CHILD DEVELOPMENT AND RESILIENCE: EXPLORING THE DARK SIDE OF WAR THROUGH THE LENS OF CHILDREN

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Abstract
Child protection is an international issue. Almost all countries in the world have adopted and approved laws governing children's rights. However, the old law on children's rights does not guarantee that violations of children's rights will end. As armed conflict and other situations of violence are still common, the fulfillment and protection of children's rights must be a top priority for all parties. Governments, communities, and social service organizations should work together to mitigate and address the problems facing children affected by armed conflict and other situations of violence. The results showed that to fulfill and protect children's rights, the government, security forces, law enforcement, professionals including social workers, and the community must participate in investigating cases of conflict and violence involving children. Child protection professionals and specialists can use a case management approach to create an environment that cares for children.

Keywords: *Civil war; Palestine; Child development*

INTRODUCTION

Creating ideal conditions for children is important because a person's behavior and character begin to be formed when he is a child or when he is still categorized as a child (Musthafa & Meliani, 2021). The process of development that occurs in a child includes knowledge and experience that is also experienced and received during his childhood, which over time may affect his growth and development until he grows into an adult

human. Traumatic events can be examples of experiences that cause reactions and consequences or impacts that may be a long time ago lost to the child, even sometimes continue to be remembered, imprinted, and irreparable. Things that happen in the environment around children are factors that can affect the development of the personality and psychological life of children. Children are assets to the world that should be safeguarded, and the government together with non-governmental organizations concerned with children's issues must strive for the fulfillment and protection of children's rights. These efforts can start from preventive measures to curative steps by stakeholders (government, private parties, communities, and every individual) to create an ideal environment for children and reduce the number of human rights violations in the world (Meliani et al., 2014).

In wartime, children are especially vulnerable. They are all too often drawn into hostilities and exposed to a myriad of risks, depriving them of the opportunity to fully experience childhood. Child protection is crucial; they are, after all, the present, and most definitely the future. More than one in 10 children worldwide are affected by armed conflicts today, all of them searching for ways to cope with the chaos of war. Despite the legal protection provided to them, they continue to be at risk in many ways. They are recruited and used by armed forces and armed groups, separated from their families, driven from their homes, deprived of an education, killed, maimed, or sexually abused. A discussion on children in armed conflict must start with the children themselves. Not to be summarily dismissed as passive victims of armed conflict, children are resilient and strong, and their voices need to be heard. As such, it is vital to understand their specific situation first, to be able to assess the type of support and protection that should be provided to them (Bürgin et al., 2022). Another important aspect of the protection of children in armed conflict is the contextualization of such protections. Despite the existence of comprehensive international legal frameworks to protect children in times of armed conflicts, an apparent impediment is the lack of localization and tailoring of such information to specific situations, thereby resulting in a lack of respect for such norms by the local community (Cetin Dag, 2020).

Since the start of the Israeli-Palestinian war in early October 2023, more than 5,000 Palestinian children have died (Irianto, 2023). This event became one of the worst in 75 years of conflict between the two countries. The Israeli-Palestinian conflict began with the Balfour Declaration in 1917, in which Britain granted Jewish residence in the state of Palestine, which was then a British colony. Between 1920 and 1940, the number of Jews arriving in Palestine continued to grow. In 1948, unable to resolve the dispute between the Jewish and Arab communities in Palestine, the British withdrew and Jewish leaders declared the creation of the state of Israel. That year, hundreds of Palestinians fled or were forced to flee their homes in what they described as the *Al Nakba* or "catastrophe" (Eliandy et al., 2023).

The conflict that occurred caused chaos and had an impact on all fields, including the field of education for Palestinian children. We all know that education is important, especially for the nation's successors, especially for Palestinian children. Palestine is a

rich, prosperous, and prosperous country. However, all that changed after the Jews came and forcibly took the rights of the Palestinian people and instead established a new state with the name Israel on the land of the Palestinian people. Little by little the rights and wealth of Palestine were taken away, conflicts and wars everywhere, and many houses, buildings, and schools were destroyed because of it. Where should the Palestinian people seek shelter, where do they live, and where do the Palestinian children study? Everything is destroyed and only a small amount of land or territory is left for Palestine (Muchsin, 2015).

During the last decade, a large number of studies have reported high levels of psychosocial problems among children and adolescents, women, refugees, and prisoners in Palestine. A study conducted by the Gaza Community Mental Health Programme among children aged 10-19 years (Paul O'Callaghan et al., 2014) revealed that 32.7% suffered from PTSD symptoms requiring psychological intervention, 49.2% from moderate PTSD symptoms, 15.6% from mild PTSD symptoms, and only 2.5% had no symptoms. Boys had higher rates (58%) than girls (42%), and children living in camps suffered more than children living in towns (84.1% and 15.8% respectively). A study on Palestinian perceptions of their living conditions during the Second Intifada (UNHCR, 2008) found that 46% of parents reported aggressive behavior among their children, 38% noted bad school results, 27% reported bed wetting, while 39% stated that their children suffered from nightmares. The study also revealed that more refugee (53%) than non-refugee (41%) children behaved aggressively. Thirty-eight percent of the respondents said that shooting was the main influence, 34% stated that it was violence on TV, 7% cited confinement at home and 11% reported that it was the arrest and beating of relatives and neighbors. Seventy percent of refugees and non-refugees stated that they had not received any psychological support for the problems of their children. In a series of studies during the last 10 years from the Gaza Community Mental Health Centre (Robjant & Fazel, 2010), the most prevalent types of trauma exposure for children were witnessing funerals (95%), witnessing shootings (83%), seeing injured or dead strangers (67%) and family members injured or killed (62%). Among children living in the area of bombardments, 54% suffered from severe, 33.5% from moderate, and 11% from mild or doubtful levels of PTSD. Girls were more vulnerable.

Many child refugees experience a variety of highly traumatic events and high levels of exposure to war trauma and displacement-related experiences are major risk factors for children's emotional and behavioral problems (Richard A & Edwards, 2018). Indeed, high rates of post-traumatic stress disorder (PTSD), anxiety, depression, and high psychopathological comorbidities, as well as poorer physical health are regularly reported by refugee children and adolescents (Scherer et al., 2020). Refugee children's adverse experiences can also affect their overall psychological well-being and functioning, as reported using scales of human insecurity and distress (Carty et al., 2019). Although poorer mental health is well documented in refugee children, far less is known about co-occurring cognitive and affective impairment, which may significantly affect license or moderate behavioral outcomes and well-being in these children.

A recent study of Syrian refugee children and adolescents showed a significant link between greater difficulties in emotion regulation and higher trauma exposure and PTSD symptoms (Nadia et al., 2022). Similarly, a study on Korean refugee adolescents showed that emotion regulation may act as a mediator between early life trauma and mental health (R. Lee et al., 2022), which emphasizes the impact of war on affective processing. Furthermore, Afghan refugee adolescents with a history of trauma and high levels of PTSD showed impairments in affective working memory capacity, indicating that cognitive processing as well as emotion regulation may be disturbed by early adversity. Taken together, these findings suggest that affective processing in general may be impaired in refugee children, which might in turn play an important role in maintaining the association between trauma exposure.

RESEARCH METHODS

Here we use a qualitative descriptive method by explaining the title being discussed with various supportive and reliable sources so that we can get definite data based on facts. Here we also use data collection techniques with documentation. According to (Sugiyono, 2015) documentation is a record of events that have passed and this documentation can be in the form of writing, pictures, or monumental works of someone. The method used in writing this article is to use the literature study method. A literature study is a way of writing research by looking for relevance between theories that are by the case or problem found.

RESULTS AND DISCUSSION

Children as a vulnerable group

Every child in Indonesia is guaranteed the right to be shielded from involvement in disputes, armed conflicts, social unrest, and events that contain elements of violence, including war, under Indonesian Law Number 35 of 2014 concerning Amendments to Law Nomor 23 of 2002 concerning Child Protection. For a long time, the Indonesian government and people have been aware of several issues related to the upbringing and protection of children. In 1989, the Convention on the Rights of the Child was founded by the United Nations (UN) to uphold and safeguard the rights of children worldwide. Articles 1 through 54 of the Convention on the Rights of the Child are a treaty between governments about children's rights.

The child is so unique that they are granted numerous rights guarantees. Considering that children are vulnerable humans, protecting them has become a shared obligation in addition to being a privilege. Article 5 Paragraph (3) of Law Number 39 of 1999 respecting Human Rights mentions the purpose of an individual or group of vulnerable individuals. The article's substance specifies that every member of vulnerable community groups has the right to particular care and protection. It is explained in the article that the elderly, children, low-

income groups, pregnant women, and crippled survivors are among the so-called vulnerable community groups. According to Human Rights Reference, vulnerable populations include women, children, minorities, migrant workers, indigenous people, refugees, and internally displaced persons (IDPs). These circumstances make disadvantaged people more likely to have their rights violated and more likely to fall victim to unfavorable circumstances. When there is armed war or other violent situations, children and adolescents are particularly vulnerable and have distinct requirements (Richard A & Edwards, 2018).

Why do kids and teenagers seem to be the center of attention these days? Children are one of the most vulnerable segments of the civilian population, and can be easily influenced in a variety of ways, stated Angela Gussing, Deputy Director of Operations at the International Committee of the Red Cross. Adolescents, in particular, are frequently both the primary perpetrators and victims of organized violence. When social order is destroyed, organized violence frequently results in more severe acts of humanitarian violations than more "conventional" armed conflicts. This is true both in terms of the number of violent deaths and victims of violence in families and communities. In such situations, communities are one of the main sources of protection available to affected children and adolescents. Armed conflict and violence are very detrimental to the lives of children in many parts of the world. Children not only suffer as a direct result of war and armed violence (recruitment within the armed forces or groups, physical injury, death), but they are also indirectly affected by displacement, loss of relatives, and trauma associated with witnessing acts of violence (Buffa et al., 2018).

Children affected by armed conflict and other violent situations are classified into two, namely children who are involved in hostilities directly or participate in perpetrators of violence because they are forced or influenced by conflict-making individuals, and children who are not involved with any hostile acts or attacks (Catani, 2018). Children often engage in threatening and dangerous acts instructed by armed groups. Years go by, but hundreds to thousands of children are still recruited by armed groups just to be used as suicide bombers. Children who are forced to live in conflict areas often receive various acts of violence. From the results of the report of an international NGO that monitors children's issues, children are named as the most vulnerable parties in conflict situations and conditions. Various acts of terror that threaten and conflict that never subside make every year there are headlines in the mass media or print media that declare the situation to be "the most brutal year for children" (Irianto, 2023).

Manuel Fontaine, UNICEF's Director of emergency programs, said children have a greater chance of being threatened with life than adults to be targeted and subjected to attacks and brutal violence in their homes, schools, and playgrounds. These scary events occur in various parts of the world, considering that in almost every country in the world, there are situations of conflict and other violence such as riots that indirectly threaten the safety of children. It left millions of people killed and injured, including children. The Indonesian Child Protection Commission sets rules, and appeals to all parties if they encounter children in the vicinity of riots, riots, clashes, or situations where there is violence of any kind and anywhere to immediately evacuate or take children to a safe zone or place to avoid activities that endanger themselves. In situations of chaos or riots where there are clashes, it will be very unfortunate if the riots that occur cause violence and casualties against children (UNHCR, 2008).

Armed conflict, be it war or riots such as clashes will affect children. As a result of these dangerous events, it has a great impact on children. Coercive and other acts of violence that are often received by children trapped in conflict areas are being used as slaves, abused to rape, killed, and various other violence against them.   For example, in a press release, in Afghanistan, conflict has resulted in many children being killed needlessly. In Congo, about 850,000 children have had to flee their homes because of the war. UNICEF reports that most children in conflict zones suffer from malnutrition. Another example that confirms that children affected by conflict will experience difficulties until they grow up if not handled appropriately and seriously is found in an article written by (Hatem, 2023).

In 2018, BBC Indonesia released an article telling the story of a former Muslim and Christian child soldier in Ambon, Maluku, Indonesia. Hundreds of children are estimated to have been involved in the conflict that broke out in 1999 in Ambon. It is written in the article that in their teens the children were dragged into the sadism and horror of the war situation. When the conflict between Muslims and Christians in Ambon occurred, the children participated in killing using machetes to homemade firearms, some even throwing bombs. Such forms of violence became part of daily life for the children there. The resource person involved in writing the BBC Indonesia article is the experience felt by RR and IS which is used as a story in the article. RR and IS claimed that between 1999 and 2000 they were aged 10 and 13 and were among the children involved in the conflict. They revealed that being involved in the war made him regret it. There is a deep trauma experienced by them when remembering their childhood and adolescent experiences. RR and IS are deeply traumatized when the faces of people who have been murdered are in their sleep and dreams. Then it becomes

hard to forget. At a young age, teenagers, RR, and IS are faced with the horrific reality of "killing or being killed" to survive. Judging from the impact caused, the problem of children affected by armed conflict and other violent situations becomes an emergency matter. Prevention and handling should be an issue of national and global concern. There needs to be efforts that can prevent children from being involved in conflicts and appropriate handling efforts if conflict events involving children have occurred (Endang, 2018).

Child Development

There are both acute and chronic effects of armed conflict that affect the physical, psychological, and developmental well-being of children. As adults, children previously exposed to armed conflict have higher rates of mental health conditions including anxiety, depression, post-traumatic stress disorder, and substance use disorder. Direct physical effects of armed conflict include disfigurement from burns and blast injuries, orthopedic injuries resulting in loss of function, traumatic brain injury, and death. Indirect effects include the loss of loved ones, educational opportunities, traditional family structure, and safe housing; displacement and living with distressed adults may also increase insecurity. Between 1990 and 2000, approximately 2 million children were killed and twice as many became physically handicapped and disabled after being wounded in war. Other direct physical effects include malnutrition, exposure to infectious diseases, lack of immunizations, and inadequate access to health care services (Masten & Narayan, 2012).

Childhood violence victimization from many differing etiologies has been linked to chronic inflammation, secondary to elevations of corticotropin-releasing factor and, subsequently, serum cortisol levels. This effect, mediated through the limbic-hypothalamic-pituitary system, has been well documented in abandoned Romanian children who were reared in bleak and deprived state-run institutions. Other studies have linked chronic childhood stress to elevations of inflammatory markers, such as C-reactive protein, fibrinogen, and white blood cell counts, measured in adulthood. Chronic stress in childhood has been shown to reduce the overall life expectancy of victims, not only through the downstream effects of chronic inflammation resulting in higher rates of obesity, diabetes, and cardiovascular disease in adulthood but also through genetic and epigenetic changes. Telomere length reductions have been documented in adolescents who have been institutionalized since early childhood. Epigenetic changes caused by early childhood stress are associated with long-term changes in gene expression and methylation patterns which contribute to physiological and psychological disorders later in life (Frounfelker et al., 2019).

A serious consequence of these myriad insults to children exposed to war and violence is the adverse effects on long-term cognitive development. In addition to increased rates of physical and mental health disorders in adulthood, children exposed to chronic stress exposures from violence and armed conflict have higher rates of delayed language skills acquisition, lower intelligence quotient scores, and poorer overall academic achievement. These cognitive impairments further limit the overall health and socioeconomic opportunities of the affected children, most of whom end up residing in communities with limited resources for education, occupational training, and psychological and health care due to the destructive effects of armed conflict on societal institutions necessary for healing (Masten & Narayan, 2012).

Child Resilience

Both research and practice over the past two decades have shifted away from deficit approaches toward resilience-oriented approaches (Masten & Narayan, 2012). This shift has occurred not only regarding war-affected children but also more broadly in child development areas such as disaster risk reduction, and diverse areas of scientific inquiry. Whereas deficit approaches emphasize problems such as psychopathology among war-affected children, resilience approaches emphasize war-affected children's ability to cope with, adapt to, and navigate complex environments that are saturated with adversity. The shift toward resilience approaches is based, in part, on evidence showing that the majority of war-affected people do not develop PTSD or other mental disorders(C. C. Lee, 2019). Many children exhibit remarkable functionality and well-being amid circumstances that might have been expected to produce negative outcomes. Also, evidence of post-traumatic growth has indicated that it is misleading to think of PTSD as having only negative effects. At the same time, it is important to recognize that children in war zones such as Palestine may be exposed to such strong doses of violence as to produce relatively high levels of psychopathology (Richard A & Edwards, 2018).

Most research indicates that resilience has multiple sources, including individual factors such as temperament, self-regulation, cognitive competence, self-efficacy, and hope (Masten & Narayan, 2012). The importance of the social environment is indicated by evidence showing that the potentially negative effects of exposure to risk factors can be offset or mitigated by protective factors. Although warzones have many risk factors, they may also contain protective factors for children such as being with caring parents or adults, access to education, peer support, and religious support, among others. If a child is exposed to a greater number of strengths of risk factors than protective factors, she will likely experience negative outcomes. Yet if the protective factors equal

or outweigh the risk factors, she may exhibit well-being even under adversity. From this standpoint, resilience is dynamic rather than static. A child who does relatively well and exhibits resilience at one moment due to a preponderance of protective factors over risk factors may become overwhelmed and dysfunctional if, at a subsequent moment, the balance is disrupted and risk factors dominate. Conceptualizations of resilience are increasingly systemic in orientation and feature the complex interplay over time of risk and protective factors in children's social ecologies, individual factors such as temperament, and biological factors, including neurological and epigenetic factors (Murthy & Lakshminarayana, 2006).

In this view, children's development is embedded within interacting systems that range from the individual to the community level. Resilience is not a property of children per se but of the interacting systems mentioned above. Indeed, resilience has been defined as "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Catani, 2018). This view resonates with conceptualizations of resilient collectives, such as families, communities, and societies. The shift toward resilience approaches has significant implications for practice. Deficits-focused approaches were limited in their focus on disorders and frequently overlooked the coping ability of war-affected children, who were portrayed as victims. They also led to unsustainable programs such as stand-alone Western counseling centers that collapsed when the external funding had ended. In contrast, resilience approaches encourage practitioners not merely to address deficits but to enable the well-being of war-affected children. In addition, resilience approaches encourage practitioners to work simultaneously to reduce risks and strengthen protective factors. By emphasizing children's coping and adaptation, resilience approaches heighten attention to children's agency, which itself is important for healing and a valuable intervention resource and a source of dignity and well-being for war-affected children. Conceptualizations of resilient systems have encouraged practitioners to focus more on developing resilient families, communities, and societies, thereby strengthening the focus on collective well-being and transforming war-affected children's social ecologies (Kadir et al., 2018).

A critical issue is that theorizing about resilience remains in its nascent stages because there are numerous, competing definitions of resilience and no well-established theory of resilience exists at this juncture. Also, an emphasis on the resilience of war-affected children can obscure the fact that significant numbers of children suffer problems such as PTSD and depression, do not exhibit resilience, and need specialized interventions. To speak of most war-affected

children as resilient can create the impression that they are fine and need no additional support, when the majority do need support in gaining access to quality education or appropriate shelter, or in addressing the chronic poverty that, left unattended, may cause them to drop out of school to work and earn money to help support their families (Garbarino, 2022).

Limited Evidence Base

The field of children affected by armed conflict is limited by a weak evidence base (Betancourt & Khan, 2008). Indeed, extant global guidelines and standards on child protection and also on mental health and psychosocial support are based more on practitioner expertise, which is a valuable source of evidence and yet not as strong as evidence based on independent research using robust designs (Wessells, 2016). Overall, there is a paucity of empirical evidence regarding which interventions were effective, much less their comparative effectiveness or their cost effectiveness or scalability. In the child protection sector, relatively few studies have used robust designs that enable causal attribution or broad generalization to national populations. With a few notable exceptions (Boothby et al., 2006), there has been a shortage of developmentally oriented studies that analyze the developmental trajectories of war-affected children over time.

Fortunately, as illustrated by the papers in this special issue, much empirical research on war-affected children is underway, and attention is also being given to the use of more robust designs (Tol et al., 2013). This movement toward the use of robust designs, should be moderated by the use of humane methods that respect people's voice and agency and also by a recognition that randomized control trials are not always feasible or the best starting point in war zones (Boothby et al., 2012). Equally important, practitioners have shown increased interest in and commitment to developing a stronger evidence base regarding war-affected children, as reflected in the workplace of the global Child Protection Working Group (www.cpwg.org). Valuable networks such as the Child Protection in Crisis Learning Network (www.cpc.org) are enabling the collaboration of global Southern and Northern actors and academic non-governmental organization partnerships in developing the evidence base and using it to strengthen practice and policy.

Child Protection

To address the problems of children affected by armed conflict and other violence, including preventing children's involvement in armed conflicts, governments, security forces, and law enforcement must take part in prosecuting cases of conflict and violence involving children. The central government and local governments must also unite in efforts to fulfill and protect children's rights.

The social work profession as a profession that is based on and holds human values in practice participates in paying attention to and handling this issue. Their report for Save the Children, (Graham, 2019) suggests several efforts that can be made for child protection, including conducting community-based case management and child protection. Case management is an effective approach to addressing a child's needs appropriately, systematically, and in a timely manner through direct support and/or referral.

Using a case management approach, child protection professionals and specialists facilitate the strengthening of the environment around children to protect children by ensuring that the approach is structured and taken to identify, assess, plan, and review the protection needs of each child. In humanitarian contexts, this is often done as an extension of a formal government case management system to meet extraordinary needs. Case management is challenging work, often requiring significant engagement with individual children and collaborative work with families and communities to ensure children's protection and access to multisectoral assistance and services. While time- and resource-intensive, when considered an integral part of the overall humanitarian response, child protection case management ensures that every child can receive the humanitarian response necessary to survive and thrive (Catani, 2018).

Community-based child protection is an effort for sustainable change by those closest to children. For most children in conflict, their families and communities offer the most immediate and significant protection. Based on numerous ethnographic studies and practice reviews, community-based child protection is most effective when it is 'bottom-up community-based work that enables non-formal-formal collaboration and alignment, more use of formal services, internally driven social change and high community ownership'. In East Jerusalem, protection agencies have supported the YMCA to assist vulnerable communities in the West Bank to design and implement protection and resilience interventions. In holistic understanding, children are not considered separate. Instead, their situation is analyzed holistically, meaning that all factors that can influence their development and well-being are examined. It is the basis of community-based psychosocial support, which aims to strengthen the resources that exist around the child and encourage community members to support each other (Muchsin, 2015).

Activities that address psychosocial needs consider the child's resources and those of his or her direct support network, such as parents or peers, community resources, and other agencies and service providers around the child. Recreational activities involving children, adolescents, and parents

simultaneously aim to improve or rebuild relationships between communities and children and adolescents and facilitate their reintegration into the school environment, at home, and within their communities. Recognizing the importance of this increasingly global problem, work together to develop at all levels comprehensive violence prevention and reduction programs to build safer communities through practical measures that take into account social and economic development goals, and facilitate the rehabilitation of young people affected by violence (Wessells, 2017).

Globally, psychosocial support for war-affected children has become thoroughly intertwined with work on child protection, which relates to "the prevention of and response to abuse, neglect, exploitation, and violence against children". Child protection is closely related to the mental health and psychosocial well-being of war-affected children. In conflict settings, child protection actors work to prevent risks such as sexual exploitation and abuse, recruitment into armed forces or armed groups, or separation of children from their families. In this respect, child protection is the preventive arm of efforts to support children's mental health and psychosocial well-being. Over the past decade, the global child protection sector has shifted away from protecting particular groups of vulnerable children, such as sexually abused children or children living or working on the streets, toward strengthening national child protection systems (Wulczyn et al., 2009).

The former approach overlooked connections across categories of vulnerability. For example, a child who lives on the streets today might become a child soldier tomorrow (Wessells, 2017). The shift toward child protection systems aimed to correct these limitations and recognized that systemic issues require an equally systemic approach. The United Nations Children's Emergency Fund (UNICEF) has defined child protection systems as "certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children" (UNHCR, 2008). Child protection systems include laws and policies, human and financial resources, governance, means of data collection and system monitoring, child protection and response services, and nonformal support of families and communities. Formal governmental actors such as social welfare officials, police, government social workers, and magistrates lead the child protection system at national and subnational levels. At grassroots levels, nonformal actors such as families, communities, and leaders such as elders, teachers, or religious leaders play a highly visible role.

At societal levels, the media, government leaders, and civil society organizations may contribute to children's protection. Because problems such as

child trafficking cross international boundaries, international actors also contribute to or support national child protection systems. This systemic approach is congruent with the ecological systems approach discussed above and promises to improve efforts to prevent violence against children. The systems approach encourages child protection and psychosocial practitioners in war zones to enable collaboration between government and nonformal actors in protecting children or address systemic issues such as discrimination against girls or minority groups of children who have little protection under the law. It also encourages practitioners to make connections across humanitarian sectors such as education, health, and social welfare. Although systems strengthening is best done in more stable contexts, it may be possible to work even in war zones in a way that simultaneously provides urgent assistance and provides sustainable, longer-term support system strengthening (World Health Organization, 2013).

As pointed out in the global standards on child protection in emergencies, the response phase may provide an opportunity to develop and strengthen national child protection systems, including community-based systems. Numerous concerns surround efforts to protect children and strengthen national child protection systems. Such efforts frequently exhibit colonial, universalist biases in which models developed in countries such as the U.S. and the U.K. are exported to developing countries (Wessells, 2016). These efforts fail to recognize that there is no "one size fits all" approach. Systems strengthening efforts have also been dominated by a top-down approach in which the government or international actors have imposed particular structures such as community-based child protection committees. Imposition typically leads to low levels of community ownership and sustainability and can trigger backlash and frustration among local people (Wessells, 2017).

A stronger approach is to avoid strictly top-down work in favor of a mixture of top-down, bottom-up, and middle-out approaches. On the practical side, it has been difficult to achieve highly effective coordination of work on mental health and psychosocial support for war-affected children. Under existing global standards and guidelines, war-affected children are entitled to psychosocial support, and referral and specialized treatment if they need it. Yet, in many contexts, psychosocial work is poorly coordinated with that on mental health, and there is a paucity of effective referral mechanisms and quality specialized care for war-affected children. Part of the problem is that aid is organized into clusters, such as the health cluster, the shelter cluster, the education cluster, and the protection cluster, with each cluster coordinating the work of many agencies and actors. Whereas psychosocial work is coordinated

under the child protection sub-cluster, mental health work is usually coordinated under the health cluster. It has proven difficult to enable effective communication and collaboration across clusters, a point that will be returned below (Deputy et al., 2022).

CONCLUSION

The government has a responsibility to ensure that policies are in place that protect its citizens from armed conflict, in particular demonstrating commitment and determination to ensure the safety of children from conflict and other situations of violence. The government along with every level of society and private organizations must support the fulfillment and protection of children's rights. They consider that children are state assets. Efforts to deal with children affected by conflict and other situations of violence are carried out by all elements of the nation. Such efforts can involve organizations that have experience in conflict influence and in facilitating humanitarian access to victims. Organizations with experience in carrying out humanitarian actions also build international contacts and reputations for countries.

Children have the right to live with a sense of security, be accepted by their families and communities, be valued, and be able to freely imagine the future are essential elements in the success of efforts to prevent and treat children affected by conflict and other violence. Psychosocial support, vocational/interest training, activities that produce pleasant experiences, and recreational activities can be provided by governments, social service organizations, and even communities in preventing or rebuilding conflict-affected children. Therefore, strengthening is needed in all aspects, be it people, systems, and infrastructure so that the goal of fulfilling and protecting children's rights is achieved.

This systematic review documents the pervasive effect of armed conflict as a form of violence against children and negative social determinants of child health. The studies serve as a record of the continuing occurrence of the six grave violations of children's rights, which include the killing and maiming of children; recruitment or use of children as soldiers, sexual violence against children; abduction of children, attacks against schools or hospitals, and the denial of Effects of armed conflict on child health and development humanitarian access for children. There is an urgent need to improve our research on the mechanisms by which conflict affects child health and development and the relationship between physical health, mental health, and social conditions. Priority should be given to studies on child development, the long-term effects of exposure to conflict, and protective and mitigating factors against the harmful effects of conflict on children. Collaboration with partners across sectors and incorporating

a child rights perspective into research can improve both our understanding of the effect of conflict on child health as well as our response to their needs.

REFERENCES

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. International Review of Psychiatry (Abingdon, England), 20(3), 317–328. https://doi.org/10.1080/09540260802090363

Boothby, N., Crawford, J., & Halperin, J. (2006). Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts. Global Public Health, 1(1), 87–107. https://doi.org/10.1080/17441690500324347

Buffa, G., Dahan, S., Sinclair, I., St-Pierre, M., Roofigari, N., Mutran, D., Rondeau, J.-J., & Dancause, K. N. (2018). Prenatal stress and child development: A scoping review of research in low- and middle-income countries. PLOS ONE, 13(12), e0207235. https://doi.org/10.1371/journal.pone.0207235

Bürgin, D., Anagnostopoulos, D., the Board and Policy Division of ESCAP, Anagnostopoulos, D., Doyle, M., Eliez, S., Fegert, J., Fuentes, J., Hebebrand, J., Hillegers, M., Karwautz, A., Kiss, E., Kotsis, K., Pejovic-Milovancevic, M., Räberg Christensen, A. M., Raynaud, J.-P., Crommen, S., Çetin, F. Ç., Boricevic, V. M., … Fegert, J. M. (2022). Impact of war and forced displacement on children's mental health—Multilevel, needs-oriented, and trauma-informed approaches. European Child & Adolescent Psychiatry, 31(6), 845–853. https://doi.org/10.1007/s00787-022-01974-z

Carty, J. N., Ziadni, M. S., Holmes, H. J., Tomakowsky, J., Peters, K., Schubiner, H., & Lumley, M. A. (2019). The Effects of a Life Stress Emotional Awareness and Expression Interview for Women with Chronic Urogenital Pain: A Randomized Controlled Trial. Pain Medicine: The Official Journal of the American Academy of Pain Medicine, 20(7), 1321–1329. https://doi.org/10.1093/pm/pny182

Catani, C. (2018). The mental health of children living in war zones: A risk and protection perspective. World Psychiatry, 17(1), 104–105. https://doi.org/10.1002/wps.20496

Cetin Dag, N. (2020). Children's Only Profession: Playing with Toys. Northern Clinics of Istanbul. https://doi.org/10.14744/nci.2020.48243

Deputy, S. R., Khakoo, Y., & Gospe, S. M. (2022). Adverse Effects of War and Armed Conflict on Children. Pediatric Neurology, 130, 69–70. https://doi.org/10.1016/j.pediatrneurol.2022.03.006

Eliandy, R. R., Heriadi, M., Tumanggor, E. R., & Aini, E. (2023). Palestine Conflict With Israel: The Education Fate of Palestinian Children. Jurnal Pendidikan Humaniora.

Endang, N. (2018, February 27). Saling bunuh, saling bakar sampai... 'sayang kamu semua': Mantan tentara anak Islam dan Kristen Ambon. BBC News Indonesia. https://www.bbc.com/indonesia/indonesia-43207033

Frounfelker, R. L., Islam, N., Falcone, J., Farrar, J., Ra, C., Antonaccio, C. M., Enelamah, N., & Betancourt, T. S. (2019). Living through war: Mental health of children and youth in conflict-affected areas. International Review of the Red Cross, 101(911), 481–506. https://doi.org/10.1017/S181638312000017X

Garbarino, J. (2022). The War-Zone Mentality—Mental Health Effects of Gun Violence in U.S. Children and Adolescents. New England Journal of Medicine, 387(13), 1149–1151. https://doi.org/10.1056/NEJMp2209422

Graham, G. (2019). Stop the War on Children: Protecting children in 21st century conflict. https://resourcecentre.savethechildren.net/pdf/report_stop_the_war_on_children.pdf/

Hatem, A. (2023, November 24). The plights of children in conflict areas or war zones. SBS Indonesian. https://www.sbs.com.au/language/indonesian/en/podcast-episode/the-plights-of-children-in-the-conflict-areas-or-war-zones/ck39ha1rx

Irianto, W. (2023, November 18). Sudah 5000 Anak Palestina yang Terbunuh Kebrutalan Tentara Israel. Times Indonesia. https://timesindonesia.co.id/peristiwa-internasional/476876/sudah-5000-anak-palestina-yang-terbunuh-kebrutalan-tentara-israel

Kadir, A., Shenoda, S., Goldhagen, J., Pitterman, S., SECTION ON INTERNATIONAL CHILD HEALTH, Suchdev, P. S., Chan, K. J., Howard, C. R., McGann, P., St Clair, N. E., Yun, K., & Arnold, L. D. (2018). The Effects of Armed Conflict on Children. Pediatrics, 142(6), e20182586. https://doi.org/10.1542/peds.2018-2586

Lee, C. C. (2019). Community-based literacy practices with multilingual African immigrant girls in New York City. International Journal of Multicultural Education, 21(2), 1–22. https://doi.org/10.18251/ijme.v21i2.1800

Lee, R., Lee, S. M., Hong, M., & Oh, I.-H. (2022). Assessing Mental Illness Risk Among North Korean Refugees and Immigrants Resettled in South Korea. JAMA Network Open, 5(10), e2236751. https://doi.org/10.1001/jamanetworkopen.2022.36751

Masten, A. S., & Narayan, A. J. (2012). Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience. Annual

Review of Psychology, 63(1), 227–257. https://doi.org/10.1146/annurev-psych-120710-100356

Meliani, F., Sunarti, E., & Krisnatuti, D. (2014). Faktor Demografi, Konflik Kerja-Keluarga, dan Kepuasan Perkawinan Istri Bekerja. Jurnal Ilmu Keluarga & Konsumen, 7(3), 133–142. https://doi.org/10.24156/jikk.2014.7.3.133

Muchsin, M. A. (2015). PALESTINA DAN ISRAEL: Sejarah, Konflik dan Masa Depan. MIQOT: Jurnal Ilmu-ilmu Keislaman, 39(2). https://doi.org/10.30821/miqot.v39i2.32

Murthy, R. S., & Lakshminarayana, R. (2006). Mental health consequences of war: A brief review of research findings. World Psychiatry.

Musthafa, I., & Meliani, F. (2021). Penerapan Metode Pembelajaran Islam Klasik Al-Zarnuji Di Era Revolusi Industri 4.0. JIIP-Jurnal Ilmiah Ilmu Pendidikan, 4(7), 654–667. https://doi.org/10.54371/jiip.v4i7.329

Nadia, A., Al Hroub, A., & El Zein, F. (2022). A Systematic Review of Empirical Evidence on Art Therapy With Traumatized Refugee Children and Youth. Frontiers in Psychology, 13. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9189733/

Paul O'Callaghan, Lindsay Branham, Ciaran Shannon, Theresa S. Betancourt, Martin Dempster, & John McMullen. (2014). A Pilot Study of a Family Focused, Psychosocial Intervention with War-Exposed Youth at Risk of Attack and Abduction in North-Eastern Democratic Republic of Congo's Child Abuse & Neglect. Elsevier, 38(7).

Richard A., B., & Edwards, B. (2018). The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: A cohort study. Lancet Public Health, 3(5).

Robjant, K., & Fazel, M. (2010). The Emerging Evidence for Narrative Exposure Therapy: A Review. Clinical Psychology Review, 30(8).

Scherer, N., Hameed, S., Acarturk, C., Deniz, G., Sheikhani, A., Volkan, S., Örücü, A., Pivato, I., Akıncı, İ., Patterson, A., & Polack, S. (2020). Prevalence of common mental disorders among Syrian refugee children and adolescents in Sultanbeyli district, Istanbul: Results of a population-based survey. Epidemiology and Psychiatric Sciences, 29, e192. https://doi.org/10.1017/S2045796020001079

Sugiyono. (2015). Metode Penelitian Pendidikan (Pendekatan Kuantitatif, Kualitatif, dan R&D). CV Alfabeta.

Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual Research Review: Resilience and mental health in children and adolescents living in areas of armed conflict--a systematic review of findings in low- and middle-income countries. Journal of Child Psychology and Psychiatry, and Allied Disciplines, 54(4), 445–460. https://doi.org/10.1111/jcpp.12053

UNHCR. (2008). A Community-Based Approach in UNHCR Operations, Geneva. https://www.refworld.org/pdfid/47da54722.pdf

Wessells, M. G. (2016). Children and armed conflict: Introduction and overview. Peace and Conflict: Journal of Peace Psychology, 22(3), 198–207. https://doi.org/10.1037/pac0000176

Wessells, M. G. (2017). Children and armed conflict: Interventions for supporting war-affected children. Peace and Conflict: Journal of Peace Psychology, 23(1), 4–13. https://doi.org/10.1037/pac0000227

Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2009). Adopting a Systems Approach to Child Protection: Key Concepts and Considerations. UNICEF.