed as a fluid variable that can be influenced by children in addition to parents themselves. Although this study employed the PRFQ, a self-report measure that is susceptible to bias, it captures parents' subjective representations of their reflective stance rather than observed reflective behaviors. Therefore, links between PRFQ-assessed reflective functioning and parent-child relationship quality should be interpreted as suggestive rather than definitive. Future studies should integrate interview-based (e.g., the Parent Developmental Interview) or observational methods to assess reflective functioning as enacted in real interactions. Further, existing PRF-focused programs such as *Minding the Baby* (Slade et al., 2005) or *Thinking Emotions* (Enav et al., 2019) primarily evaluate interview-based or observational RF, underscoring the need to align measurement tools with intervention mechanisms.

By capturing parents' reflective functioning during an ongoing and highly acute trauma context, this study offers rare insight into parental resilience under real-time stress exposure, a context in which reflective capacities are typically most compromised. As expected and consistent with previous studies (Akeson and Sousa, 2020; Eltanamly et al., 2021), exposure to war was found to have a direct association with increased parental stress, regardless of PRF level. Traumatic events related to war, along with the subsequent loss of resources and stability, significantly impacted parents' mental health. These findings highlight the critical need for adequate support and resources for displaced families to help them navigate the challenges posed by war (El-Khani et al., 2020). Furthermore, a direct association was observed between parental stress and parent-rated child distress. When parents struggle to effectively manage their own stress, their ability to provide the necessary emotional support to their children is compromised. This finding aligns with previous research (Eltanamly et al., 2021; Gillespie et al., 2022; Zanbar et al., 2023). Importantly, this association is moderated by PRF, such that it is significant among parents with low to moderate PRF levels but not among those with high PRF. This supports the protective role of PRF in buffering children from the adverse effects of parental stress.

It is notable that a direct association between parental exposure to war events and parent-rated child stress emerged only among parents with high PRF. In the mediation model, which accounts for parental stress and depression, this direct link is not observed for parents with low or medium PRF. However, when parents experience high exposure to war and have high PRF, their children's stress levels are significantly affected. This suggests that highly reflective parents may be more attuned to the impact of traumatic events on their children. It is crucial to highlight that the events under discussion are extreme, including displacement, injuries or deaths of family members, and prolonged confinement in bomb shelters.

The finding that mediation via parental stress disappears at high levels of PRF warrants further theoretical consideration. One possible explanation is that high PRF enables parents to maintain emotional availability and attunement to their children's needs even under extreme stress. When PRF is high, parents are more capable of recognizing and responding to their child's emotional signals directly, rather than filtering these signals through the lens of their own psychological distress. In statistical terms, this reduces the indirect (mediated) pathway via parental stress as the child's distress is more directly associated with the objective reality of war exposure as perceived and reflected upon by the parent. In essence, high PRF acts as a buffer that prevents parental stress from becoming the dominant conduit for emotional transmission.

Moreover, PRF may function not only to shield the child from the parent's stress but also to heighten the parent's sensitivity to the child's independent experience of trauma. Reflective parents may be more attuned to subtle signs of child distress that stem directly from the child's own war-related experiences, such as sensory triggers, separation fears, or play-based trauma reenactment (Feldman, 2019), regardless of the parent's emotional state. Thus, the direct path between war exposure and child distress becomes more visible in high-PRF families because these parents can detect and acknowledge child distress more clearly. This suggests that PRF does not merely reduce negative emotional contagion; it may transform the entire relational dynamic from one of indirect transmission to one of direct empathic recognition.

Regarding child variables, several factors were found to significantly impact parent-rated child distress. One key determinant was the child's age, with younger children exhibiting higher levels of distress. This finding aligns with previous research on the vulnerability of younger children to war exposure and their increased risk of anxiety disorders (Halevi et al., 2016). In contrast, older children appear better equipped to cope with stress, likely due to their more developed cognitive and emotional regulation abilities. Additionally, our findings indicate regional differences in subjective war exposure among displaced parents. Those originally from northern Israel reported higher subjective exposure compared to those from the south, despite the latter being directly affected by the October 7th terror attack. This unexpected result may reflect the timing of data collection (January–June 2024), suggesting that trauma in the south may have plateaued, while uncertainty in the north, driven by fears of future conflict, may have contributed to heightened distress.

This has important implications for children as infants and young children are at a heightened risk of developmental disruptions when their parents' mental health deteriorates (Hazer and Gredebäck, 2023), including delays in motor, language, and socioemotional skills. As these children age they are more likely to experience poor physical and mental health outcomes like anxiety and depression in response to experiencing war and displacement in their childhood (Hanetz-Gamliel and Dollberg, 2025). These children also tend to exhibit poor ER, theory of mind, and empathy skills and each subsequent exposure to war can deteriorate their abilities (Hanetz-Gamliel and Dollberg, 2025; Kara and Selcuk, 2023), underscoring the importance of the parental ability to reflect with their children.

4.1 Practical implications

These findings suggest that PRF is a valuable target for interventions aimed at supporting displaced families and can serve as a protective factor against the negative impacts of war exposure (El-Khani et al., 2020). Programs aimed at enhancing PRF skills, stress management, self-efficacy, and emotion regulation are likely to benefit both parents and children (Erdemir, 2021; Erdemir, 2022a; Kristen et al., 2024; Ponguta et al., 2020). However, in cases of high parental war exposure, PRF alone may not be sufficient. It is important to acknowledge that this study was not designed to evaluate the impact of such interventions, nor does it provide evidence for the effectiveness of PRF training in displaced populations. Addressing fundamental needs such as access to medical care, financial stability, and childcare may be more effective in mitigating distress in such cases (Gillespie et al., 2022).

Furthermore, these findings have several implications for policy and intervention efforts. First, programs aimed at displaced families should consider integrating PRF training into early interventions, particularly during the early months following displacement. PRF-enhancing interventions, such as reflective parenting groups, could be adapted into low-resource, culturally sensitive formats for implementation in shelters, schools, or virtual settings. Furthermore, this research points to the value of developing cross-cultural versions of such interventions, especially in global contexts where displacement due to war or natural disaster is increasing. However, research methodology must be considered. While PRFQ-based studies have contributed to understanding parental

representations of reflective functioning, empirical evidence connecting changes in PRFQ scores to improvements following reflective interventions remains sparse. Future research should combine self-report and observational measures to determine whether PRFQ-assessed changes reflect genuine shifts in the parental mentalizing process.

From a policy standpoint, funding mechanisms that support relationally focused, trauma-informed care in humanitarian contexts should prioritize parent–child dyadic approaches, particularly for families with young children. Moreover, longitudinal research tracking families across the displacement–resettlement continuum is critical for assessing the lasting benefits of PRF and tailoring supports accordingly. Incorporating PRF into psychosocial assessments used by humanitarian agencies may also help identify families in need of additional support.

4.2 Study limitations

While this study offers important insights, several limitations should be noted. First, although the sample size was adequate for the planned analyses, it may not capture the full heterogeneity of displaced families. Recruitment through a free parent–child program constitutes convenience sampling and may introduce selection bias: families who enroll may differ systematically (e.g., motivation, awareness of psychosocial resources, baseline mental health, resilience) from those who do not, limiting generalizability to more isolated or severely traumatized families.

Second, reliance on self-report, particularly parental reports of child distress, may bias estimates when parental perceptions diverge from children's experiences. Third, the sample was predominantly female; fathers were markedly underrepresented, consistent with broader trends (e.g., Hein et al., 2020), which may reflect role expectations and availability constraints and limits inferences to fathers.

Fourth, parental stress and PRF levels may in part reflect long-standing psychological patterns rather than responses solely to war exposure; combined with the cross-sectional design, this constrains causal inference regarding proposed pathways.

Finally, our child outcomes emphasized parent-reported distress (and adaptive functioning) and did not include positive social outcomes—such as prosocial behavior (helping, sharing, empathy), reciprocity, peer relations—or antisocial behaviors. Future work should incorporate multi-informant (parent/teacher/observer) and multi-method (questionnaires/behavioral tasks) assessments of prosocial and socio-moral development alongside distress to test whether parental stress and PRF are associated with improvements across both negative and positive child outcome.

Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

The studies involving humans were approved by this study obtained approval from the IRB of University of Haifa (003/24). The

studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

YE: Conceptualization, Data curation, Formal analysis, Project administration, Supervision, Writing – original draft, Writing – review & editing. YM: Conceptualization, Data curation, Formal analysis, Project administration, Supervision, Writing – review & editing.

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The failure to protect the rights and needs of children in Gaza

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Over the past 80 years, international human rights and humanitarian law have emphasized the protection of children during war and conflict as one key principles of international humanitarian and human rights law. The assaults on Gaza, following the Hamas attacks on Israel on 7 October 2023, have resulted in shocking violations of children's human rights. Two factors make Gaza an extraordinary example of such breaches of international law. First, the depth and extent of rights violations and the pain and destruction to which children are being subjected. Second, that those violations are playing out in full view of the world through both traditional and social media. In this paper, we provide a narrative review, showing the extent to which children's basic needs and human rights have been violated. We then undertake a socio-ecological analysis of the extent to which socio-ecosystems that can support children have been damaged. We argue that the failure of international action to protect children in Gaza is more egregious because violations have been live-streamed around the world and carried out in full view of a global audience. Moreover, while the violations against children in Gaza represent breaches of those children's human rights and cast doubt over the ability and preparedness of the international community to protect children's human rights anywhere.

KEYWORDS

children, human rights, socio-ecological analysis, humanitarian law, war, conflict, Gaza

Introduction

From October 2023, following the shocking attacks by Hamas on Israel, the world's attention focused on Gaza as the Israeli Government ordered the systematic destruction of the territory, resulting in loss of life on a mass scale, displacement and starvation. In the first weeks of the attack, United Nations Secretary General Antonio Guterres (1) gave a dire warning: "Gaza is becoming a graveyard for children". In September 2025, almost 2 years after the attacks began, the UN Independent International Commission of Inquiry on the Occupied Palestinian Territory (2), found that the Government of Israel was committing genocide against Palestinians in Gaza. In releasing the report, Commission Chair, Navi Pillay, stated "[e]very day of inaction costs lives and erodes the credibility of the international community. All States are under a legal obligation to use all means that are reasonably available to them to stop the genocide in Gaza" (130).

Between October 2023 and August 2025, the violence had escalated resulting in famine in parts of Gaza, as a direct result of blockades by the Israeli Government, and Prime Minister Netanyahu's declaration of his intention to fully occupy large parts of the territory. The Israeli Government's attack on Gaza came after the terrible violence carried out by Hamas against Israel on 7 October 2023, which included the

killing of almost 1,200 people and taking of over 240 hostages (3). Among the hostages were 36 children, ten without family members (4). The response of the Israeli Government was one of brutal collective punishment. It is, however, important to recognize that the origins of the most recent conflict, are to be found decades earlier than 2023 and are embedded in a history of violence and dispossession. Byman [(3), p. 61] has argued “both Hamas and Israel may be losing. Each can point to quite real successes against the other, but when the fighting subsides, both are likely to be worse off than they were when the war started.” This may be so, but those who have lost the most are the people of Gaza as assaults from the Israeli military escalated. Children are suffering deeply as they are subjected to egregious human rights abuses and their most fundamental needs are denied. This article focuses on the rights and needs of children in Gaza in the context of the attacks carried out against them from October 2023 until 31 August 2025, when the International Association of Genocide Scholars declared that “Israel’s policies and actions in Gaza meet the legal definition of genocide in Article II of the United Nations Convention for the Prevention and Punishment of the Crime of Genocide (135)” and “constitute war crimes and crimes against humanity as defined in international humanitarian law and the Rome Statute of the International Criminal Court” (5).

We put forward three arguments in this paper. First, the psychological and physical harm inflicted on children in Gaza is of such magnitude, it demands immediate international action. Over the past three decades, the evidence for the ways in which war, conflict and violence impact children has expanded and the psychological harms and trauma caused by war are incontrovertible. In Gaza, children are being exposed to both human rights violations and the destruction of their socio-ecosystem. All protective factors have been stripped away.

Second, because the violations of children’s human rights and basic needs are playing out in full view of the world through both traditional and social media, the failure of the international community to act to protect children is indefensible. Lack of knowledge or evidence of the extent of violations against children cannot be used as a justification for inaction. There are few gross violations against children that have been so well documented or so powerfully communicated.

Third, while the failure to protect children in Gaza has devastating consequences for those children and their families, it also undermines international norms around the protection of children during conflict. Thus, international action to end ongoing violations of children’s human rights is imperative both for the children whose lives, dignity, future and interests are under assault and if human rights—and particularly children’s human rights—are to have any meaning globally.

This article begins with a brief overview of the effects of war and conflict on children, highlighting the physical, social and psychological impacts. We map the rights to which children are entitled under international humanitarian and human rights law. We then turn to a narrative review of the human rights violations to which children have been subjected, creating a catalog of the atrocities that have been inflicted. Against the backdrop of violations identified through the narrative review, we draw on

Gal (96) and Bronfenbrenner (6–8) to undertake an analysis of children’s socio-ecosystem that places human rights violations and denial of basic needs within the everyday systems of children’s lifeworlds. We also examine the broader context of the conflict over time and within geopolitical interests. In doing so, we highlight both the damage wrought on individual children and the complete dismantling of every ecosystem of the overall socio-ecosystem within which children live. within which children live.

The effects of war, conflict and violence on children

Ladd and Cairns [(9), p. 14] observed almost three decades ago that ‘modern wars have become increasingly lethal for civilians’, documenting the rise of civilian casualties of armed conflict over the twentieth century. That trend continued in the succeeding decades, with an increasing proportion of civilians—children in particular—experiencing the direct effects of conflict. In 2023, violence against children in armed conflict was reported by the UN as having reached unprecedented levels (10). In 2024, the UN Secretary General’s report on children and armed conflict reported that violence against children had increased a further 25% over the previous year. Violations against children in Gaza were highlighted in the report (11).

As the incidence of violence against children in war and conflict has increased, so too has the body of evidence demonstrating the devastating physical, psychological and social impacts that result (12–15). Existing evidence points irrevocably to psychological harm being inflicted on children in Gaza. That harm is occurring within a longer-term context of trauma. As Manzanero and colleagues (16) suggest, the majority of children in Gaza were exposed to war trauma prior to the most recent conflict. Abudayya and colleagues’ (17) scoping review of the impacts of conflict on children in Gaza found a high prevalence of PTSD, depression and anxiety.

War-related trauma has both immediate and long-term impacts on children, often manifesting as developmental regression, inconsolability, agitation, and social withdrawal (16, 18). In their research on the ways in which war trauma impact children, Green and Kocijan-Hercigonja [(19), p. 585] succinctly and powerfully document children’s direct experiences of “bombing, shelling, sniper fire, and the destruction of their homes and villages”, as well as witnessing the wounding or deaths of loved ones. Green and Kocijan-Hercigonja are describing direct war trauma experienced by children in the war in Bosnia and Croatia in the 1990s. The description is equally applicable to the experiences of children in Gaza today. The nature of the trauma suffered is shaped by children’s age and stage of development (20). For example, in Bosnia and Croatia children experienced post-traumatic stress disorder, phobic anxiety, depression and alienation, while adolescents experienced similar responses, but also showed high levels of aggression (19). Begovac and colleagues (21) have highlighted the impacts of war stressors on the self-image and trauma experienced by adolescents.

Notably, while all children living in war zones are affected, just as the degree and nature of the conflict varies so too does the

impact on children (22). Studies from Lebanon have indicated that being directly exposed to shelling, death and forced displacement intensifies children's experiences and the level of psychological distress, including regression, depression, and aggression (23). Moreover, trauma created by experiences of war in early childhood has been shown to have lasting effects throughout life (24). Separation from parents and family exacerbates the level of trauma and the stressors experienced by children. While some studies have indicated that separation may play out as prosocial behavior, there are lasting and damaging consequences for children (22). As discussed below, in Gaza all children are directly experiencing exposure to shelling, sniper fire, death and forced displacement. For children being born into the conflict, the trauma begins before birth (25).

Chasson and colleagues' (26) systematic review of the impacts of war-related trauma on early child-parent relationships highlights the association between parents' PTSD symptoms and emotional distress and their relationships with their children. Mothers experiencing PTSD and emotional distress found it difficult to interact with or respond to their children. Moreover, mothers (as well as children) experienced high levels of separation anxiety. While Chasson and colleagues identified some findings of positive parent-child interactions in conflict situations and protective factors, all 22 studies reviewed found adverse relational outcomes due to war-trauma (26).

The literature on the psychological and developmental impacts of war on children highlight the extent to which children's mental health, levels of distress and trauma, and relational health are impacted by war and conflict. Both the physical and psycho-social impacts of war and conflict create lifelong problems. Research has highlighted the ways in which exposure to conflict and large-scale destruction during childhood damages health, education, and labor market outcomes decades after the conflict has ended and throughout adulthood (27). The extensive literature on the impacts of war and conflict on children makes clear the damage to children's lives, fundamental needs and basic human rights, immediately and into the future. The recent attacks on Gaza are among the most severe in recent history (28) and the nature of human rights violations egregious. Before providing a narrative review of those violations, as a basis for our socio-ecological analysis of the dismantling of the systems that generally protect children, we first map the rights to which children are entitled under international human rights and humanitarian law.

Children's human rights and war

By definition, war has devastating impacts on children, threatening their lives, violating their human rights, and denying their basic needs. Recognition of the vulnerability of children in war and conflict has resulted in the development and endorsement of a range of protection measures for children within international human rights and humanitarian law treaties and conventions. Throughout the twentieth century, efforts to protect children in times of war have been a central concern of international humanitarian law, as the pain and damage inflicted on children has steadily increased (10).

The Geneva Conventions, adopted in the wake of World War Two, represent a critical point in the development of International Humanitarian Law. The fourth Geneva Convention addresses the Protection of Civilians in Times of War, identifying children (generally specified as those aged below 15 years) as entitled to special protections and preferential treatment, including recognition of the importance of family and of care and education. Section III, Article 57 of the Geneva Conventions requires that occupying powers "facilitate the proper working of all institutions devoted to the care and education of children." Moreover, the Section III states:

The Occupying Power shall not hinder the application of any preferential measures in regard to food, medical care and protection against the effects of war, which may have been adopted prior to the occupation in favour of children under fifteen years, expectant mothers, and mothers of children under seven years (29).

The special protections afforded to children in times of armed conflict are further developed in the 1977 Additional Protocols to the Geneva Conventions of 1949. While particular focus is given to prohibitions on the recruitment of children into conflict, broader issues are addressed (30). Additional Protocol 1 prohibits targeting of the civilian population and individual civilians and extends the Geneva Conventions to all medical personnel (31). Additionally, Protocol II (31) states "children shall be provided with the care and aid they require", in particular education, reunion with families, protection from hostilities, and temporary removal to safer areas (and to be accompanied by parents or others responsible for their safety and well-being). However, as Dixit (32) observed two decades ago, children continue to be brutally impacted by conflict indirectly and directly, as international humanitarian law is breached. He calls the special protections provided to children to be adhered to in both letter and spirit, and identifies the crucial role for the international community in demanding compliance as a matter of conscience. Dixit's call to action is especially poignant in regard to the assault on Gaza since October 2023, given the number of children killed and maimed, and the failure of the international community to demand compliance with international law (33, 34).

Also adopted in the wake of World War Two, the Universal Declaration of Human Rights (UDHR) provides the foundation of the international human rights system. The preamble of the Declaration sets out the vision of peace and human rights as interrelated.

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people.

The UDHR forms the foundation of the international human rights framework but pays little attention to children specifically. Indeed, only Article 25 of the UDHR refers to children in a meaningful way, guaranteeing special care and assistance to

“childhood and motherhood”. As discussed later, the adoption of the United Nations Convention on the Rights of the Child (UNCRC) in 1989 extended human rights explicitly to children.

The UDHR proclaims the “inherent dignity and of the equal and inalienable rights of all members of the human family [as] the foundation of freedom, justice and peace in the world”, but did so at a time when more than one third of the world's people were living under colonial rule. While more than thirty countries gained independence between 1945 and 1960, Palestine's right to exist as a nation state was forcibly challenged, leading to the dispossession of the Palestinian people in 1948 (35).

In 1974, the UN General Assembly adopted the Declaration on the Protection of Women and Children in Emergency and Armed Conflict. While not a legally binding treaty, the Declaration sought to progress the norms of the protection of women and children, enshrined in the Fourth Geneva Declaration, including prohibiting and condemning attacks and bombings on civilian populations.

While children are entitled to special protections under both the Geneva Conventions and the UDHR, it was not until the late 1980s and into the 1990s that children were centered within international human rights and humanitarian law. Echoing the concern that the rules of law progress as warfare becomes more devastating (36), the greater focus on children in the late twentieth century followed a new pattern of armed conflict that inflicted significant impacts on civilians and communities, and on children (37). Additionally, the UNCRC has prioritized the human rights of children, including in times of war and conflict, within the international human rights framework. The adoption of the UNCRC in 1989 focused global attention on the human rights of children and on gross violations of those rights. The UNCRC incorporates civil, political, social, economic and cultural rights. While the rights enshrined in the Convention are often considered indivisible, the Committee on the Rights of the Child—responsible for overseeing implementation of the Convention—has identified four guiding principles, including the rights to life, survival and development (Article 6).

Article 38 of the UNCRC refers explicitly to the obligation of States Parties to “respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child” and to ensure the protection and care of children. In practice, these agreements have been regularly violated and the number of children killed and maimed in wars and conflicts around the globe has increased in recent years (10, 11).

In 1993, the Committee on the Rights of the Child recommended a global investigation of the impacts of war and conflict on children. The UN Secretary general appointed Graca Machel, former first lady and Secretary of Education of Mozambique, as the expert lead for the global study, which was undertaken over two years (37). The findings of the study showed “that children face a holistic assault from direct violence and from the structural violence associated with poverty, malnutrition, and inadequate health care” [(37), p. 326]. Following Graca Machel's 1996 report *The Impact of Armed Conflict on Children* the United Nations Security Council has adopted a thematic agenda of Children and Armed Conflict. Koo-Lee (38) has described this agenda as “built upon a single pillar: the protection of children”.

The Machel Study (136) marked a watershed in the global attention given to the impacts of conflict on children, leading to the UN Office of the Special Representative of the Secretary-General for Children and Armed Conflict and putting the issue of children and armed conflict on the agenda of the UN Security Council with a series of resolutions to protect children resulting (38).

Despite the many advances made to center the protection of children in war and conflict, in practice, these agreements have been regularly violated and the number of children killed and maimed in wars and conflicts around the globe has increased in recent years (10, 11). Grave violations have been reported in Burkina Faso, the Democratic Republic of Congo, Myanmar, Somalia, Sudan, Syria, Ukraine and Gaza. The assault on Gaza since October 2023 is among the most heinous, ongoing attacks on children in recent history. Moreover, those attacks have received immense and sustained global media coverage, with the destruction of children's lives playing out publicly. While there is rightly debate about the nature of the coverage (39), our argument is that the depth and extent of the coverage means no government can feign ignorance to the destruction of children's lives. The war against Gaza has impacted children in ways that many accounts consider to be unprecedented. The direct targeting of children in Gaza has been well documented, as we detail below. While it is not a new phenomenon, the nature and extent of assaults on children brings a new dimension to ways in which children's human rights are violated and basic needs denied as a result of conflict.

As the overview above indicates, both international human rights and humanitarian law requires that children be protected during war and conflict. Now well-established evidence, discussed in more detail below, indicates that the war on Gaza represents new depths in the disregard of children's human rights, basic needs, and very survival. As we argue below, not only has international law designed to protect children been discarded, the violations that have occurred have been live-streamed globally. The following section provides a narrative review of the violations to which children have been subjected in Gaza since October 2023. While by no means comprehensive, it synthesizes the violations of children's human rights and denial of their most basic needs and highlights the extensive documentation of those violations. Our primary purposes are threefold. First, to present the extent of the trauma children are experiencing. Second, to demonstrate the extent to which those violations have played out in real time in full view of a global audience and the inexcusable lack of action to protect children. And third, to support our argument that the failure to protect children in Gaza has devastating implications for the future of international efforts to protect children whose human rights and survival are under attack. The follow section demonstrates the shocking impacts of children in Gaza and raises serious questions about international commitment to uphold both the letter and spirit of international and human rights law.

The rights and needs of children in Gaza: a narrative review

In the following sections, against the backdrop of well-established evidence of the impacts of war trauma on children

and international commitments to protect children in conflict, we undertake a narrative review of credible reports and documentation to understand the nature and extent of violations of children's human rights in Gaza. Our narrative review is, shaped by the UNCRC within the context of broader human rights and humanitarian law. The purpose of the review is to both identify how children's human rights are being impacted during the 2023 to 2025 attacks on Gaza and to serve as a foundation for the succeeding ecological systems analysis. The narrative review also demonstrates that while children's right to survival was under threat from the first days of the conflict, the depth and nature of violations escalated over time as starvation was used as a weapon of war and full-scale occupation played out in August 2025.

Methodology

Identifying reports

We initially conducted a search of documents relating to the situation of children in Gaza since October 2023. For the purpose of the search the following key words were used: children, Gaza, Palestine-Israel conflict, human rights, children's rights. An initial search of academic articles on children in the occupied Palestinian Territories, with a focus on Gaza, was undertaken using google scholar. Reference lists from these articles were then used to identify additional relevant documents, particularly those from UN agencies. A search was also undertaken, using the same key words, for reports from UN agencies and international humanitarian and child organizations. References provided in these reports were then used to expand the search. There was considerable overlap between reports and other documentation from UN sources; the urgency and escalation of the conflict meant that figures varied depending on the time between writing and publication. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) publishes situation update reports weekly and the Gaza Humanitarian Response Update fortnightly; both were included in the narrative review. UNOCHA situation update reports often include both Gaza and the West Bank; for the purposes of this study, we included only Gaza. These updates allowed for the development of a timeline, which highlighted both the depth of violations and escalation over time. Once the initial timeline was established, additional documentation from UN agencies were added, including reports of the Secretary General, the Special Rapporteur on the Situation of Human rights in the Palestinian Territories, and the General Assembly Security Council.

In undertaking the research that underpins this article, we recognize the long-standing nature of the conflict in Gaza and ongoing human rights violations, discussed later. However, for the purposes of the narrative review we took the Hamas attacks on Israel on 7 October 2023 as our starting point, with an end date of 30 August 2025.

Determining legitimate/credible sources

In undertaking this review, we acknowledge the challenges of identifying accurate and unbiased sources in an environment

of conflict. Throughout this article, we have drawn on peer reviewed research wherever possible; however, the immediacy of events requires a broader focus. We have also relied on expert reports from credible sources, including UN agencies and reputable media outlets. We recognize that the Government of Israel has rejected UN reports and challenged evidence provided, including the numbers of deaths. In 2024, as one example, there was debate around the data used by the UN to determine the number of children and women killed, with claims that the data used were unreliable and politically motivated (40), fuelling debate about the credibility of sources. Jacob (41) suggests that such debates seek to use the scale of atrocities against children to advance ideological and political agendas and are not ultimately useful in the pursuit of justice. We agree with Jacob, while also recognizing both that the number of children killed matters greatly to justice and that those numbers will necessarily be contested in highly charged situations. We also recognize that ensuring the accuracy of data is necessarily challenging in contexts of war, mass civilian casualties, and widespread destruction. In the context of the war on Gaza, all evidence demonstrates the enormity of the loss of life, with many thousands of children killed. Moreover, largely ideologically driven debates over precise numbers are less important in pursuing justice than recognizing children as holders of human rights, documenting the patterns and nature of violations, holding to account perpetrators of rights violations, and creating security for all children. Justice also requires that the systems and policies that enact war are uncovered and challenged (41, 42). The aim of this narrative review is to synthesize what is known about the situation of children in Gaza. We focus not on debates over the numbers of children experiencing atrocities and violations of their human rights (although we do quote credible sources), but seek to highlight the patterns, nature and depth of violations, the impacts on children, and the escalation over time. In doing so, we expose the extent to which the international community and global and national leaders have been aware of the devastating impacts of the conflict on children since the commencement of the war on Gaza.

We drew on the principles of currency, relevance, authorship, accuracy, and purpose to inform our search (43, 44), adding two principles as part of our methodological innovation to ensure credibility of sources: cross-checking and process. We define credible sources as those which are peer reviewed; provided by reliable expert bodies; and/or seek to provide information rather than take a politically motivated position. The UN's mandate is to "take the position of reporting on violations to human rights, bringing it to the world's attention to prevent further abuses occurring and deter others arising" (45). Further, the UN is mandated to provide "information management services to the humanitarian community to inform a rapid, effective and principled response. It gathers, shares and uses data and information, underpinning coordination, decision-making and advocacy" and is grounded in the belief of advocating "for effective and principled humanitarian action by all, for all" (45). Thus, we define UN documents as credible and legitimate. The value of UN reports is considerable, particularly as the blockade of Gaza by Israeli forces prevented entry by research, advocacy, humanitarian and media organizations. Table 1 provides the way in which we applied principles

of currency, cross-checking, relevance, authorship, accuracy, purpose, and process to sources, particularly those produced by UN agencies.

Findings: the extent of violations of children's human rights in Gaza

We undertake the narrative review and associated analysis through a human rights lens, drawing primarily on the rights guaranteed to all children in the UNCRC. In doing so, we note that Article 2 entitles children to human rights “irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”. As a result of the attacks on Gaza, every right guaranteed under the UNCRC has been violated, including rights to identity (Article 8) and to culture (Article 30), to health and healthcare services (Article 24) and to education (Article 28). While much of the following analysis focuses on violations of the rights to life, survival and development (Article 6 of the UNCRC), we draw out the interrelatedness of children's human rights and the extent to which every aspect of children's lifeworlds has been attacked. Article 6 of the UNCRC states:

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child (137).

Our analysis demonstrates that over an extended period from October 2023, the depth and extent of violence escalated and as did the depth and breadth of rights violations. In the first months of the attack, the human rights of children as individuals were violated. As the conflict escalated, the delivery of food and other essential supplies was blocked, there was widespread displacement of the civilian population, and then full-scale occupation of Gaza City. As a consequence, the rights of Palestinians collectively came under dire threat. Violations of children's rights to survival and to identity led to the argument that the conditions for genocide were in place from early in the conflict (46). This escalation and the devastating impacts for children was well documented and played out on in full view of global leaders.

Rights to survival, development, health and healthcare

While war threatens the right to survival for everyone directly impacted regardless of age, the impacts on children are especially egregious, as discussed above. Children's right to survival (Article 6 of the UNCRC) is closely associated with rights to development (Article 6 of the UNCRC) and to healthcare and the highest attainable standard of health (Article 24 of the UNCRC). The impact of conflict on children's rights to development and to health are well documented, with violations resulting in immediate and long-term impacts [see also (47–49)]. From the beginning of the assault on Gaza from October 2023, children's rights to survival,

development, health and healthcare have been violated, seemingly with impunity. It is important to recognize, however, that children's rights to health and survival were already compromised by decades of occupation, conflict, inadequate infrastructure, and a sixteen-year blockade (50–53). As a consequence, the malnutrition, diseases, infections and injuries created by the bombardment of Gaza from October 2023 have not only created direct threats to children's survival but exacerbated the existing situation characterized by human rights violations.

In December 2023, 10 weeks after the commencement of attacks on Gaza, UNICEF described the devastating impacts on children. Hospitals were quickly overwhelmed as children suffered terrible injuries, including more than 1,000 children reportedly losing one or both legs in the first months of the conflict. Subsequent reporting indicated that each day more than ten children were losing limbs, either through the direct impacts of bombardment or through amputations necessary to save children's lives after severe injury (54). As early in the conflict as February 2024, medical practitioners reported that they were running out of critical supplies, including antibiotics and anesthetic or pain relief. Amputations were being undertaken and severe wounds treated without anesthetic or the medications needed to prevent infection (55). Al Shami and Nashwan (54) highlight the severe emotional and social consequences of amputation for children, and for their families where they are still alive. Amputation has immediate life-threatening impacts and longer-term consequences for human dignity and the ability to function (56). These impacts are exacerbated by the lack of specialized services in Gaza, the impacts of the blockade imposed by the Israeli Government and the associated barriers to medical care related to restrictions on movement and lack of transportation (54). In October 2024, a year after the commencement of the conflict, UNICEF described the impacts of the conflict on children:

In Gaza, at least 14,000 children have reportedly been killed, many more injured, while thousands are likely under the rubble, and an estimated 17,000 others are unaccompanied or separated from their caregivers. More than 55 displacement orders remain in effect, covering up to 86% of the Gaza Strip. Children have lost access to quality healthcare, education, and other services. All children are now in need of mental health and psychosocial support. One year into the war, children's most basic needs remain unmet. Persistent restrictions on the entry of humanitarian aid and commercial commodities, and the inability of humanitarians to safely reach all children and families, have rendered the Gaza population acutely food insecure. All 335,000 children under five are at high risk of malnutrition (57).

The impacts of Israeli military attacks on children in Gaza must be understood in the context of the destruction of essential infrastructure, including direct targeting of hospitals and health care facilities (58). According to the World Health Organization (59) there were 697 attacks on health care in Gaza between October 2023 and May 2025. By May 2025, 94% of hospitals were damaged or destroyed, with only 19 of Gaza's 36 hospitals operational. Describing the destruction of hospitals as “systematic”, the World Health Organization highlighted the courage of health

TABLE 1 Method for assessing sources.

Principle	Description	Reasoning/justification
Currency	Assess the timeliness of information.	Immediacy of events meant we chose UNOCHA situation updates to inform our search. We searched humanitarian updates for the Gaza strip that were published weekly. For the purpose of this search, we gathered information for each month started October 2023 to August 2025.
Cross-checking	Check veracity against other sources.	Wherever possible, UN documents were crosschecked with academic, peer-reviewed sources to enhance credibility and reliability
Relevance	Determine suitability for the research topic, argument and analysis	The UN provide reporting on violations to human rights in Gaza in a timely and publicly available manner.
Authority	Evaluate the credibility and expertise of the author or organization.	The UN is deemed a credible international organization, assessed against these principles.
Accuracy	Check if the information is verifiable and free from bias	The UN is a reliable expert body; and seeks to provide information rather than take a politically motivated position. Cross-checking supported this.
Purpose	Consider the intent of the source, whether it aims to inform, persuade or entertain	The UN mandate is to inform to an international audience and protect civilians, particularly children, during conflict.
Process	Exclude sources that are not credible, timely or relevant	Having justified UN documents as credible and reliable sources, we set a timeline of October 2023–August 2025. The OCHA situation updates were used to inform the basis of our narrative review and were supported by peer-reviewed journal articles. Key search terms: children, Gaza, Palestine–Israel conflict, human rights, children’s rights.

workers who continued to deliver urgent care “amid constant fear and insecurity” (59, 104). The implications for children’s right to survival and development (Article 6 of the UNCRC), and to health and health care (Article 24 of the UNCRC) are catastrophic; and provides important context for the review of human rights violations that follows. By late 2023, the hospital system in Gaza was on the brink of collapse. Over the subsequent year and a half attacks on medical facilities have continued, with detailed documentation of the impacts on children but no action to bring the bombardment to an end (14, 59–61).

The destruction of infrastructure and the targeting of children

The destruction of infrastructure has resulted in the spread of disease and diarrhea among children, as vaccination programs were severely disrupted (50). Those aged under 2 years were identified as being especially susceptible to malnutrition and death, as breast feeding and age-appropriate feeding became impossible. Young children’s health and survival was compromised before October 2023, with preexisting high rates of formula feeding and associated risks of contamination due to unsafe drinking water (62). Since October 2023, the risks to children have increased in severity and scope. The dismantling of WASH facilities as a result of attacks on infrastructure has exacerbated rates of waterborne infections and diseases, including diarrhea and hepatitis A (59, 62–64, 104). In July 2024, Poliovirus type 2 was detected in Gaza for the first time in quarter of a century (65). The World Health Organization and UNICEF responded with a mass vaccination campaign, but ongoing attacks hindered access to some parts of Gaza (59), creating ongoing concerns of a widespread polio outbreak with devastating effects (60). Harghandiwal [(62), p. 8] highlights the threat diarrhea poses to children’s survival when they are already experiencing malnutrition. As the war on Gaza has unfolded, disease and infection have threatened children’s survival

and violated their rights to development, healthcare and the highest attainable standard of health. The impacts on children have been deepened due to attacks on hospitals and the unavailability of both ongoing healthcare and emergency care.

The killing and maiming of children in Gaza constitutes grave violations of children’s human rights. In the first months of the attacks, human rights organizations warned that the use of large bombs was resulting in shockingly high numbers of civilian casualties (131). Geospatial analysis of the proximity of bombing attacks with 2,000 lb M-84 bombs to hospitals in the first six weeks of the Israeli military attacks on Gaza indicated “indiscriminate bombing in close proximity to hospital infrastructure” (66). Further concerns were raised about the use of the of white phosphorus (67) to which children are especially susceptible (50). As attacks on Gaza have continued, there has been growing concern that the violation of children’s right to survival is due to intentional action on the part of the Israeli government and military, as children are directly targeted (68). The density of Gaza’s population and the high proportion of children (almost 50%) mean that heavy bombardment almost inevitably causes mass child casualties. Moreover, there are indications of children being targeted by sniper fire. Palestinian and international medical workers have described treating children with wounds that appear to be the result of targeted sniper fire (33, 69). Medical practitioners have reported treating children with direct bullet wounds to the head and chest, suggesting deliberate targeting, claims rejected by the Israeli defense force (33).

Attacks on hospitals and medical centers have also raised grave concerns that children, and civilian populations broadly, have been targeted. Early in the conflict, Israeli airstrikes on the Al-Nasr Medical Center in Gaza City in November 2023 were described by UNICEF and humanitarian organizations as a direct attack on children, resulting in the deaths of babies when oxygen to the neonatal intensive care unit was cut off (70). The airstrikes on Al-Nasr Medical Center are not an aberration but reflecting

the pattern of attacks on hospitals and medical centers that has continued.

Starvation and the denial of children's right to survival

The attacks on Gaza have led to soil contamination and bio-diversity loss, with devastating implications for agricultural production (71). Access to water, both for drinking and daily use and for agriculture, has been severely restricted (72). The resulting decline in agricultural production created severe food insecurity and greater reliance of external aid.

From March 2025, an already catastrophic situation further deteriorated as the Israeli government suspended the entry of aid into Gaza and privatized humanitarian aid delivery through the establishment of the Gaza Humanitarian Fund (GHF). This signaled a horrifying new dimension to the violation of children's human rights. Reputable humanitarian organizations, including UN agencies, were sidelined and all food aid was directed through GHF, which failed to meet criteria required for humanitarian assistance. As a consequence, access to food became increasingly erratic, inadequate and dangerous. Reports emerged of people on the brink of starvation needing to walk for hours to access GHF food sites and to risk their lives from gunfire around distribution sites (73). Children were actively denied food, leading to widespread hunger, starvation and death and were fired upon when seeking food. By August 2025, parts of the Gaza strip were in famine (74).

Food security and adequate nutrition are among the most fundamental needs of children. The impacts of malnutrition are well-established, resulting in children's physical and cognitive development being undermined and their long-term health compromised (75). Chronic malnutrition is not new for children in Gaza, but has been a constant feature of childhood under occupation. In 2002, a study funded by the United States' Agency for International Development found 13.3% of children to be acutely malnourished, describing the situation as a humanitarian emergency [(76), p. 1460]. A 2004 World Food Program report found over one million Palestinian children – living in both Gaza and the West Bank – experienced food insecurity, with almost that number again at risk (76). However, since October 2023 starvation was used as a deliberate weapon of war, leading to widespread suffering and death.

In mid-2024, United Nations Special Rapporteurs reported that the conflict was leading to famine in Gaza, with increasing numbers of malnutrition- and dehydration-related deaths among children. The group described “intentional and targeted starvation campaign against the Palestinian people...” (77). Significantly, they stated “The whole world should have intervened earlier to stop Israel's genocidal starvation campaign and prevented these deaths”, describing “inaction as complicity” (77). Between May and July 2024, malnutrition among children in northern Gaza was reported as increasing by 300% (77), as the World Food Programme warned of a humanitarian catastrophe unfolding and famine a serious risk (78). The situation worsened into 2025, as starvation became widespread.

The Integrated Food Security Phase Classification (IPC) is a global initiative that monitors and seeks to redress situations of severe food insecurity and malnutrition. The IPC has a five-stage food insecurity classification: (1) Minimal/None, (2) Stressed, (3) Crisis, (4) Emergency, (5) Catastrophe/Famine, with identified interventions for each. In May 2025, the IPC Partnership classified all of Gaza as being at IPC phase 4 and issued a dire warning:

Goods indispensable for people's survival are either depleted or expected to run out in the coming weeks. The entire population is facing high levels of acute food insecurity, with half a million people (one in five) facing starvation (74).

Children were identified as at risk of or experiencing acute malnutrition, with 75% consuming considerably less than the minimum dietary requirements for growth and development. The IPC Partnership estimated that in the year from April 2025 70,500 children under the age of five would experience acute malnutrition without immediate intervention, with 20% of those cases (14,100 children aged between 6 months and 5 years) predicted to experience severe acute malnutrition (74). Severe acute malnutrition is directly associated with child mortality, particularly when children are suffering from comorbidities (79), as is the case in Gaza. Treating severe acute malnutrition in babies under 6 months is especially problematic (80). Children experiencing severe acute malnutrition in the first 1,000 days of life suffer irreversible long-term consequences, including stunting, impaired cognitive development, and increased risk of chronic diseases (79). The IPC Partnership (132) has also identified a significant proportion of pregnant and breastfeeding women as experiencing acute malnutrition. This has immediate consequences for mother and baby, including risk of pre-eclampsia, maternal mortality, hemorrhage and amenia among mothers and low birth weight, pre-term birth, and neonatal mortality among babies (81). Moreover, women who experience malnutrition during childhood are more likely to experience complicated deliveries and have babies with low birth weight (79). In August 2025, the Famine Review Committee declared famine in Gaza Governorate, while Deir al-Balah and Khan Youis continued to experience emergency, indicating that famine is plausible in those areas. The Famine Review Committee [(74), p. 2] called for immediate action:

As this Famine is entirely man-made, it can be halted and reversed. The time for debate and hesitation has passed, starvation is present and is rapidly spreading. There should be no doubt in anyone's mind that an immediate, at-scale response is needed. Any further delay—even by days—will result in a totally unacceptable escalation of Famine-related mortality.

Violations of the right to education

While children's human right to survival is intimately bound up with rights to health and healthcare, development is closely associated with the right to education. While survival becomes paramount during conflict, children's human right to education should not be negated. Schools have the possibility of providing protective environments for children during war and conflict

and supporting the wellbeing and mental health of children, teachers and parents (82, 83). Schools have also been identified as providing safe places for children to access services and experience aspects of childhood that are destroyed by conflict (83). Given the overwhelming scale of the destruction of infrastructure and loss of life in Gaza, the potential for schools to offer safe places is limited. Schools have been used as emergency shelters and have come under heavy attack.

In October 2023, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (84) reported that eighteen schools operated by UNRWA had been attacked, two of these were operating as emergency shelters for people who were displaced early in the crisis. A further 70 schools operated by the Palestinian Authority were destroyed in successive days of bombing. As a result, in the first weeks of the conflict OCHA (84) reported that more than 600,000 children had no access to education. By the end of 2024, almost all school buildings in Gaza were destroyed or damaged (85). Over 95% of Gaza's 564 schools were reported to have suffered damage, with 88% unusable without significant reconstruction (86). In their 2024 review of education in Gaza and the West Bank, Relief Web (86) reported that "all children in the Gaza Strip [are now] denied access to formal education and the essential protective support it provides".

The destruction of schools not only violates children's right to education now, it also has long term implications. UNICEF (57) estimated that children's education will be set back by up to 5 years. The UN Secretary General, in his January 2025 report, warned of a lost generation, as children are denied education and subjected to continuous violence.

Right to identity and culture

David Moshman [(87), p. (88)] has written 'at the heart of any genocide ... is identity', arguing:

The acts of destruction may be aimed at individuals, but the individuals are targeted on the basis of their actual or perceived association with a national, ethnic, racial, religious, political, socioeconomic, or other abstractly defined group. The group must be deliberately targeted ...

The UNCRC requires the protection of a child's identity, "including nationality, name and family relations", as recognized by law without unlawful interference' (Article 8). Alongside Article 8, Article 30 of the UNCRC protects the child's right to "his or her own culture, to profess and practice his or her own religion, or to use his or her own language". In the context of Gaza, the right of individual children to their identity is being violated as the collective identity of the Palestinian people is targeted. For individual children, the violation of their right to their identity is enacted as the separation of children from their parents and families. Almost the entire population has been displaced and, as early in the conflict as February 2024, UNICEF estimated that 17,000 children have been separated from their families. A new term has entered the emergency medical lexicon: WCNSF—"Wounded Child with No Surviving Family" (89). Accounts have emerged of children writing their names on their own bodies and those of their friends, to enable their identity to be known should

they be killed. UNICEF provides young children with name bands to enable them to be identified should they be separated from their families or be killed (90).

The scale of death and destruction also threatens the collective identity and future survival of the Palestinian people. The violations of children's human rights in particular, as synthesized above, point to systematic efforts on the part of the Israeli Government to eradicate Palestinian identity. Moshman [(87), p. 122] has described in other contexts the dehumanization of groups, noting that "not even the complete absence of any political consciousness, as in the case of young children, was relevant". The power of Moshman's (87) analysis is apparent in the public statements of some Israeli political leaders. An especially chilling example is the public comments of leader of the Zionist Zehut party, Moshe Feiglin, in May 2025: "Every child, every baby in Gaza is an enemy ... not a single Gazan child will be left" (91).

Attacks on fertility clinics and maternity hospitals, together with widespread gender-based violence, were identified by the Independent International Commission of Inquiry on the Occupied Palestinian Territory (92) in March 2025 as breaching international law and constituting crimes against humanity. On 26 January 2024, the International Court of Justice "issued a provisional measures order that found "a real and imminent risk" that Israel is in violation of the rights of Palestinians in Gaza under the Genocide Convention" (34). Malhotra and El-Shaarawi [(46), p. 2] argue that genocide poses a threat to "a people's capacity for collective survival" with the aim of not only eradicating "a people's present (and presence), but to annihilate and foreclose their futures". Since that time, the assaults on collective identity, as well as the individual human rights of children, have escalated. In early August 2025, Israeli Prime Minister Benjamin Netanyahu, despite reported misgivings from senior military officers, announced the intention to fully occupy Gaza and displace the population (133). On 20 August 2025, the UN Office of the High Commissioner for Human Rights (OHCHR) reported mass killings of civilians, further destruction of infrastructure, and attacks on displaced people sheltering in tents and schools. OHCHR (93) issued the following statement:

Considering the imminent risk of the further commission of serious violations of international humanitarian law, States parties to the Geneva Conventions are under an urgent obligation to exert maximum pressure on Israel to immediately halt this offensive, which risks triggering an unprecedented, life-threatening humanitarian crisis and permanently extinguishing the Palestinian presence in Gaza's largest urban area.

As the attacks on Gaza unfolded, not only were the human rights of every child in the territory under immediate threat, so too was the identity and collective future of the Palestinian people.

Summary findings of narrative review

By July 2025, UNRWA (94) reported that 17,121 children had lost their lives. In total, over 55,000 people of all ages were reported to have been killed in the period October 2023 to July 2025. As noted earlier, while specific numbers have been contested by the

Israeli government, there is clear evidence that many thousands of civilians have been killed. Thousands of children have lost their lives and many thousands more have been maimed, lost family members, or been exposed to extreme violence. Hunger and starvation are widespread, with famine declared in parts of the Gaza Strip in August 2025. Ongoing mass destruction and threats from Israeli politicians, including the Prime Minister, that Palestinians would be removed from Gaza threatened children's survival and their right to identity (Article 8 of the UNCRC) and violate the Fourth Geneva Convention (95).

Children's human rights to life, survival and development enshrined in the UNCRC have been systematically violated, as have rights to health care and education and fundamental principles of international humanitarian law. These violations have been well-documented by international agencies and the media, with UN agencies and others repeatedly calling for international action, noting that "international norms were established precisely to prevent such horrors" (93).

This narrative review has synthesized the credible information that documents the ongoing violations of children's human rights and denial of their basic needs in Gaza. It is not comprehensive but powerfully supports the argument that the devastating impacts on children are well known. It also highlights the escalation of violations: starvation is being systematically used against children and the entire population of Gaza, infrastructure has been almost completely destroyed, with hospitals and medical centers targeted, there has been a near-total destruction of agricultural land and complete dispossession threatened. As a consequence, every article of the UNCRC had been systematically violated and every aspect of children's lives damaged or destroyed. From this review, we now turn to a bio-ecological analysis of what these egregious violations mean for children now and into the future. In doing so, we highlight the ways in which children's ecosystems have been systematically dismantled and point toward the depth and breadth of reconstruction that will be needed.

Discussion and analysis: the dismantling of children's ecosystems

Cataloging the violations of children's human rights in Gaza through a narrative review reveals not only that those violations have been well documented by UN agencies and others, but that they have been livestreamed to the world. The concept of human rights, however, can be abstract, particularly in contexts of war and egregious violations. A socio-ecological analysis is helpful in situating children's human rights within broader systems and uncovering how those systems facilitate or fail to deliver children's human rights and basic needs. A socioecological analysis illuminates the enormous challenge of rebuilding children's lives and moving toward any form of justice, given the level of brutality. It also highlights the moral obligation on international actors that have failed to act as genocide has unfolded.

In introducing a needs-rights approach, Gal (2) draws on a socioecological model of child development to demonstrate the ways in which children's physical and psychological wellbeing, and respect for their human rights, are shaped by five concentric

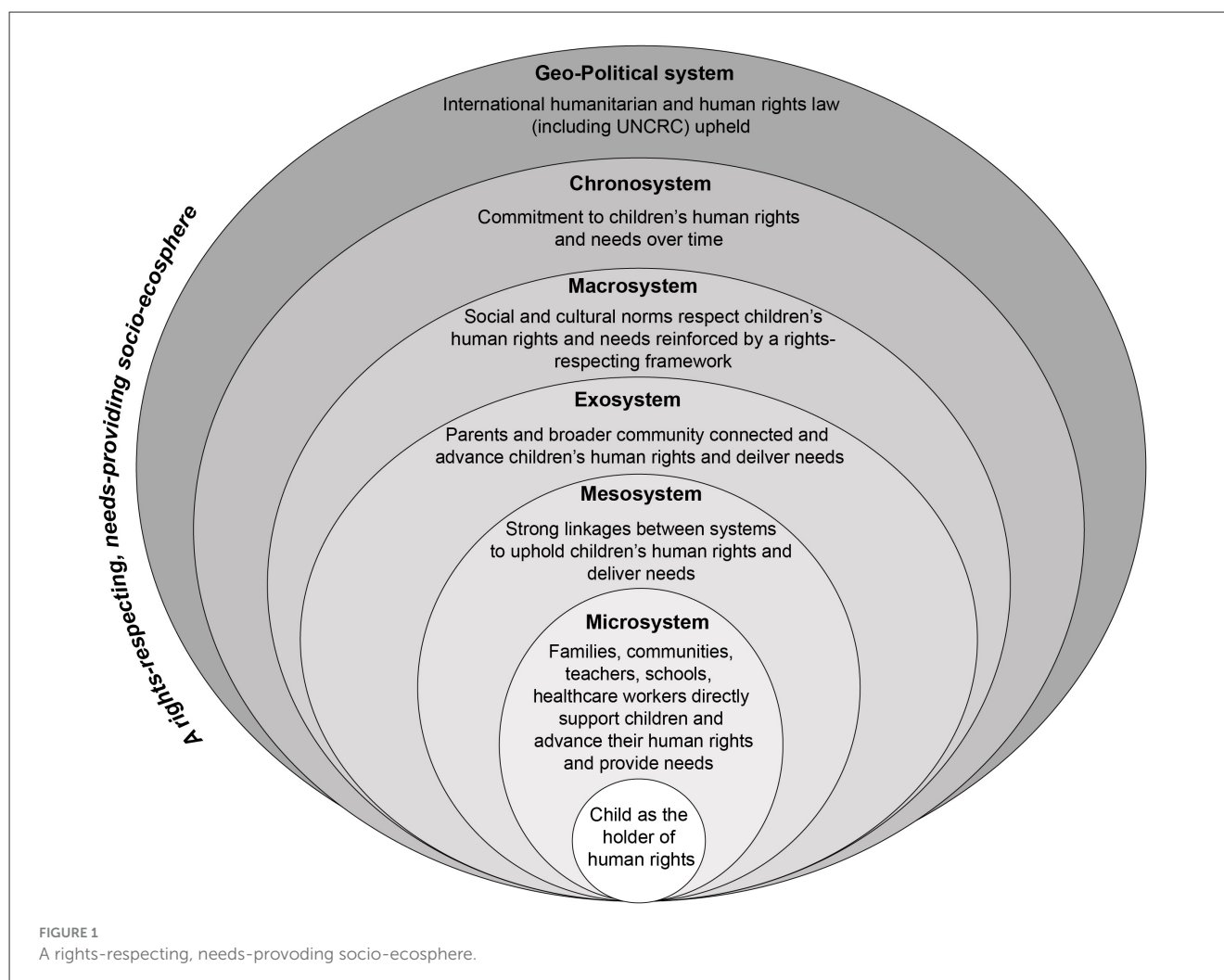
circles. The microsystem (such as parents and family); the mesosystem (direct supports outside immediate relationships); the exosystem (systems indirectly impacting children through their families, such as parents work and social connections); the macrosystem (broader cultural and social values); and the chronosystem (temporal experiences which shape the childhood of specific generations, for example, experiences of war and crises) (8, 96). We introduce the concept of an overarching socio-ecosystem, within which ecosystems are nested. In a context of peace, in a rights-respecting and child inclusive society, each socio-ecosystem within the broader socio-ecosystem upholds and advances children's human rights. Such a socio-ecosystem is provided in Figure 1.

In his conceptualization of an ecological model of child development, Bronfenbrenner (8) highlighted the nested, or inter-related, nature of each of the systems that shape children's lives and development. When used in conjunction with the literature on the impacts of war on children, a needs-rights model demonstrates the extent to which direct exposure to conflict damages every aspect of children's life worlds. As demonstrated by the narrative review, the depth and extent of violence and devastation experienced by children in Gaza has resulted in children's basic human rights being denied and a narrowing of their worlds to merely survival. Moreover, this has occurred before an international audience, with details of children's suffering graphically portrayed not only through reports and accounts of aid and humanitarian agencies, but through traditional and social media. In the following sections, we analyse the ways in which children's ecosystems have unraveled since October 2023, exacerbating the trauma being experienced. We also use a socioecological approach to highlight the importance of both the chronosystem (time) and geostrategic/geopolitical systems. We argue that the ways in which violations of children's human rights have played out across each level of children's ecosystems has devastated their lives and lifeworlds and those of future generations. While the catalog of violations exposes the horrors inflicted on individual children, a socioecological analysis highlights the systemic and intergenerational damage that is resulting.

The devastation of children's socio-ecosystem during the war on Gaza

In this section, we draw on a socioecological model to analyse the impacts of the attacks on Gaza across children's microsystem, mesosystem, exosystem and macrosystem. We then turn to consideration of two additional systems, the chronosystem and the geopolitical system-geostrategic system.

As revealed by the narrative review of rights violations, the systems that support children and their families have been destroyed since October 2023. It is also important to recognize that ongoing conflict had disrupted Gazan children's ecosystems long before that date, as discussed below in relation to the chronosystem, but October 2023 marked the beginning of an unprecedented acceleration of the destruction (97).



Assault on children's micro-system

The microsystem is characterized by those elements that are closest to the child: family, home, school, and friends, as examples (98). As discussed earlier, the negative impacts of war, conflict and related trauma on children are well established, impacts that are worsened when parents are also experiencing deep trauma and mental ill-health (22, 26). The microsystem is both a crucial protective factor for children in war and conflict, but one that is under immediate threat when civilians are directly targeted. The narrative analysis demonstrates the extent to which children's microsystem has been impacted as a result of mass killing, including of children's family members and friends; loss of their homes, schools and communities; and for many thousands, separation from their families since October 2023. It is also important to highlight that the micro-system surrounding children in Gaza was fragile prior to October 2023. Significantly, however, earlier studies of children's mental health and wellbeing in Gaza have highlighted the ways in which children were supported by parents, family members and teachers (99, 100). In a 2018 study of children's mental health during war, Diab et al. (99) identified the association of child psychological distress among children living in a refugee camp in Gaza with everyday stressors, such as poverty, lack of

resources and family conflict. Diab et al. [(99), p. 212] found "a significant positive correlation between (severe war trauma and more mundane stressful events), indicating that exposure to loss, destruction, and atrocities often results in socioeconomic hardships in the context of long-lasting unresolved military conflict."

In understanding how the conflict impacted the microsystem surrounding children, it is important to recognize that every element of that system has been dismantled. Long-term conflict had already created a context of poverty, displacement, poor infrastructure, and land confiscation creating significant risks to children's mental health and quality of life (101). Those stressors have been magnified through starvation; massive destruction of homes, schools, and hospitals; displacement of over 90% of the population (102), and, as of August 2025, the Israeli government's announcement of full occupation of Gaza. In this context, the protective factors of family and school are stripped away.

The targeted unraveling of the mesosystem and exosystems

The mesosystem connects children's microsystem to broader systems that children do not encounter daily but nevertheless shape

their lifeworlds. For example, schools connect children to education policies within the macrosystem. As discussed in the narrative review, schools have the possibility of acting as protective and normalizing environments for children in contexts of conflict. The destruction of schools represents the unraveling of a key element of the mesosystem. Other crucial elements of children's mesosystem have been destroyed through direct attacks on hospitals and healthcare centers, which we documented in the narrative review. International humanitarian efforts to fill the void created by the dismantling of hospitals and schools have been derailed by attacks on humanitarian workers (103), blockages on the entry into Gaza of essential supplies (104), and the privatization of humanitarian assistance with the establishment of the Gaza Humanitarian Foundation (102). Yet, even as international humanitarian efforts have been blocked, individuals have sought to keep essential elements functioning; this is especially evident in the efforts of both Palestinian and international medical practitioners and other humanitarian workers (58). They have also sought to resist and disrupt the intent of the Israeli government by publicly sharing their experiences with a global audience and telling the stories of children as mesosystems have been systematically, purposefully, and rapidly dismantled.

The exosystem incorporates those influences within which children and their families operate daily, shaping children's environments even when the children do not interact directly with them. Parent's work and social connections are often included in the exosystem, creating the context for a child's life even though the child does not directly interact with it. Sagi-Schwartz and colleagues have argued that the exosystem can create "safe havens" for children, providing positive interactions of care and support, but also highlight the pressure to which exosystems in Gaza were subjected even before the most recent conflict as a result of Israeli occupation, conflict, and human rights abuses from both Israeli forces and the Hamas leadership (105, 106). This third circle, as Bronfenbrenner (107) characterizes the exosystem, already fragile, has been decimated in Gaza since October 2023 [(63), p. 54]. The services and interactions that facilitate the types of care, education and engagement children experience have been under direct assault.

A macrosystem on the brink of collapse

Bronfenbrenner [(6), p. 9] characterized the macrosystems "involving generalized patterns of ideology and institutional structure characteristic of a particular culture or subculture". The macrosystem also includes economic and political systems. For our purposes, we are characterizing the macrosystem as including both the ideology and values described by Bronfenbrenner and the structures that enable the physical enactment of those values. We argue here that the extent of physical destruction means that the values and norms of the macrosystem are reshaped and eroded, with deep implications for children.

As the narrative review demonstrates, infrastructure—a significant manifestation of the physical macrosystems surrounding children—had been destroyed. Eighty percent of critical water, sanitation, hygiene, energy and waste management

facilities were destroyed (108). Sixty percent of homes and 65% of roads have been destroyed, with the attacks resulting in more than 50 million tons of debris. Under the debris human remains are buried (A/79/739). In February 2025, the British Medical Journal reported on the destruction of hospitals and health centers, described as the "complete evisceration" of the healthcare system. Beyond the mass deaths resulting directly from the attacks of the Israeli Defense Force, there are uncounted deaths from a lack of treatment and services for illness and disease (58).

The impact of the war on children must be understood within the context of the physical destruction of the macrosystem that is critical to children's lives. Significantly, Bronfenbrenner (6, 9) highlights the importance of public policy in creating the normative preconditions and the legislative framework for children's development and well-being. The destruction wrought on Gaza, leaves little scope for public policy to support and protect children in the face of onslaught in the near future. The extent and depth of destruction mean the macrosystem is on the brink of collapse.

Trauma over time: the chronosystem

Introduced into his ecological theory in 1986, Bronfenbrenner describes the chronosystem as influencing "the person's development of changes (and continuities) over time in the environments in which the person is living" [(7), p. 724]. The chronosystem links people, events, and all other systems referred to in this article across the axis of time [see (105)]. Sagi-Schwartz (105) has highlighted the ways in which the long history of the Palestinian-Israeli conflict creates a chronosystem within which each conflict plays out. The experience of children in Gaza since October 2023 must be understood within the ongoing conflict that has shaped every element of their environment, and the history of their families and communities.

In 1947, UN Resolution 181 divided the Palestinian territories into two states: one Jewish and one Arab. The plan was rejected by Arab states and set the context for decades of conflict between the Jewish and Arab communities (109). Between late 1947 and early 1949, over 750,000 Palestinians were dispossessed of their land and homes by Zionist paramilitary forces (110). Following the declaration of the state of Israel in 1948, war broke out between Israel and a coalition of Arab nations, and while the war ended in 1949, lasting peace has never been achieved. The displacement of hundreds of thousands of Palestinians during the Nakba (catastrophe) throughout 1948 has been described as "the turning point in the modern history of Palestine ... a year of traumatic rupture in the continuity of historical space and time in Palestinian history" [(110), p. 3]. Stefanini [(111), p. 139] makes a crucial point in observing that a "defining characteristic of the Nakba is that it has never ended." Those who were displaced, and particularly those who became refugees, have experienced collective and intergenerational trauma (112, 113). Veronese et al. [(113), p. 1815] describe "feelings of helplessness and grief [which] are connected to the historical sense of dispossession and anxiety that Palestinians have experienced for generations".

Events since the 1940s are embedded within both a history of grief and trauma and a context on ongoing conflict. In the

wake of the Nakba, the Gaza Strip became a permanent site for refugee camps, providing ongoing accommodation for many hundreds of thousands of people who had expected to return to their homes within weeks (114). From 1967 war to 2005, the Gaza Strip was occupied by Israeli forces. This period was shaped by dispossession, oppression and structural violence (115, 116), as Gaza became economically dependent on Israel (134). Following the First Intifada, or Palestinian uprising, in 1987, relations between Israel and Gaza deteriorated into open conflict, despite periods characterized by the promise of peace (117). Following the Second Intifada, conflict escalated (115, 116). In 2005, the Israeli government withdrew from Gaza, only to impose a blockade following the Hamas takeover of the territory in 2007. The blockade resulted in serious deterioration in basic services, living standards and the economy in Gaza (117). As a result of the decision of the Israeli government to include essential supplies, including food, in the blockade, 80% of Gazans were reliant on food aid as hunger and malnutrition became widespread (117). Moreover, Mukhimer (106) has documented human rights violations against Gazans under the authority of Hamas. While a detailed account of the history of conflict between Israel and the Occupied Palestinian Territories, or the history of Gaza, is beyond the scope of this article,¹ the point here is that children impacted by the attacks on Gaza since 2023 have experienced little but violence and conflict throughout their young lives. The current experience of children in Gaza must be understood within the ongoing conflict that has shaped every element of their environment, and the history of their families and communities. The attacks on Gaza between October 2023 and August 2025 created a chronosystem that will reverberate for generations to come.

There is growing evidence that parents' exposure to conflict, war and displacement impacts the health and developmental outcomes of their children and creates intergenerational effects (119). The significance of the chronosystem in understanding the depth of intergenerational conflict and trauma has been powerfully demonstrated in recent research on the ways in which maternal trauma affects the fetus in-utero and into adulthood (15). In one of the first studies of prenatal exposure to war-related violence and conflict across generations, Mulligan and colleagues (15) identified an intergenerational epigenetic signature of trauma in humans. Children experiencing war-related violence in Gaza today likely were affected by the trauma of their mothers in utero, while their experiences as children are likely to be passed on to future generations. This is especially significant given the severity of violence and human rights violations being inflicted on children in Gaza.

The geopolitical/geostrategic system

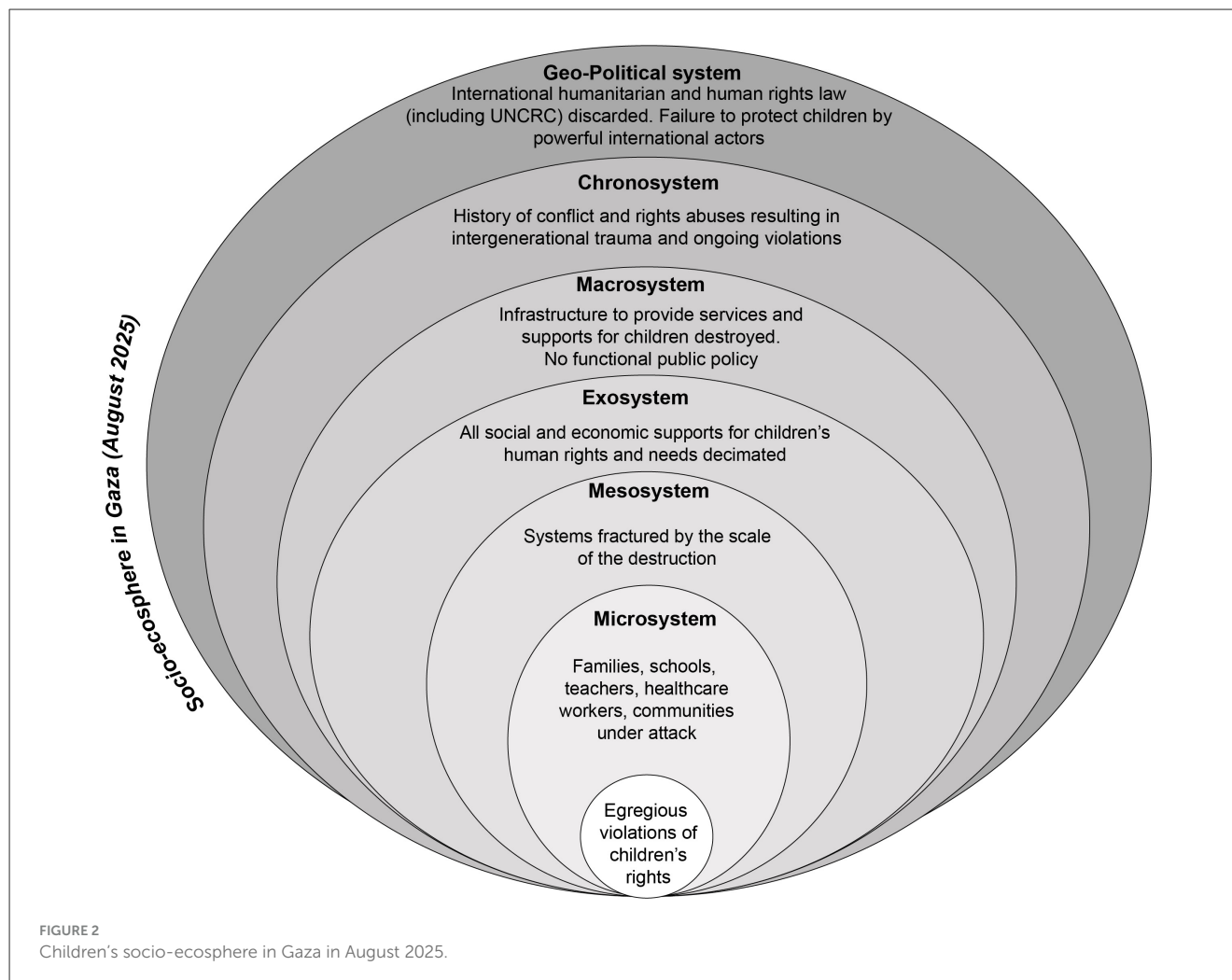
Sagi-Schwartz [(105), p. 941] extends Bronfenbrenner's ecological model to include the geopolitical/geostrategic system, described as being distal for any individual, but highly consequential. In the most recent conflict, the geopolitical/geostrategic situation is embedded in the painful

history described in regard to the chronosystem, the conflict between Israel and Hamas, the war prosecuted by Israel against Gaza between October 2023 and August 2025, and the geostrategic and political considerations of powerful nation states. A defining feature of the attacks on Gaza since October 2023 is the inaction of international actors. There has been a complete failure to act to end the conflict, to respond to what Jacob (41) has described as "the wider policies enacting the war", to impose meaningful sanctions, or to place sufficient pressure on Israeli leaders, including those for whom arrest warrants have been issued by the International Criminal Court (120). Even as the International Court of Justice issues provisional measures finding a "real and imminent risk" of genocide occurring in Gaza in the first months of the attacks on Gaza (34), there was little response from political leaders, particularly in established democracies.

Bar-Tal (121) has described the deeply competing narratives that have surrounded the attacks on Israel by Hamas in October 2023, highlighting how those narratives in turn shape the way in which the Israeli government's response has been interpreted. Central to those interpretations is whether the events of the Hamas attacks are considered as a singular event or as part of a broader history of violence and oppression (122). The Hamas attacks, which resulted in 1,200 deaths, egregious violence against civilians, and the taking of over 240 hostages, have been widely condemned (123); and the killing of children by any force is deplorable [see (41)]. McMahan [(88), p. 5] has persuasively argued that while Hamas holds a level of moral responsibility, the horrors that have been inflicted on the civilian population of Gaza, and particularly on children, "are all the result of unnecessary, disproportionate, and indiscriminate warfare for which Israel—meaning the relevantly involved Israelis in the government, military, and so on—is not only responsible but also highly culpable." Giroux [(91), p. 120] argues the violence perpetrated by Hamas on 7 October 2023, "however horrendous, is not equivalent to the suffering and terror imposed by the Israeli state on Palestinians both historically and in light of the current escalating scale of what amounts to massive, unthinkable, and unconscionable violence."

While narratives told and ideological positions taken partly explain inaction in the face of egregious violations of children's human rights, as documented in the narrative review here and by multiple sources since October 2023, so too do strategic and economic interests of major powers (124–126). It is beyond the scope of this article to analyse the ways in which strategic and economic interests have contributed to international inaction in the face of actions that are increasingly being described as genocide (34, 46, 127). As noted earlier, the world has been complicit through the failure to act (77). However, some countries have enabled Israeli military efforts, not only through the failure to apply sanctions but by continuing to actively engage in the trade of weaponry with Israel. El-Shewy and colleagues (125) have documented the extent to which the highly-profitable global military-industrial complex, supported by global powers, enables Israel's military capability. Additionally, principles of human rights and humanitarianism have been replaced by the militarisation of humanitarian assistance through the Gaza Humanitarian Foundation, which has been actively supported by the United States (128). In August 2025, UN experts issued the following statement:

¹ See Caplan (118) for a useful analysis of the conflict.



The GHF, a non-governmental organization created by Israel in February 2025, with US support, to allegedly distribute aid in Gaza, is an utterly disturbing example of how humanitarian relief can be exploited for covert military and geopolitical agendas in serious breach of international law (138).

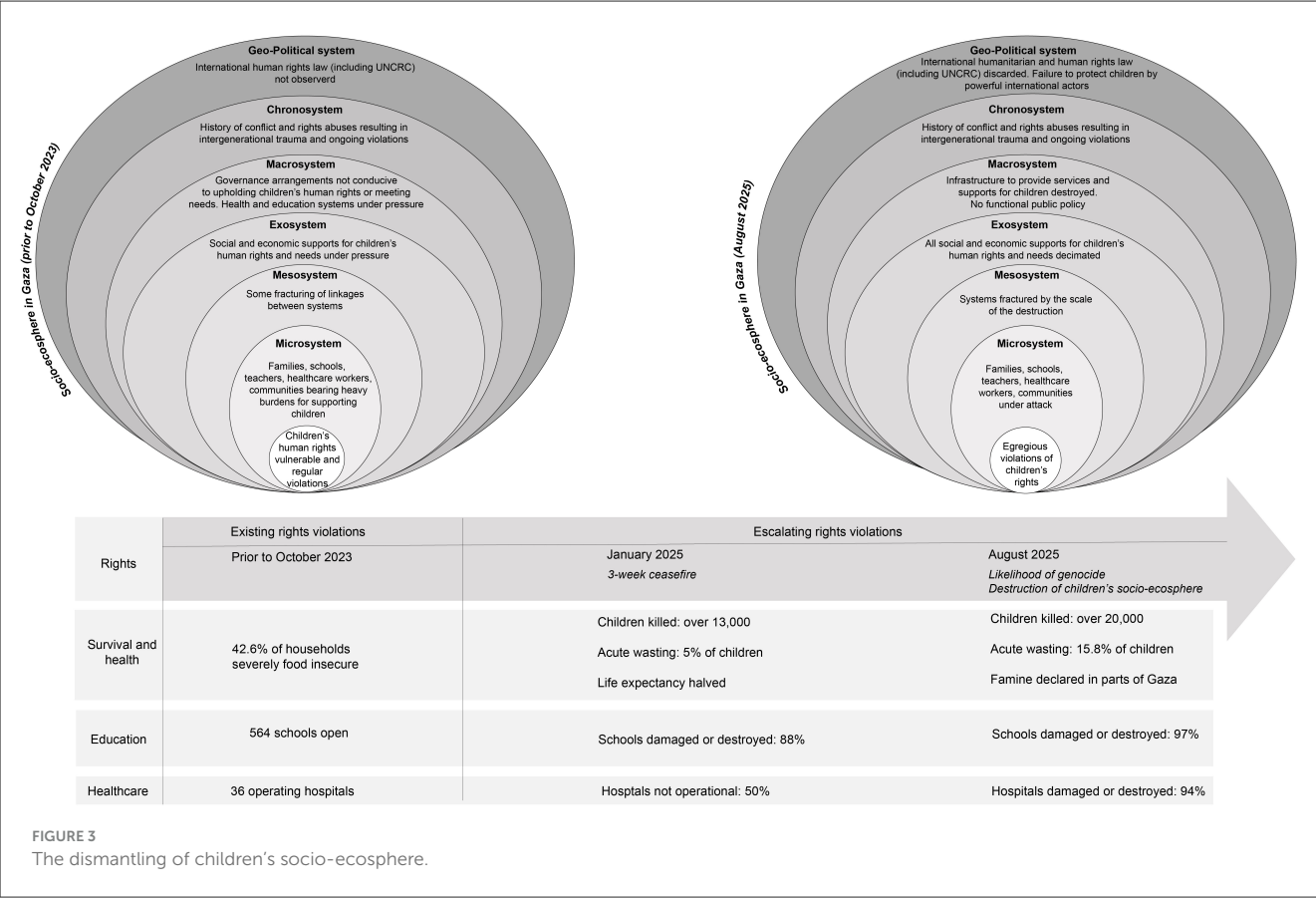
The Gaza Humanitarian Foundation is the embodiment of strategic and economic interests converging to capitalize on the suffering of the people of Gaza. Both the GHF and the maintenance of the international weapons trade with Israel highlight the extent to which the geopolitical/geostrategic system has deepened the human catastrophe that has played out in Gaza.

Discussion

The socio-ecosphere in Gaza is characterized by egregious violations of children's human rights and the denial of fundamental needs, resulting from the dismantling of every system that has the potential to support children. Within the geo-political system, international law has been discarded as powerful actors have failed to uphold children's human rights. Analysis of the

chronosystem demonstrates the depth of intergenerational trauma and the ongoing human rights violations to which the current generation of Gazan children have been subjected. The macro-system was not respecting of children's human rights prior to Israel's war on Gaza following the Hamas attacks of 7 October 2023, but the assaults from October 2023 to August 2025 has demolished the infrastructure within which the macro-system is embedded. Moreover, the assaults on Gaza have made the policies essential for the delivery of services impossible. The economic and social supports for children's human rights and basic needs that characterize the exosystem have been decimated. Linkages between systems have been fractured irreparably as a result of the scale of the destruction. Families, schools and teachers, healthcare workers and communities—the essential microsystem that structures children's everyday lives—have been attacked to the point of breakdown. The socio-ecosphere as it now exists in Gaza, and the relationship between the destruction of ecosystems and the violation of children's human rights, is represented in Figure 2.

The horrific violations of children's rights cataloged in the narrative review have devastating results for individual children. Yet, however egregious individual violations are, it is arguably the destruction of every socio-ecological system



within the socio-ecosystem that threatens the collective identity, culture and right to survival of Palestinian children in Gaza. It is the reconstruction of the socio-ecosystem that is now both the challenge and responsibility of an international community that failed to act as the violation of children's human rights unfolded.

It is important to recognize that prior to October 2023, the socio-ecosystem in Gaza did not reflect a rights-respecting and child inclusive society, able to uphold children's human rights and meet their needs. Children's basic needs were met and there were widespread rights violations. Yet, as our analysis here demonstrates, during the period October 2023 to August 2025, the socio-ecosystem that shapes the socio-ecosystems within which children live has been effectively annihilated. [Figure 3](#) represents this process.

Conclusion

The assault on Gaza since October 2023 signals an historic moment. There is well-established literature on the ways in which conflict shapes children's lives and creates ongoing trauma. There is a well-established international system of humanitarian and human rights law that emphasis the protection of children (and civilians generally). Since Graca Machel's report of the *Impact of Armed Conflict on Children* in 1996, global rhetoric around the protection of children in war has intensified. None of this evidence has served

to protect children in Gaza or mitigate the assaults on them since October 2023.

As documented here, violations of children's human rights have been egregious not only in scale but in intensity and in the targeting of children. The nature of those violations is such that children's socio-ecosystem has been systematically dismantled. Damage to microsystems, mesosystems, exosystems and macrosystems indicate the ways in which every dimension of children's lives have been under assault, violating children's human rights and most basic needs directly, and stripping away protective factors. By introducing the chronosystem as a foundational level of children's ecosystems, we have shown the intergenerational nature of trauma already experienced by children in Gaza. The attacks not only reinforce existing intergenerational trauma but create future trauma that will shape the lives of generations to come. As Taylor has argued, conflicts that evolve over generations need generations to heal ([129](#)).

The narrative review provided here not only synthesizes the violations inflicted on children but demonstrates the evidence available. Killings, maiming, denial of healthcare and education, and starvation have all played out in full view, and with full knowledge of the world. Inaction to halt violations of children's human rights and the destruction of the ecosystem that shapes their lives and futures is not due to a lack of knowledge, as the August 2025 declaration of the International Genocide Studies Association makes clear ([5](#)). As we discuss, the geopolitical/geostrategic systems at play help to explain inaction but can never justify it.

El-Afendi [(127), p. 7] has questioned the future of genocide studies after Gaza, arguing:

One maxim it should state is: if a series of actions approach genocide sufficiently to occasion a debate on whether they are genocide or not, then they are evil enough to be denounced without ifs or buts; even more so if the aim is to sustain an unjust system. There is something seriously wrong if there are too many influential actors prevaricating on this.

We raise similar questions about the future of children's human rights and the protection of children during war and conflict. That powerful global actors have not acted despite the evidence of gross human rights violations and, increasingly, of genocide is devastating for children in Gaza today and for future generations. It may also be devastating for any child impacted by war or conflict anywhere. As in the immediate World War Two period, the world is facing a pivotal moment in international commitment to peace and justice. Whatever occurs next, the lives of hundreds of thousands of children in Gaza have been destroyed as the world watched a moral, human rights and public health crisis unfold. The least to be demanded of global actors now is that they commit to rebuilding the lives and the worlds of children in Gaza, and act immediately to protect their right to identity by preventing further actions to drive Palestinians from Gaza.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Author contributions

SB: Conceptualization, Methodology, Writing – review & editing, Formal analysis, Writing – original draft. CO: Methodology, Conceptualization, Writing – original draft, Writing – review & editing.

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Maternal anxiety and child emotional distress during war: the buffering roles of maternal self-efficacy and parent–child communication

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Introduction: War-related stressors can have profound effects on family psychological wellbeing, with young children being particularly vulnerable to emotional distress when their parents experience heightened anxiety. This study examined the association between maternal anxiety and child emotional distress during a period of war-related stress and explored parental factors that may protect children from heightened distress.

Methods: The sample included 135 mothers and their children residing in central Israel, who were exposed to daily missile attacks during the first month of the “Iron Swords” war. Mothers completed standardized questionnaires assessing maternal anxiety (GAD-7), parental self-efficacy (MaaPS-SF), war-related parent–child communication, and child emotional distress (PEDS).

Results: Results indicated that higher levels of maternal anxiety were positively associated with greater child emotional distress. However, this association was not significant among mothers with higher self-efficacy, nor among those who engaged in conversations with their children about the war. Maternal anxiety increased with child age and decreased with maternal self-efficacy, yet the buffering roles of self-efficacy and parent–child conversations were consistent for children of all ages.

Discussion: These findings emphasize the importance of supporting parental self-efficacy and fostering open parent–child communication as protective factors that may enhance family resilience during wartime.

KEYWORDS

child emotional distress, maternal anxiety, maternal self-efficacy, parent–child communication, protective factors, war-related stress

Introduction

On October 7th, 2023, Israel came under an unprecedented terror attack that included brutal atrocities and was followed by extensive rocket fire across the country (Levany et al., 2023). This massive terrorist attack and the subsequent “Iron Sword” war exposed Israeli citizens to extreme stress. The beginning of the war was marked by a sudden transition from civilian routine to an acute security threat. This shift affected not only border regions but also areas geographically distant from them, which under routine conditions prior to the war, are not typically exposed to air-raid sirens. Families with young children may be particularly vulnerable during major life stressors, as they must navigate both their own responses to the crisis and their children’s needs for security and stability (Bradley, 2007; Kostenko et al., 2024; Rizzi et al., 2022; Walsh, 1996).

Research consistently shows that exposure to terrorism and war can significantly impact children's mental health, leading to increased symptoms of post-traumatic stress disorder (PTSD), anxiety, and depression (Bitton and Laufer, 2018; Slone and Mann, 2016). Children may experience a range of emotional and behavioral difficulties, including increased fears, social problems, and aggressive behaviors (Braun-Lewensohn et al., 2009; Thabet et al., 2016). Importantly, these effects are not limited to direct exposure; studies following events such as 9/11 demonstrated significant emotional impact even on children who were not directly exposed to the attacks (Kinzie et al., 2002; Otto et al., 2007).

While war-related stressors may affect the entire family system, young children rely heavily on caregivers for co-regulation of emotion (Silkenbeumer et al., 2016). In contexts of exposure to war and terrorism, characterized by uncertainty and extreme stress, maternal anxiety may therefore be particularly important for children's adjustment. Indeed, maternal anxiety has consistently been identified as a predictor of child emotional distress (Creswell et al., 2008; Thakar et al., 2013; Zamir et al., 2020); through intergenerational transmission (Cohen, 2019). For example, mothers experiencing elevated anxiety levels during crisis periods showed impaired emotional regulation during parent-child interactions, leading to decreased empathetic responses to child distress (Bar-Sella et al., 2023). In addition, maternal anxiety symptoms during wartime can significantly impact children's long-term emotional adjustment (Slone and Mann, 2016; Tangir et al., 2017). Mothers experiencing increased anxiety may demonstrate reduced tolerance for their children's negative emotions, potentially interfering with positive mother-child interactions and compromising emotional co-regulation processes (Creswell et al., 2008; Morris, 2015).

Identifying protective factors that may buffer the adverse effects of maternal anxiety on child emotional distress is therefore essential. These insights can inform targeted interventions to support both maternal and child well-being during stressful periods. One such factor is parental self-efficacy, defined as parents' beliefs about their ability to parent effectively and to influence their child's health and positive developmental outcomes (Albanese et al., 2019). High parental self-efficacy has been consistently linked to the well-being of both parents and children (Albanese et al., 2019; Jones and Prinz, 2005), and to more adaptive parenting behaviors (e.g., higher sensitivity and emotional availability (Albanese et al., 2019). Similarly, maternal confidence and competence were found to be associated with less parenting stress (Liu et al., 2012). From a broader theoretical perspective, Bandura's framework conceptualizes self-efficacy as a key determinant of how individuals manage emotional responses, confront demanding situations, and sustain engagement under stress. Individuals who perceive themselves as capable are more likely to invest effort, persist despite difficulties, and respond to stress in a more adaptive manner (Bandura, 1997).

In high-stress contexts (e.g., during wartime), parental self-efficacy may therefore function as a protective factor by supporting parents' capacity to remain consistent and responsive in their caregiving. Previous research examined physiological stress responses in mothers of young adolescents during a highly stressful laboratory task. Mothers with higher parental self-efficacy showed lower stress and anxiety while observing their children face challenges. These findings suggest that greater maternal self-efficacy is associated with reduced physiological stress, enabling mothers to remain more

composed and supportive and to provide more effective assistance during stressful situations (Buchanan et al., 2022).

Another potential protective factor buffering the risk posed by maternal anxiety is parents' ability to communicate with their children about war-related events. Evidence suggests that parental avoidance of discussing traumatic events can worsen a child's symptoms (see review of (Afzal et al., 2023; Sloover et al., 2024). Parents who can engage in such conversations while managing their own anxiety may be particularly effective in supporting their children's adjustment during times of stress. However, research examining parents' ability to discuss and explain their children's stressful experiences remains limited.

Despite growing research on the psychological impact of war on children and parents (Bitton and Laufer, 2018; Slone and Mann, 2016), several important gaps remain. First, relatively little is known about young children's emotional adjustment under conditions of ongoing threat. Second, the potential buffering role of maternal self-efficacy and war-related parent-child communication in high-stress contexts such as wartime has received limited empirical attention. The current study addresses these gaps by examining these interrelated processes among mothers and young children exposed to continuous war-related stress.

The present study

The current study examines the associations between maternal anxiety and child emotional distress in Israeli families following the October 7th attacks and during the subsequent war period. Specifically, we investigate whether maternal self-efficacy and war-related conversations with children can moderate the relation between maternal anxiety and child distress during war times. We conducted a survey 3 weeks after the onset of the 'Iron Swords' war, focusing on families on the home front who experienced daily rocket attacks. We aimed to document anxiety levels among mothers and their children, to examine the associations between maternal anxiety and child emotional distress, and to investigate whether maternal self-efficacy and war-related conversations would serve as moderating protective factors, mitigating the risk posed by maternal anxiety. We hypothesized that while maternal anxiety would generally predict higher child distress, this relation would be weaker among mothers with high self-efficacy and among those who engaged in war-related conversations with their children.

Method

Participants

A sample of 135 mothers and children was collected 3 weeks after the beginning of the "Iron Swords" war (November 1–11, 2023), during a period characterized by a transition from civilian routine to acute security threat. All participants were part of the home front, living in the Sharon and Central regions of Israel, and were not directly exposed to the October 7th massacre. At this time-point, participants experienced air raid sirens and rocket fire and some of them had a first- or second-degree acquaintance who was harmed. However, none of the participants were physically injured, and their

homes were not damaged. Note that these regions are geographically distant from the border regions, and during times of routine (i.e., before the beginning of the war), are not typically exposed to air-raid sirens.

The current study is part of a larger investigation examining emotional distress among children in Israel during the Iron Swords War. A total of 435 mothers initiated the survey, of whom 293 completed questionnaires regarding a child under 18 years of age. The inclusion criterion for the present study was being a mother of a child aged 2–8 years. Mothers of children outside this age range completed other age-appropriate questionnaires and were therefore not included in the present analyses. The final sample comprised 135 mothers reporting on children aged 2–8 years who completed the child primary outcome measure, the Pediatric Emotional Distress Scale (PEDS; Saylor et al., 1999), which is designed for this age range.

The mothers' ages ranged from 26 to 51 years ($M = 36.87$, $SD = 4.61$). The children (53.3% female) were between 2 and 8 years old ($M = 4.63$, $SD = 1.82$). Socioeconomic status (SES), as reported by Israel's Central Bureau of Statistics (CBS), indicated that 85% of the sample were classified as average or above. Regarding education, 92% of the sample held a bachelor's degree or higher. In terms of marital status, 94% of the mothers were married, while the remaining 6% were widowed, divorced, or single mothers.

Measures

A General Questionnaire. Mothers completed a general questionnaire consisting of four parts.

A Demographic Questionnaire. The first part included a demographic questionnaire that included information on family income, education, religious affiliation and level, number of children, area of residence, and other relevant details. Socioeconomic status (SES) was calculated as the average of standardized scores of family income and maternal education.

Previous Potential Traumatic Events. The second part contained a series of yes/no questions about exposure to potentially traumatic events (e.g., accidents, terrorist attacks) or other negative experiences (e.g., the death of a close person, divorce), as well as a history of mental health illness.

War-Related Conversations. In the third part, mothers reported on their communication with their children about the war, including whether they explained the situation to them and engaged in war-related conversations. This measure consisted of a single dichotomous item (i.e., yes/no) that indicated the presence or absence of war-related communication with the child. However, it did not capture other aspects of these conversations, such as frequency, content, or quality.

War-Related Exposure. In the final part, participants completed a short yes/no checklist regarding direct or indirect exposure to various aspects of the war (e.g., house damage, injury to themselves or others in their close or extended circles).

Maternal measures

Maternal Anxiety. Maternal anxiety was assessed using the Generalized Anxiety Disorder 7-Item Scale (GAD-7; Löwe et al.,

2008). The GAD-7 includes 7 items; mothers were asked to rate each item based on how often they had been bothered by various problems over the past 2 weeks (e.g., *not being able to stop or control worrying*), using a scale from 0 (*not at all*) to 3 (*nearly every day*). Cronbach's alpha was 0.87.

Maternal Self-Efficacy. Self-efficacy was assessed using the Me as a Parent Scale-Short Form (MaaPS-SF; Matthews et al., 2022). The MaaPS-SF includes 4 items; mothers were asked to rate each item based on their perceptions of their parenting capabilities (e.g., *I have confidence in myself as a parent*) on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach's alpha was 0.82.

Child outcomes

Child Emotional Distress. Child emotional distress was assessed using the Pediatric Emotional Distress Scale (PEDS; Saylor et al., 1999). The PEDS includes 17 items; for each item, mothers were asked to report certain behaviors exhibited by their child in the last few weeks (e.g., *refuse to sleep alone*), on a scale of 1 (*almost never*) to 4 (*very often*). The PEDS includes three subscales: Anxious/Avoidant (Cronbach alpha = 0.77), Fearful (Cronbach alpha = 0.78), and Acting Out (Cronbach alpha = 0.73), which comprise a total score, with higher values indicating more severe emotional distress. The total score showed good internal consistency (Cronbach's alpha = 0.84) and has an established clinical cutoff score of 28.

Procedure

Participants were recruited online via advertisements in social networks and participated in the study voluntarily. Participants were provided with a link to the online questionnaire, which was constructed using Qualtrics software. We conducted a lottery among all participants who filled out the entire survey, and five participants received vouchers of 100 NIS (about 25\$). Informants were provided with a recruitment letter outlining the purpose of the study and the researchers' contact information. The participants were assured of anonymity, confidentiality, and their right to withdraw from the study at any time, and that they could keep answering the questionnaire for up to a week. Participants who agreed to participate were required to sign an informed consent form. The ethics committee at the Ruppin Academic Center approved the study.

Data analytic approach

Moderation analyses were conducted using hierarchical multiple regression models. Family SES, child age, and child gender, as well as the main effects of maternal anxiety, maternal self-efficacy, and war-related conversations, were entered at Step 1. Interaction terms between maternal anxiety and war-related conversations and between maternal anxiety and maternal self-efficacy were entered at Step 2. For significant interactions, conditional effects of maternal anxiety on child emotional distress were estimated at specific values of the moderators (maternal self-efficacy at ± 1 SD from the mean; war-related conversations coded as presence vs. absence).

Results

Preliminary analyses

We first examined the correlation between the study variables and background variables (e.g., SES, child age, and gender). Child age was positively correlated with maternal anxiety and negatively correlated with maternal self-efficacy. Specifically, older ages were associated with higher maternal anxiety and lower maternal self-efficacy. Child emotional distress was higher among girls ($M = 34.61$, $SD = 9.07$) compared to boys ($M = 30.48$, $SD = 7.01$), $t(133) = -2.93$, $p < 0.01$. SES was marginally significantly and negatively correlated with child emotional distress, $r = -0.16$, $p < 0.10$. See Table 1. Therefore, we included these background variables as covariates in the regression analysis. Exposure to previous potential traumatic events or other negative adverse experiences, as well as a history of mental health illness, was not related to maternal anxiety.

Table 1 presents the descriptive statistics and intercorrelation among study variables of interest. Maternal anxiety was negatively correlated with maternal self-efficacy, and positively with child emotional distress. Maternal self-efficacy was negatively correlated with war-related conversation and child emotional distress.

Anxiety levels among mothers and children

Nearly half of the mothers (49%) scored above the clinical cutoff on the GAD-7 (≥ 10), indicating clinically significant anxiety symptoms. Among the children, 65% scored above the clinical cutoff on the PEDS (≥ 28), suggesting elevated distress levels.

The relation between mother anxiety and child emotional distress

Moderation analyses were examined in a regression model constructed hierarchically, predicting child emotional distress. The

results are presented in Table 2. The demographic characteristics did not contribute to the prediction; however, gender was marginally associated with child emotional distress, as girls presented higher levels of emotional distress. Higher maternal anxiety was related to higher levels of child emotional distress, whereas higher maternal self-efficacy was related to lower levels of child emotional distress. The interaction terms were entered in Step 2 and significantly contributed to the prediction. The entire model was significant, $F(6, 123) = 5.90$, $p < 0.001$.

Simple slope analyses

Simple slope analyses were conducted to examine the significant interaction between maternal anxiety and (1) war-related conversation, and (2) maternal self-efficacy. For the first interaction, the analysis indicated that the relation between maternal anxiety and child emotional distress was only significant among families who did not discuss the war (slope = 1.29, $t = 4.83$, $p < 0.001$, 95% CI [0.76; 1.83]). Among families who discussed the war, this relation was not significant (slope = 0.17, $t = 1.01$, $p = 0.31$, 95% CI [-0.16; 0.51]). The simple slopes patterns are presented in Figure 1, panel A. For the second interaction, the analysis indicated that the relation between maternal anxiety and child emotional distress was only significant among mothers with low or average levels of self-efficacy (slope = 1.01, $t = 5.17$, $p < 0.001$, 95% CI [0.68; 1.52], and slope = 0.73, $t = 4.55$, $p < 0.001$, 95% CI [0.42; 1.06], respectively). Among mothers with high levels of maternal self-efficacy, this relation was not significant (slope = 0.37, $t = 1.65$, $p = 0.10$, 95% CI [-0.08; 0.82]).

Additional analysis

In this study, we included a wide age range of children (2–8 years). Child age was significantly correlated with maternal anxiety, maternal self-efficacy, and war-related conversations. For this reason, we controlled age in all previous analyses. Here, we further examined whether child age systematically moderated the previously observed effects, rather than treating age only as a covariate in the moderation analyses. To this end, we tested three-way interaction models using

TABLE 1 Descriptive statistics and intercorrelation among study variables.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6
1. SES	3.50	0.72						
2. Child gender			-0.19*					
			[-0.35, -0.02]					
3. Child age	4.63	1.82	0.08	-0.06				
			[-0.09, 0.24]	[-0.23, 0.11]				
4. Maternal anxiety	10.58	4.70	-0.09	0.16	0.20*			
			[-0.26, 0.08]	[-0.01, 0.32]	[0.03, 0.35]			
5. Maternal self-efficacy	15.31	2.47	0.11	-0.12	-0.26**	-0.23**		
			[-0.07, 0.27]	[-0.28, 0.05]	[-0.42, -0.10]	[-0.38, -0.06]		
6. War-related conversation			0.12	-0.13	0.56**	0.05	-0.18*	
			[-0.05, 0.29]	[-0.29, 0.04]	[0.43, 0.66]	[-0.12, 0.22]	[-0.34, -0.01]	
7. Child emotional distress	32.68	8.41	-0.17	0.25**	0.04	0.34**	-0.29**	0.08
			[-0.33, 0.00]	[0.08, 0.40]	[-0.13, 0.21]	[0.19, 0.48]	[-0.44, -0.13]	[-0.09, 0.25]

M and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. * indicates $p < 0.05$. ** indicates $p < 0.01$. SES = socio-economic status. War-related conversations were coded as 0 = absence of conversations and 1 = presence of conversations.

TABLE 2 Moderators of the association between maternal anxiety and child emotional distress.

Child emotional distress			
Step	Predictor	β	ΔR^2
Step 1	SES	−0.08	0.22***
	Child gender	−0.15+	
	Child age	−0.13	
	Maternal anxiety	0.30***	
	Maternal self-efficacy	−0.21***	
	War-related conversations	0.14	
Step 2	Maternal anxiety × war-related conversations	−19*	0.09***
	Maternal anxiety × Mother self-efficacy	−0.53***	
	R^2 (Adjusted R^2) = 0.31 (0.26)***		

* indicates $p < 0.05$. ** indicates $p < 0.01$, *** indicates $p < 0.001$, + indicates $p < 0.10$; SES, socio-economic status. War-related conversations were coded as 0 = absence of conversations and 1 = presence of conversations.

Model 3 of the PROCESS macro (Hayes et al., 2017). The three-way interaction between child age, maternal anxiety, and maternal self-efficacy was not significant, $\beta = -0.01$, $\Delta R^2 = 0.00$, $p = 0.75$; Similarly, the three-way interaction between child age, maternal anxiety, and war-related conversations did not reach statistical significance, $\beta = -0.37$, $\Delta R^2 = 0.02$, $p = 0.07$. These analyses suggest that the previously observed effects were consistent across the full age range of children.

Discussion

The study examined Israeli families following the October 7th attacks and during the subsequent ‘Iron Swords’ war period, who were exposed to missile attacks and frequent air-raid sirens. The aim of the study was to examine the association between maternal anxiety and children’s emotional distress under conditions of heightened stress, and to identify moderating factors in this association. It was found that while maternal anxiety was generally associated with higher child emotional distress, this association was not significant among mothers with higher self-efficacy and among those who engaged in war related conversations with their children, suggesting that these factors functioned as protective moderators.

The moderating role of maternal self-efficacy

Maternal self-efficacy showed both a main effect and a moderating effect, mitigating the association between high maternal anxiety and children’s emotional distress. The finding of the negative correlation between maternal self-efficacy and children’s emotional distress makes intuitive sense, as mothers who perceive themselves as more capable are likely better able to regulate their children’s emotional responses and help them navigate periods of stress. This is consistent with previous findings showing that mothers with a moderate and realistic sense of self-efficacy were most likely to respond sensitively to their infants’ distress (Leerkes and Crockenberg, 2002). Nevertheless, given the correlational design of the current study, it is also possible that children who exhibit fewer signs of distress contribute to higher maternal confidence and perceived parenting competence.

The association between maternal anxiety and child emotional distress was significant only among mothers with low to average levels of self-efficacy. For mothers with high self-efficacy, this relation was not significant. This suggests that maternal self-efficacy may function as a buffer that helps children cope with distress, even in the context of high maternal anxiety. For mothers with low to moderate self-efficacy, their perceived ability to help their children cope with challenges, such as the effects of war or other stressful events, may be more limited. However, it could also be that mothers with high self-efficacy may initially perceive less distress in their children, or that their children genuinely exhibit lower levels of anxiety, or that these mothers are less likely to recognize signs of distress in their children.

The moderating role of parent–child communication about the war

The association between maternal anxiety and child emotional distress was moderated by war-related conversations. Importantly, there was no main effect of war-related conversations on child distress. Rather, the findings indicate that the relation between maternal anxiety and child emotional distress was evident only in families who did not discuss the war. When mothers reported engaging in conversations with their children about the war, maternal anxiety was not associated with child emotional distress. This pattern is particularly meaningful in cases of elevated maternal anxiety, which is otherwise related to higher child emotional distress. Research in the trauma literature suggests that parents may sometimes avoid discussing distressing events with their children; however, such avoidance may inadvertently exacerbate children’s stress (see systematic review of Afzal et al., 2023). Consistent with this view, our findings suggest that when mothers experience high levels of anxiety, engaging in conversations about the war, rather than avoiding them, may help children understand their mother’s anxiety and the surrounding stressful atmosphere, thereby attenuating the transmission of distress from mother to child.

A positive association was found between child age and whether mothers reported having war-related conversations with them. As children grow older, mothers tend to engage in more conversations with them on such topics. These findings reflect those of a systematic reviews assessing parent–child communication about potentially traumatic events (Afzal et al., 2023; Sloover et al., 2024). Parents were

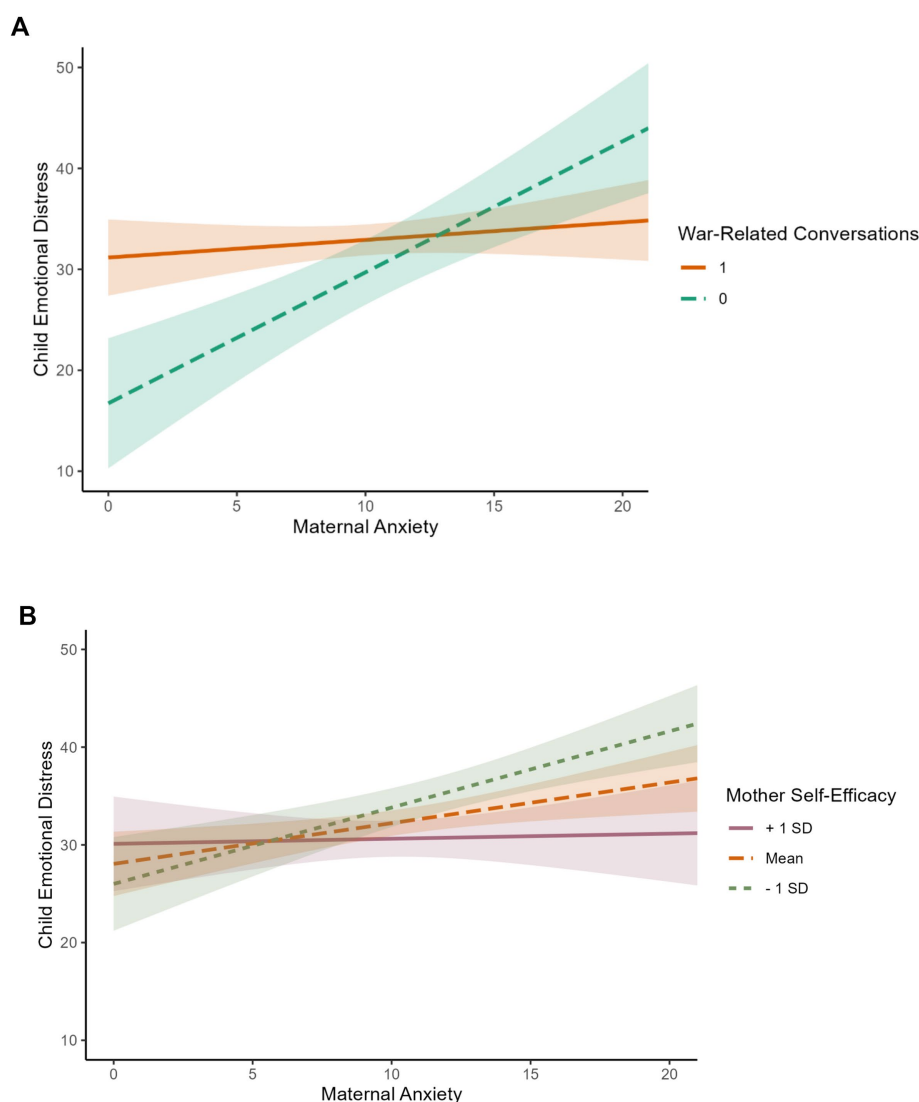


FIGURE 1

Simple slopes for the interaction between maternal anxiety and (A) war-related conversations and (B) maternal self-efficacy in predicting child emotional distress. Panel A presents the pattern of simple slopes for the interaction between maternal anxiety and war-related conversations in predicting child emotional distress. War-related conversations were assessed as a dichotomous variable (1 = presence; 0 = absence). Panel B presents the pattern of simple slopes for the interaction between maternal anxiety and maternal self-efficacy in predicting child emotional distress. The association between maternal anxiety and child emotional distress was estimated at low (-1 SD), average (Mean), and high ($+1$ SD) levels of maternal self-efficacy. Shaded areas represent 95% confidence intervals.

found to converse more with older children in a way they found to be appropriate developmentally. Older children receive more detailed and direct explanations of the stressful accounts. This may also reflect the children's increasing curiosity, interest, and cognitive ability to ask questions and process complex events.

Contextual factors related to maternal anxiety, maternal self-efficacy, and child emotional distress

Beyond the study's original hypotheses, we also considered additional contextual factors, such as child gender, child age, and prior adverse life experiences, to provide additional context for interpreting the findings.

Consistent with previous findings (Bender et al., 2012), girls in our sample exhibited higher levels of emotional distress than boys. In addition, children's age was positively associated with maternal anxiety and negatively associated with maternal self-efficacy. These findings may highlight the increasing challenges mothers face during extreme crises as their children grow older, as older children are more aware of and better able to understand their environment and the situation around them. Mothers of younger children often feel more in control of what their children are exposed to, such as what they watch, hear, and the kinds of conversations happening around them, this sense of control tends to diminish as children grow older (Fitzpatrick et al., 2023; Top, 2016). Older children are typically less under parental supervision and are more exposed to various influences through television,

TikTok, social media, and peers (Poulain et al., 2023). They also tend to pick up on and understand more of what is being said around them, even when parents attempt to shield them from certain information. These factors may make it harder for mothers to feel that they can effectively protect their children, potentially increase their anxiety and reduce their sense of efficacy as parents. Importantly, however, the protective roles of maternal self-efficacy and war-related conversations were observed across the entire age range in the current study (i.e., 2–8 years old).

It is noteworthy that early exposure to potentially traumatic events or adverse life experiences was not associated with maternal anxiety. This finding is in contradiction with previous studies in this area (Bdier et al., 2023; Racine et al., 2021; Ring et al., 2024), which typically report such associations. A possible explanation for this discrepancy is the unique context of our study. Data was collected during a period of war, when maternal anxiety levels were elevated (i.e., 49% of the sample scored above the clinical threshold on the GAD-7). Under these conditions of high anxiety, the relative influence of past life experiences on current maternal anxiety may have been diminished, making associations that are usually observed less apparent. This finding may also be related to how prior adverse events were assessed. Specifically, in the current study previous adverse life events were evaluated using a single dichotomous (yes/no) item. This approach was chosen to avoid increasing participant burden given the length of the questionnaire. Consequently, our examination and interpretation of this variable are necessarily limited. Moreover, in such a complex state of stress, individuals with a history of adverse life experiences or trauma may actually demonstrate more adaptive responses to the current stressor (Morris and Rao, 2013). Interestingly, a history of mental health illness was also not associated with current maternal anxiety. Although the study was conducted with a general population sample, it is possible that those who chose to participate had sufficient psychological resources to engage with a study during such a sensitive time. Future research should aim to explore the nuanced effects of prior adverse life events and psychological vulnerabilities on maternal coping during periods of heightened stress. It is important to note that the primary objective of this study was not to examine the impact of these variables, but rather to investigate the complex relationship between maternal anxiety and the distress experienced by their children.

Limitations

This study has several limitations. First, a major limitation of this study is its cross-sectional design. Although the study does not aim to make causal inferences, all variables were assessed at a single time point. As a result, the temporal ordering of the constructs cannot be determined, and the directionality of the observed associations remains unclear. It is therefore possible that the relationships identified are bidirectional or influenced by unmeasured third variables. Second, only mothers were included in the study, and were the sole reporters regarding their children's experiences. While this reflects the reality that many fathers were

actively involved in the war effort, leaving mothers to manage both their own anxieties and the day-to-day care of their children, the absence of fathers limits the scope of the findings. Fathers may express or perceive anxiety differently, and their inclusion could offer a more nuanced understanding of how parental stress relates to children's emotional distress. Future research should aim to incorporate fathers' voices as well. Third, our assessment of war-related conversations was limited, as included a single dichotomous question. While we asked mothers whether they explained the situation of the war and ongoing sirens to their children, we did not evaluate the quality or specific characteristics of these conversations, as might contribute to the comprehensive assessment of this aspect.

Fourth, the study is subject to potential sampling bias. Participation was voluntary and took place during an ongoing wartime period, which may have influenced who chose to take part. Individuals experiencing heightened emotional distress, increased caregiving demands or limited emotional or cognitive resources may therefore have been less likely to participate. In addition, the sample was relatively homogeneous in terms of socioeconomic characteristics, with the majority of participants classified as having average or above socioeconomic status.

Finally, the study was conducted during an ongoing war in a small country where the conflict had widespread impact. This context may limit the generalizability of the findings to other war-affected regions, particularly where the effects of conflict are less pervasive or differently experienced. At the same time, the psychological processes examined in the current study, namely the transmission of maternal anxiety to child emotional distress, and the potential buffering roles of maternal self-efficacy and war-related communication are grounded in broader theoretical frameworks that are not specific to the Israeli context. Therefore, while caution is warranted in generalizing the magnitude or specific expression of the effects, the main findings may be relevant to other populations facing chronic stress, armed conflict, or large-scale collective threat. Future research conducted in diverse cultural and conflict settings is needed to further examine the robustness and boundary conditions of these findings.

Conclusion

The current study highlights the importance of understanding the relations between maternal anxiety and child emotional distress. The findings suggest that higher maternal self-efficacy and engaging in conversations with the child about war-related events may serve as protective buffers against the negative effects of high maternal anxiety. Supporting parents in increasing their sense of efficacy may not only help them cope during times of extreme stress, such as war, but also enhance the resilience of both parents and children.

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethics statement

This study involved human participants (mothers of young children). All procedures were reviewed and approved by the Ethics Committee of Ruppin Academic Center. Written informed consent was obtained from all participants prior to their participation, in accordance with institutional requirements and local legislation. The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

Author contributions

OB-A: Writing – original draft, Conceptualization, Writing – review & editing, Resources. TE: Methodology, Data curation, Writing – original draft, Writing – review & editing, Formal analysis, Validation, Visualization, Resources. YG: Methodology, Data curation, Writing – original draft, Writing – review & editing, Formal analysis, Validation, Visualization, Resources. LL-A: Writing – original draft, Writing – review & editing.

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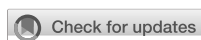
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Children's rights and needs during war: the case of adolescents in Israel

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Introduction: This study aims to examine the attainment of rights and needs of adolescents during the war following the October 7th 2023 terror attack on Israel. A normative analysis of the human rights of children and youth, based on the United Nations Convention on the Rights of the Child (CRC), was integrated with an empirical examination of children's rights and needs attainment. Committed to a children's rights epistemology, the empirical examination is based on children's own reports. Additional aims were to explore whether gaps existed between the adolescents' perspectives and those of their parents, and across demographic groups (using Hebrew and Arabic surveys).

Methods: A novel questionnaire was developed based on key children's rights detailed in the CRC and organized according to the "Three P's" classification: protection (whether children are safe from harm), provision (continuity and equality in public services), and participation (children's access to safe information, participation in decision-making, privacy, and freedom of expression). Data were collected in Hebrew from 359 adolescent-parent dyads between May and July 2025. In a second wave, data were collected in Hebrew and Arabic from additional samples of adolescents ($n = 101$; $n = 24$) between August and September 2025. A mixed-methods approach was employed to analyze the quantitative data, alongside qualitative analysis of text responses to open-ended questions.

Results: Protection: while basic safety seems to be maintained for adolescents, exposure to violence, mainly verbal, in schools was noted. Among responders to the Arabic survey, higher percentages of verbal assault at home were reported. Fear of "the other" emerges as a significant theme in text responses. Provision: education continuity is challenged, with Arab schools showing more stability. Participation: Arabic-speaking adolescents report feeling less free to express their opinions. Parents were reported as a central source of safe information for adolescents, mainly in the Hebrew surveys. Text responses highlight the need of some to "talk more" and "be heard more" despite their young age.

Discussion: By employing an interdisciplinary framework that combines a normative rights-based analysis with an empirical examination of children's reports on the attainment of their rights and needs, this study contributes to the broader understanding of how war impacts adolescents, emphasizing often-overlooked areas such as freedom of speech, equality, access to safe information, and participation. Findings highlight the impacts of prolonged war on the sense of safety beyond immediate needs.

KEYWORDS

adolescents, armed conflict, children's needs, children's rights, Convention on the Rights of the Child, CRC, terror, war

1 Introduction

Exposure to war detrimentally impacts the lives of children and youth in various ways and domains. Examining impacts on mental health, literature shows that children and adolescents exposed to war, terrorism, or armed conflicts show an increase in post-traumatic symptoms and post-traumatic stress disorders (PTSD), elevated behavioral and emotional problems, difficulties with sleep and play, aggression, emotional numbing, and psychosomatic symptoms (Attanayake et al., 2009; Dimitry, 2012; Kadir et al., 2019; Slone and Mann, 2016). Research has also revealed the complex and interconnected nature of war's impact on child development. Kadir et al. (2019) conducted a systematic review of 50 studies spanning 1990–2017, examining children in war-affected regions across Africa, Asia, Eastern Europe, and the Middle East. Their analysis demonstrates that psychological distress represents the most frequently documented outcome among war-affected children, and that these outcomes exhibit a clear dose–response relationship: the more cumulative the exposure to violence and instability, the greater the risk and severity of psychological symptoms. Werner's (2012) comprehensive review of global studies also found that children exposed to armed conflict commonly exhibit elevated rates of PTSD, depression, and anxiety, and similarly pointed out that symptom severity correlates with the recency and intensity of exposure. It was also found that more early exposure to violence predicts more post-traumatic stress symptoms, as was shown in a longitudinal study surveying Palestinian and Israeli children exposed to protracted conflict (Huesmann et al., 2022). A qualitative thematic analysis of interviews with Palestinian youth and adults in East Jerusalem ($n = 24$ adolescents, $n = 8$ adult parents and professionals; Zedan, 2025) suggested that such traumatic stress might be reflected by the youth experiencing perpetual threat, hypervigilance, intergenerational transmission of stress, emotional suppression and helplessness, normalization of abnormality, and distrust in protective systems (Zedan, 2025).

The psychological impact of war on children extends beyond immediate trauma responses to encompass long-term developmental consequences. Longitudinal studies reveal the persistence of psychological effects, with research on children traumatized during World War II showing that early trauma was linked to chronic PTSD, depression, and physical illnesses decades later. Among Cambodian children who experienced war trauma, 50% showed PTSD symptoms during high school, with 35–38% continuing to experience symptoms 12 years later. In Israel, it has been shown that children living in an area exposed to prolonged rocket attacks from Gaza in Southern Israel experience greater developmental, emotional, and behavioral problems than those in central Israel who were less exposed to the rocket attacks (Feldman et al., 2013; Shechory Bitton and Laufer, 2018).

While this body of literature focuses on psychological outcome measures, mostly collected through parental reports or standard clinical assessments, the present study employs a novel, interdisciplinary approach combining the empirical approach with a theoretical international law framework to examine the impact of war on adolescents through the lens of children's rights and needs, and by relying on the adolescents' own reports. Specifically, the study examines how the ongoing multifront war in Israel, which began with the Hamas attack on October 7th, 2023, has affected the attainment of rights and needs of adolescents in Israel.

1.1 The war following the October 7th 2023 terror attack: impacts on children in Israel

During the Jewish holiday of Simchat Torah, on the morning of Saturday, October 7, 2023, the Hamas terrorist organization¹ launched a surprise attack on the Israeli towns and villages bordering the Gaza Strip. In this attack, Palestinian Armed Groups breached the border into Israel through land, sea, and air, targeting military and civilian areas with indiscriminate rocket fire and massacring² individuals and families on the streets, at a music festival, and in their homes (Human Rights Watch, 2024). When taking into account the number of victims per capita, it is considered to be one of the deadliest terrorist attacks in modern times (Statista.com, 2023). The Palestinian Armed Groups who broke into Israel also abducted over 200 Israeli and foreign citizens, including women, the elderly, adolescents, children, and toddlers (Human Rights Watch, 2024). The attacks extended to the north of Israel, where missiles were fired at civilian centers and Israeli Defense Forces' positions from Lebanon by the Hezbollah terror group. Israel faced significant displacement of residents from affected areas: civilians living close to the border with Gaza, who had experienced the carnage firsthand, have been evacuated. Residents of the northern border areas have also been evacuated. Communities across Israel have been targeted by rocket attacks, so some individual families from other areas also had to leave their damaged homes and move to temporary accommodations (Ministry of Foreign Affairs, 2024; Sabag et al., 2024). These events marked the beginning of a war whose end is not yet in sight at the time of the writing of these lines. Additional fronts of armed conflict have opened since the war began, with the continuous firing of missiles on Israel by the Houthis terror group from Yemen and the 12-day Israel-Iran War in June 2025. In response, Israel has also launched military operations against armed groups and infrastructure across multiple fronts. These operations have resulted in widespread destruction and many thousands of civilian casualties in Gaza, including children and youth (Bessell and O'Sullivan, 2026).

It is already clear that this war is an unprecedented event in Israel's history (see: Codish et al., 2024; Levi-Belz et al., 2024; Yehene et al., 2024), with profound and multifaceted impacts on children and

1 Hamas is a designated terrorist organization by the United States of America: <https://www.state.gov/foreign-terrorist-organizations>; The European Union: <https://www.consilium.europa.eu/en/policies/sanctions-against-terrorism/#list>, the United Kingdom: <https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2/proscribed-terrorist-groups-or-organisations-accessible-version>, Canada: <https://www.canada.ca/en/public-safety-canada/news/2025/12/government-of-canada-lists-four-new-terrorist-entities0.html>, Australia: <https://www.nationalsecurity.gov.au/what-australia-is-doing/terrorist-organisations/listed-terrorist-organisations>, Israel: <https://nbctf.mod.gov.il/en/Minister%20Sanctions/Designation/Pages/downloads.aspx>, and more.

2 The term "massacre" was used to describe the October 7th attack by multiple UN and EU officials: Borrell, J. (2023, November 22). Israel/Gaza: Speech by High Representative/Vice-President Josep Borrell at the EP Plenary. European External Action Service. https://www.eeas.europa.eu/eeas/israel-gaza-speech-high-representativevice-president-josep-borrell-ep-plenary_en; United Nations (2023, October 18). World "at brink of abyss that could change trajectory of Israeli-Palestinian conflict", UN Middle East Coordinator warns Security Council (Press release SC/15451). UN Meetings Coverage and Press Releases. <https://press.un.org/en/2023/sc15451.doc.htm>; von der Leyen, U. (2023, November 9). Speech by President von der Leyen at the International Humanitarian Conference for the Civilian Population in Gaza. European Commission. https://enlargement.ec.europa.eu/news/speech-president-von-der-leyen-international-humanitarian-conference-civilian-population-gaza-2023-11-09_en.

adolescents. The initial October 7th attack resulted in the deaths of 56 infants, children, and youth under 18, with 39 children and toddlers abducted and taken from Israel into captivity in Gaza (National Council for the Child, 2024; Ziv et al., 2024; Bron-Harlev et al., 2025), some were abducted with their parents (Tsur et al., 2025) while others were separated from their parents and siblings during abduction or in captivity (see for example Knafo-Noam and Segal, 2025). The scale of family disruption is reflected in statistics showing that 359 Israeli children lost at least one parent to terrorist attacks, 615 lost a parent serving in Israeli security forces, and over 1,000 children lost siblings during the war, as of 22.7.24 (Ministry of Justice, Social Justice Division, 2024). Displacement is another challenge, with 253,000 people evacuated from border communities by November 2023, including approximately 66,000 children and youth (National Council for the Child, 2024). As of May 2024, 7,976 children remained displaced, residing in temporary accommodations (Committee on the Rights of the Child, 2024). Following the June 2025 Iranian missile attacks, thousands of families in Israel were displaced as homes were damaged or destroyed. The Knesset Information and Research Center (2024) identified multi-dimensional risks facing displaced children, including educational, emotional, developmental, and social challenges.

The Brookdale Institute report (Sabag et al., 2024) identified seven key domains of the war's impact on children: physical health and development, emotional well-being, family affiliation, protection from others, learning and acquisition of skills, social belonging and community participation, and protection from self-endangering behaviors. Suggesting that the war's psychological impact transcends geographical boundaries, the authors of this review conclude that apart from children who were directly exposed to carnage or have been evacuated from their homes, the war affects all children and youth in Israel. The sources of information for this review included policy documents, information sheets, and protocols of meetings of government forums and organizations that provide for the needs of families and children; literature on previous conflicts in Israel and worldwide and their effect on children, and the etiology of risk factors among children and youth as identified in the literature (Sabag et al., 2024).

Notably, a population uniquely impacted by the war is the Arab and Palestinian population in Israel, which consists of Muslim, Christian, Druze, and Bedouin communities – altogether about 21% of the Israeli population, and ~360,000 residents in East Jerusalem (Israel Democracy Institute, 2023; Halabi and Shoshana, 2024). These minorities face numerous gaps in socio-economic conditions compared with the Jewish majority, including lower educational achievements, higher poverty rates, reduced health indicators, and longstanding under-investment in the infrastructure of their towns, villages, and neighborhoods, which research shows account for a substantial share of the disparities (Daoud et al., 2018). In the context of the war, not only socio-economic issues and identity put these minorities in the face of unique challenges, but sometimes also direct family relations to relatives in Gaza who experience the severe impact of war there. Thus, their experiences of the war within the broader context of the Israeli-Palestinian conflict have unique complexity. A previous study by two of the current authors (HFZ and TG) involving Palestinian adolescents from East Jerusalem found that participants described a persistent sense of political persecution, including recurrent encounters with the Israeli forces, surveillance, and harassment in public spaces, and perceived restrictions on freedom of expression

(Zedan and Gal, 2025; Zedan, 2025). In addition, many Arab towns and villages, specifically in the Bedouin residential areas, lack adequate protective infrastructure (e.g., shelters or “safe rooms”) from missile attacks (Al-Said and Braun-Lewensohn, 2024). In the present study, we thus aimed to ensure the representation of these minorities when examining the attainment of rights and needs of adolescents in Israel during war.

The impact of war on children and youth's mental health has been documented across Israel, with increases in 2024 in anxiety, somatization, and depression – rates substantially higher than those reported in previous years, including during the COVID-19 pandemic (National Council for the Child, 2025). These statistics suggest that the psychological impact of war on children and youth extends beyond areas of direct physical exposure. Vulnerable populations were documented to experience even higher negative impact. For example, a study elucidating the experiences of families of autistic and non-autistic children in Israel found that in the 30 days following the 7 October 2023 terror attack, parents reported that their children (autistic and non-autistic) showed clinically significant posttraumatic stress symptoms, with autistic children reported to be experiencing even more posttraumatic stress (Rozenblat et al., 2024).

Thus, research conducted in Israel regarding the impact of the ongoing war on children and adolescents aligns with previous findings from around the world in highlighting the detrimental effects of terror and war, focusing mainly on mental health (Kadir et al., 2019). It also, similarly to much of the global literature, relied mainly on data collected from government and other organizations (e.g., Sabag et al., 2024), as well as clinical assessments or parents' reports on themselves and their children (e.g., Gur et al., 2025; Rozenblat et al., 2024). It is more challenging to find studies that rely on children or adolescent participants, who report their own experiences and express their perspectives. Zedan and Gal (2025; reviewed above) attempted to do so in participatory research with Palestinian youth from East Jerusalem. However, this kind of qualitative work is, by nature, comprised of only a few participants. Another attempt to directly seek the perspective of youth in Israel during the war was made in 2024 by Kosher and colleagues.

The Haruv Institute report (Kosher et al., 2024) presents a study examining Israeli children's lived experiences regarding their social relationships during the war, resources for coping, and what the children would like policymakers to know about the impact of war on them. Through conducting six focus groups encompassing a total of 51 children aged 10–17 years from Israeli communities in the Gaza-surrounding area, the researchers collected data between December 2023 and February 2024. Participants discussed the impact of war on their social relationships, and the content of the conversations was analyzed in a qualitative approach. The study also included distributing questionnaires to measure the participants' social relationships before and after the October 7th carnage. The results emphasized complex and varied difficulties that extend beyond direct trauma exposure, as well as a variety of coping strategies. For example, while some children described loss of contact with friends due to displacement, others described intense (and sometimes too intense) social relationships while living with peers in the same temporary accommodation. Although children were not directly asked about school and learning, this theme emerged from their own choice of subjects to discuss, suggesting a lack of motivation, feelings of disengagement from school, and the feeling that some teachers do not understand them. Other reported challenges included a sense of privacy loss,

desire to go back home alongside fear, experiences of sadness, stress, and anxiety.

Many children participating in the Haruv report focus groups described an experience of “invisibility”: the feeling that adults do not understand them and are not available to them, while also noticing that adults in their lives are experiencing profound difficulties, trauma, and dysfunction. Some children expressed the feeling that there was no place for their voices to be heard (Kosher et al., 2024). This report employed the theoretical prism of children’s rights, according to which a child should be viewed as a whole person and a subject in their own right. Thus, the inclusion of children as participants was not just a methodological choice, but also a conceptual and epistemological one. In the present study, we employed the same children’s rights theoretical framework, aiming to collect data on a larger scale from children across the country, and with a broader scope of children’s rights.

1.2 Children’s rights during war: a rights-based approach

A rights-based approach to studying the impact of armed conflicts on children provides a normative framework that recognizes children not merely as passive victims in need of protection, but as active rights-holders entitled to dignity, agency, and accountability from duty-bearers. Grounded in the UN Convention on the Rights of the Child (CRC), this perspective shifts the focus from needs-based interventions to legally and morally binding obligations that states and institutions must uphold. Goldhagen et al. (2019) argue that this approach reframes the problem of children in war as a systemic failure of international commitments, thereby elevating the ethical and legal imperatives for action. It emphasizes that violations of children’s rights – such as deprivation of education, loss of family care, forced displacement, and trauma – are not just humanitarian concerns, but breaches of codified international standards. Furthermore, a rights-based approach broadens the scope of investigating the impact of war on children beyond questions about their safety, and physical and mental health, to include concepts such as privacy, equality, freedom of expression, and participation in decision-making – all of which are internationally recognized human rights of children and youth. At the epistemological level, a rights-based approach recognizes that, despite their dependence on adults, children have interests, needs, and perspectives that are distinct from those of the adults surrounding them. Accordingly, a rights-based methodology is based on asking children directly about their experiences and needs. Thus, a children’s rights framework expands the current discourse about children in wars in three levels: it provides a broader spectrum of questions, promotes a child-centered methodology, and offers a robust foundation for advocacy, accountability, and sustained policy change.

The present study rests on the normative foundation of the CRC, which has achieved near-universal ratification and establishes clear legal obligations for the protection of children’s rights within member-state jurisdictions (Goldhagen et al., 2019). The CRC establishes over 20 children’s rights, which can be categorized into three domains: 1. Protection – protective rights against harm; 2. Provision – social rights ensuring access to services and resources; and 3. Participation – participatory rights involving children’s agency and engagement in family, community, and public life (Qvortrup, 1996; Okorodudu, 1998; Goldhagen et al., 2019; Freeman, 2020). The rights outlined in the CRC are interconnected in that the fulfillment of one right category often depends on the realization of others (Gal, 2011). For instance,

the right to education serves not only as a provision right but also as a crucial protective mechanism that provides structure, normalcy, and psychosocial support (Franczak and Lutz, 2024). The CRC’s framework is also holistic, requiring each right to be applied with the principles of equality, the best interest of the child, and child development and participation in mind.

The human rights framework created by the CRC is also interdisciplinary in nature, integrating legal and psycho-social knowledge. By specifying broad terms such as development and the child’s best interest, it invites findings and insights from the social sciences about children’s needs to inform policymakers on ways to fill these general human rights principles with evidence-informed content (Gal, 2011). For example, in considering the right to development and its attainment during an armed conflict, one needs to explore developmental psychology knowledge regarding the required conditions for healthy development and how such conditions, such as stability, predictability, and supportive relationships, are fundamentally disrupted during warfare (Werner, 2012; Machel, 1996).

While numerous researchers studying the impact of armed conflict on children have framed their findings using a children’s rights lens (e.g., Kosher et al., 2024; Zedan and Gal, 2025), no comprehensive investigation yet captures how war undermines the entire spectrum of children’s rights envisioned by the CRC. The Machel Report (1996) was groundbreaking in reframing children affected by war as rights-holders, shifting international attention toward their protection and participation. However, it did not explicitly use the CRC as a blueprint for setting the research questions, leaving rights such as equality, freedom of expression, and privacy underexplored. Using the Machel Report’s evidence on killings, injuries, forced recruitment, displacement, and attacks on schools, Okorodudu (1998) mapped these findings onto the CRC framework, demonstrating how wars undermine children’s rights to survival, protection, development, and participation, including threats to basic rights to life, health, education, and free expression. Likewise, Goldhagen et al. (2019) proposed a comprehensive rights-based framework, linking armed conflict to health outcomes and calling for collaboration across agencies to protect children’s rights. Yet, both were primarily conceptual and did not generate new empirical data. Where empirical work exists, it tends to focus on single rights, especially education. For example, a UNESCO (2011) report documented school closures, teacher displacement, budgetary diversions, and destruction of infrastructure as central obstacles to learning and psychosocial well-being in conflict zones. Research on children’s participation rights during war has been extremely scarce, despite the centrality of the participation right in the CRC. One such project is Singh (2023) qualitative study in Chhattisgarh, India, which found that decisions regarding rehabilitation and institutional placement of conflict-affected children were typically made without children’s involvement. Thus, there is a scarcity of research that systematically applies the full spectrum of children’s rights to examine the realities of children in war.

1.3 The present study

The present study adopts an integrative theoretical framework that combines the normative rights-based approach established in the CRC with an empirical examination of children’s needs (Goldhagen et al., 2019; Kadir et al., 2019). A needs-only discourse is an objective assessment of what people need for a minimally decent or flourishing human life. A rights-only discourse is

someone's claim about their entitlements, typically expressed in their own voice. The integration of both children's rights and children's needs perspectives creates a more robust framework that bridges normative assertions regarding state obligations with empirical insights regarding children's needs and perspectives (Franczak and Lutz, 2024; Gal, 2011). This dual approach also recognizes that while rights-based discourse effectively establishes legal and moral obligations, it must be complemented by an evidence-based understanding of children's needs (Gal, 2011; Waldron, 2000). An even more robust framework is one that relies on universal consensus of children's entitlements to seek their own perspectives on the level of attainment of their needs and rights, while also collecting parents' reports, to provide triangulation and validation. Another reason for seeking adolescents' self-reports in the present study is that some rights violations may not be observable to parents or captured in institutional records, for example, internal experiences and subjective aspects of violations of freedom of speech or the right to participation. Accordingly, the primary objective of the present study was to assess the extent to which adolescents' rights and needs were fulfilled in

Israel during war, according to their own reports and those of their parents. An additional objective was to explore whether there were gaps between the adolescents' perspectives and those of their parents. Finally, we aimed to examine whether there were differences across demographic groups and levels of exposure to the war's impact, both in terms of displacement and over time.

2 Materials and methods

The procedure consisted of developing a novel questionnaire, conducting a pilot study, and collecting data in two waves.

2.1 Participants

In the first wave, data were collected from 359 adolescents aged 14–18 years and their parents. In a second wave, data were collected from an additional sample of 101 Hebrew-speaking and 24

TABLE 1 Demographic characteristics of the three samples of participants.

		Wave I	Wave II	
		Hebrew questionnaire <i>q</i>	Hebrew questionnaire <i>q</i>	Arabic questionnaire <i>q</i>
Children	<i>N</i>	349	101	24
	Age (split)	2.3% Grade 8 – Under 14 22.2% 14 years old 31.7% 15 years old 20.2% 16 years old 15.6% 17 years old 8.1% 18 years old	3% Grade 8 – Under 14 15.8% 14 years old 27.7% 15 years old 26.7% 16 years old 19.8% 17 years old 6.9% 18 years old	10% Grade 8 – Under 14 25% 14 years old 10% 15 years old 30% 16 years old 25% 17 years old
	% Girls	51.3%	53%	54.1%
Parents	<i>N</i>	359	–	–
	% Mothers	63.7%	–	–
Family	% Displaced families	8.1%	3%	0%
	Geographical area of residence	25.9% Central District 19.8% Southern District 18.1% Northern District 14.7% Haifa District 10.9% Tel Aviv District 10.6% Jerusalem District	46.5% Central District 14.9% Tel Aviv District 11.9% Southern District 10.9% Northern District 8.9% Haifa District 6.9% Jerusalem District	40% Central District 20% Southern District 20% Northern District 16% Haifa District 4% Jerusalem District
	Religion	92% Jewish 4.5% Muslim 1% Druze 0.5% Christian 2% no religion or chose not to answer	98% Jewish 1% Muslim 1% prefer not to answer	96% Muslim 4% Christian *(1 participant)
	Spoken language at home	89.9% Hebrew 5.7% Arabic 2.7% Russian 0.8% English 0.5% Yiddish 0.2% other	95% Hebrew 2% Russian 2% English 1% other	100% Arabic

Gender data was missing for 2 parents in the sample.

Arabic-speaking adolescents. The demographic characteristics of the three samples are detailed in [Table 1](#).

2.2 Procedure

2.2.1 Questionnaire development

The questionnaire was developed to reflect the CRC's normative framework of children's rights, which are founded on children's universal needs, spanning the domains of protection, provision, and participation and agency, but instead of using legal language, it used day-to-day needs terminology. First, the relevant CRC rights were identified (Protection – Articles 3 [best interests], 19 [protection from violence], 37 and 40 [protection from torture and cruel punishment; due process]; Provision – Articles 2 [equality], 6, 26, 27 [development, adequate living conditions, and social security], 24 and 39 [health, healthy environment, rehabilitation], and 28, 29, 31 [education, leisure, and social activities]; Participation – Articles 12 [expressing views], 13–15 [freedom of speech, thought, conscience, religion, and association], 16 [privacy], 17 [access to safe media], and 30 [culture]). Then, the specific obligations towards children that each article creates in the context of war were articulated (for example, Articles 13, 14, and 15 were translated into a more concrete construct of “guaranteeing freedom of expression and preventing hate speech and violent reactions to children's views”). Finally, questions were drafted using a daily needs terminology to identify the extent to which each obligation is met from the children's perspectives. For example, the abovementioned construct was translated into the questions: “Do you feel free to share your opinions and feelings about the war/situation in public spaces?” “Have you experienced a physical assault by another person due to expressing your opinion in public spaces in the past 2 months?” (for a full description of the conceptualization of the various questions based on the CRC Articles and translated into daily needs of children, see [Supplementary Table S1](#)). As another example, Article 17, access to safe media, which is part of the participation rights cluster, creates an obligation to ensure delivery of child-appropriate information and to provide education and prevention regarding exposure to harmful content. Translating this to a day-to-day language of children's needs, we asked: “To what extent has exposure to content and information caused you to feel distress or difficulty recently?” This question appeared following a list of various types of information sources, including social media.

The questionnaire also included sections addressing children's well-being and demographic characteristics. We held a consultation session with a group of seven adolescent members of a Youth Advisory Board (YAB) in the Minerva Child and Youth Rights Program (ChYRP) at the Hebrew University, to ensure the questionnaire was accessible to adolescents. Further amendments were made to meet the ethical requirements of the Israeli Ministry of Education. An equivalent questionnaire was created for parents.

For the second wave of data collection, the questionnaire was translated into Arabic by a native Arabic speaker and a fluent Hebrew speaker (author HFZ). To enhance cultural and linguistic equivalence, the Arabic version of the questionnaire underwent a multi-step translation and consultation process. The Arabic translation was back-translated (Arabic to Hebrew), using two different AI language model platforms (OpenAI Chat GPT, GPT-4o; Claude Sonnet 4, version claude, *sonnet-4-20250514*). The first and last authors (both native Hebrew speakers) each compared one of the versions with the original Hebrew questionnaire and highlighted inconsistencies occurring in the

translation process. Corrections were discussed among the research team until an agreement was reached. Following translation and back-translation, potentially ambiguous or culturally sensitive items—particularly those addressing fear, discrimination, exposure to violence, and the sociopolitical context—were reviewed in consultation with the Arabic-speaking Youth Advisory Board (YAB). Debatable items were shared with the ChYRP Arabic-speaking YAB, and their suggestions helped ensure readability and fidelity to the Hebrew version. YAB members identified unclear wording, suggested minor phrasing modifications, and provided concrete examples of how adolescents might interpret selected items. For several items, participants were also asked to translate them back into English and explain their meaning, enabling the research team to assess semantic clarity and emotional appropriateness. This process aimed to strengthen clarity, cultural relevance, and conceptual alignment with the original Hebrew version. Nevertheless, we acknowledge that, despite these efforts, subtle semantic differences reflecting culturally embedded meanings might persist and go undetected by all involved in this process, particularly when identical constructs are assessed across ethnic and language groups situated in different sociocultural, sociopolitical, and historical contexts.

Ultimately, the study employed Hebrew questionnaires for children and parents, and an Arabic children's version, each included 60 items. Most items used a 0–7 scale to provide sufficient granularity for capturing nuanced experiences while remaining accessible to adolescents. Zero was included as an anchor point to allow respondents to indicate a complete absence of an experience (e.g., ‘not at all’). The 0–7 range provides eight response options, balancing discrimination capacity with cognitive load.

2.2.2 Recruitment and distribution

Questionnaires were implemented on the Qualtrics platform for online distribution. A small-scale pilot study was conducted in a Jerusalem-based Hebrew-speaking school to ensure the readability of the questionnaire for adolescents and to verify that the technical procedure, including the pairing of child–parent dyads' responses, was successfully implemented while maintaining participants' anonymity. Although the pilot was successful and no amendments were needed, we subsequently excluded the data obtained in that phase due to the significant time gap with the start of data collection in Wave I.

The first wave of data collection took place from May 22nd to July 22nd, 2025, through a survey company. Parents received the questionnaires with an informed consent form, and were asked to forward a consent form and a questionnaire to their children. Participants were compensated with a voucher for a bookstore chain worth 30 NIS (~\$9). This wave resulted in a sample that was predominantly Jewish (92%), Hebrew-speaking (89.9%), and consisted of only 4.5% participants from Arab minorities ([Table 1](#)), which was an insufficient representation and did not allow for meaningful group comparisons. We therefore aimed to collect another sample in Arabic.

In the second wave, we utilized both the Hebrew and Arabic versions to collect data from two additional samples (in Hebrew and Arabic) between August 1st and September 18th, 2025. The recruitment by the survey company yielded a sample of 101 responders to the Hebrew survey, but only a few responses to the Arabic version. Thus, we completed the recruitment of this group using a convenience sample and employed the snowball recruitment method. The convenience sampling approach used for the Arabic survey may

introduce selection bias, limiting the generalizability of findings from this group. In addition, we received 40 responses, but only 24 participants eventually completed the questionnaire. Thus, the preliminary small-scale samples collected in Wave II were analyzed in an exploratory approach. Further work is in progress to complete an in-depth examination using the Arabic survey. Demographic characteristics of the Arabic sample (Table 1) indicate that participants were primarily Muslim (with one Christian participant). This sample composition does not capture the full spectrum of Arabic-speaking minorities in Israel, which include Druze, Bedouin, Christian, and other communities, limiting generalizability. This limitation is further discussed in the limitations section.

2.3 Measures

2.3.1 Protection

Four item groups were used to measure the attainment of children's rights to protection:

2.3.1.1 Protection against violence

Participants were presented with a list of ways of physical/verbal violence and were asked to rate on a scale of 0–7 to what degree each harmed them in the past 2 months (0 = not at all, 7 = very much and very often), and the degree to which they received adequate support (0 = not at all, 7 = very much). They were also asked to detail whether there were places they feared or avoided.

2.3.1.2 Best Interests

Participants were asked to rate on a scale of 0–7 the extent to which they felt that their various needs were fulfilled (0 = not at all, 7 = fully met), referring to physical safety, protection from harm by caretakers, sense of safety on social media, mental health support, health and safety for their family, access to information, education, and accommodation.

2.3.1.3 Best interests during displacement

Participants were asked to rate (0–7) the extent to which they felt safe and had adequate physical conditions in their accommodation (0 = not at all, 7 = very much), and if there was any service that they were missing following displacement.

2.3.1.4 Due process

Participants were asked if they had unwanted contact with the police, and if yes, to what degree they received fair treatment (0 = never/not at all fair; 7 = many times/very fair).

2.3.2 Provision

Three item groups were used to measure the attainment of children's rights to the provision of services:

2.3.2.1 General needs

Participants were asked to rate to what extent they lacked basic necessities (e.g., food, clothing, housing, medical services; 0 = not at

all, 7 = fully fulfilled), and to report which services they thought they should have received but did not.

2.3.2.2 Education

Participants were asked: "Is your school currently operating?"; "Has the school staff changed since the outbreak of the war on October 7?" "Do you attend school regularly?"; "To what extent does the school understand and take your difficulties into consideration?"; "Does your school have adequate protective facilities?"

2.3.2.3 Equality

Participants were presented with a list of services and were asked to rate the degree to which they felt that representatives of these services discriminated against them in the past 2 months (0 = not at all, 7 = very much). They were also asked to detail whether there was a reference to any characteristic of them in an instance of discrimination, and to what degree they tried to hide any such characteristics. Text comments were qualitatively analyzed.

2.3.3 Participation and agency

Four item groups were used to measure the attainments of these rights:

2.3.3.1 Privacy

Participants were presented with a list (disclosure of personal details, entry into private space, inspection of personal belongings, and intrusive security checks) and were asked to rate the degree to which they felt violations in each (0 = not at all, 7 = very much).

2.3.3.2 Freedom of speech

Participants were asked to rate (0 = not at all, 7 = very much/very often) if they: feel free to express their opinions about the war in public, if they have experienced a physical or verbal assault due to expressing their opinion, harm to relationships with peers, or "shaming." They were also invited to detail "If you do not feel free to share your opinions, what are you afraid of?" and were offered to choose from a list of possible consequences: verbal or physical assaults, threats, shaming, boycott by peers, arrest, police violence, or "other."

2.3.3.3 Access to safe information

Participants were asked to rate information sources they use, and to report to what extent exposure to each has caused them distress (0 = not at all, 7 = very much).

2.3.3.4 Participation in decisions regarding displacement

Participants were asked to report on the level of their involvement in decisions related to the new accommodation, school, and after-school activities (0 = I was not involved at all; 1 = I received information about the new situation; 2 = I expressed my opinion, but it was not taken into account; 3 = I was consulted, but the adults made the decision; 4 = The decision was made together by

me and the adults; 5 = There was a joint discussion, and I made the decision; 6 = The decision was made by me alone; 7 = I initiated the decision, and the adults joined and supported).

2.3.4 Wellbeing

Participants' well-being was assessed using the KIDSCREEN-10 Index (Ravens-Sieberer et al., 2010), a 10-item questionnaire for children and adolescents. Both the child self-report version and the parent version assessing the child well-being were administered. Each item is rated on a 5-point Likert scale ranging from 1 (never/not at all) to 5 (always/extremely). Total scores are calculated by summing all items (range = 10–50; higher scores indicate better well-being). The KIDSCREEN-10 shows good reliability (Cronbach's $\alpha = 0.82$ for child self-report) and adequate test–retest reliability (ICC = 0.70) in international samples (Ravens-Sieberer et al., 2010). The Hebrew KIDSCREEN-10 has demonstrated internal consistency (Guttman's $\Lambda \geq 0.7$) and good convergent validity (Barak et al., 2025).

2.4 Data analysis

All quantitative analyses were conducted using R version 4.4.0 (2024). Many continuous measures exhibited zero inflation (most participants reporting zero values). Zero-inflation is well-documented in sensitive topics research, where “excessive zeros in responses” create analytical challenges (Fulton et al., 2015). Given this distributional issue, our analytical approach differed depending on whether measures showed sufficient variability for statistical testing. For zero-inflated measures with limited variability, we report only the percentage of participants reporting any non-zero responses (prevalence of endorsement) as descriptive statistics, without conducting statistical comparisons between groups. For measures showing greater variability and more consistent distributions, we conducted statistical comparisons using permutation tests with false discovery rate (FDR) correction. Specifically, we used paired-sample permutation tests to assess differences between adolescents' and parents' reports in Wave I, and independent-sample permutation tests to compare groups in Wave II.

Missingness was also assessed to identify potential systematic patterns. For Wave I (parent–adolescent dyads), Chi-square tests revealed minimal associations with demographics (geography and gender) separately for parents and adolescents, supporting the missing-at-random assumption. Per-section missingness rates and zero percentages by group, and full test results, are presented in the [Supplementary Tables](#). For Wave II (smaller independent adolescent samples, especially the Arabic survey), low power precluded such tests, but missingness rates and zero percentages by group (Hebrew vs. Arabic) are reported in the text and [Supplementary Tables](#) for each section. Missingness rates varied substantially across domains and groups. In Wave II, Arabic survey respondents showed consistently higher missingness rates across most domains compared to Hebrew survey respondents. The highest missingness rates were observed for sensitive topics such as violence exposure and discrimination experiences. Missingness rates by domain and group are reported in the text. Pairwise deletion was applied conservatively across both waves. Variables with $\geq 60\%$ zeros (among all cases) were described by endorsement prevalence (% non-zero among respondents, unless stated otherwise). Variables with $< 60\%$ zeros and reasonable non-zero distributions underwent permutation tests (10,000 iterations): paired tests for Wave I parent–adolescent comparisons

(broman package; Broman, 2024) and unpaired tests for Wave II group or cross-wave comparisons (coin package; Hothorn et al., 2008). Cohen's d and 95% permutation-based bootstrap confidence intervals are reported for all inferential results. The 60% threshold was empirically validated through distributional analysis (see [Appendix A1](#)), demonstrating that this threshold effectively separates variables with severe distributional violations (skewness > 2.0 , CV > 1.5) from those suitable for inferential testing. Full details and code are provided in the [Supplementary materials](#).

Responses to open-ended items and text comments were analyzed in a qualitative approach. An inductive, data-driven approach was used to analyze the text responses provided by participants. A qualitative analysis was used to identify patterns in the data, which converged into key elements or categories (Birks and Mills, 2015). The analysis began with open coding, in which primary recurring patterns in the data were identified. Data extracts and initial categories suggested by the first author were audited by the last author, and disagreements were discussed. When categories were finalized, axial coding was formulated, and then a directed coding analysis continued until all the data were classified into categories. A theoretical integration was then made, and the finalized set of categories was grouped. For Wave I, saturation was evaluated by examining whether new categories emerged as additional responses were coded, continuing until no new categories emerged. For Wave II, particularly the Arabic survey with sparse responses, qualitative findings should be interpreted as preliminary patterns rather than saturated themes. Quotations were selected to represent the range of responses within each category, exemplifying core meanings while preserving participants' original language.

As Wave II Arabic data rely on a very small convenience sample, both quantitative and qualitative analyses of cross-group comparisons in this wave are exploratory.

3 Results

Descriptive statistics are presented below, followed by inferential comparisons and qualitative findings where relevant.

3.1 Wave I

3.1.1 Protection

3.1.1.1 Protection against violence

Overall, 18.05% of the parents and 16.01% of the adolescents reported at least one instance of violence exposure across all contexts, with a high missingness rate in most questions (see [Supplementary Table S1a](#) for the full report). These measures were thus analyzed descriptively by reporting the percentage of endorsement ([Figure 1](#)). Overall, 20.1% of parents and 17.2% of adolescents reported at least one instance of violence exposure across all contexts. We present item-level results as percentages of respondents to each specific question (excluding missing data). Among those who answered, both adolescents and their parents most commonly reported adolescent exposure to verbal harassment/threats at school (parents: 17.09%, adolescents: 15.8%), with lower rates of physical violence reported across contexts. Among participants who reported

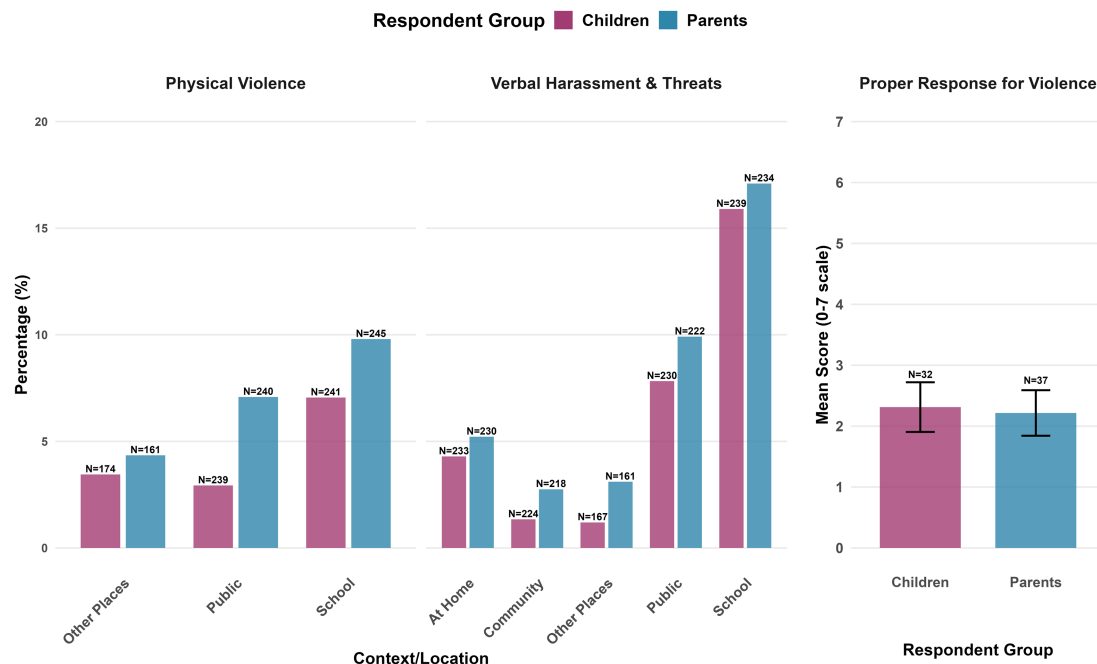


FIGURE 1

Violence exposure endorsement rates and institutional response satisfaction by context and respondent group. Error bars represent standard errors.

Sample sizes are displayed above each bar. Percentages show endorsement rates among respondents (excluding missing data). Proper response scores reflect mean satisfaction (0–7 scale) among participants who reported violence.

violence exposure, satisfaction with institutional responses was generally low (Parents: $M = 2.21$, $SD = 2.27$, $N = 37$; Children: $M = 2.31$, $SD = 2.30$, $N = 32$).

When asked to rate place avoidance tendency due to fear, 46.4% of the adolescents reported no avoidance at all (0), 15.4% did not respond, and the rest (38.2%) reported varying levels of avoidance ($M = 3.812$, $SD = 1.925$). Ninety-nine adolescents detailed what they fear. A qualitative analysis revealed five categories: 1. Fear of the “other” [$N = 53$; fearing and avoiding Arab places and/or people ($n = 41$), travelling abroad ($n = 8$), fear of non-Jewish people ($n = 2$), of “anti-Semites” ($n = 1$), of “racist Jewish” people ($n = 1$)]; 2. Crowded places [$N = 23$; crowded places ($n = 9$), Tel Aviv ($n = 7$), public transportation ($n = 3$), shopping centers ($n = 2$), demonstrations ($n = 2$)]; 3. Isolated places and strangers [$N = 19$; dark places ($n = 7$), strangers and unknown places ($n = 6$), isolated places ($n = 3$), being alone among men ($n = 2$ female responders), “crime areas” ($n = 1$)]; 4. Proximity to war zone and conflict areas [$N = 14$; Judea and Samaria/The West Bank ($n = 6$), places with many rocket attack alerts ($n = 4$), areas near the borders ($n = 3$), war zone ($n = 1$)]. 5. Religious places and people [$N = 13$; Jerusalem/East Jerusalem/“the Old City” ($n = 9$), religious sites ($n = 2$), religious extremists ($n = 2$)]. Notably, the most prevalent sub-category was the fear of Arab “places” and people, with 41.4% of the responders mentioning fear of being in Arab towns and villages, and/or from Arab people. Two responses written in Arabic described fear of religious sites and “extremists.” The one response of fear from places with “racist Jewish” people was provided by a Muslim responder.

3.1.1.2 Best interests

Participants reported varying levels of need fulfillment across domains, with accommodation receiving the highest rating ($M = 6.42$, $SD = 1.39$, $N = 221$), followed by family health and

safety ($M = 5.77$, $SD = 1.73$, $N = 255$), physical safety ($M = 5.61$, $SD = 1.69$, $N = 275$), protection from harm by caretakers ($M = 5.66$, $SD = 1.85$, $N = 177$), information access ($M = 5.39$, $SD = 1.76$, $N = 252$), and educational needs ($M = 5.27$, $SD = 1.80$, $N = 290$). Lower fulfillment of needs was reported for social media safety ($M = 4.92$, $SD = 1.87$, $N = 240$). Mental health support needs showed the lowest response rate and lowest fulfillment ratings, although still above the theoretical midpoint of the scale ($M = 4.08$, $SD = 2.47$, $N = 152$).

3.1.1.3 Best interests during displacement

Twenty-nine adolescents reported being evacuated from their homes after October 7th 2023. Of them, 23 were already back home at the time of the survey completion. In rating how safe they feel and whether there were adequate conditions where they live on a scale of 0–7, the mean score above the theoretical midpoint for both feeling safe ($M = 5.41$, $SD = 2.18$, $N = 294$) and having adequate physical conditions ($M = 5.31$, $SD = 2.21$, $N = 29$). Parents’ reports were similar (safety: $M = 5.08$, $SD = 1.57$, $N = 26$; conditions: $M = 5.85$, $SD = 1.46$, $N = 26$). No significant differences were found between the reports of adolescents and their parents ($p = 356$, 95% CI[−1.26,0.462]; $p = 0.359$, 95% CI[−0.34,1.38]). Few adolescents responded to the question about whether there was any service they lack ($n = 5$). Of them, four mentioned after-school activities, and one mentioned learning and social activities.

3.1.1.4 Due process

Thirteen respondents reported having unwanted contact with the police. Of them, four reported receiving unfair treatment. Detailed descriptions included contact with the police after an

accident, and contact due to a wanted suspect contacting the child. Interestingly, only six parents reported their child to have experienced unwanted contact with the police; of them, five reported that their child's right for a fair process was not at all or hardly harmed (0–3), and only one parent reported an unfair process. This anecdotal observation implies that parents' and children's reports might not align. However, we were unable to perform statistical analysis for such small sample sizes.

3.1.2 Provision

3.1.2.1 General needs

When asked to rate the extent to which their family lacks basic needs, 60.5% of the adolescents reported no deprivation at all (0), 14.7% did not respond (missing data), and the rest reported varying levels of deprivation ranging from 1–7 ($M = 3.68$, $SD = 2.09$, $N = 76$). Seventy-six adolescents provided text responses, which fall under eight categories: 1. School and learning ($n = 19$), e.g., “help with my studies”; 2. Afterschool activities ($n = 16$), e.g., “afterschool activities that suit my age”; 3. Leisure time and social activities ($n = 14$), e.g., “friends,” “happy events”; 4. Emotional support ($n = 13$), e.g., “a psychologist in school,” “mental help”; 5. Financial support and job opportunities ($n = 7$), e.g.: “We should have been compensated for living away from home and having to live in bad conditions,” “more job opportunities”; 6. Access to information ($n = 6$), e.g., “clear information,” “more lessons in school about the situation”; 7. Medical services ($n = 4$), e.g., “available appointments for clinics”; 8. Six adolescents mentioned the service they need is to “talk to someone,” and “have conversations with someone who understands my needs”.

3.1.2.2 Education

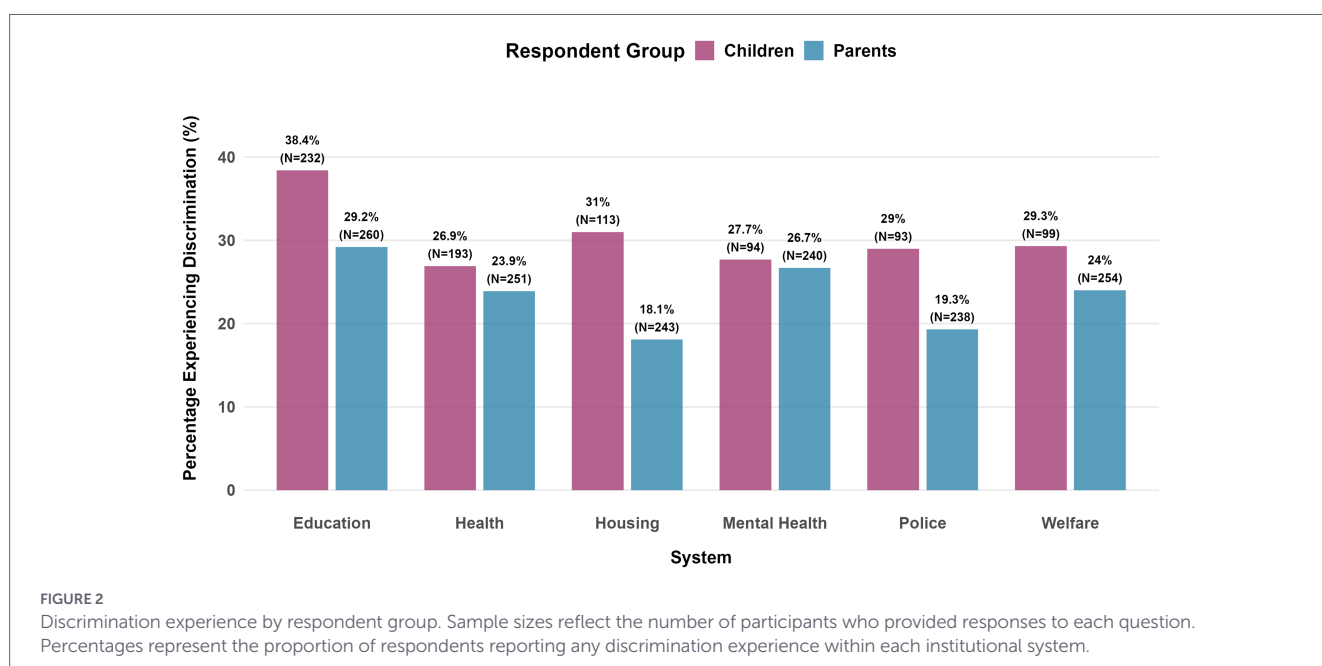
According to adolescents' reports, most schools (99.7%) were operating while they completed the questionnaire. Adequate

protective facilities concerns were reported by 21.6% of children and 27.9% of parents. Staff changes affected 23.3% participants, with textual responses revealing widespread teacher departures due to military reserve duty. School attendance irregularities were reported by 16% of adolescents and 12.2% of parents. Children reported moderate levels of perceived school understanding and considering their difficulties ($M = 4.27$, $SD = 2.07$, $N = 299$), slightly above the theoretical midpoint of the used scale.

3.1.2.3 Equality

Overall, 33% of parents and children reported at least one non-zero discrimination experience. Given the predominance of zero responses, percentages of non-zero responses are presented as the outcome measure. Figure 2 presents comprehensive endorsement rates and response patterns. Adolescents showed higher missingness rates (24.2–69.3%) compared to parents (15–23%), with the largest gap in mental health discrimination (69.3% vs. 23% missing). This differential missingness pattern should be taken into account when interpreting group comparisons. Among participants who did respond, children typically reported higher discrimination rates than parents in education (38.4% vs. 29.2%), housing (31% vs. 18.1%), and welfare (29.3% vs. 24%) - with mental health being an exception: parents reported slightly more discrimination (27.7% vs. 26.7%).

When asked to detail whether there was a reference to any characteristic of them on the occasion of discrimination, 48 adolescents provided details. Of them, most responders ($n = 20$) reported that their physical appearance was referred to, with reports including: being “pretty,” “colored,” and “overweight.” Eighteen responders reported that gender was referred to when being discriminated against (six girls, three boys, and the rest did not state their gender). Seventeen responders reported reference to nationality. Five specified that the discrimination was based on them “being Jewish,” three on “being Israeli,” and two on “being Arab.” Notably, adolescents mentioned discrimination on social media when relating to nationality. Fifteen



responders mentioned religion (being “Jewish,” “being secular/non-religious,” “being Muslim”). Fourteen responders noted that their ethnic origin was mentioned, including being “Ashkenazi,” “Mizrachi,” Russian, English, Arab, and Bedouin. Fifteen participants noted their age, with one responder detailing, “I am not being taken seriously because of my age.”

Adolescents were further asked if they conceal characteristics that might lead to discrimination. Many (15.08%) did not respond to this question, and 66% answered that they do not at all try to do that (0). Among the 18.9% who reported conceal characteristics, responses ranged from 1 to 7 (very much), with an overall low mean score ($M = 2.87$, $SD = 1.97$), indicating negligible reported engagement in this behavior among adolescents in our sample.

3.1.3 Participation and agency

3.1.3.1 Privacy

Overall, 25.1% of parents and 19.9% of adolescents reported experiencing at least one privacy violation of the adolescents across all measured items. Across the four privacy-violation types, children consistently had higher rates of missing data compared to parents. For disclosure of personal information, 41.5% of children had missing data compared to 31.4% of parents, with children reporting lower endorsement rates among those who responded (12.3% vs. 28.6%). Invasion of private space showed similar missing data rates for both groups (Parents: 33.3%, Children: 34.3%) and nearly identical endorsement rates (adolescents: 24.4%, parents: 24%). For examination of private materials, children again demonstrated higher missing data rates (39.5% vs. 37.3%) and lower endorsement rates (14.1% vs. 21.9%). Intrusive security checks exhibited the highest missingness for both parents (43.5%) and adolescents (44.1%), with a notable

difference in endorsement rates among respondents (adolescents: 8.2%, parents: 18.5%).

3.1.3.2 Freedom of speech

Parents reported their children as freer to share their opinions about the war ($M = 5.05$, $SD = 1.914$) compared to adolescents' own self-reports ($M = 4.43$, $SD = 2.40$). This difference was significant using a paired permutation test (95% CI [0.34, 0.91], $d = 0.25$, $p < 0.001$). Given zero inflation in responses to the question of whether adolescents experienced negative consequences due to expressing their opinion, we report percentages of endorsement rather than means (Figure 3). Overall, 26.1% of children and 17.3% of parents reported that the adolescents experienced any of such consequences. Adolescents reported experiencing shaming as the most common consequence (23.1% of respondents), followed by peer relationship harm (18.4%) and verbal assault (17.24%). Physical assault was rarely reported (5.1%). Parents consistently underestimated their children's experiences, reporting lower rates for shaming (9.5%), peer relationship harm (9.6%), verbal assault (11.4%), and physical assault (3.4%).

More than half of the adolescents did not respond to the question “If you do not feel free to share your opinions, what are you afraid of?” of the 127 who did respond, 46% mentioned verbal assaults, 37% mentioned fear of being boycotted by peers, 34% fear of shaming, 27% of physical assault, 22% of threats, 7% police violence, and 6% mentioned the fear of arrest. “Other” reasons included fear of “not being accepted,” “not being loved,” “having arguments,” “being hurt,” and not wanting to express an opinion due to “not being knowledgeable enough.”

3.1.3.3 Access to safe information

Adolescents reported that conversations with parents were the most frequently used source of information about the war ($M = 4.17$,

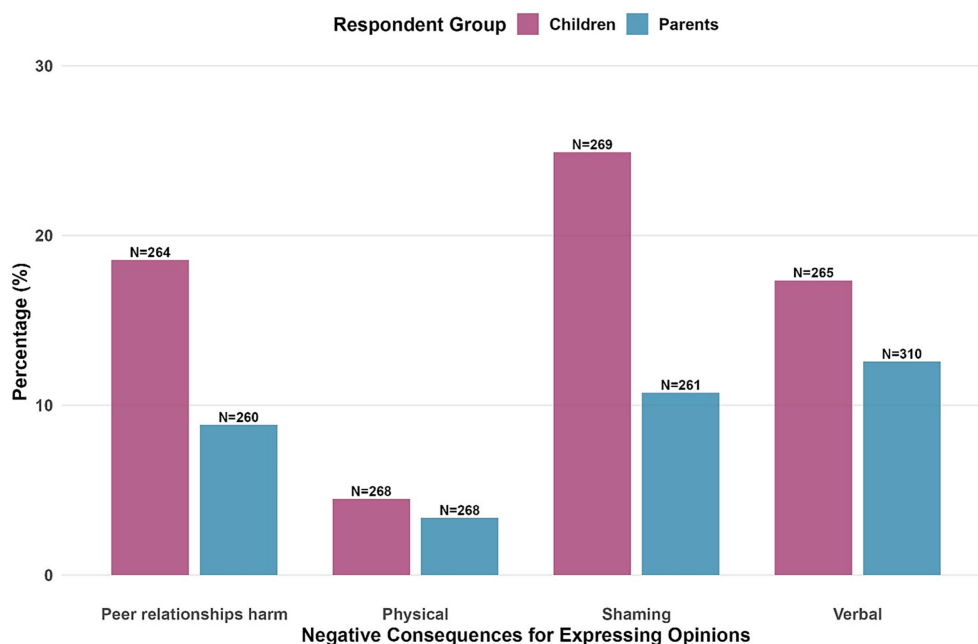


FIGURE 3

Negative consequences experienced for expressing opinions about the war. Sample sizes reflect the number of participants who responded to each question. Percentages represent the proportion of respondents reporting any assault in response to sharing their opinions.

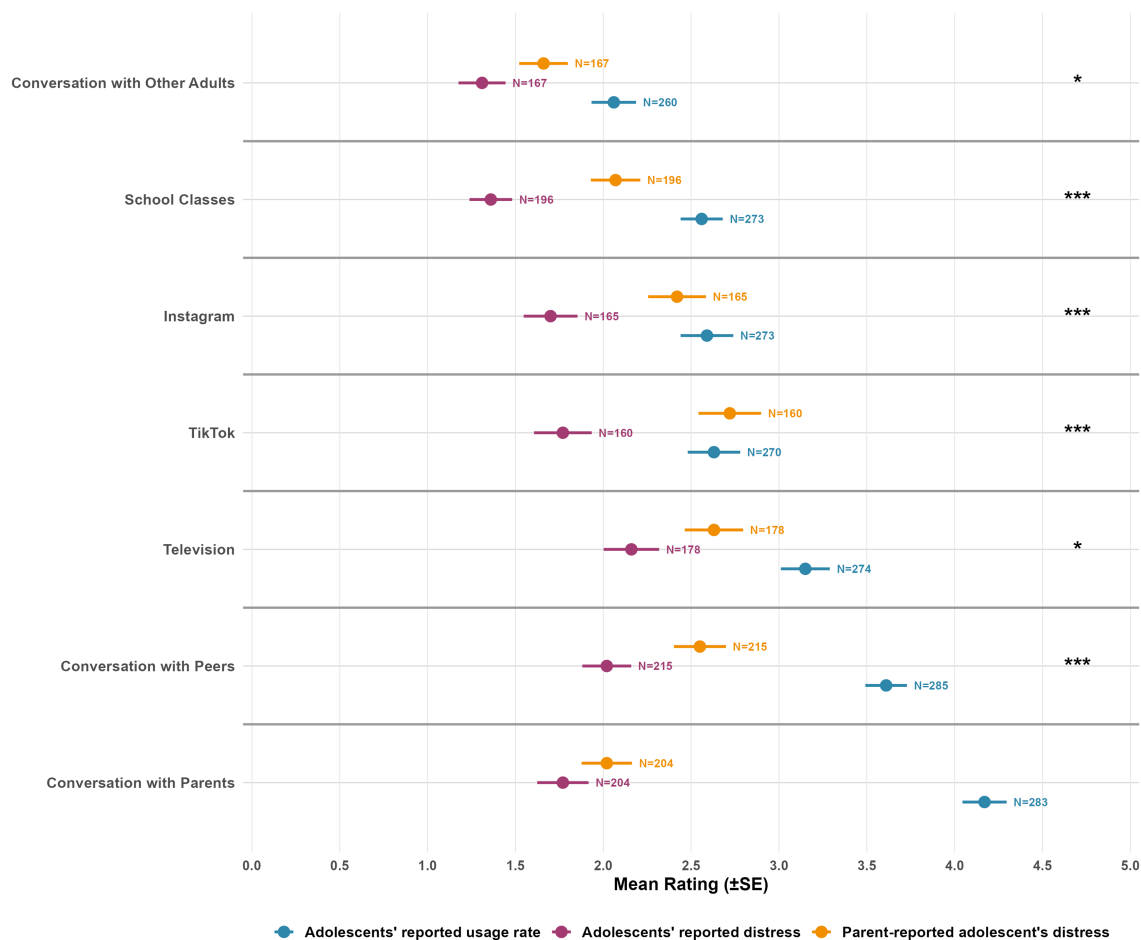


FIGURE 4

Information source usage frequency and associated distress levels among children. Error bars represent standard error. N = indicates the number of valid responses for each measure. Usage frequency (blue) and distress levels (purple for children, yellow for parents) are shown for 13 information sources. Distress measures consistently showed higher missingness rates (26–65%) compared to usage measures (7–27%), indicating differential response willingness. Sources are ordered by usage frequency from highest to lowest. * = significant after FDR correction.

$SD = 2.11$, $N = 283$), followed by conversations with peers ($M = 3.61$, $SD = 2.00$, $N = 285$) and television ($M = 3.15$, $SD = 2.31$, $N = 274$) and TikTok and Instagram were reported to be less used ($M = 2.63$, $SD = 2.45$, $N = 270$ and $M = 2.59$, $SD = 2.48$, $N = 273$, respectively), as well as school classes ($M = 2.56$, $SD = 1.98$, $N = 273$) and conversations with other adults ($M = 2.06$, $SD = 2.04$, $N = 260$). Other sources were reported to be hardly used (Telegram, Facebook, X, and online and printed newspapers). Next, we wanted to compare the distress each information source evoked for adolescents as reported by themselves versus their parents. In line with the consistent strategy across this paper, we included only sources which at least 60% of adolescents reported using (non-zero usage), and for which both distress measures (by both parents and children) showed more than 60% non-zero responses (see [Supplementary Table S4](#) for full results). Seven sources met these criteria: Instagram, TikTok, television, conversation with parents, conversation with peers, school classes, and conversation with other adults (see [Figure 4](#)). While conversations with parents and peers were reported to be most used for information about the war, they were not reported to cause more distress than other sources; thus, the gap between information consuming and feeling of distress was most notable for these interpersonal sources ([Figure 4](#)).

Parents systematically assessed sources of information as more distress-evoking than what adolescents reported experiencing. Paired

permutation tests revealed significant differences for 6 of 7 sources after FDR correction: TikTok ($M_{\text{Parents}} = 2.72$, $SD = 2.25$ vs. $M_{\text{Adolescents}} = 1.77$, $SD = 2.08$; $n = 160$ pairs, $d = 0.42$, 95% CI [0.61, 1.31], $p < 0.001$), school classes ($M_{\text{Parents}} = 2.07$, $SD = 1.97$ vs. $M_{\text{Adolescents}} = 1.36$, $SD = 1.70$; $n = 196$ pairs, $d = 0.33$, 95% CI [0.42, 1.01], $p < 0.001$), Instagram ($M_{\text{Parents}} = 2.42$, $SD = 2.12$ vs. $M_{\text{Adolescents}} = 1.70$, $SD = 1.97$; $n = 165$ pairs, $d = 0.35$, 95% CI [0.41, 1.04], $p < 0.001$), conversation with peers ($M_{\text{Parents}} = 2.55$, $SD = 2.17$ vs. $M_{\text{Adolescents}} = 2.02$, $SD = 2.04$; $n = 215$ pairs, $d = 0.23$, 95% CI [0.22, 0.85], $p < 0.001$), television ($M_{\text{Parents}} = 2.63$, $SD = 2.22$ vs. $M_{\text{Adolescents}} = 2.16$, $SD = 2.10$; $n = 178$ pairs, $d = 0.20$, 95% CI [0.12, 0.80], $p = 0.011$), and conversation with other adults ($M_{\text{Parents}} = 1.66$, $SD = 1.79$ vs. $M_{\text{Adolescents}} = 1.31$, $SD = 1.73$; $n = 167$ pairs, $d = 0.21$, 95% CI [0.10, 0.60], $p = 0.011$). Conversation with parents showed no significant difference ($M_{\text{Parents}} = 2.02$, $SD = 2.05$ vs. $M_{\text{Adolescents}} = 1.77$, $SD = 2.09$; $n = 204$ pairs, $d = 0.11$, 95% CI [-0.07, 0.56], $p = 0.123$).

3.1.3.4 Participation in decisions regarding displacement

In rating the degree to which children participated in decision-making regarding their displacement answers ranged 0–7 (“I was not involved at all”–“I initiated the decision, and the adults joined and supported”), with a mean score slightly above the theoretical

mid-point for all three measures: “where will be our new accommodation” ($M = 3.82$, $SD = 2.36$, $N = 22$), “what will be my new school” ($M = 4.39$, $SD = 2.33$), and “what will be my new after-school activities” ($M = 4.47$, $SD = 2.45$). When asked about the level of participation of their child in decision-making regarding displacement, parents’ reports yield similar mean scores: new accommodation: $M = 3.47$, $SD = 2.31$ (slightly below the theoretical midpoint); new school: $M = 4.17$, $SD = 2.26$, $N = 18$; and after-school activities: $M = 3.47$, $SD = 2.17$. Inferential statistics were not applicable ($n = 29$ in each reporter’s group, 25–47% missing data across measures). Importantly, most families had already returned home by the time the survey was completed (74%). However, an interesting qualitative observation is that only 2 adolescent and only 2 parent reported zero participation of the adolescent in decision making, while full participation was reported 13 times by adolescents and nine times by parents. This implies that, in the current small sample of displaced adolescents, those who chose to report their involvement in decision-making reported participation, and their parents’ reports converged with this pattern.

3.1.4 Wellbeing

Reports from parents and adolescents on the adolescents’ well-being were similar ($M_{\text{Adolescents}} = 25.71$, $SD = 4.40$, $N = 296$; $M_{\text{Parents}} = 25.87$, $SD = 4.04$). Participants with missing items were excluded from the analysis. A paired permutation test (Broman, 2024) comparing the mean scores revealed no significant difference between adolescents’ own reports and parental reports ($p = 0.45$, 95% CI $[-0.26, 0.58]$). Parent assessments of their child’s well-being were also strongly and positively correlated with children’s self-reports ($r = 0.62$, $p < 0.001$). The sample

means for both adolescents’ and parental reports fall below the theoretical midpoint (30) of the scale used to assess well-being levels.

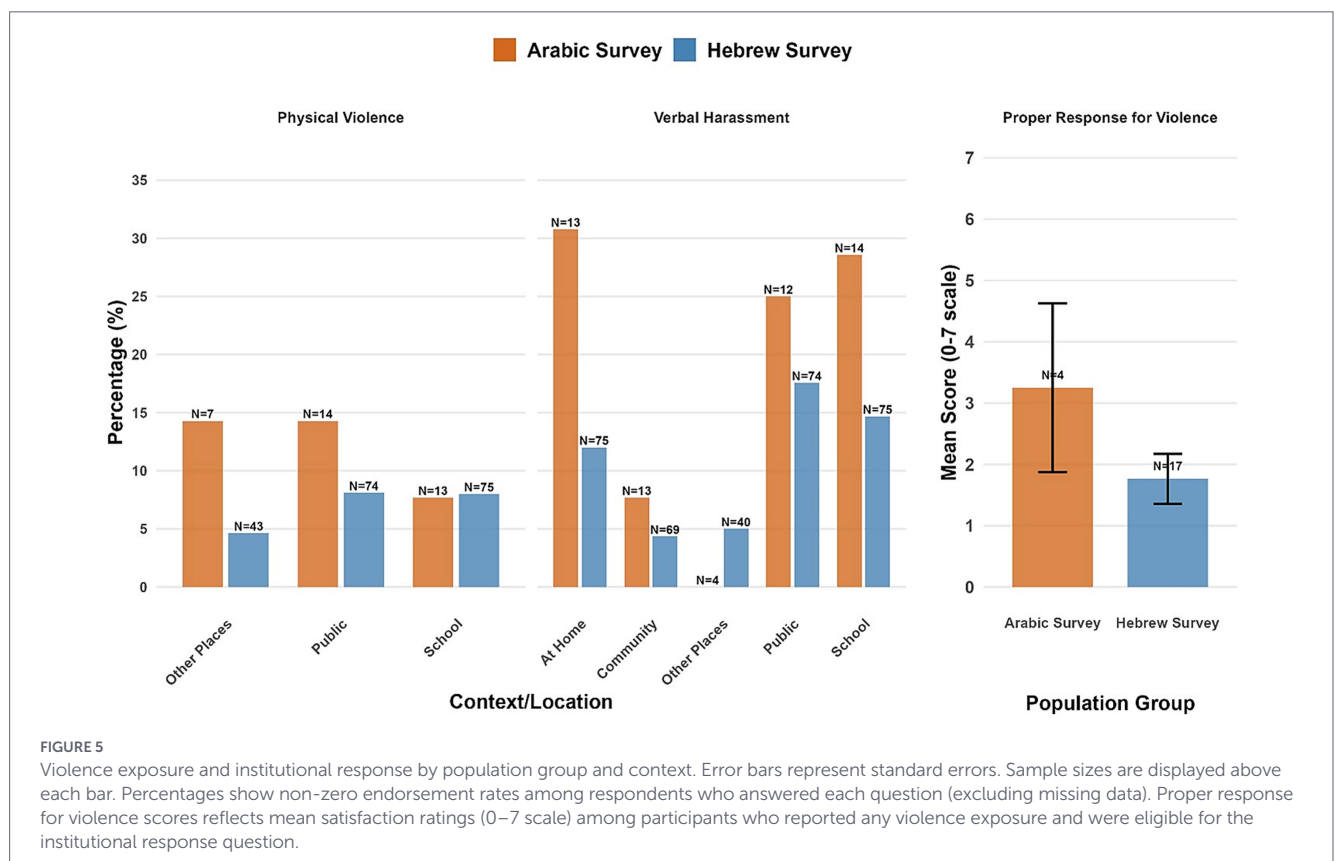
3.2 Wave II – exploratory analyses

Missingness patterns in Wave II: Arabic survey respondents demonstrated higher missingness rates across most domains compared to Hebrew survey respondents. The highest missingness was observed for violence-related items (Arabic: 41.7–83.3%, Hebrew: 25.7–60.4%), followed by discrimination experiences (Arabic: 25–42%, Hebrew: 25–31%). Missingness rates for each domain are reported in the relevant sections below.

3.2.1 Protection

3.2.1.1 Protection against violence

Overall, 25.0% of respondents to the Arabic survey and 25.7% of the Hebrew survey reported at least one non-zero exposure to violence across all measured contexts. Figure 5 presents comprehensive endorsement rates across all variables by group, showing response rates for each question. Responders to the Arabic survey demonstrated higher non-response rates across contexts (41.7–83.3% missing) compared to responders to the Hebrew survey (25.7–60.4% missing). In this exploratory sample, among responders to the Arabic survey, higher percentages of verbal harassment were reported, particularly at home (32% of respondents), compared to the Hebrew survey. However, these estimates are based on very small samples ($N = 4$ –13 per question in the Arabic survey, $N = 32$ –75 per question in the Hebrew survey). Among participants who reported



exposure to violence (Arabic: $N = 6$, Hebrew: $N = 26$), satisfaction with institutional responses was lower in the Hebrew sample than in the Arabic sample (Arabic: $M = 4.33$, $SD = 2.08$, $N = 3$; Hebrew: $M = 2.73$, $SD = 1.20$, $N = 11$), although the very small sample size limits the interpretability of these findings.

Avoiding places: When asked about attempts to avoid places due to fear, most participants reported zero avoidance or did not respond. Given these zero inflation rates, we report percentages of endorsement and descriptive statistics for those who reported avoidance. Overall, 37.5% of Arabic survey respondents and 33.7% of Hebrew survey respondents reported avoiding some places at least to some degree (1–7) (calculated from the entire sample, including non-responders). High missingness rates were observed (Arabic: 37.5%, Hebrew: 16.8%).

In the Hebrew sample, twenty-two adolescents provided details. Responses fall into similar categories as in Wave I: 1. Fear of the “other” was the largest category [$N = 14$; fearing and avoiding Arab places or people ($n = 11$), fear of travelling abroad ($n = 2$), fear of “anti-Semites” ($n = 1$)]; 2. Crowded places [$N = 2$]; 3. Proximity to the war zone and areas of conflict [$N = 4$; Judea and Samaria/The West Bank ($n = 2$), areas near the borders ($n = 3$), war zone ($n = 2$)]; 4. Religious places and people [$N = 2$; Jerusalem/East Jerusalem/“the Old City” ($n = 2$)]. One respondent also mentioned “school” as a place they avoid, and another respondent noted avoiding “sad places.” Among the responders to the Arabic survey, only four provided details. Their answers included “Dangerous places or places where I feel unwelcome, such as places that are different from me in language, origin, or religion”, and: “Fear of racism or acts of violence as a result of the current situation and social tension”, which fall under the category of *fear of the “other.”*

3.2.1.2 Best interests

Comparison of the level of need fulfillment across domains between Wave I (adolescents’ self-reports) and Wave II (combined

Arabic and Hebrew) revealed one significant difference after FDR correction. Wave II respondents reported lower education-related needs fulfillment ($M_{\text{Wave II}} = 4.63$, $SD = 2.20$, $n = 115$) compared to Wave I ($M_{\text{Wave I}} = 5.27$, $SD = 1.80$, $n = 290$; difference = 0.64, 95% CI [0.19, 1.09], $d = 0.33$, $p = 0.018$), and lower social media safety needs fulfillment compared to Wave I ($M_{\text{Wave II}} = 4.22$, $SD = 2.08$, $n = 90$; $M_{\text{Wave I}} = 4.92$, $SD = 1.87$, $n = 240$; difference = 0.70, 95% CI [0.21, 1.18], $d = 0.36$, $p = 0.018$). Other needs showed similar patterns [physical safety ($M_{\text{Wave II}} = 5.43$, $SD = 2.11$, $n = 101$; $M_{\text{Wave I}} = 5.61$, $SD = 1.69$, $n = 275$; difference = 0.18, $p = 0.435$), mental health ($M_{\text{Wave II}} = 3.42$, $SD = 2.46$, $n = 67$; $M_{\text{Wave I}} = 4.08$, $SD = 2.47$, $n = 152$; difference = 0.66, $p = 0.135$), health ($M_{\text{Wave II}} = 5.52$, $SD = 1.96$, $n = 91$; $M_{\text{Wave I}} = 5.79$, $SD = 1.75$, $n = 244$; difference = 0.27, $p = 0.306$), family health ($M_{\text{Wave II}} = 5.85$, $SD = 1.72$, $n = 92$; $M_{\text{Wave I}} = 5.77$, $SD = 1.73$, $n = 255$; difference = -0.08 , $p = 0.722$), information access ($M_{\text{Wave II}} = 4.94$, $SD = 2.04$, $n = 93$; $M_{\text{Wave I}} = 5.39$, $SD = 1.76$, $n = 252$; difference = 0.45, $p = 0.135$), protection from harm by caretakers ($M_{\text{Wave II}} = 5.11$, $SD = 2.56$, $n = 71$; $M_{\text{Wave I}} = 5.66$, $SD = 1.85$, $n = 177$; difference = 0.55, $p = 0.135$), and permanent accommodation ($M_{\text{Wave II}} = 6.08$, $SD = 1.89$, $n = 79$; $M_{\text{Wave I}} = 6.42$, $SD = 1.39$, $n = 221$; difference = 0.34, $p = 0.148$)] with no significant differences after correction for multiple comparisons.

Groups in wave II were compared using permutation tests across categories. Only mental health needs showed a statistically significant difference after FDR correction for multiple comparisons ($Z = 3.408$, $p = 0.006$), with respondents to the Arabic survey reporting higher fulfillment of mental health needs ($M_{\text{Arabic}} = 5.18$, $SD = 1.85$, $N = 17$, Zero% = 5.9%) compared to those in the Hebrew survey ($M_{\text{Hebrew}} = 2.82$, $SD = 2.37$, $N = 50$, Zero% = 24%; difference = 2.36, 95% CI [1.23, 3.38], $d = 1.05$). Other needs showed non-significant patterns: education ($M_{\text{Arabic}} = 5.10$, $SD = 2.07$, $N = 20$; $M_{\text{Hebrew}} = 4.53$, $SD = 2.22$, $N = 95$; $p = 0.360$), physical safety ($M_{\text{Arabic}} = 6.05$, $SD = 1.87$, $N = 19$; $M_{\text{Hebrew}} = 5.28$, $SD = 2.14$, $N = 82$; $p = 0.248$), social media safety ($M_{\text{Arabic}} = 4.84$, $SD = 2.03$, $N = 19$; $M_{\text{Hebrew}} = 4.06$, $SD = 2.08$, $N = 71$; $p = 0.248$), health ($M_{\text{Arabic}} = 6.41$, $SD = 1.70$, $N = 17$; $M_{\text{Hebrew}} = 5.31$, $SD = 1.97$, $N = 74$; $p = 0.134$), family health ($M_{\text{Arabic}} = 6.12$, $SD = 1.67$,

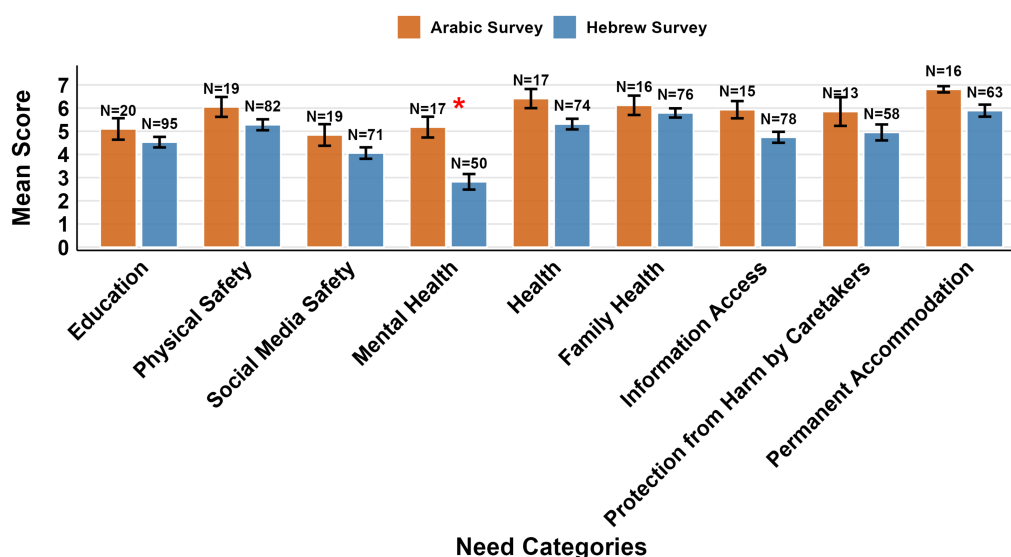


FIGURE 6

Mean ratings of nine need categories by group. Error bars represent standard error. N = number of respondents. * $p < 0.05$ after FDR correction for multiple comparisons.

$N = 16$; $M_{\text{Hebrew}} = 5.79$, $SD = 1.74$, $N = 76$; $p = 0.536$), information access ($M_{\text{Arabic}} = 5.93$, $SD = 1.44$, $N = 15$; $M_{\text{Hebrew}} = 4.74$, $SD = 2.09$, $N = 78$; $p = 0.134$), protection from harm by caretakers ($M_{\text{Arabic}} = 5.85$, $SD = 2.23$, $N = 13$; $M_{\text{Hebrew}} = 4.95$, $SD = 2.62$, $N = 58$; $p = 0.336$), and permanent accommodation ($M_{\text{Arabic}} = 6.81$, $SD = 0.54$, $N = 16$; $M_{\text{Hebrew}} = 5.89$, $SD = 2.06$, $N = 63$; $p = 0.198$). However, given the substantial sample size disparity ($N_{\text{Arabic}} = 13\text{--}20$ vs. $N_{\text{Hebrew}} = 50\text{--}95$), findings should be considered exploratory (Figure 6).

3.2.1.3 Best interests during displacement

From the responders to the Hebrew Survey, four reported being displaced. Of them, two were already back home at the time of the survey completion. In rating safety and adequate physical conditions, one participant reported a level of 2 (on a scale of 0–7; for both questions), two reported the highest level of safety and adequate conditions (7), and one reported the highest level of adequate conditions (7), with a somewhat lower sense of safety (5). Three reported that nothing was missing, and one mentioned the need for age-appropriate activities. No respondent to the Arabic survey reported being evacuated.

3.2.1.4 Due process

In the Hebrew survey, four respondents reported having unwanted contact with the police. Of them, two reported receiving unfair treatment (levels 1–3 of a 0–7 scale). No respondent provided any details. In the Arabic survey, three respondents reported having unwanted contact with the police. Of them, two reported receiving unfair treatment (levels 2–3). One respondent detailed that the contact was due to harm caused by their parents. The very small numbers did not allow for any analyses. However, the anecdotal observation of four responses out of 101 participants (3.9%) in the Hebrew survey, compared with three responses out of 24 participants (12.5%) in the Arabic survey, warrants further research.

3.2.2 Provision

3.2.2.1 General needs

Most participants reported zero deprivation or did not respond. The endorsement and descriptive statistics for those who reported any deprivation indicate that overall, 25% of Arabic and 21.8% of Hebrew survey respondents reported at least some basic needs deprivation (calculated from the entire sample, including non-responders). High missingness rates were observed (Arabic: 20.8%, Hebrew: 24.8%). Among those who reported any basic needs deprivation, Hebrew survey respondents showed a higher intensity of deprivation ($M = 3.14$, $SD = 1.88$, $N = 22$) compared to Arabic survey respondents ($M = 2.83$, $SD = 2.56$, $N = 6$).

Thirty-nine of the respondents to the Hebrew survey provided details on what they need. Of them, 22 noted that they believe they received all necessary services, or that they “do not know.” The remaining 17 responses fall under the following categories: 1. School and learning ($n = 1$; “one-on-one tutoring from school”); 2. Afterschool activities ($n = 6$, e.g., “sport,” “arts”); 3. Leisure time and social activities ($n = 4$; “having fun,” “other youth”); 4. Emotional support ($n = 3$; “professional help,” “psychologist who can help with stress and emotional eating”); 5. One adolescent mentioned the need to “be talked to more openly in school.” Eight of the respondents to the Arabic survey responded to this item. Of them, three noted that they believe they received all necessary services. The five remaining responses included “a math teacher” (School and learning), “trips” (Leisure time and social activities), “some clothes and shoes” (Financial support), and two adolescents mentioned that they needed more “safety” and “less fear from the future.”

3.2.2.2 Education

Respondents in both groups reported similar shelter adequacy and protection in school facilities (Arabic: 70% reported adequate

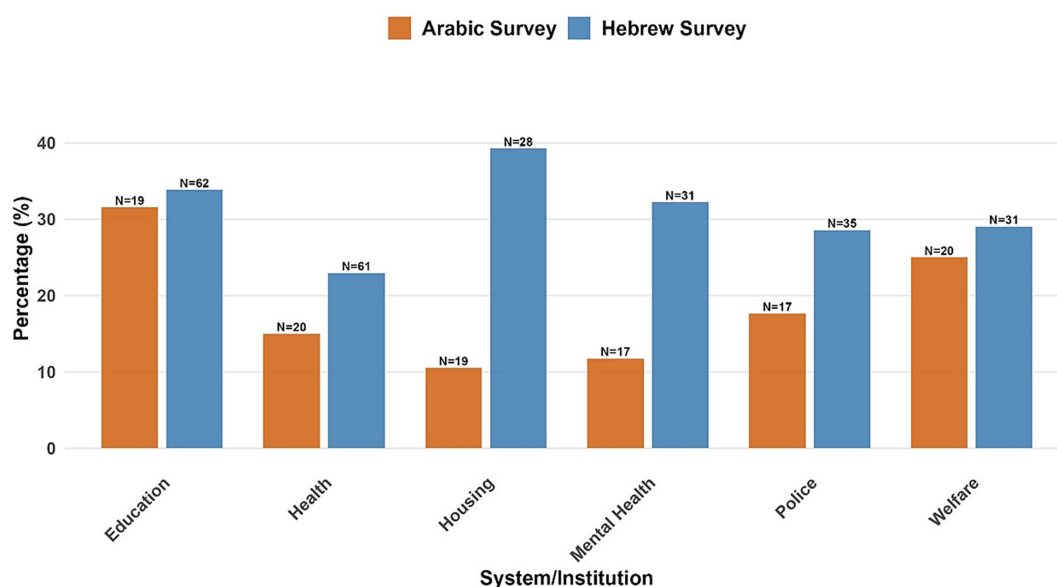


FIGURE 7

Discrimination experience by group. Sample sizes reflect the number of participants who provided responses to each question. Percentages represent the proportion of respondents reporting any discrimination experience within each institutional system.

protection, Hebrew: 71.7%). In this exploratory sample, respondents to the Arabic survey reported lower rates of teaching staff changes (10% vs. 27% for respondents to the Hebrew survey), higher ratings by respondents to the Arabic survey were also reported for school support (Arabic: $M = 4.25$, $SD = 2.36$, $N = 20$; Hebrew: $M = 3.75$, $SD = 2.20$, $N = 99$). A permutation test indicated a non-significant difference between groups ($Z = 0.92$, $p = 0.378$, 95% CI $[-0.57, 1.61]$).

3.2.2.3 Equality

Overall, the reported rates of discrimination were similar between groups (Arabic: 29.2%, Hebrew: 23.8%), although there was variation across institutional systems (Figure 7). In this exploratory sample, respondents to the Arabic survey consistently reported lower discrimination rates in most domains, with the most pronounced differences in housing (Arabic: 10.5% vs. Hebrew: 39.3%) and mental health services (Arabic: 11.8% vs. Hebrew: 32.3%). Education had comparable levels of discrimination (Arabic: 31.6% vs. Hebrew: 33.9%).

When asked to detail whether there was a reference to any characteristic of them on the occasion of discrimination, 14 adolescents in the Hebrew survey provided details. Of them, six mentioned their physical appearance, including: being “overweight,” “religious,” and “white.” Six noted gender (girls and boys). Seven noted nationality; five of them mentioned “being Jewish.” Eight mentioned religion, including being “Jewish,” “religious,” and “secular/non-religious.” Five noted ethnic origin (“Ashkenazi,” “religious”). Six mentioned age, one responder detailed: “As if I’m too young for my opinion to be heard.” Among responders to the Arabic survey, 9 participants provided details: One reported physical appearance, specifically “clothing.” Four reported nationality, with one mentioning: “I am an Arab studying in a Jewish school,” and others not detailing further than “nationality.” One responder mentioned ethnic origin, one noted age, and two mentioned “other characteristics without detailing. Preliminary findings suggest that respondents in the Arabic survey reported higher rates of concealing personal characteristics to avoid discrimination (37.5% vs. 24.1%). However, the extremely small sample size does not allow for inferential statistical tests and limits the generalizability of this finding.

3.2.3 Participation and agency

3.2.3.1 Privacy

Overall, 16.7% of respondents to the Arabic survey and 21.8% of the Hebrew survey reported experiencing at least one privacy violation across all measured types. However, here too, we faced substantial sample size limitations and high missingness rates, which compromise analytical validity. Among the limited participants who did respond (Arabic $N = 11$ –13 per type, Hebrew: $N = 57$ –63), respondents to the Arabic survey reported higher rates of intrusive security checks (36.4% vs. 13.3%) and examination of private materials (27.3% vs. 11.7%) - while showing similar rates for disclosure of personal information (18.2% vs. 17.5%) and invasion of private space (30.8% vs. 30.2%).

3.2.3.2 Freedom of speech

In this exploratory sample, preliminary findings suggest that respondents to the Arabic survey reported feeling less free to express their opinions about the war ($M = 3.28$, $SD = 2.52$, $n = 18$), compared to respondents to the Hebrew survey ($M = 4.51$, $SD = 2.39$, $n = 92$).

This difference was also examined using a permutation test ($Z = 1.96$, $p = 0.050$). Again, note that the Arabic survey’s sample size was very small.

When examining consequences adolescents face for sharing their opinions, high missingness rates were observed in both surveys (Arabic: 25–42%, Hebrew: 25–31%). Thus, analyses included the percentage of non-zero responses as a proxy for experiencing consequences. Overall, 25.0% of Arabic survey respondents and 25.7% of Hebrew survey respondents reported experiencing some form of negative consequence. Adolescents in the Hebrew survey reported higher rates of shaming (39.5% non-zero responses) compared to those in the Arabic survey (25.0%), and lower physical assault (4.3% vs. 6.7%). Harm to relationships with peers (20.8, 21.4%) and verbal assault (20.3, 20.0%) showed similar exposure rates between Hebrew and Arabic survey respondent groups, respectively.

About two thirds of the respondents to the Hebrew Survey did not respond to the question “If you do not feel free to share your opinions, what are you afraid of?” of the 37 who did respond, 32% mentioned verbal assaults, 29% fear of shaming, 24% of being boycotted by peers, and 24% mentioned fear of physical assault, 8% of threats, 8% of police violence, and 8% fear of arrest. “Other” reasons included fear of “fights,” “criticism,” “not wanting to talk politics,” and “feelings of shame.” In the Arabic survey, two-thirds of adolescents responded (16 participants). Notably, most of them (81%) mentioned that they were afraid of police violence if they expressed their opinion, and half of them mentioned the fear of arrest. Nineteen percent of those responding to this item in the Arabic survey mentioned fear of physical or verbal assault, and 6% fear of shaming, and of being boycotted by peers. One “other” reason mentioned was the fear of “arresting my parents.”

3.2.3.3 Access to safe information

Both Arabic and Hebrew survey respondents reported the highest rates of consuming information about the war from conversations with parents ($M_{\text{Arabic}} = 4.18$, $M_{\text{Hebrew}} = 3.87$), followed by conversations with peers ($M_{\text{Arabic}} = 3.36$, $M_{\text{Hebrew}} = 3.60$) and television ($M_{\text{Arabic}} = 4.06$, $M_{\text{Hebrew}} = 2.91$). In this exploratory sample, respondents to the Arabic survey reported higher levels of distress compared to those in the Hebrew survey. Unpaired permutation tests revealed significant group differences for 2 of 13 sources after FDR correction: Instagram ($M_{\text{Arabic}} = 3.59$, $SD = 2.40$, $n = 17$ vs. $M_{\text{Hebrew}} = 1.91$, $SD = 1.93$, $n = 58$; $p = 0.040$) and conversation with parents ($M_{\text{Arabic}} = 3.07$, $SD = 1.73$, $n = 14$ vs. $M_{\text{Hebrew}} = 1.48$, $SD = 1.98$; $n = 82$, $p = 0.040$). Other sources of information showed similar directional patterns but did not reach statistical significance after multiple comparison correction (Figure 8).

3.2.3.4 Participation in displacement decisions

Among the four adolescents responding to the Hebrew survey who reported being displaced, reports on participation ranged from 1 (“I received information about the new situation”) to 6 (“The decision was made by me alone”). No responder to the Arabic survey reported being evacuated or displaced.

3.2.4 Well-being

Respondents in the Hebrew and Arabic surveys reported similar levels of well-being ($M_{\text{Hebrew}} = 34.3$, $SD = 4.79$; $M_{\text{Arabic}} = 33.0$,

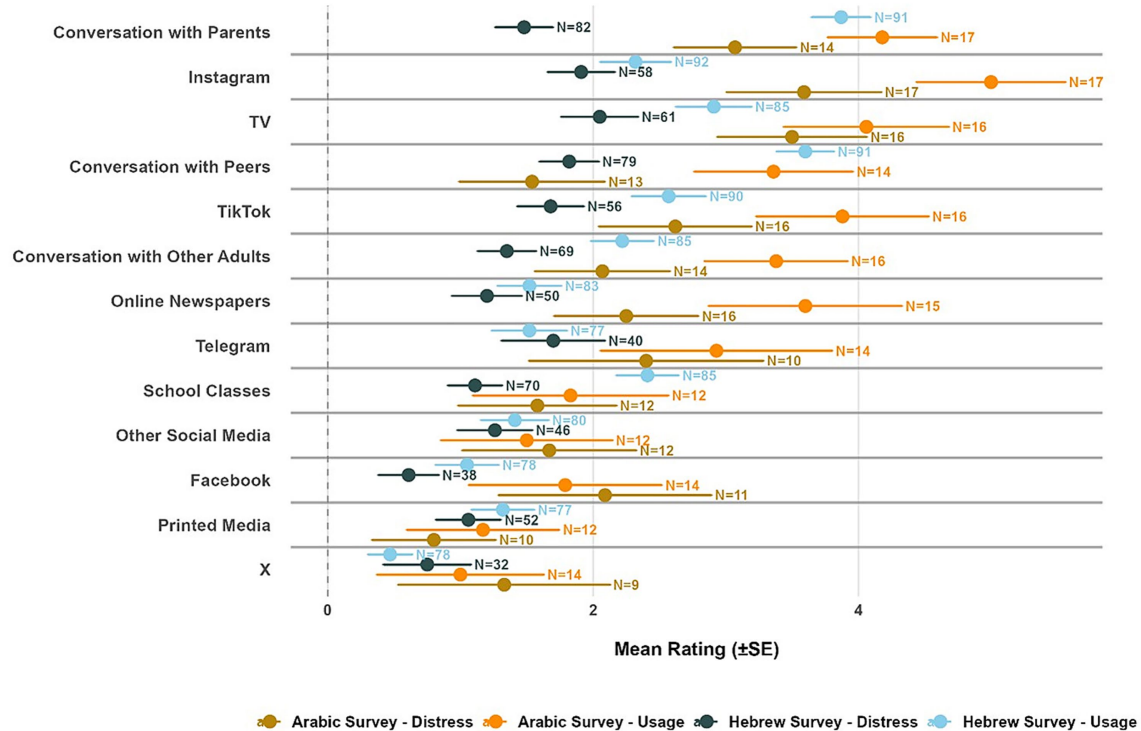


FIGURE 8

Information source usage frequency and associated distress levels among respondents to the Hebrew and Arabic surveys. *N* reflects the number of participants who provided responses to each question.

$SD = 5.84$) with no significant between-groups difference found using a permutation test ($Z = -1.29$, $p = 0.199$). Wave 2 participants (both surveys, $N = 116$) reported higher well-being scores ($M = 34.3$, $SD = 4.79$) compared to Wave I ($N = 345$; $M = 25.5$, $SD = 4.67$), this difference reaching statistical significance ($Z = 13.53$, $p < 0.001$).

4 Discussion

The goal of this study was to examine the attainment of adolescents' rights and needs in Israel during the ongoing multifront war spanning 2023–2025. Through the dual lens of the CRC's rights-based framework and children's reports on their own experiences, across the domains of protection, provision, and participation, important patterns emerged that imply both vulnerabilities and resilience, echoing broader international findings that frame children as rights-holders (Machel, 1996; Okorodudu, 1998; Goldhagen et al., 2019).

Assessing children's *protection* rights, our results indicate that one and a half years after the start of the war, physical protection of children in Israel appears to be generally maintained, and basic needs of adolescents seem to be fulfilled to some extent, including after displacement. Still, about a fifth reported being exposed to some sort of violence, suggesting gaps in the fulfilment of CRC Article 19, with higher rates of exposure to violence reported in the second wave of data collection. A notable theme emerging from the qualitative analysis of text responses was *fear of 'the other'*. More specifically, many responders to the Hebrew surveys articulated their fear of Arab "places" and people. Although the number of responders to the Arabic survey was very small, the few texts provided aligned with this theme (e.g., "[I avoid] places where I feel unwelcome... that are different

from me in language, origin, or religion"). It is important to distinguish between these as individual emotional responses versus broader sociopolitical generalizations. The qualitative data capture individual emotional experiences at a particular point in time and do not necessarily characterize broader social patterns. The finding regarding fear of "the other" must also be contextualized within the specific circumstances of the ongoing war. For Hebrew-speaking respondents, this fear is likely to emerge in the context of the October 7th attacks, ongoing security threats, and media coverage emphasizing threats from Arab militant groups. For Arabic-speaking respondents, fear responses may reflect their experiences as a minority group during heightened intergroup tensions. These patterns, thus, might represent responses to specific traumatic events and conflict circumstances rather than inherent group characteristics. A potential disparity between parents and children in reporting contact with the police warrants further research. Additionally, the anecdotal but notable pattern of more reports of unwanted contact with the police by respondents to the Arabic survey, compared to the Hebrew survey, relative to the total number of respondents, warrants further research about possible violations of children's right to due process (CRC Articles 37, 40).

One conclusion might be that, although basic and immediate protection rights are generally upheld, children's sense of safety is impacted in ways that warrant closer inspection. Reported exposure to verbal violence alongside dissatisfaction from schools' response to violence, reported avoidance and fear, might be significant indicators of unsafety. These were not always evident by reports of safety facilities (e.g., shelters), direct exposure to physical violence or contact with the police, but inner feelings that, even if not presented on the surface or captured in institutional statistics or even parents' reports, underlie the adolescents' lives and shape their behaviors. To learn about these senses of unsafety and avoidance, an intentional approach was needed

to actively seek the child's perspective; in other words, to understand the children's feelings of unsafety, we had to ask them directly. Importantly, the right to protection refers not only to protecting the child's life and physical and mental health, but also to the right of children and youth to *feel safe* and, thus, also to fulfill other human rights, such as participation (Article 12) and development (Article 6) (Peleg, 2019).

As for children's *provision* rights, here too, a pattern of reportedly fulfilled immediate basic needs, alongside a reflection on what is not being fulfilled, mainly in the emotional and mental aspects of children's lives, emerged. In the domain of education, schools are operating and are reportedly relatively adequately protected (from missile attacks). However, the adolescents reported instability and discontinuity in staff. Notably, Arab schools appear to demonstrate more stability, perhaps due to the fact that teaching staff are less affected by the need to serve on reserve duty, and indeed respondents to the Arabic survey reported more school support compared with those in the Hebrew survey. Discrepancies between parents' and adolescents' perspectives were implied around the adolescents' school attendance irregularities: anecdotally, adolescents seem to report more absences than their parents, suggesting a need to further explore a possible gap in the fulfillment of the state's obligation to "take measures to encourage regular attendance at schools and the reduction of drop-out rates" (CRC Article 28(e)). Such future exploration will need to rely on large enough sample sizes to allow for statistical examination. Of those who chose to share their missing needs, some mentioned the need for both emotional support and more access to information about the situation, and merely to "talk to someone".

Although there were no extensive reports on missing basic needs or services, our analyses did capture adolescents' experiences of discrimination, prohibited according to CRC Article 2, for various perceived reasons ("being Jewish," "being Israeli," "being Arab," "being Muslim," "being secular," "being religious," "being Ashkenazi," "being Mizrachi," "being Russian," "being Bedouin," and more). Perhaps this is a reflection of the fractured Israeli society, as seen in the experiences of youth during a time of instability. Despite this, it appears that most adolescents do not attempt to conceal their characteristics to a significant extent, although it is suggested that those responding to the Arabic survey tended to report more engagement in doing so. The unique challenge of members of Arab minority groups in Israel was expressed in the words of one participant: "I am an Arab studying in a Jewish school." Importantly, the use of identity labels in reporting discrimination relies on participants' self-descriptions; these attributions reflect subjective experiences and perceptions, thus, should be situated within a broader interpretive framework that avoids essentializing identity categories. Age was also mentioned as a cause for discrimination by some, with two quotes specifying: "I am not being taken seriously because of my age," and another: "As if I'm too young for my opinion to be heard."

What seems to be missing from the present study's findings is the experiences of discrimination by the adolescents in the Arabic survey, mainly in relation to the well-documented gaps in socio-economic conditions compared with the Jewish majority in education, poverty rates, health indicators, and infrastructure (Daoud et al., 2018). It could be that the adolescents did not report on discrimination due to issues of trust or engagement; it could also be that they are not fully aware of these gaps and what they mean in terms of their rights and needs. This is an additional reason for the further research needed, specifically on this population of Arab adolescents in Israel.

Importantly, findings related to reduced freedom of expression among Arabic-speaking adolescents might be interpreted beyond the individual or interpersonal level to reflect broader structural, legal, or sociopolitical constraints on the rights of children from minority groups in Israel. This important question should be directly addressed in future research.

The study also highlights some threats to children's agency and participation rights. A notable number of adolescents experienced some degree of privacy violation, protected under CRC Article 16, which they may have encountered while regularly using joint shelters and during security checks, experiences that might compromise their dignity and autonomy. As to children's right to freedom of expression (CRC Article 13), parents tend to think that their children are freer to express their opinions about the war than adolescents actually report. Additionally, parents often underestimate the consequences that adolescents experience for publicly sharing their opinions, which in the Hebrew surveys mainly included fear of and consequences of shaming, as well as harm to relationships with peers. Notably, respondents to the Arabic survey reported feeling less comfortable expressing their opinion about the war, and when asked what they feared, a common response was fear of police violence and even arrest, reflecting a climate of reduced freedom of speech. These findings join earlier claims that conflict disproportionately threatens the voices of children in minority groups (Okorodudu, 1998; Goldhagen et al., 2019). In fact, the respondents to the Arabic survey in this study were not just a minority group, but also likely to experience a spectrum of complexities as Arabs in the midst of a war in Israel, and in the broader context of the Israeli-Palestinian conflict. It can be speculated that the atmosphere of reduced freedom of speech, alongside potential issues of identity and belonging (also protected under CRC Articles 8 and 29(c)), also contributed to their higher reported distress from consuming information on the war from social media (specifically Instagram) and from conversations with parents. However, despite these constraints, the majority of participants reported being able to express their opinions freely and having access to information with relatively low distress levels.

Although the number of adolescents who were displaced from their home was small in our sample and did not allow for statistical analyses, a qualitative examination suggests that those who chose to report their involvement in decision-making regarding displacement experienced high levels of involvement and participation, with reports on getting information, making decisions and receiving adults support in deciding on school and afterschool activities, and even the family accommodations. Parents' reports seem to corroborate this pattern of participation. Of course, this anecdotal report regarding the fulfillment of CRC Article 12 on participation in family decisions among displaced children does not translate to a generalized finding, and we suggest that further research specifically examine the protection, provision, and participation rights of displaced children.

The findings echo an ecological perspective on children's rights (Gal, 2017, 2020), which highlights the importance of the "circles" around the child in fulfilling their rights, especially participation rights. First, the parents are most immediate and significant. The present results indicate that parents are a central source of information for their children and that they can serve as agents of participation, for example, in the extreme case of displacement. Another important circle in children's lives is their social environment, and some adolescents indeed mentioned that they fear peer boycott or harm to

relationships if they express their views, demonstrating how their right to participation is affected by their eco-system. Finally, the safety issues that some children described may indicate how the external circle of the broader society affects the children's ability to fulfil their rights to participation enshrined in Articles 12, 13, 14, and 15.

Despite some discrepancies in perspectives (for example, parents' tendency to overestimate privacy violations and freedom of expression of their children), parents generally read their children's emotional state and needs well, as was most notably demonstrated in their reporting of their children's wellbeing. Parents also assessed exposure to information as more distress-evoking than what adolescents reported experiencing. At the same time, adolescents reported that the primary source of information about the war was their parents, and a relatively safe source. It is possible that while some parents attempt to shield their children from perceived distress by reducing exposure to some information sources, adolescents not only rely more on conversation with parents, but also may feel the need for more access to information, a protected right under CRC Article 17, as reflected in some of the text responses. The observed discrepancies between adolescents' and parents' reports warrant further consideration. Several potential mechanisms may explain these differences. First, adolescents may withhold information from parents about sensitive experiences (e.g., violence exposure, discrimination, consequences of expressing opinions) due to concerns about parental worry or potential restrictions on their autonomy. Second, parents may underestimate their children's experiences due to limited awareness of adolescents' social interactions outside the home, particularly in school and peer contexts. Third, parents and adolescents may use different reference points when evaluating experiences. For example, parents may compare to their own childhood experiences or broader population norms, while adolescents compare to their peers' experiences. Fourth, adolescents may be more attuned to subtle forms of discrimination that parents do not observe. These possible explanations suggest that both perspectives provide valuable but complementary information, with adolescents' reports offering insights into experiences that may not be visible to parents, particularly in domains involving peer relationships, school environments, and internal experiences such as fear of expressing opinions.

The exploratory preliminary comparison between the Hebrew and the Arabic surveys indicated some between-group differences regarding parents' role in the attainment of their children's rights. First, in the Arabic survey, significantly more verbal assault in the home environment was reported by the adolescents compared to the Hebrew survey. Second, while parents were reported to be the primary source of information about the war in both groups, adolescents in the Arabic survey reported significantly more distress from such conversations with their parents compared to the Hebrew survey. While caution is needed in interpreting these preliminary findings due to some limitations of the present Arabic sample (mainly its small size and convenience recruitment method), they align with previous literature addressing the unique challenges of disadvantaged minority groups in the context of parenting. Previous studies indicated that socio-political stress and chronic ethnonational minority stress are associated with parents' psychological distress, which in turn is linked to elevated risk of family violence such as child abuse and neglect, among Palestinian parents in Israel (Zedan, 2024; Zedan and Haj-Yahia, 2023, 2024). Similarly, Palestinian adolescents in East Jerusalem described collective and intergenerational transmission of stress, sustaining a persistent emotional climate of fear and insecurity; adolescents reported

that parental fears and family talk about ongoing political threats circulate at home, transmitting stress across generations, and in some families, fear of repercussions leads to silencing or avoidance of such discussions (Zedan, 2025). While patterns in our findings align with previous literature on minority stress and socio-political challenges, we emphasize again that these are preliminary and require cautious interpretation. The very small Arabic sample size ($n = 24$) and convenience sampling method limit our ability to draw firm conclusions about group differences. The observed patterns may reflect multiple factors beyond socio-political context, including sample characteristics, response patterns, or other unmeasured variables. Future research with larger, more representative samples is needed to substantiate these preliminary, exploratory findings and better understand the mechanisms underlying any group differences.

In the second "circle," the child's social environment, the present study's findings highlight significant challenges in the education system in maintaining children's rights and in addressing their needs during war. When data were collected for this study, the war had been ongoing for more than a year. According to participants' reports, most schools were operating and had adequate safety facilities, seemingly attaining the fundamental rights to protection and provision. However, the finding of notable staff instability, alongside repeated text responses articulating the adolescents' need for more help, support, and understanding in schools, suggests that these rights are not being fully fulfilled. Adolescents expressed both their need for more support in areas of study and learning, and a call for emotional support and help to address their mental health, with some comments being particular and expressing an immediate need (e.g., "[I need] a psychologist in school"). As most participants reported schools to be adequate to protect children in the event of a missile attack (i.e., have shelters or safety facilities), a notable percentage of adolescents and parents did express concerns about shelters in schools, to some degree. Schools were also reported to be a place where adolescents are exposed to verbal and sometimes physical violence, and both adolescents and parents reported low satisfaction with the way schools are dealing with violence to protect children. These findings resonate with UNESCO (2011), which documented school closures, teacher displacement, and destroyed infrastructure as recurring barriers to learning and wellbeing in conflict settings worldwide. They also echo the Machel Report's identification of education as both a provision and protection right critical to children's resilience (Machel, 1996).

Adolescents' rights to participation in schools, and specifically in times of war, are another important area. We did not specifically target the school setting separately from other environments in the adolescent's life when inquiring about participation and freedom of expression. However, the school is a central arena in their life for social interactions with peers and meaningful adults. Thus, when our findings suggest that adolescents are sometimes afraid to express their opinions and experience consequences, such as shaming and harm to their relationships with peers, this is also likely related to schools. Notably, we also found that parents tend to underestimate their children's fear of and experiences of such consequences. Some adolescents clearly articulated in their text responses their need for schools to be a source for information and discussion, and "to be talked to more openly in school", specifically "about the situation". It also appears that as time passes and the war continues, the fulfillment of educational needs and rights under CRC Articles 28 and 29 does not improve, but rather worsens, as

indicated by the lower fulfillment of educational needs reported in our second wave of data collection compared to the first wave. The alarming finding of a reduction in the fulfillment of adolescents' educational needs and rights calls not only for further research but also for immediate action.

The schooling system in Israel operates mainly separately for the majority, mostly Jewish, Hebrew-speaking children, and for the children from Arab minorities. This separation relates to the attainment of children's rights and needs in the "outer" circle, which is the broader society. Our findings, which include avoidance and fear of the 'other' (mainly in the Hebrew surveys) and a sense of limited freedom of expression (mainly in the Arabic survey), suggest limited participation in society among diverse groups. It can be speculated that such a disconnection between groups becomes more pronounced during times of war. Adolescents in our Hebrew samples expressed explicit fear and avoidance of "Arab places" and "Arab people." Considering the unprecedented events of the October 7th carnage, and specifically the abduction of youth, children, and toddlers, alongside a routine of daily missile attacks from Arab militant groups, fear seems to be a natural emotional response. At the same time, our respondents to the Arabic survey, experiencing the same threats of terror and the same missile attacks, experienced heightened distress when consuming information about the war; they are probably more exposed to the impact of the war on children and youth in Gaza through media and social media in Arabic, parents, and perhaps even relatives. These adolescents feel less free to express their opinions and articulate explicit fear of police violence and arrest if they do so. Imagine a child from each group; the two of them probably do not attend the same school, and are unlikely to interact in community activities or public spaces. One can assume that with time discrepancies, fear, and avoidance will only grow, limiting children's protection rights under the CRC (such as the right to safety and feeling safe), provision rights (non-discrimination), and meaningful participation rights as enshrined in Articles 12 and 13, unless action is taken to bring these two groups together. The ongoing war presents a literal obstacle to such possible attempts, but it also highlights the importance of this aim as a sore point.

Lastly, we note the somewhat optimistic, though perhaps paradoxical, finding of improved well-being levels among adolescents in the second wave of data collection compared to the first wave. This may reflect processes of adaptation or normalization, as the war continued. It could also point to a possible process of recovery from an initial tremendous shock and trauma. Similar processes have been noted in international reviews of children in war zones, where resilience and adjustment often coexist with vulnerability (Slone and Mann, 2016). However, alternative explanations must also be considered: the improved well-being could reflect sample composition differences between waves, as participants of the two waves may differ in unmeasured characteristics (e.g., resilience, social support, or baseline wellbeing). Selection bias is also possible, as participants who chose to participate in Wave II may have been those experiencing better adjustment. Additionally, the timing difference may have captured different phases of the conflict or different seasonal factors. Future longitudinal research tracking the same individuals over time would help distinguish between true improvement and sample composition effects. Future studies should also directly investigate whether children's well-being is associated with other forms of children's rights attainment and violations.

Despite its importance and novelty, this study has some notable limitations that should be considered when interpreting the findings and drawing conclusions. First, the cross-sectional design limits the ability to draw causal inferences. Additionally, the two waves of data collection employed different samples; therefore, any speculations about changes over time should be made with due caution. The second main limitation is the small sample obtained for the Arabic survey, alongside the convenience sampling approach, which may introduce selection bias. Specifically, this sample employed only Muslim participants and thus does not capture the full spectrum of Arabic-speaking minorities in Israel, such as Christians and Druze. The consequences of non-representative sampling warrant emphasis: selection bias may mean our findings underestimate or overestimate prevalence, and caution is needed when generalizing to broader populations. We note that ongoing work is being conducted using the Arabic survey, and the results reported here are therefore preliminary and exploratory in nature. Third, although we aimed for a representative sample to reflect the highly varied and heterogeneous Israeli society, we cannot be certain that this goal was achieved in the Hebrew survey as well. In future studies, it is recommended that more detailed demographic information be obtained, including participants' socio-economic status and whether they belong to minority groups (e.g., immigrants, refugees, or individuals with disabilities). We also had relatively low representation of adolescents who were displaced during the war, suggesting we probably did not have enough representation of children experiencing the October 7th terror attack firsthand. The degree to which these can be generalized is extremely limited given the small sample. We also cannot assure that our sample included adolescents who lost a parent or a sibling, or were injured.

We were limited in our ability to collect such data, as well as data of an extremely sensitive nature, such as physical violence in the home or sexual assaults, due to ethical guidelines and precautionary measures. Undoubtedly, such data is important, specifically in times of instability. However, we could not compromise the safety of participants, and the present design did not allow the collection of such data. We also recognize that high missingness rates in our current data, particularly in the Wave II Arabic sample, may reflect sensitivity of topics or cultural factors. While we report missingness rates by domain and group, the small sample sizes precluded formal statistical tests of missingness patterns. Future research should investigate factors contributing to missingness in such sensitive research, particularly among minority populations during conflict. High missingness rates for sensitive topics may reflect social desirability bias or response avoidance, meaning our findings may underestimate the true prevalence of negative experiences. More broadly, future research should increase efforts to recruit participants from marginalized populations and to maximize cultural and linguistic adaptations during participant recruitment.

This pioneering study represents the first systematic assessment of children's rights attainment during war using a CRC-based framework. Given its exploratory nature, we acknowledge that a formal psychometric validation is needed for the novel questionnaire items in future studies, relying on larger sample sizes. The questionnaire was designed as a rights-based assessment tool that maps directly to CRC articles, and the urgent context of documenting children's experiences during an ongoing conflict guided our approach. In addition to ensuring face validity through a process of

iterative development of the questionnaire, we employed triangulation through multiple information sources. These included combining adolescents' and parents' reports, and incorporating quantitative and qualitative data, to strengthen the validity of our findings regarding children's rights attainment. Future research with larger samples should examine the structural coherence and reliability of the questionnaire items to further validate this novel assessment approach.

Finally, we recognize the impact of the ongoing war on children outside of Israel, and specifically in Gaza. While examining the impact of war on children and youth in Gaza is beyond the scope of this study, and was not applicable for an Israeli research team as the war is ongoing, we clearly state, as others, that such research is of great importance and urgency (e.g., [Alibwaini and Thabet, 2019](#); [Bessell and O'Sullivan, 2026](#)). We hypothesize, though, that the findings of the present study focusing on adolescents in Israel provide important insight into the impact of war on children's rights and needs in all comparable contexts.

Notwithstanding these limitations, this study makes a significant contribution to the broader understanding of how war impacts adolescents in a novel methodological and epistemological manner. By employing an interdisciplinary framework that combines a normative rights-based analysis with an empirical examination of children's reports on the attainment of their rights and needs, this work presented findings emphasizing often-overlooked impact of war on children such as freedom of speech, equality, access to safe information, and participation, and highlight the impacts of prolonged war on the sense of safety and agency beyond immediate needs. To address gaps in protection, provision, and participation rights identified in this study, a few actionable recommendations and policy implications regarding children and adolescents in times of war might be: strengthening school-based violence prevention programs, ensuring educational continuity and mental health support services, implementing regular child-centered monitoring of rights attainment and ensuring representation of minority groups in policy development, and creating safe spaces for children and youth to express their views.

Data availability statement

The raw data supporting the conclusions of this article will be made available from the authors after anonymization, on reasonable request.

Ethics statement

The studies involving humans were approved by The Hebrew University of Jerusalem Ethics Committee for the Law, Education, and Humanities Faculties, approval number: 2025HLE012. The studies were also approved by the Israel Ministry of Education Research Unit, approval number 14300. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

Author contributions

YR: Writing – original draft, Methodology, Conceptualization. EM: Methodology, Writing – review & editing, Formal analysis, Visualization. HZ: Writing – review & editing, Data curation. TG: Supervision, Project administration, Funding acquisition, Conceptualization, Writing – review & editing, Resources.

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The author(s) declared that Generative AI was used in the creation of this manuscript. Generative AI tools (ChatGPT, OpenAI; Grammarly, Grammarly Inc.) were used to assist in language editing and phrasing refinement of specific paragraphs. The authors reviewed and approved all generated text and are fully responsible for the content of the manuscript.

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Supplementary material

The Supplementary material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2026.1719621/full#supplementary-material>

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Caring in crisis: family dynamics and child wellbeing in Rohingya refugee camps

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For Rohingya families living in the world's largest refugee camps, the perinatal period unfolds under conditions of profound insecurity and deprivation, despite being a critical developmental window that reshapes family dynamics and lays the foundation for child outcomes. Guided by the World Health Organization (WHO) Nurturing Care Framework—which emphasizes the interdependence of health, nutrition, responsive caregiving, early learning, and safety—we conducted collaborative family interviews, semi-structured interviews with mothers and fathers, and Life Story Board activities with school-aged children across 32 families to examine how caregiving is negotiated during this sensitive period. Findings revealed three interconnected themes: (1) parent–child wellbeing strained by chronic stress, trauma, and structural constraints; (2) intensified resource scarcity that heightens worries about food, healthcare, education, and equitable caregiving; and (3) shifting family dynamics in which older siblings—especially girls—assume significant caregiving and economic roles as parental capacities are stretched. Despite these pressures and clear gaps across the nurturing care domains, families demonstrated notable adaptability, moral commitment, and resilience in supporting their children. The results underscore the urgent need for holistic, contextually grounded interventions that bolster caregiver wellbeing, address structural barriers, and strengthen family systems in protracted displacement settings.

KEYWORDS

Rohingya refugee, perinatal wellbeing, family resilience, parenting, humanitarian crisis, displacement

1 Introduction and literature review

1.1 Parenting and early childhood development

Parental wellbeing is foundational for responsive caregiving, particularly in contexts marked by adversity, displacement, and chronic resource insecurity. Parents' capacity to care for their children is not only shaped by individual psychological resilience but also by the broader socio-political environment in which caregiving occurs. In situations of political violence, disruptions to parents' mental health—such as chronic stress, fear, and trauma—can impair their ability to respond sensitively and consistently to their children's needs. Parental distress contributes to recursive cycles of diminished caregiving, where children's behavioral difficulties further exacerbate parents' own sense of helplessness and fatigue. Moreover, economic precarity adds another layer of psychological strain, as refugee parents may struggle to provide basic necessities, leading to guilt, emotional withdrawal, and increased risk of intergenerational trauma (Akesson and Badawi, 2021). Together, research suggests that interventions focused on child development

must simultaneously attend to the mental health and material wellbeing of caregivers with a particularly keen eye to the complications of caregiving within contexts of war and displacement, as these complications are inextricably linked to the quality of care that parents can provide.

1.2 The Rohingya crisis and challenges to family life

The Rohingya, a predominantly Muslim ethnic minority group from Myanmar's Rakhine State, have endured decades of systemic persecution and statelessness. Denied citizenship under Myanmar's 1982 Citizenship Law, the Rohingya have been excluded from legal recognition and stripped of basic rights such as freedom of movement, access to education, and participation in public life (Southwick, 2015). This legal exclusion has been reinforced by targeted campaigns of violence against the Rohingya, culminating in the genocidal military assaults of 2017, during which entire Rohingya villages were burned, civilians were raped and killed, and over 700,000 Rohingya were forcibly displaced into neighboring Bangladesh (Fortify Rights, 2018; United Nations High Commissioner for Refugees (UNHCR), 2023). These events have been widely recognized as crimes against humanity and acts of domicile or the deliberate destruction of home as a strategy of erasure and ethnic cleansing (Akesson and Basso, 2022).

Since their mass displacement in 2017, most Rohingya have remained confined within the refugee camps of Cox's Bazar, Bangladesh, which is now home to the largest stateless population in the world. Despite Bangladesh's willingness to host Rohingya refugees, families live under conditions of protracted encampment marked by spatial restriction, limited autonomy, and legal invisibility. Refugees are prohibited from formal employment, accessing national education systems, or integrating with host communities (Milton et al., 2017). These limitations reinforce a state of perpetual displacement and undermine family and community cohesion.

The challenges to family life within the camps are manifold. One of the most persistent threats is food insecurity. Despite humanitarian aid, the World Food Programme has been forced to reduce monthly food rations to \$8 per person due to funding shortfalls (Mones et al., 2023). This has significantly impacted child health and nutrition, with recent surveys indicating chronic malnutrition and stunting well above emergency thresholds (IPC, 2025). Families face daily struggles to obtain adequate nutrition, often relying on nutrient-poor diets with limited cooking fuel, which in turn places added stress on caregivers.

Education is another domain where Rohingya families face systemic exclusion. For years, formal education beyond Level 3 was prohibited by Bangladeshi authorities, a policy grounded in the belief that repatriation should be the long-term solution (Hossain, 2023). Although the Myanmar curriculum has been introduced in limited pilot projects in the camps, implementation remains sparse, with significant gender disparities in access. Girls in particular are often withdrawn from learning spaces due to caregiving duties, child marriage, or concerns about safety and dignity (Plan International, 2018). The absence of educational pathways deprives children of the tools necessary for future rebuilding.

Healthcare and protection services are similarly fragile. Rohingya families rely heavily on overburdened humanitarian systems for primary healthcare, with limited access to specialized services such as

maternal and newborn care, mental health, or disability support (World Health Organization (WHO), 2023). Pregnant women often face heightened vulnerabilities due to overcrowded living conditions, loss of traditional birthing support systems, and physical insecurity. Intra-camp violence—including extortion, gender-based violence, and the rise of armed groups—undermines protection systems and imposes additional risks, especially for women and girls (ACAPS, 2023; UN Women, 2025).

These daily hardships are rooted in the broader denial of rights and resources that defines the Rohingya experience (Uddin, 2020). As Southwick (2015) and the United Nations (UN) (2018) have argued, the Rohingya crisis is not only a humanitarian catastrophe but also a politically orchestrated campaign of exclusion, erasure, and containment. Even in displacement, Rohingya families are subject to securitized and restrictive aid regimes, where basic services are conditional, and repatriation is continuously discussed despite conditions in Myanmar being increasingly untenable. Such systematic and structural violence erodes not only material wellbeing but also the dignity and coherence of family life.

Rohingya families navigate a layered landscape of dispossession: from the trauma of generational statelessness, surviving genocide, and the subsequent forced displacement to the ongoing restrictions of life in Bangladesh's refugee camps. Parenting and caregiving under such conditions require immense perseverance, which is consistently undermined by legal invisibility, inadequate services, discriminatory camp policies, and sociopolitical marginalization.

1.3 Parenting in contexts of political violence

Parenting under conditions of political violence presents unique and often overwhelming challenges that reverberate across generations. Political violence disrupts the social, cultural, economic, and psychological environments in which caregiving takes place, resulting in diminished parental efficacy, increased mental health burdens, and dangerous caregiving practices. Rather than being a temporary disruption, such violence produces a circuitous and compounding pattern of stress and caregiving breakdown, whereby parental distress leads to diminished caregiving, which in turn exacerbates child distress, reinforcing the cycle of family suffering.

Empirical research underscores the destabilizing effects of war and political violence on parenting capacity. Political violence has been associated with elevated levels of parental depression, anxiety, post-traumatic stress disorder (PTSD), and feelings of helplessness—all of which compromise parents' ability to respond sensitively to their children's needs (Betancourt, 2015; Betancourt et al., 2015; Panter-Brick et al., 2014). As Sousa et al. (2024) discuss, these emotional and psychological disruptions are not only internalized by parents but are often transferred to their children through harsh, inconsistent, or withdrawn caregiving. In the context of prolonged societal stress, Chasson et al. (2025) found that mothers of young children frequently experienced intrusive thoughts and dissociative symptoms that disrupted their ability to bond and respond effectively to their infants. Similarly, research on war-exposed populations has shown that maternal trauma and dissociation are linked with more disorganized caregiving representations and lower-quality mother–infant interactions (Isosävi et al., 2020).

This erosion of parental functioning under political violence unfolds in circular and self-reinforcing ways. As highlighted by [El-Khani et al. \(2016\)](#), the stressors associated with displacement—such as poverty, insecurity, social isolation, and legal precarity—can degrade parenting capacity over time. Parents may become more irritable, emotionally withdrawn, or reliant on punitive forms of discipline. These behavioral shifts negatively affect children's emotional security and wellbeing, leading to increased child distress, behavioral issues, and trauma symptoms ([Maddah et al., 2024](#); [Masten and Narayan, 2012](#)). For example, [Lahti et al. \(2019\)](#) found that Palestinian mothers exposed to war trauma reported heightened emotional reactivity to infant crying, which in turn was linked to negative maternal self-perceptions and greater parental helplessness. In turn, children's difficulties can amplify parental feelings of inadequacy and despair, thus perpetuating a cycle in which both parent and child suffer without adequate intervention ([Cummings et al., 2009](#)). Importantly, even in these extreme conditions, parents do not uniformly collapse under stress. Many caregivers actively adapt by developing protective, compensatory and resilient practices, including increased family communication, moral guidance, spiritual engagement, and future-oriented thinking ([Akesson et al., 2026](#); [Betancourt and Khan, 2008](#); [Walsh, 2016](#)). These efforts reflect amplified caregiving, where caregiving becomes an intentional act of resistance and survival amid adversity. For instance, [Akesson and Sousa \(2020\)](#) found that refugee parents in Lebanon often sought to comfort and distract their children during times of fear, using storytelling or humor as coping mechanisms representing small yet meaningful acts that contributed to family resilience and parental empowerment.

Nevertheless, such individual efforts can only go so far without broader systemic and structural support. As [Gavidia-Payne et al. \(2015\)](#) argue, parental resilience is not merely an internal trait but a context-dependent process, shaped by access to resources, legal protections, and supportive community environments. In contexts of protracted displacement or state violence, where such conditions are systematically denied, even the most committed parents face limits in their ability to maintain responsive caregiving.

Ultimately, parenting in contexts of political violence cannot be separated from the larger structural conditions in which it occurs. Political violence initiates a recursive cycle of trauma, stress, and caregiving breakdown that deeply affects both caregivers and children. Without sustained, multilevel interventions that address both caregiver wellbeing and the systemic and structural barriers, these cycles are likely to persist across generations. Recognizing and interrupting this cycle is a critical step toward supporting family resilience and child development in contexts of war and displacement.

1.4 Parental resilience in adversity

While parenting in contexts of political violence and displacement is marked by profound challenges, research increasingly points to the extraordinary resilience demonstrated by caregivers under siege. Far from passive victims, many parents adapt their caregiving strategies with amplified warmth, heightened vigilance, compensatory strategies, and intentional efforts to sustain emotional connection and protect their children. This kind of “resilience through caregiving” highlights

how parenting itself can become a vehicle for survival, meaning-making, and hope in times of crisis ([Stevenson, 2011](#)).

The concept of parental resilience has evolved beyond static trait-based definitions to encompass a dynamic, relational process shaped by risk exposure, available supports, and individual and cultural meaning systems. [Gavidia-Payne et al. \(2015\)](#) define parental resilience as “a parent's ability to manage and adapt to adversity while maintaining their caregiving responsibilities” (p. 112). This definition foregrounds the balance parents must strike between their own distress and meeting their children's needs—a tension intensified in contexts of armed conflict or forced migration. [Sousa et al. \(2024\)](#) extend this framing by emphasizing the embedded nature of resilience: rather than an internal trait, it emerges from caregivers' capacity to draw on personal, social, and structural resources to sustain caregiving in adverse settings.

In war-affected contexts, this resilience is often expressed through amplified caregiving behaviors, such as increased affection, emotional attunement, and physical closeness. Studies among Syrian and Palestinian refugee populations have documented how parents double down on expressions of love and protection in response to violence and displacement, often using storytelling, play, or spiritual practices to soothe and connect with their children ([El-Khani et al., 2016](#); [Panter-Brick et al., 2014](#)). These behaviors are not merely reactive but strategic and symbolic; they assert a moral order in which children are still worthy of care, structure, and joy even when the external world denies them safety or dignity. In the Rohingya context, families demonstrate “resilience through caregiving,” adapting roles and responsibilities, drawing on spiritual practices, and improvising forms of protection in the absence of formal support. These adaptive strategies such as storytelling, communal prayer, and improvised routines align with the principles of responsive caregiving, yet they emerge under radically different conditions in contexts of political violence.

Such intentional caregiving also plays a protective role in buffering children from trauma. [Masten and Narayan \(2012\)](#) describe caregiving as a “protective system” that mitigates the effects of stress and uncertainty by offering children consistent routines, emotional regulation, and a sense of security. For example, research by [Thabet et al. \(2009\)](#) in Gaza found that children whose parents maintained positive coping strategies and family routines exhibited better emotional and behavioral outcomes, even amid chronic exposure to political violence. This suggests that parental resilience operates not only as self-preservation but as intergenerational buffering, allowing families to maintain coherence and function despite disruption. Within this context, caregiving itself becomes both an act of survival as well as a site of exhaustion. [Sousa et al. \(2024\)](#) note that in politically violent settings, caregivers often operate in compressed caregiving ecologies—spaces where resources are minimal, social supports are fragmented, and institutional trust is low.

Importantly, resilience through caregiving is not universally available or equally supported. The ability of parents to maintain caregiving roles under pressure is deeply shaped by structural conditions, including access to shelter, food, healthcare, psychosocial support, and legal protection ([Tol et al., 2013](#)). In the absence of such supports, even the most devoted parents may find their caregiving capacity diminished. This highlights the critical role of humanitarian

and policy interventions in not just targeting children, but supporting caregivers as frontline agents of resilience (Leckman et al., 2014).

Gender norms also shape how resilience is expressed across families in crisis settings. Although research has traditionally focused on mothers, a growing evidence base highlights the vital yet often overlooked contributions of fathers and extended family members in humanitarian contexts. Father involvement in perinatal care is consistently associated with improved maternal health, reduced preterm labor, better birth outcomes, and lower rates of postpartum depression, with fathers' emotional and practical support strengthening maternal empowerment and overall family wellbeing (Firouzan et al., 2018; Lee et al., 2018; Small et al., 2025; Xie et al., 2023). At the same time, fathers themselves face heightened risk of perinatal mental health difficulties (Darwin et al., 2021; Watkins et al., 2024; Xie et al., 2023). These risks are amplified in humanitarian contexts where displacement, cultural dislocation, insecure livelihoods, and limited institutional support can undermine their caregiving roles (Gopal et al., 2020; Mestres et al., 2022; Musiwa et al., 2024). Perinatal services frequently exclude fathers, treating them as secondary caregivers, constrained further by traditional gender norms and inflexible provider attitudes (Buek et al., 2021; Gopal et al., 2020; Musiwa et al., 2024; Small et al., 2025; Walsh et al., 2021). Yet the limited evidence from humanitarian settings shows that fathers often adapt in creative ways (Akesson et al., 2020; Gokani et al., 2015, 2016). Recognizing these dynamics broadens narrow conceptions of resilience and foregrounds the diverse ways families mobilize care under conditions of displacement.

Ultimately, the study of parental resilience in adversity reveals not only the burdens parents carry, but also the profound moral commitments they enact. As Sousa et al. (2024) argue, caregiving under siege becomes an ethical act: a refusal to abandon one's role as protector, nurturer, and guide, even when systems of support have collapsed. Recognizing and strengthening this resilience requires approaches that are relational, ecological, and justice-oriented, affirming the dignity and agency of parents who continue to care for their children despite impossible odds.

2 The WHO Nurturing Care Framework in contexts of war and displacement

The World Health Organization's Nurturing Care Framework (NCF) (World Health Organization (WHO), 2018) understands early childhood development through five interrelated components: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. At its core, the NCF positions parents and caregivers as central to children's developmental wellbeing, recognizing that responsive caregiving—marked by attentiveness, sensitivity, and emotional attunement—is foundational to healthy growth.

Crucially, the NCF highlights the period from pregnancy to age three as the most critical window for brain development, with 80% of the brain formed by age three and early experiences shaping lifelong health, learning, and wellbeing. This is particularly salient during the perinatal period, when maternal physical and mental health, nutrition, and access to care directly affect both immediate neonatal outcomes and long-term child development trajectories (World Health Organization (WHO), 2018). In this sensitive window, interventions such as skin-to-skin contact, breastfeeding support, maternal mental

health services, and protection from violence and environmental hazards are not optional but foundational to the enabling nurturing environments envisioned by the NCF.

In our work, we integrate the holistic family NCF model with our theoretical framework that honors the conditions within which nurturing care unfolds. In humanitarian and crisis-affected contexts, nurturing care is not merely difficult to provide; it is politicized, conditional, and deeply constrained by political and structural violence, including that which defines protracted displacement. Violent and repressive environments drastically undermine parenting, creating crises in parents' caregiving and supervisory practices, as well as their sense of parental efficacy and their social and psychological wellbeing (Sousa et al., 2024). As such, our critical theoretical lens takes into account not only the importance of all the parental tasks of nurturing care (World Health Organization (WHO), 2018), but also the social and political environments that surround these practices for refugees.

Indeed, among the Rohingya in Bangladesh's refugee camps, conditions for nurturing care are profoundly shaped by genocide, forced migration, and ongoing restrictions on movement, education, healthcare, and livelihoods. Environmental hazards such as flooding, landslides, and fires exacerbate material deprivation, while overcrowding, food insecurity, and intra-camp violence compromise safety and increase caregiver stress. For pregnant women and new mothers, these insecurities are compounded by limited access to skilled birth attendants, antenatal and postnatal care, and psychosocial support, creating profound risks for both maternal and infant health.

Within such compressed caregiving ecologies where resources are minimal, social supports fragmented, and institutional trust low, the ability to provide consistent, responsive care depends on both personal resilience and the availability of structural supports (Murphy et al., 2017; Sousa et al., 2024). Mothers and other caregivers are expected to remain emotionally available while simultaneously managing trauma, hunger, and anticipatory grief about their children's future, conditions that stand in sharp contrast to the kinds of idealic environments required for and envisioned by the NCF.

Like other conceptions of the importance and role of caregiving for determining child health and development, the NCF is a valuable tool. But, as we describe here, it must be applied with a commitment to contextual nuance that understands caregiving as inseparable from the conditions that surround it. NCF's five components can guide humanitarian responses, provided they are adapted to reflect the complex realities of war-affected families and the distinct needs of the perinatal period in contexts of war, displacement, and genocide. Examples include initiatives (both research and practice) that promote health by integrating maternal and newborn care with mental health and psychosocial support, particularly for caregivers; supporting adequate nutrition through food security interventions tailored to resource-poor settings and sensitive breastfeeding promotion that honors the ways this practice is often disrupted during violence and displacement; promoting responsive caregiving through culturally relevant parent-support programs that address trauma and build confidence in newborn care among caregivers whose parental role has been profoundly interrupted and undermined by violence and oppression; creating opportunities for early learning through family-based stimulation and play that starts in pregnancy, involves all caregivers, and acknowledges the difficulty of educating and playing when one is dealing with complex and ongoing trauma and loss (including violent loss of the resources parents may traditionally

utilize were it not for the political upheaval); safeguarding caregiver wellbeing by mitigating violence, ensuring privacy for breastfeeding, and reducing environmental hazards in shelters.

In the Rohingya context, adapting the NCF also requires addressing systemic barriers—such as restrictive camp policies that do not allow families to leave the camps, earn a living, or engage in formal schooling beyond Grade 3—and leveraging existing family and community strengths, including those that may have been amplified through the tragedies they have faced, like intergenerational caregiving, faith practices, and storytelling. Implementing the NCF meaningfully during the perinatal period therefore demands interventions that are technically sound, trauma informed, and politically aware, advocating for refugee rights while supporting caregivers as frontline agents of survival and development. In other words, parents are people who also need nurturing care at the same time as their children.

In sum, while the [World Health Organization \(WHO\) \(2018\)](#) Nurturing Care Framework provides a vital blueprint for early childhood development, its application in crisis contexts must expand to recognize caregiving in the perinatal period as both a personal and political act, embedded in histories of war, displacement, and structural exclusion. This shift—from apolitical and ahistorical deficits-based models to politically and historically situated approaches that affirm caregiver dignity, agency, and expertise—can better align global frameworks with the everyday realities and demonstrated resilience of families caring under siege.

The literature underscores that the perinatal period is a uniquely sensitive time for both children's development and family wellbeing. For Rohingya families in Bangladesh's refugee camps, this period unfolds under conditions of extreme adversity, all of which directly constrain the five components of nurturing care. While global frameworks such as the NCF provide essential guidance, there remains a critical need for research that identifies and develops evidence-informed, culturally relevant interventions tailored to the realities of protracted displacement. Addressing these gaps requires approaches that listen closely to the realities and experiences of caregivers, and not only support early child development but also strengthen the capacity of traumatized caregivers and family systems to adapt and thrive. This study responds to that need by exploring the everyday experiences of Rohingya families during the perinatal period, generating knowledge that can inform collaborative, contextually grounded solutions. Building such solutions depends on meaningful, sustained partnerships between researchers and refugee communities. These partnerships should be grounded in mutual trust, cultural understanding, and shared goals for the wellbeing of mothers, infants, families, and societies who have been targeted and oppressed.

3 Materials and methods

3.1 Developing community-researcher partnerships

Strong community partnerships are essential for conducting international research in volatile settings. With its focus on women and families during the perinatal period and strong track record as a respected community organization, Hope Foundation for Women and Children of Bangladesh serves as the primary community partner for

this project. Situated in Cox's Bazar district, Hope Foundation serves between 800 and 1,500 patients per day ([Cleland, 2017](#)). In 2020 alone, Hope Foundation assisted 12,360 women through the Safe Motherhood program and participated in 3,844 births ([Hope Foundation, 2021](#)).

At the outset of the project, the first and second authors traveled to Bangladesh for a two-week field visit to solidify the research partnership with Hope Foundation. During this field visit, we met with Hope Foundation research staff and key community stakeholders to discuss participant recruitment, compensation for participants, contextually relevant methodology, and effective dissemination of findings to ensure maximum impact on the population of interest. We worked closely with three Rohingya cultural liaisons with specialized knowledge of the Rohingya culture and norms. We piloted our data collection methods to ensure cultural relevance and contextual feasibility. The methodology was subsequently refined based on the pilot data gathering experience.

Hope Foundation played a pivotal role in recruiting and engaging with families during the perinatal period. A community health worker from Hope Foundation's Field Hospital informed Rohingya families expecting the birth of a child (approximately six-months gestation) about the study and asked families if they would agree to meet with researchers to hear more about how to participate. The first and second authors then met with families who expressed an interest in the study to explain the research procedures and obtain informed consent from all family members. All 32 families that researchers spoke to agreed to participate in the study.

Prior to data collection, all research team members, including student research assistants, transcriptionists, and cultural liaisons, were trained on the purpose of the study, interview protocols, and ethical considerations. This training was provided by the first and second authors, who bring extensive experience working with cross-language translation and transcription teams in research with war-affected and displaced populations ([Akesson et al., 2018](#); [Akesson and Coupland, 2020](#)).

3.2 Gathering research data

The research used a longitudinal interpretive phenomenological analysis (LIPA) design. LIPA emphasizes the changing meaning of an experience ([Smith et al., 2009](#)) and is therefore well-positioned to explore temporal events ([McCoy, 2017](#)) such as pregnancy, childbirth, and postpartum childrearing. To gather our research data, we interviewed each family when the mother was approximately six months gestation (Time 1, October 2024). (Note: Longitudinal data collection continued in 2025 with two additional data collection time points: Time 2 (April 2025) at three to six months postpartum and Time 3 (October 2025) at nine months to one year postpartum, a time that marks the baby's transition from infancy to toddlerhood. However, for this article, we only present findings from Time 1 data when families were anticipating the birth of their child.)

Data collection methods included collaborative family interviews (CFI), individual semi-structured interviews (SSIs) with mothers and fathers, and play-based interviews with school-aged children in the family using the Life Story Board (LSB). Each method is described in greater detail below.

3.2.1 Collaborative family interviews (CFIs)

We asked families to participate in a 45 minute collaborative family interview (CFI), each considering the unique trajectory of the family and how they experience parenting within their social, cultural, and political situations. CFIs engage multiple family members in the research process providing the research team with the opportunity to observe family dynamics such as mother–father communication and parenting strategies. The first author developed, piloted, and revised this method over the past decade, and it has been used successfully with war-affected families in a range of displacement contexts (Akesson, 2011, 2014). Interviews were conducted by either the first or second author, who were accompanied by at least one of three Rohingya cultural liaisons. The CFI focused on cultural practices during pregnancy, social supports, and the psychosocial wellbeing of the expectant mother, father, and other family members, and hopes and concerns for the new baby. We also gathered basic family demographics, including circumstances of flight from Myanmar, length of time in Bangladesh, family composition and characteristics, living situation, economic status, and details about pregnancy (including number of pregnancies, number of pregnancy losses if any, access to prenatal care, etc.). Questions were designed to encourage reflection while providing space for families to feel control over what aspects they chose to discuss, which is crucial when conducting research on sensitive topics (Akesson et al., 2018; Meredith et al., 2017).

3.2.2 Semi-structured interviews (SSIs) with mothers and fathers

We conducted separate semi-structured interviews (SSIs) lasting approximately 60 minutes with mothers and fathers individually. SSIs provided a more dedicated opportunity to explore parents' own thoughts and feelings about the perinatal experience. SSIs also allowed participants to share any additional information that they may not have felt comfortable discussing with other family members present in the CFI. During the field visit, we observed that homes were generally multi-generational, small, and in close proximity to neighbors. As the home setting affords little privacy, we conducted these SSIs in a private room at Hope Field Hospital when possible.

3.2.3 Life story board (LSB) activity with children

To engage children in the research process, we invited children (age 7 + years old) from the families to participate in a play-based research activity that utilized the Life Story Board (LSB). The LSB is a developmentally appropriate method designed to explore children's everyday lives, including their understanding of adversity and wellbeing, through their own narration (Chase et al., 2010; Stewart-Tufescu et al., 2019). The LSB approach was initially designed for use with war-affected children in Sri Lanka, and it has since been used in research with children in other humanitarian settings such as China, Cambodia, and northern Uganda (Chase, 2000; Chase et al., 2010). The LSB uses sets of cards, markers, and notation on a playboard to create a visual representation of the child's life situation that is then narrated by the child during the storyboarding process. The recorded audio of the LSB interviews with the children revealed rich data on Rohingya children's understanding of their own wellbeing, and specifically, in the context of the impending birth of a new sibling.

The second author and a cultural liaison conducted the LSB with each family that had an eligible child willing to participate.

3.2.4 Data collection process

Data gathering activities were conducted over two days. On Day 1, we traveled to the family's home to complete the informed consent process and CFI. At the end of the interview, we presented the family with a gift to acknowledge our appreciation of their participation. The gift typically included some combination of fresh fruit, crackers, cookies, milk, candies/candy bars, soap, a printed Quranic verse wall hanging, and some small toys for the children. On Day 2, the SSIs and LSB were completed at Hope Field Hospital and scheduled on a day of the family's choosing. This schedule was intended to ease the burden on mothers who are typically busy with household chores and meal preparation in the shelter, to accommodate fathers who were engaged in community and religious commitments, and children's school attendance. Family members who traveled to the field hospital on Day 2 were offered a meal when they were at the clinic.

In keeping with best practices for ethical qualitative research in crisis-affected settings, the research team also implemented several strategies to address emotional distress that occasionally emerged during the interviews. As documented in previous work with displaced families, many participants were eager to share their stories and often described the process as meaningful or even cathartic despite moments of sadness or grief (Akesson et al., 2018). During all CFIs, SSIs, and LSB activities, participants were reminded that they could pause, take a break, skip any question, or end the interview entirely if the discussion became too distressing. The research team was led by two clinically trained social workers who were skilled in supporting families through sensitive conversations, monitoring signs of discomfort, and responding with trauma-informed practices. When emotional distress arose, interviews were slowed or temporarily stopped, and participants were gently offered space and choice regarding whether to continue. Consistent with findings from prior research in displacement contexts, many families chose to proceed, noting that being heard and having the opportunity to share their experiences was important to them. This flexible, participant-led approach ensured that emotional wellbeing was prioritized throughout all stages of data collection.

3.3 Analyzing research data

Consistent with recommended and commonly used practices for conducting cross-language research (Shklarov, 2007; Squires, 2009; Williamson et al., 2011) and with participants' permission, all interviews, including the LSB interviews with children, were audio-recorded, capturing the English-speaking interviewers, the English-to-Rohingya translation, the Rohingya response, and the Rohingya-to-English translation. The specific Rohingya cultural liaison who assisted during the interview was also tasked with translating and transcribing the audio recordings for that particular family to produce an accurate set of English transcripts. All transcripts were checked and finalized by another Rohingya research assistant at the first author's university to ensure data integrity and completeness.

LIPA involves detailed analysis of individual cases over time, followed by a search for similarities and differences between cases (Smith et al., 2009). To begin our data analysis, we held a series of

discussion meetings with research team members, student research assistants, and cultural liaisons. These discussions were based on team members' reading of a set of transcripts for a family and then sharing their impressions of the content, including participants' articulated thoughts, feelings, and reflections on their experience of the perinatal period. Group notes taken during these discussions informed the thematic coding structure, which was used to create a codebook to subsequently apply to the qualitative interview data.

Codes were organized thematically within the broad categories of perinatal experiences, health (all types), family, community, education, environment, household economy, futures, and contextual factors. Within each broad category, subcodes were grouped temporally by the family's experiences in Myanmar, their journey to Bangladesh, and their life displaced in Bangladesh. We then utilized Dedoose,¹ a qualitative research data software program, to apply codes to interview transcript content. Two social work student research assistants (RAs; one master's level and one undergraduate) coded the data under the supervision of the first and fourth authors. Interviews (CFIs, SSIs from mother and fathers, and LSBs with children) from each family were randomly assigned to the two RAs so that all families' data were coded by more than one RA. Along with the fourth author, the two coders shared an analytic journal in which they documented and discussed discrepancies in the application of codes. Following the captured discussion, an agreed upon decision was noted. This journal along with the codebook guided the research team's shared understanding and application of codes to the interview data. The coded content was then analyzed in aggregate by the authors to highlight the most salient issues and experiences. This paper focuses on the broad categories of perinatal experiences, family, and household economy related to subcodes specific to parent and child wellbeing, resource scarcity and allocation, and family dynamics during pregnancy.

3.4 Describing participating families

Study participants included 32 Rohingya families who had fled Myanmar during the 2017 genocide and were currently living in refugee camps in Cox's Bazar, Bangladesh. See Table 1 for family demographic information including ages of family members, number of pregnancies, and number of living children.

The average age of father participants ($n = 31$) was 32.5 years, ranging from 19 to 61 years old based on their verbal responses when asked their age. Participating mothers ($n = 32$) were slightly younger, with an average age of 27.1 years when verbally asked to report their age, with a range of 17 to 56 years old. The average age of female children ($n = 36$) was 5.9 years ranging in age from 1.5 to 16 years. Male children ($n = 46$) had an average age of 8.5 ranging from six months to 24 years old.

Sixteen of the 32 families (50.0%) we interviewed had three or more children. Fourteen families (43.6%) had extended family members living with them in the shelter. This included mothers- or fathers-in-law, uncles, aunts, and cousins. There were five families who had no previous children and were pregnant with their first child at the time of our visit. The average number of previous pregnancies

TABLE 1 Description of participating families.

	<i>n</i>	Average	Percentage	Range
Age (in years)				
Mothers	32	27.1		17–56
Fathers	31	32.5		19–61
Children (female)	36	5.9		1.5–16
Children (male)	46	8.5		0.5–24
Number of families living with extended family members	14		43.6	
Number of children in the family				
None	5		15.6	
One	3		9.4	
Two	8		25.0	
Three or more	16		50.0	
Number of previous pregnancies	26	2.9		0–8

($n = 26$ mothers) was 2.9 ranging from no previous pregnancies to eight pregnancies. Not all pregnancies resulted in live births. Mothers were all pregnant when we visited, and even though our design was to interview pregnant women at approximately six months along, the length of gestation varied greatly in the verbal responses (from 1.5 months to nine months), as mothers and fathers often did not know the due date for the pregnancy. When available, we consulted corroborating documentation such as hospital visit records or birth attestation cards of parents to confirm the ages of participants and pregnancy gestation.

4 Results and discussion

The data resulted in three emergent themes, all aligning with our critical theoretical framework that understands the nurturing care (World Health Organization (WHO), 2018) of parents as existing within, being limited by, and sometimes also growing from the family's experience of violence, repression, and displacement: (1) Parental wellbeing, which has direct implications for child wellbeing, (2) Resource scarcity and allocation, and (3) Shifting family dynamics. (Note: All participant names below are pseudonyms.)

4.1 Theme 1: parent–child wellbeing

Raising children in the Rohingya refugee camps in Bangladesh places extraordinary strain on caregivers, many of whom continue to endure the psychological trauma of fleeing genocide and the ever-present and increasing material impacts of displacement. Across interviews, parents described how the transition from Myanmar to camp life has led to profound emotional distress, exhaustion, and uncertainty about their children's futures.

Mothers and fathers voiced deep anxiety about the implications of raising children in an environment marked by restriction and deprivation. 48-year-old father of six, Majid

¹ www.dedoose.com

Naseem, reflected: “There is a big difference. Raising children in the camp is much more difficult... We do not want to have a baby here because we do not have any property here to leave for children” (Family 24 Dad SSI). Similarly, 26-year-old mother of two, Rafia Khatun, expressed fears about her children’s wellbeing in the absence of a support network: “I’m worried about my children’s future since I have no one on my side, which makes me feel like an orphan... I just wonder who will take care of my children if I become bedridden” (Family 8 Mom SSI).

The physical and emotional demands of caregiving were compounded by the material conditions of camp life. 25-year-old mother of three, Nafeesa Banu, explained: “If the baby is born in the hospital, we receive medical treatment and vaccinations... But if the baby is born at the shelter, we do not receive anything... I have to manage everything by myself” (Family 27 Mom SSI). Nafeesa Banu continued to emphasize the burden of raising children without basic services or family help, describing days filled with housework, worry, and caregiving tasks in isolation:

“We will have to raise the child while facing many difficulties, along with managing household chores... serve them food, help them bathe, wash clothes, take care of my husband and look after myself, all while caring for the new baby” (Family 27 Mom SSI).

Several mothers described the added complexities of simultaneously caring for extended family members (particularly mothers-in-law) while caring for their existing children. These responsibilities intensified perinatal stress, especially when compounded by fears of requiring medical interventions such as caesarean sections. Women worried that such medical procedures would prevent them from performing essential domestic and caregiving work, potentially leading to criticism or rejection from in-laws. In some cases, participants expressed deep anxiety that an inability to fulfill these domestic roles could prompt mothers-in-law to pressure their husbands to take an additional wife. These accounts underscore how health concerns in the perinatal period are deeply entangled with family power dynamics, gender expectations, and the precariousness of marital stability in displacement contexts.

For many parents, the pressure to provide material needs (e.g., food, healthcare, education) was a source of guilt and distress, especially when their health or economic status limited their ability to do so. 25-year-old father of three, Haroon Zaman, explained: “A father should also ensure that his children play and enjoy life... I cannot afford to buy toys for my children... My children are sad, because I am sad due to my illness” (Family 11 Dad SSI).

Despite these challenges, parents often linked their own wellbeing to the future aspirations they held for their children, especially around education. Consider the following quotes from three fathers:

22-year-old Abdul Mansur, who is expecting his first child: “I will try to educate them so that they do not have to do labour work like me... We left the country we had... Now we are living on the land of others” (Family 21 Dad SSI).

34-year-old father of three, Anwar Bashir: “I am thinking that if we have to continue living in the camp... we won’t be able to educate them... Thus, I am hoping that if we resettle to a third country, we will be able to educate them” (Family 14 CFI Dad).

26-year-old father of two, Abdul Karim: “If I can’t provide them good food, then my children are also not happy... If I cannot provide them healthy food, then the child will not do well in education” (Family 1 Dad SSI).

At the same time, the systematic and structural limitations of life in the camp—such as unemployment restrictions and fear of arrest—left parents feeling powerless. 18-year-old Sakina Begum, pregnant with her first child, described: “I am always worried about how I will feed and provide for my children... If the police find someone leaving the camp to work, they are detained... So how will we provide for our children” (Family 21 Mom SSI)?

Parents described coping with adversity through faith and patience, though often with resignation. As father Majid Naseem explained: “If we do not have the things we want, we look at the ground and stay patient... We do not have any option to go anywhere... So, we have to live here” (Family 24 CFI). Together, these data underscore how deeply interconnected parental wellbeing is with children’s daily lives. Parents bear not only the trauma of the past and the uncertainty of the present, but also a heavy emotional and mental load tied to their children’s futures, especially related to educational opportunities. While many demonstrate resilience through expressed hopes and dreams for their children’s futures, the chronic stressors of camp life significantly erode parents’ sense of agency and empowerment, with real consequences for their caregiving capacities.

Mothers tended to describe wellbeing in terms of physical exhaustion, daily caregiving pressures, and the emotional labor of maintaining family stability. Fathers more often emphasized material and moral responsibilities related to provision. Older children (especially girls) articulated emotional consequences of parental distress, including the fear of losing parental affection or increased responsibility after the new baby’s arrival.

These findings directly reflect the interdependence of the five domains of nurturing care outlined in the [World Health Organization \(WHO\) \(2018\) NCF](#): good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. Rohingya parents’ ability to provide responsive caregiving was often compromised by structural barriers that also undermined nutrition, healthcare access, and safety, demonstrating how deficits in one domain reverberate across the whole caregiving environment.

4.2 Theme 2: resource scarcity and allocation

For these Rohingya families living in conditions of protracted displacement and extreme poverty, the impending arrival of a new child amplifies already existing pressures on limited resources. Parents described how food, space, money, and shared attention among their existing children are further strained, creating additional emotional turmoil, logistical burdens, and a pervasive sense of guilt about their caregiving capacity.

Many families anticipated that with each additional child, the demands on their time, energy, and resources would increase sharply. Father Haroon Zaman reflected on the impact of his growing household: “Now, if I bring half a kilo of fish, five of us eat it. In the future, we may need 750 grams or even one kilo of fish... Thinking about all of this, I feel worried” (Family 11 Dad SSI).

The sense of escalating scarcity weighed heavily on both mothers and fathers, as they contemplated how to maintain equal and consistent care for their children. Mother Rafia Khatun explained: “There will be four children. We cannot provide something bigger to one child and smaller to another... How can I fulfill the needs of all four children?” (Family 8 Mom SSI).

26-year-old mother of three, Farzana Banu explained, “When the baby arrives, we will be both sad and worried... We are unable to provide that kind of space for the baby... I am worried about whether I will be able to feed my baby with an alternative to breastfeeding” (Family 11 Mom SSI). Her husband, Haroon Zaman, added, “If the baby falls sick and the hospital cannot treat it, I will need money for private treatment. This is a constant worry for me” (Family 11 Dad SSI).

Some parents linked scarcity directly to the systemic and structural limitations of camp life, describing how employment restrictions and cramped shelter conditions compounded their feelings of parental inadequacy. This is captured in the following two quotes from mothers:

21-year-old mother of one, Sumaiya Khatun: “If we have money, we can go to the market to buy basic things for the children... When my husband goes out to look for a job, he is unable to go outside of the camp due to restrictions” (Family 31 Mom SSI).

19-year-old first-time mother, Rabia Banu: “Our shelter is very small with limited space, so how will we manage and adjust when we have more children?” (Family 23 Mom SSI).

In these contexts, parents often experienced a crisis in confidence, or an internal conflict between their deep sense of parental responsibility and the realities of resource scarcity. As father Abdul Mansur expressed: “I cannot raise my children the way our parents raised us... We are struggling to make a living” (Family 21 Dad SSI). And yet, many continued to articulate powerful aspirations for their children’s wellbeing, particularly around education and hope for resettlement. 30-year-old mother of four, Hameeda Khatun, said, “We are thinking how we will take care and provide basic needs... how we will feed and educate them because we lack money” (Family 22 CFI Mom). Her husband, 40-year-old Zubair Faruq added, “If I am unable to educate them due to financial problems despite working hard, I will beg to provide them with an education” (Family 22 CFI Dad).

Several parents described resorting to selling their monthly food rations or other essential items to cover the costs of their children’s education. These sacrifices were often made in the context of severe resource scarcity and restrictive camp policies that limit formal employment and restrict access to education beyond Grade 3. Such decisions underscore how parents’ aspirations for their children’s futures are shaped and constrained by broader structural and political forces. In these circumstances, the burden of financing education falls almost entirely on families themselves, reinforcing cycles of deprivation and deepening the trade-offs between meeting immediate nutritional needs and investing in long-term opportunities for their children. These accounts point to the ways in which systemic and policy-level barriers perpetuate the very conditions that parents struggle to overcome. The trade-offs parents described—such as sacrificing food security to finance education—underscore how

interconnected the domains of the NCF (World Health Organization (WHO), 2018) are and also how much they are impacted by protracted displacement contexts. When the structural constraints of life after fleeing violence limit early learning opportunities, they also jeopardize nutrition, responsive caregiving, and overall safety, making it impossible for refugee families to fully realize the holistic nurturing care environment envisioned by the framework.

The political and structural constraints were not only recognized by parents but also by their children. For example, 12-year-old Amin Habib (Family 19 LSB) expressed that he did not think his parents should have more children because they could not afford to care for the ones they already have. His comment reflected both an awareness of the family’s economic limitations and a protective concern for his siblings’ wellbeing. This intergenerational perspective underscores how scarcity and structural barriers influence not only parental decision-making but also children’s own views on family size and future aspirations.

Mothers frequently focused on food distribution and the strain of meeting all their children’s needs, while fathers more often emphasized the frustrations of restricted employment and the inability to provide materially. Older daughters commented on the emotional implications of resource sharing, whereas younger children focused on concrete limitations such as ineffective schooling.

Notably, children themselves revealed an acute awareness of how resource limitations affect caregiving and availability of emotional support and love. 14-year-old Sajida Mahmud shared her mixed emotions about her parents having another child:

“When the new baby come[s], the loves of our mother will be shared among us. That’s the reason my mother will not love me once the new baby is born... I feel a bit happy because I can play with the baby... then I will be sad” (Family 7 LSB).

This quote, echoing a complex blend of pride, sacrifice, and emotional vulnerability, highlights how children internalize the tensions between scarcity and care. In doing so, it illustrates the emotional ripple effects of constrained parenting capacity, and how children too, become active participants in managing scarcity through compromise and hope.

4.3 Theme 3: shifting family dynamics

In the context of the Rohingya refugee camps, the profound scarcity of resources and physical infrastructure of the camps has led to a reshaping of traditional Rohingya family roles and responsibilities. Fathers, unable to fulfill their socially expected roles as breadwinners due to restrictions on movement and formal employment, expressed deep distress. Majid Naseem explained that although his wife had asked for her wedding gold (*mahr*):

“I don’t have money to buy it for her. I tried to convince her that when our children grow up, they might be able to buy it for her. Unfortunately, I had to sell her *mahr* because there is no source of income in the camp” (Family 24 Dad SSI).

This inability to provide has often shifted the economic burden onto mothers, who engage in creative, informal coping strategies.

Mother Farzana Banu said, “After selling a liter of oil and Dal, we enrolled them in the school” (Family 11 Mom SSI), while 17-year-old first-time mother Zahida Khatun explained, “I sometimes sell one or two bottles of oil from the monthly ration to cover personal expenses” (Family 10 CFI Mom). These acts of economic ingenuity reflect both the moral burden of care and the gendered redistribution of survival labor within displaced households.

At the same time, the labor of caregiving is being reconfigured across generations, particularly among older children. In some families, older siblings actively contribute to household income and caregiving duties. 12-year-old Yasin Faruq described a scene from camp life: “I drew a picture of a shop because we had a shop in the camp where I used to sell snacks, juice, and other items” (Family 22 CFI). 10-year-old Nasir Kabir shared, “I go [to the market] alone, to buy vegetables, betel leaf, and betel nut” (Family 32 LSB). In one particularly telling case, 16-year-old first-time father, Musa Aziz, recounted being married for the main reason that his new wife could help care for his sick mother: “My mother was unable to cook. They made me marry to get help in preparing food” (Family 10 CFI Dad). These examples echo broader patterns of role reversal and childhood adultification that are well documented in contexts of displacement and political violence.

These caregiving responsibilities are highly gendered. Girls in particular are often tasked with both physical domestic responsibilities and also emotional labor. Hameeda Khatun noted that after the birth of her baby, she would rely on her husband and daughter to assist with water collection and housework (Family 22 CFI). Girls also expressed both pride and emotional ambivalence about these roles. 14-year-old Sajida Mahmud reflected, “I go to the market to buy fish, vegetables, and many other things” and acknowledged that while she looked forward to playing with her new sibling, she also feared that she would lose her mother’s affection once the baby was born (Family 7 LSB). This duality—of affection and anxiety—encapsulates the complex emotional terrain navigated by children, especially girls, who take on caregiving roles in times of crisis.

Despite these burdens, families also express adaptive strategies that illustrate resilience. 61-year-old father of three, Abdur Rahman spoke with hope that his children would “take care of me as I am taking care of them” (Family 2 Dad SSI), highlighting intergenerational reciprocity as a form of emotional and practical survival. 35-year-old father of two, Yasin Salim envisioned a future in which children would “take their own role in the family” (Family 6 CFI), revealing a shifting but still cohesive sense of familial obligation. These evolving roles are not simply imposed by crisis but are actively negotiated, demonstrating the fluid and adaptive nature of family life in displacement.

5 Summary of findings

Parenting in contexts of political violence and displacement requires navigating immense adversity while caring for children and anticipating the arrival of another child. This study found that political violence, displacement, and conditions within the refugee camps (such as food insecurity, restricted mobility, limited livelihood opportunities, and inadequate shelter) undermined parental efficacy and caregiving capacity. As previous literature confirms, chronic stress, trauma, and legal precarity can erode caregivers’ emotional wellbeing, leading to feelings of helplessness and guilt that interfere

with responsive caregiving (Panter-Brick et al., 2014; Sousa et al., 2024). For Rohingya parents, the psychological toll is compounded by the structural violence of protracted encampment, where legal invisibility and dependency on humanitarian aid further constrain parental agency.

Despite these formidable challenges, the data also highlight the strength and resourcefulness of Rohingya families during the perinatal period. Many caregivers engaged in “amplified caregiving,” redoubling their emotional, spiritual, and practical efforts to protect their existing children and to also maintain familial stability for the arrival of a new baby. This aligns with existing research showing how parenting in adversity often entails intentional acts of love, storytelling, prayer, and resourcefulness that serve to preserve children’s sense of security and hope (Betancourt and Khan, 2008; Masten and Narayan, 2012). Children, too, contribute meaningfully to family functioning; older siblings assist with caregiving and economic tasks, and many express pride in these contributions to their family. However, these findings also illuminate missed opportunities for Rohingya children, namely limited access to formal education and vocational training due to restrictive camp policies. Together, these findings underscore the importance of understanding families not just as units of vulnerability, but also as interdependent systems of resourcefulness and care (Akesson, 2011).

Throughout the study, families demonstrated both compromised and adaptive caregiving modes in response to changing conditions that contradict traditional norms and practices. In this way, our study demonstrates the rich contributions to be realised by taking seriously the experiences and subjectivities of parents fleeing war and grappling with horrific displacement conditions. The creative redistribution of caregiving responsibilities—often falling on mothers and older daughters—reflects how family roles are reconfigured in crisis, echoing patterns seen in other war-affected contexts (El-Khani et al., 2016; Thabet et al., 2009).

These dynamics call for a socioecological approach that integrates individual, familial, and sociopolitical influences (Bronfenbrenner, 1979; World Health Organization (WHO), 2018). Recognizing the interconnectedness of caregiver wellbeing and child development, and the ways both are impacted by political and structural violence is essential for the establishment of understandings and interventions for refugee families. Family resilience cannot be sustained through individual fortitude alone; it requires dismantling the systemic and structural barriers—poverty, statelessness, and restrictive aid regimes and government policies—that shape everyday family life in contexts of forced displacement (Southwick, 2015).

6 Implications and conclusions

6.1 Practice and policy implications

The findings of this study have significant implications for humanitarian programming, service delivery, and policy formulation in Bangladesh’s Rohingya refugee camps as well as in other protracted displacement settings. First and foremost, there is an urgent need to design interventions that include psychosocial support for children and parents. While many child-focused services exist in the Rohingya camps, caregiver wellbeing is often under-addressed despite its critical influence on children’s developmental health and wellbeing. This

oversight ignores the reality that parents are navigating profound psychological distress rooted in past trauma, daily insecurity, and the unrelenting demands of caregiving in extreme poverty. Integrated services that support parental mental health, including culturally appropriate counseling, peer support groups, and community-based psychosocial programming, are critical to bolstering caregivers' resilience and indirectly improving child outcomes (Sousa et al., 2024).

Second, findings underscore the importance of recognizing and appropriately responding to older children's caregiving roles within the family system. In the absence of external supports, many Rohingya children—particularly girls—take on significant domestic and emotional labor, contributing to family resilience but often at the expense of their own development and future opportunities. Interventions must therefore move beyond the narrow framing of children as passive recipients of care, instead acknowledging their active (though often overburdened) contributions to household functioning. Critically, programs and approaches must be targeted and age-appropriate, ensuring that children's involvement in caregiving does not eclipse their rights to education, play, and psychosocial wellbeing (Betancourt and Khan, 2008; El-Khani et al., 2016).

These dynamics underscore the importance of recognizing extended family relationships as a critical yet complex component of the caregiving environment in humanitarian contexts. Models of family and child development and associated interventions in displacement settings should therefore consider not only the nuclear family but also the extended household structure when designing supports for maternal and child health. Culturally sensitive programming that addresses both the potential protective roles and the risks associated with in-law relationships could help mitigate conflict, strengthen social support systems, and ultimately enhance maternal wellbeing and newborn care in the critical perinatal period.

Finally, gender-sensitive programming is essential to address the disproportionate caregiving burdens placed on mothers and older daughters. Traditional gender norms—already strained by displacement—can become more rigid or more fluid in crisis contexts, requiring nuanced and responsive programming. Interventions should work with families to promote equitable caregiving responsibilities, engage fathers and male caregivers as active contributors to household wellbeing, and create safe spaces for girls to learn, play, and grow without being solely responsible for domestic labor. Community-based programs that engage both men and women in discussions of shared responsibility, dignity, and parenting under adversity have shown promise in other conflict-affected contexts (Tol et al., 2013).

The World Health Organization (WHO) (2018) NCF offers a valuable blueprint for holistic early childhood development. But in the Rohingya context, achieving its five interrelated components requires shifts in research and policy as well as service innovations. Without the kinds of enabling conditions our study reveals—such as access to education beyond Grade 3 and meaningful livelihood opportunities for refugee parents—the structural foundations of nurturing care remain incomplete. Aligning humanitarian and policy responses with the NCF would mean addressing these systemic barriers alongside psychosocial and health supports.

Overall, practice and policy must adopt a family systems lens, situated within a broader socioecological framework, that considers not only individual behaviors that impact caregiving and children's developmental health, but also the broader political and structural

conditions resulting from war and violence that constrain caregiving. Interventions must move beyond crisis-response to address the chronic conditions of structural violence that define refugee life, especially for most Rohingya families who have been residing in the camps since 2017. While many of these challenges can be mitigated through targeted humanitarian programming, lasting improvement in child and family wellbeing will require shifts in the broader environment. In particular, expanding opportunities for formal education beyond Grade 3 and creating safe, dignified pathways for livelihoods could empower families to meet both present and future needs. Though these shifts require careful coordination and long-term planning, they reflect shared goals of enhancing self-reliance, upholding human rights, and reinforcing human dignity.

6.2 Strengths and limitations

This study presents several methodological and conceptual strengths that enhance its contribution to the literature on caregiving in displacement. Most notably, the study uses multi-perspective data, incorporating the voices of mothers, fathers, and children, as well as broader family units through the CFI method. This approach centers the family as the unit of analysis and captures the intra-familial negotiation of care, burden, and hope. In particular, the inclusion of children's voices through the LSB method enriches our understanding of how children themselves perceive and respond to shifting roles within the family. This child-inclusive approach aligns with growing calls in humanitarian and developmental research to recognize children not simply as passive recipients of care but as active participants in household resilience.

Despite these strengths, the study also has limitations. The current paper draws on Time 1 (approximately six months gestation) data only, representing a snapshot in the family's longitudinal trajectory during the perinatal period. While the interpretive depth achieved through LIPA enhances contextual and experiential richness, the generalizability of findings is necessarily constrained. This is not a limitation of design but rather a reflection of its purpose: the goal of LIPA is not representativeness but deep, nuanced comprehension of fluid and evolving phenomena. In this case, we focused on how families make meaning of perinatal transitions in the context of chronic adversity, acknowledging that such meaning-making is both temporally situated and shaped by broader sociopolitical structures.

Although our methodological design and analytical process included attention to diversity across gender, age, and family role, the current manuscript focuses on shared thematic patterns observed across 32 participating families during Time 1. Because this paper draws on only the first wave of longitudinal data set, we intentionally limited subgroup comparisons to avoid overstating role-based differences at a single time point. Once longitudinal data collection and analysis are complete, we will examine how the perinatal transition may shape the different experiences of mothers, fathers, and children over time.

One of the most compelling promises of this research design is its potential to trace how caregiving changes within a static or deteriorating external environment. Even as humanitarian services fluctuate and camp conditions remain harsh, families themselves undergo normative transformations such as the birth of a child, the maturation of older siblings, or the shifting health of caregivers. This

evolving landscape offers an opportunity to examine how care is restructured in response to both internal transitions and external constraints in family life. It also allows us to document how families strive to maintain “good enough” parenting amid scarcity, insecurity, and legal invisibility. In doing so, the study reinforces the value of longitudinal and ecological approaches for capturing the complexity of caregiving in contexts of displacement and political violence.

6.3 Future research directions

Although the current study is longitudinal in design—following Rohingya families over a two-year period during the perinatal stages—future research could extend this timeline to examine developmental trajectories across childhood and into adolescence or even adulthood. Longitudinal studies that span multiple developmental stages would allow researchers to better understand the enduring effects of parenting under chronic displacement on children’s emotional regulation, intellectual achievement, and identity formation. As Masten and Narayan (2012) emphasize, early adversity can have cascading effects across developmental domains, and understanding how caregiving practices mediate these pathways is essential for designing responsive interventions. Studies that continue to follow children into adulthood may also reveal how caregiving shapes intergenerational resilience or vulnerability under conditions of protracted displacement.

Our expanded discussion of father involvement in crisis settings reflects a growing recognition that perinatal care and family resilience cannot be solely understood through maternal narratives. Consistent with broader evidence showing that fathers’ emotional, practical, and mental health contributions shape maternal and infant outcomes (Firouzan et al., 2018; Lee et al., 2018; Small et al., 2025; Xie et al., 2023), our findings point to the need for research that continues to listen to fathers and other caregivers. While maternal caregiving has received considerable scholarly attention, fathers, older siblings, and extended kin also play key roles in navigating adversity and supporting children’s wellbeing. Prior research with refugee families has found that fathers often express care through protection, moral guidance, and spiritual instruction, particularly when traditional provider roles are disrupted (Akesson et al., 2020; Panter-Brick et al., 2014). Moreover, older siblings—especially girls—often engage in caregiving labor, taking on responsibilities that shape family resilience but may also curtail their own development. Future work should adopt a family systems approach that honors social-political realities, includes diverse caregiving configurations, and investigates how gender and age influence caregiving roles and burdens.

Finally, additional research is needed to examine how cultural and spiritual practices shape parental resilience and family wellbeing across displacement contexts. Refugee caregivers may draw upon religious beliefs, storytelling, music, and rituals as tools for emotional regulation, moral teaching, and creating a sense of continuity in disrupted environments (Betancourt and Khan, 2008). For example, recent work has demonstrated the cultural significance of traditional childbirth practices among Syrian refugees and how these rituals serve as both coping mechanisms and expressions of identity amid displacement (Alnaji et al., 2024). Future research could explore how such cultural assets can be mobilized within formal mental health and parenting interventions to enhance relevance and effectiveness in refugee settings.

Data availability statement

Data contain potentially identifiable and context-specific information and, to protect participant confidentiality, they will only be shared with others if the requesting researcher provides a detailed plan for maintaining participant confidentiality and obtains approval from an appropriate institutional ethics board. Requests to access the datasets should be directed to bakesson@wlu.ca.

Ethics statement

The studies involving humans were approved by Wilfrid Laurier University (WLU) Research Ethics Board (REB). The studies were conducted in accordance with the local legislation and institutional requirements. Verbal informed consent was provided by the adult participants. Participants under the age of 16 provided their assent to participate in the study, and verbal informed consent was also provided by their legal guardians.

Author contributions

BA: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. AS-T: Conceptualization, Formal analysis, Investigation, Methodology, Validation, Visualization, Writing – review & editing. CS: Formal analysis, Writing – review & editing. KF: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

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Conflict of interest

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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