





'It's not enough to live. You have to be allowed to DREAM.'

Virginia Gamba, Special Representative of the UN Secretary General for Children and Armed Conflict, Global Partnership to End Violence against Children, Solutions Summit February 2018



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The names of children who feature in this report have been changed to protect their identities.

SURVIVING

Children in Syria live under the constant threat of violence. The blatant flouting of international humanitarian and human rights law has earned this crisis the dubious honour of being recognised as the most significant humanitarian protection crisis in living memory. More than 13 million people are in need of humanitarian assistance inside Syria, with deepening vulnerability disproportionately affecting children. Conflict contexts, by their very nature, are crises of humanitarian protection, however, the brutality and indiscriminate actions by warring parties within Syria, are exceptional.

The children and youth of Syria have become collateral damage in a situation beyond their control. The scale and continuity of violence, the years of living in or under the threat of military action, the loss of life, livelihoods, infrastructure and the risk of physical injury warrant immediate and uncompromising child protection interventions. This is not only about protecting lives, but also about protecting childhoods and children's ability to become healthy and functioning adults in the future.

The international humanitarian community struggles year on year to meet the mounting needs as insecurity, lack of humanitarian access, gross violations of international law and a lack of political will exacerbate the complexity and scale of suffering. As each year passes, children's exposure to violence, exploitation and adoption of negative coping mechanisms for survival escalates.

In February 2018, World Vision spoke to 1,254 Syrian girls and boys in Southern Syria, Jordan and Lebanon.³ They talked about their daily lives, their hopes for the future and the things they think about. Their stories included war-induced violence, displacement, and missing, separated and deceased family members. They also talked about home and their eagerness to restore their lives as they once were. All were stories of daily struggle that showed hardships that these children face yet cannot change on their own.

STRESSORS include a wide range of stressful experiences. Lower intensity stressors are material and social conditions caused or worsened by armed conflict—for example, conditions such as poverty, malnutrition, displacement, isolation from social networks and overcrowded housing. Potentially traumatic stressors include experiences of violence such as the physical abuse of children, spousal abuse or criminal acts.⁴

Together, the children described material and social stressors that range from situations of violence to daily struggles for basic services: conflict-induced violence, violence from caregivers, unsafe and overcrowded living conditions, working to support their families, and finally, poverty and isolation that limit access to systems of protection, education, health care, and even water. One quarter of the children named four or more stressors in their lives.

In February 2018, World Vision asked 1,254 of Syrian children, ages 11 to 17 (629 boys and 625 girls), living inside Southern Syria and in refugee camps and host communities in Lebanon and Jordan about their daily lives.

The research team held 409 interviews in Southern Syria, 378 interviews in Jordan and 467 interviews in Lebanon.

The survey is a purposive sample that is a non-representative subset of the larger population of refugees in Jordan and Lebanon and displaced persons inside Syria. The sample is constructed to show that children are experiencing multiple stressors in the settings where they live.



The accumulation and combination of these stressors can contribute to life-altering and long-term consequences for children who have already endured years of violence, poverty and precarious living conditions.⁵

For children exposed to warfare and other types of violence, stressors can have a significant effect on mental health including post-traumatic stress disorder (PTSD), toxic stress, depression, anxiety, and reduced levels of resilience. The severity and increasing number of stressors, if unaddressed, increase the likelihood that children will experience mental illness, longer term health effects such as heart disease and strokes, diminished coping abilities, violence and life-long poverty in their lives.⁶

If the number and severity of daily stressors can be reduced, the potential long-term effects of exposure to violence can be mitigated. Reducing daily stressors strengthens coping mechanisms, builds back resiliency and sets a positive course towards recovery. Because stressors can be potentially traumatic and/or chronic (daily, ongoing) and range from a lack of access to water, food or medical treatment to acts of violence, the spectrum of programmes and interventions needed to reduce, mitigate and prevent stressors must also be broad.⁷

Children and families need programmes that promote their resilience and increase coping mechanisms to mitigate the effects of stressors. Expansion and investment in mental health and psychosocial support programmes (MHPSS) is urgently required.

These programmes have shown to reduce levels of stress, insecurity, emotional and behaviour difficulty and protect childhood development trajectories. Moreover, mental health and psychosocial support programmes can strengthen social support networks that enhance trust and tolerance among children and youth, help to develop reconciliation, enable children to become active agents of change in their communities and restore hope.

Families and children need systems and programmes that prevent violence and protect children from violence at the community and family level. Violence in the home, at school and in communities are stressors that require a systems approach; formal and informal actors and services that offer reporting, referral and response mechanisms are essential. Programmes that change attitudes and behaviours, offer coping mechanisms and build the resilience of caregivers are also needed.

AHMAD'S STORY

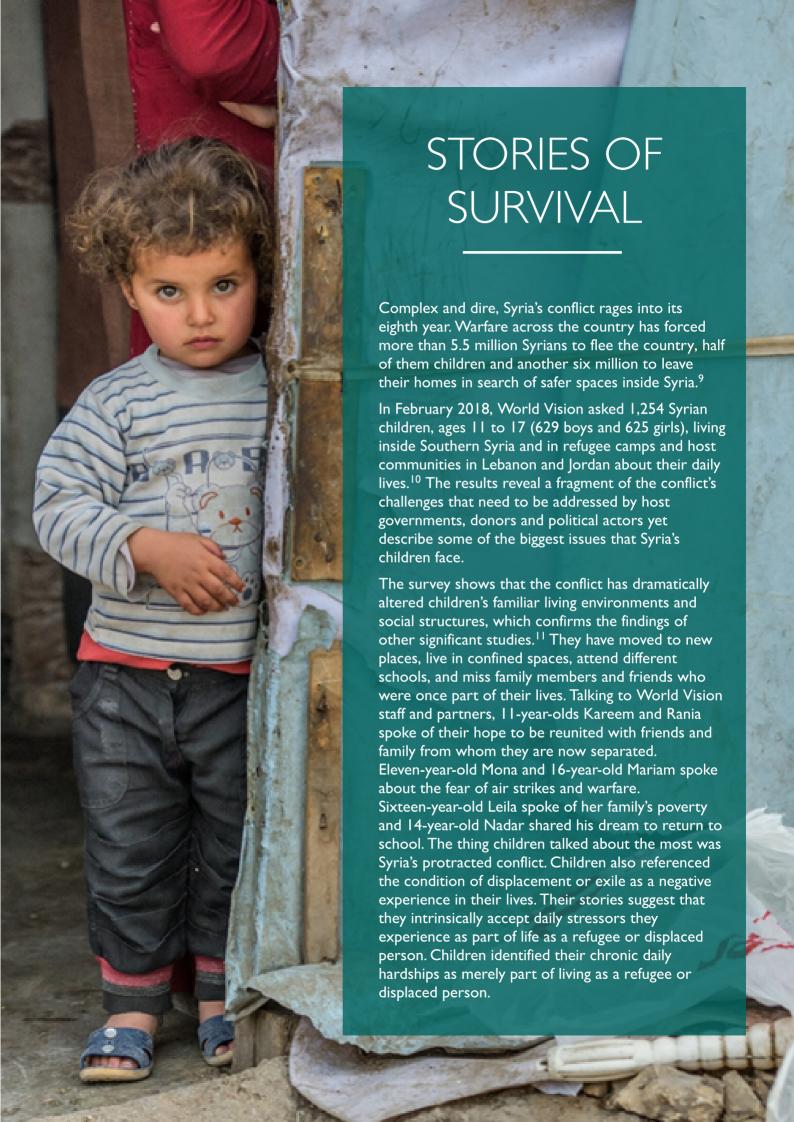
"Our home was completely destroyed; my mother was killed and my brother was detained by one of the armed groups. They forced us to leave our village. We left immediately as we no longer had a home there. I remember that it took us three months to arrive into Southern Syria."

At 14 years old, Ahmad has already witnessed unspeakable violence and lives with hardship on a daily basis. He left his family village four years ago to travel to Southern Syria after surviving three years of ongoing conflict.

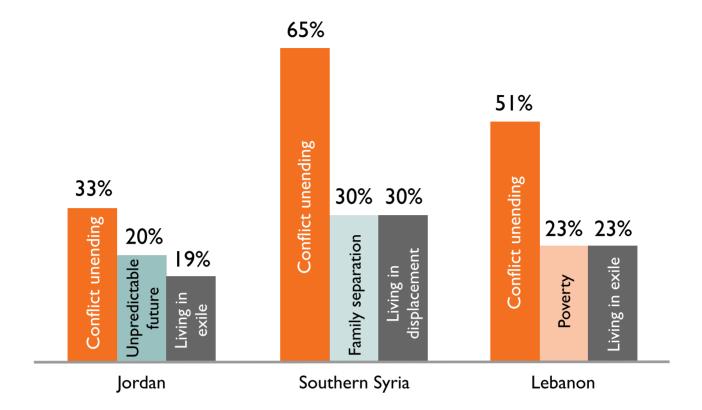
"I don't want to drop out of school. I am feeling a bit behind in my schoolwork because I don't have the space to study and get the right support. My father, my six siblings and I are living in the same room. Despite the constant fear of airstrikes, I try to spend my own time playing outside with my friends."

Like any child, Ahmad has dreams. He wants to see the end of conflict, a return to normal life and hopes to be an engineer someday.

"My cousins have left Syria. I miss them so much. I miss my brother too. I hope one day we can all return back to our village and build a bigger house for everyone! I want to feel happy most of the time. I wish we had more money to buy enough food for us and a TV to watch my favourite show," he added.



Percentage of children surveyed who referenced the following experiences as negative:



The survey is not illustrative of country-wide statistics and does not represent populations outside of the survey areas.

LAMIA'S STORY

Fifteen-year-old Lamia is the eldest child in her single-parent household. After her father left her mother and two younger brothers to fend for themselves, she has had to take on more family responsibilities.

Her family relies on donations and assistance to put food on the table and cover the rent each month. Her mother asked Lamia and her brothers to take jobs after school during the months where finances were short.

After Lamia enrolled in one of World Vision's Child Friendly Spaces as part of the NOUR* Project, the instructors noticed that Lamia did not participate in any of the group activities.

When asked why, Lamia replied: "I'm a grown-up, I'm not a child like the rest of these people. I have more important things to do than to play around."

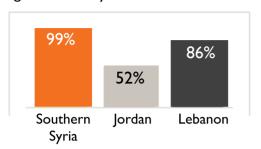
The instructor introduced psychosocial support interventions that included counselling with a focus on issues and rights that were affecting Lamia. After three months, Lamia started taking part in all the activities. She joined computer and art classes, built friendships and favoured group activities over other individual choices for learning and skill building. The instructors noticed that Lamia finally allowed herself to enjoy and engage in activities that were right for her age group and level of development.

"I used to think that I couldn't play or laugh, but now I'm convinced that I can. Now I understand that at my age, that is what I should be doing. I'm a completely different person after taking part in the Child Friendly Space. It truly is the light in my life."

*Nour means light in Arabic. The NOUR project in Jordan is funded by The Government of Canada.

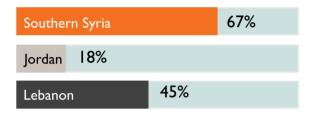
EDUCATION

Children naming at least one **EDUCATION** RELATED STRESSOR such as violent discipline, bullying and difficulty of curriculum.

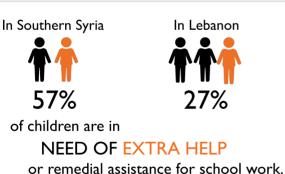


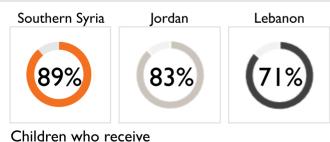
Children experiencing

PHYSICAL or VERBAL **VIOLENCE AT SCHOOL**



surveyed children in Lebanon are NOT ATTENDING SCHOOL.





NO PSYCHOSOCIAL SUPPORT in school.

VIOLENCE

PHYSICAL or VERBAL **VIOLENCE AT HOME**



CHILD LABOUR

More than 50%

of the surveyed children in Lebanon are currently working or have worked in the past.

LIVING CONDITIONS

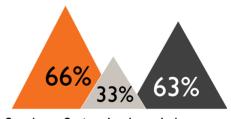
OVERCROWDED HOMES

three or more persons living in one room

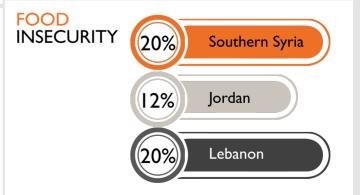
73% Southern Syria Jordan Lebanon

UNSAFE HOUSING

inadequate access to water, electricity, hazard and structural damage



Southern Syria Jordan Lebanon



HEALTH

NO ACCESS TO HEALTH CARE

Southern Jordan

58%

The survey is not illustrative of country-wide statistics and does not represent populations outside of the survey areas.

TOLERATING STRESSORS

Children's testimonies provide a snapshot of daily stressors that they tolerate and accept in the midst of conflict and displacement.

FDUCATION

In Lebanon, 63 per cent of children World Vision spoke to said they were not

attending school. In Jordan and in Syria numbers were much lower, with only six per cent of children in Jordan saying they were not in school and seven per cent of children in Syria.

I FARNING

In Syria, 57 per cent of children who went to school say they struggle to learn.

They expressed frustrations with the curriculum and the classroom environment. In Lebanon the figure was also significant at 27 per cent. In Jordan, only five per cent of children who went to school believed they were struggling to learn.

CORPORAL PUNISHMENT

In Syria, 42 per cent said they have witnessed violent discipline by teachers

and other school staff compared to 17 per cent in Lebanon and 10 per cent in Jordan.

CHILD LABOUR

In Lebanon, 55 per cent of children said they had worked or were working as

compared to 11 per cent in Jordan and eight per cent in Syria.

OVERCROWDED HOUSING

Over 70 per cent of all children surveyed live in overcrowded housing. 12

UNSAFE HOUSING

In Lebanon, 63 per cent, Syria, 66 per cent and Jordan, 33 per cent live in unsafe housing.

Unsafe housing can include environmental hazards, structural damage, no electricity, or no access to water.

DOMESTIC VIOLENCE

In Syria, 50 per cent of children said they

had experienced domestic violence. In Lebanon, 39 per cent and in Jordan 15 per cent of children surveyed talked of violent discipline in the home.

HEALTH CARE

More than half of all children surveyed said they do not have access to health care.

According to the answers in the survey, life in Syria is unsurprisingly much more precarious and harmful conditions are more prevalent than in Lebanon and Jordan. However, the survey results also show that refugee children in Lebanon struggle more than those in Jordan.





Children in each country highlight different stressors, which means that programmes to address their needs must be context specific, culturally appropriate and specific to each environments.

The findings also show that children continue to face violence as a stressor at home, at school and in communities.

The data showed that children living in overcrowded housing were twice as likely to experience violence in their homes. These same children express more nervousness about their schoolwork and claim more barriers to learning than children living in less populated housing conditions.

Studies also confirm these same negative effects from overcrowded housing on children's well-being because children need space and privacy to do homework, develop identity, maintain protection, practice skills and sleep. ¹³ Overcrowded housing is prevalent in all three countries.

According to the survey, there are higher levels of corporal punishment in Syria than in Jordan and Lebanon. Teachers' own stressors and hardships may have a spillover effect in the classroom. Therefore, efforts to provide psychosocial support to children should also extend to teachers to ensure appropriate coping mechanisms for everyone in classroom settings.

The survey found little access to psychosocial services in school settings, with 89 per cent of children in Syria, 83 per cent in Jordan and 71 per cent in Lebanon never having received these services. School must be a place of protection and support that builds resilience and the opportunity to learn.

In Lebanon, 57 per cent of children surveyed work in the labour market. These children belong to families where the head of household is not employed. The majority of these children confirm that they supplement the household income to maintain basic needs.

The survey suggests that economic pressures, like in many settings, act as one push factor for children seeking employment. The survey showed that 75 per cent of children working are not attending school.

RECOMMENDATIONS

In all three countries, World Vision's illustrative survey found children yearn for family reunions at the earliest opportunity and hope for peace. Almost all children aspire to attend post-secondary education. Despite all they have faced, and continue to face every day, Syria's children are a source of hope for the country's future.

In part, their futures will be defined by actions that take Syria's children beyond survival. To do this, the magnitude of harmful conditions endured by Syrian girls and boys must be reduced, education must be provided, resilience building to decrease the effects of daily stressors needs to be offered and local level child protection mechanisms need to be scaled up to prevent violence as a key stressor in the lives of children.

To reduce the magnitude of harmful conditions endured by Syria's girls and boys:

 At the national and local levels, host governments and donors must concentrate support efforts for children who experience multiple and overlapping stressors. These children are at higher risk of long-term negative health and social outcomes. Pockets

- of extreme vulnerability where children and families are unable to access basic services, both in Syria and in refugee settings, must be prioritised, not ignored.
- At the local level, host governments and donors must encourage stronger accountability mechanisms both in host and refugee communities to empower the affected children and communities to participate in programme decision-making and service monitoring. ¹⁴ This can strengthen access to services and systems, create efficiencies in delivery and identify responsibilities on both sides that need to be emphasised to better support children, their families and communities. ¹⁵

To decrease the effects of daily stressors:

• Donors must prioritise funding for mental health and psychosocial support programmes (MHPSS). These programmes promote resilience and positive coping mechanisms and have shown to reduce levels of stress, insecurity, emotional and behaviour difficulty and protect childhood development trajectories. ¹⁶ Mental health and psychosocial support programmes strengthen social support networks that enhance trust and



- tolerance among youth, help to develop reconciliation, enable children to become active agents in their communities and restore spaces for children to develop the skills and behaviours appropriate to their age groups.
- Donors must renew efforts to fully fund the education of Syrian girls and boys. As of March 2018, current donor funding for education is 50 per cent less than it was at this time last year. With such losses, host countries cannot continue to maintain the same numbers of refugee children in school or the quality of education. To expand access, donors must increase funding for mobile schools, push for informal education that is recognised and accredited and digitise curriculums.

To prevent violence against girls and boys:

- The UN Security Council and countries with influence must take steps to secure the full support of all parties to the conflict to cease hostilities and return to the negotiating table. The war must stop. Parties to the conflict must be held fully accountable for the scale of violence that children inside Syria have been repeatedly exposed to and the resultant violations against children, which have robbed children of their right to physical and psychological well-being.
- National and local actors must strengthen formal and informal child protection systems

- that include reporting and referral mechanisms, with case management methodologies and specific services that respond to children in need of protection. Social workers should be integrated into schools and community services, including health centres, to offer multi-sectoral support to prevent violence and protect children who are exposed to it.
- Donors must support funding and innovations in the education, child protection, and health sectors to shift attitudes and create new behaviours in caregivers and others who directly influence the day-to-day lives of children. These interventions must also equip parents, caregivers and teachers with the skills and coping mechanisms to prevent violence.
- Donors must increase funding to end violence against girls and boys. A 2017 review of official development assistance (ODA) the report Counting Pennies¹⁷ found that in 2015, less than 0.6 per cent of total ODA spending was allocated to ending violence against children. Violence severely impacts children's development, health and education and has a high cost for society up to US\$7 trillion a year, worldwide. Syria's families and children need assistance to ensure survival, protection and to avoid serious and long-term health conditions.



HOW WORLD VISION RESPONDS TO CHILDREN LIVING WITH STRESSORS

Child Friendly Spaces in Syria, Lebanon and Jordan offer life-skills courses to build constructive relationships with peers and adults as well advising on health, hygiene and positive social behaviour. In Lebanon, psychosocial support activities resulted in 57 per cent of children feeling better and more secure.

The Back to Learning campaign targeted hard-to-reach areas in Southern Syria and engaged over 2,000 people, resulting in high registration of children in World Vision's catch-up classes.

In 2017, World Vision used local strategies to protect children from violence including:

- working with schools, parents' groups and faith leaders to encourage families, and neighbours, to provide the safest possible environment engaging teachers to promote protection and inclusion in schools;
- training parents and caregivers in positive, nonviolent ways to discipline children;
- establishing community-based child protection committees to recognise and refer cases of violence or other rights violations against women and children.

In Syria, more than 5,000 people per month received messages about child protection issues through mobile teams in schools and child friendly spaces, camps and communities, particularly around the negative physical and psychological effects of child labour as school has been interrupted and families are in desperate need of money.

- I. 2017 Humanitarian Needs Overview, Syrian Arab Republic, p. 6, found at: https://reliefweb.int/report/syrian-arab-republic/2017-humanitarian-needs-overview-syrian-arab-republic-enarge-
- 2. 2018 Humanitarian Needs Overview, Syrian Arab Republic, found at: https://reliefweb.int/report/syrian-arab-republic/2018-humanitarian-needs-overview-syrian-arab-republic-enar
- 3. Research was conducted in Southern Syria (Dara'a and Qunaitra) and in refugee camps and host communities in Lebanon (Central Bekaa, West Bekaa, Akkar) and Jordan (Amman, Mafraq, Zarqaa and Irbid) during February 2018. The survey is a purposive sample that is a non-representative subset of the larger population of refugees in Jordan and Lebanon and displaced persons inside Syria. The sample is constructed to show that children are experiencing multiple stressors in the settings where they live. The findings are based on desk review of existing reports and field research in urban, rural, and camp settings. Information was gathered through interviews with children living inside Syria and refugee children from Syria (boys and girls) and adolescent in the age range between 11 and 17. The survey respondents were participants in World Vision programming that offers psychosocial support. All interviews were conducted through one to one interview using both open-ended and close-ended questions. The interviewers were trained to identify the answers of open-ended and close-ended questions from their discussion with children. This methodology was employed to avoid bringing children's attention to their daily hardships. In addition, this methodology allowed the interviewer to monitor the well-being of the child as the interview proceeds and take corrective steps accordingly.
- 4. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
- Miller, K. E. & Rasmussen, A., "War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks," 23 October 2009, Social Science & Medicine 70 (2010) 7–16.
- 5. Self-Brown, S., LeBlanc, M., & Kelley, M. L. (2004). Effects of violence exposure and daily stressors on psychological outcomes in urban adolescents. Journal of Traumatic Stress, 17(6), 519–527.
- 6. U.S. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014 (2015). Atlanta, Georgia.
- 7. Ibid, at 4.
- 8. A study of Panter-Brick et al. (2017) with Syrian Refugees control groups in Jordan, on their eight weeks programme of psychosocial structured activities showed that PSS has not only beneficial impact on symptoms of stress, insecurity, emotional and behavioural difficulty, but also protects development trajectories of youth facing conflict and displacement.
- 9. UN OCHA figures, March 2018, <a href="https://reliefweb.int/sites/reliefweb.int/sites/
- 10. The survey methodology relied upon both open-ended and close-ended questions to provide space to hear from children and also to validate their responses and feelings.
- 11. Betancourt, TS. & Williams, T., (2008). Building an evidence base on mental health interventions for children affected by armed conflict. International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict, 6(1):39–56.
- 12. This is based on WHO definition of overcrowded housing as 2.5 or more persons living in the same room. http://cdrwww.who.int/ceh/indicators/overcrowding.pdf
- 13. Solari, C. & Mare R. (2012). Housing Crowding Effects on Children's wellbeing. Social Science Research, 41(2); 464-467.
- 14. UNICEF (2012), The Role of Child and Youth Participation in Development Effectiveness, A Literature Review, https://www.unicef.org/adolescence/cypguide/files/Role_of_Child_and_Youth_Participation_in_Development_Effectiveness.pdf
- 15. Panter-Brick, C., Dajani R., Eggerman M., Hermosilla S., Sancilio A. & Ager A. (2017). Insecurity, distress and mental health: experimental and randomized controlled trials of a psychosocial intervention for youth affected by the Syrian crisis. Journal of Child Psychology and Psychiatry.
- 16. https://www.wvi.org/disaster-management/publication/evaluation-child-friendly-spaces
- $17. \, \underline{\text{https://www.wvi.org/publication/counting-pennies-review-official-development-assistance-end-violence-against-children} \\$



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