Save the Children

AN UNBEARABLE REALITY

The impact of war and displacement on children's mental health in Iraq

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"I sometimes wake up in the morning as if waking from a nightmare, thinking that I will put my feet on the carpet under my bed and walk downstairs to the kitchen to prepare breakfast and send the children to school. […] I still see the kids leaving the house wearing their school uniform, and then I look around me and don't understand how we ended up here; it's too much for my brain to understand. I sometimes worry that I might lose it if I keep thinking about what happened. I try to lie to myself and ignore any thoughts about what happened, but it's too difficult, I don't know for how long I will keep myself together. It's just an unbearable reality."

—Um Zaid, mother of six, displaced from ISIS-held Hawija to Daquq camp, Kirkuk, Central Iraq

Cover photo: Lina, 5, in a camp for displaced people in Iraq. Her parents are still stuck in their home in Hawija. They managed to send her brother Yousuf, 7, with his uncle so he could go to school, but after he left Lina went into deep depression as she felt betrayed and left behind after all her cousins and their families departed. Her family managed to send her to her uncle but her situation didn't improve. Since she arrived she has been crying a lot and hasn't been able to sleep except between her uncle and his wife. She wouldn't play with the other children or even go outside the tent. Her situation started to improve with the intervention of Save the Children's case management team in the camp. PHOTO: Ahmad Baroudi/Save the Children

End photo: Two young girls run towards the gate of a temporary learning center in Kirkuk. PHOTO: Dario Bosio/Save the Children

Acknowledgments

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The research and analysis for this report was led by Dr. Marcia Brophy.

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In particular, we want to express our sincere appreciation to the 1,025 children, adolescents and adults who participated in this study and whose voices are reflected in this report.

To protect the identities of those who participated in the research, all names have been changed and specific locations withheld.

Disclaimer: "This document covers humanitarian aid activities implemented with the financial assistance of the European Union. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information it contains."

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Designed by Charmaine Seitz

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Um Zaid holds her daughter Aisha, 8, in her family's tent in a camp for displaced people, after fleeing their home in Hawija. As they escaped, Aisha stepped on a landmine, resulting in fractures in both legs and forcing her to wear a cast for four months. PHOTO: Ahmad Baroudi/Save the Children

Executive Summary

In a country pervaded with violence and unrest, the escalation of conflict in 2014 linked to the takeover of territory by the Islamic State in Iraq and Syria (ISIS) has left Iraq further embroiled in a humanitarian crisis, forcing children and their families to witness unspeakable violence first hand.

In response, the international community has sought to grapple with the catastrophic humanitarian consequences and—while the spotlight has most recently shone on the military offensive on Mosul—children and youth continue to bear silent witness to the devastating consequences of three years of violence.

For many families, the start of the crisis in 2014 turned their lives upside down. Over three million people fled their homes, only to live in exile or displaced within their own country. Millions more remained to endure a life of fear and deprivation under ISIS. While each context is different, such experiences have the potential to permanently scar the minds and wellbeing of children and their families, and have significant impact on their own futures and those of future generations.

This study seeks to highlight and explore the impact of the conflict and displacement on the mental health of displaced children and youth in Iraq. Among children recently displaced by the Mosul offensive and who had to live under ISIS rule for three years, focus group discussions (FGDs) shine a light on their experience. Due to the emergency situation, a small sample size (65 children) was used. Among children who were uprooted from their homes for one to three years, had to live under ISIS for a short period of time, and faced lack of education and financial constraints, mental health questionnaires were administered to a large sample size of 480 children and 480 caregivers. In total, Save the Children spoke to 1,025 people, including 545 children.

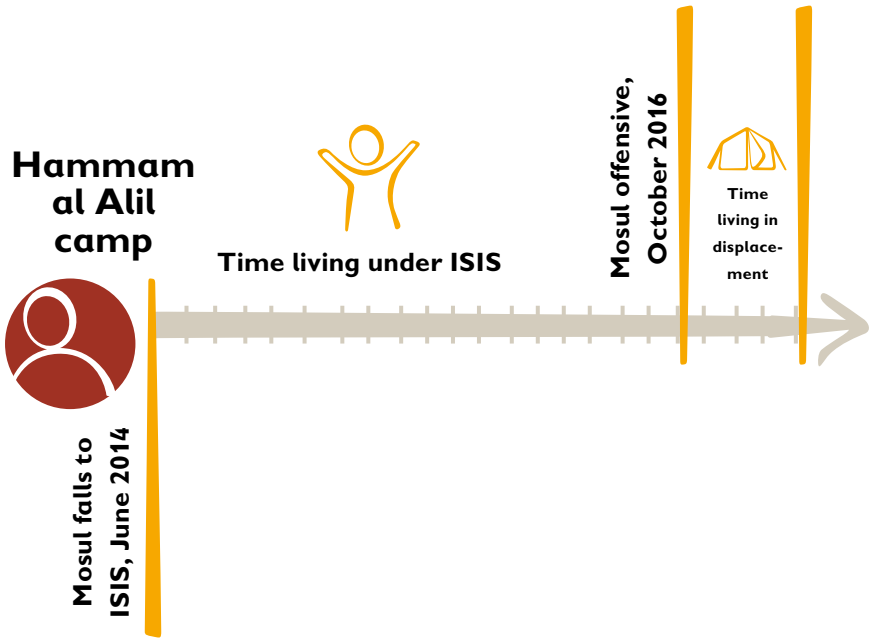
The findings show that children are experiencing very different mental health issues depending on whether they fled ISIS early on or stayed and endured its control for several years.

Key findings from the focus group discussions with children recently displaced by the Mosul offensive and living in ISIS-controlled areas for almost three years

Unspeakable horrors: As witnesses to daily acts of severe violence, children who fled from the recent Mosul offensive continue to live in constant fear of punishment and fear for their own lives and their families. They gave us heartbreaking accounts of their lives under ISIS rule, as well as from the terrifying escape from the Mosul offensive, talking about "monsters," "dead bodies in the streets." bloodied faces, and bombs falling on their homes. Almost 80 percent of adolescents said they feel shocked and afraid by attacks from ISIS and their flight from the city. Whilst some children know that they are now out of reach of ISIS inside the camp, many still fear violent attacks from the armed group and have nightmares that are so vivid that they haunt them during the day. Some children have difficulties recollecting what they have gone through, and our focus group discussions were potentially the first opportunity these children had to express themselves and share their experiences safely. This exposure to extreme levels of violence and deprivation is causing children to suffer from "toxic stress"—the most dangerous form of stress response—which can have severe consequences for their long-term physical and mental health if they don't receive adequate support.

Extreme sorrow: Children identified the loss of loved ones to the war as their biggest source of distress. Around 90 percent of children surveyed expressed feeling upset due to the loss of a relative and 45 percent shared lengthy stories of violent deaths of loved ones. Watching family members being killed in front of their very eyes left children in a state of extreme grief and some were unable to show signs of joy anymore. With integral aspects of childhood such as school and play denied them for so long, many children have become de-sensitized and have difficulties behaving as children again.

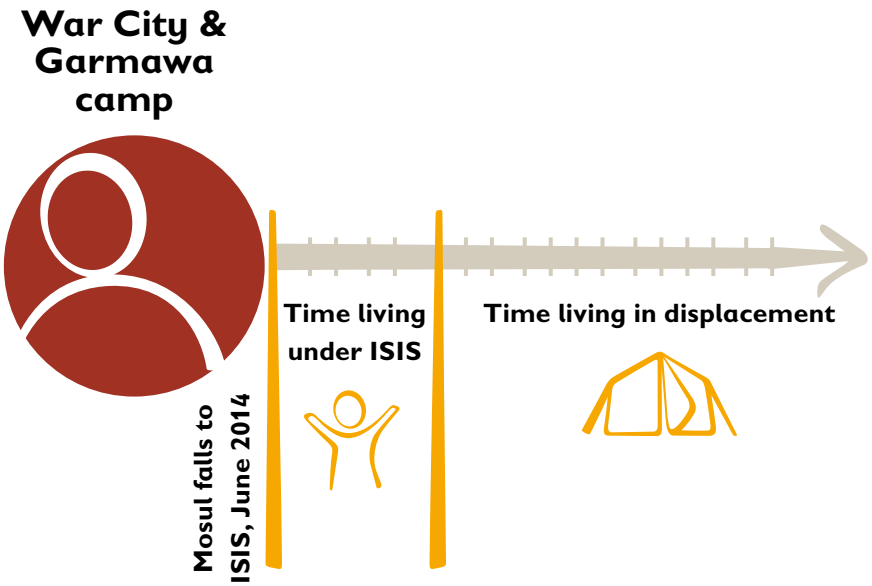
TIME LINE OF RESPONDENTS' LIVES PRIOR TO THE RESEARCH



Size of circle roughly corresponds to sample size in location

Key findings

- Exposure to extreme levels of violence and deprivation causing toxic stress.
- Loss of loved ones due to the violence as main source of distress.
- Collective trauma amongst the community which causes domestic violence and aggressive behaviors.



Key findings

- Children's mental health relatively shielded from a harsh reality.
- Parents rating children as beginning to show some symptoms of mental health problems.
- Parents as key protective factor for children's mental health.
- Children suppressed or denied the impact of their traumatic experiences.

Collective trauma: It's not just children that are affected; the whole community seems to be sharing the trauma of war. Parents are dealing with their own mental health issues and are struggling to provide comfort to their children. Children mentioned domestic violence as much as the loss of loved ones as a source of distress, and children themselves became more aggressive in response to a violent environment. As a result of the violence faced by all, communities' normal strong social and cultural ties are broken and they experience a "collective trauma" that can only be resolved through family and community-based solutions that have a strong mental health and psychosocial support focus.

Key findings from questionnaires with parents and children who lived under ISIS for a short period of time and are currently in prolonged displacement

Disconnected from a harsh reality: Based on the results of the questionnaires from April 2017, children's mental health in the two locations studied seems to have been relatively protected from the negative impact of war and displacement. This was true despite that a youth consultation in 2015 and in-depth interviews with our staff and parents showed that children in protracted displacement face a variety of hardships such as isolation, insecurity, psychological distress, extended disruption of education, heightened protection risks, exploitative working conditions, desperation and hopelessness. Children in the current study scored relatively low for post-traumatic stress disorder symptoms, and children and adolescents rated themselves as not facing issues associated with distress or social impairment. However, parents were overwhelmingly worried about their children's mental health (94 percent indicated that conflict affected the daily life of children and adolescents, and 84 percent responding it affected them "a lot"). In connection to this, they saw the children in their care as beginning to have moderate problems—particularly around the emotions children displayed—as well as some increases in bedwetting (19 percent). More than half saw an increase in children's fearfulness or nervousness, symptoms often associated with post-traumatic stress disorder or toxic stress. Overall, whilst parents rated children as beginning to show some symptoms of mental health problems, they did not see abnormally high levels of distress or difficulties in the way children interacted with others. Other anomalies in the findings included minimal differences between boys and girls and between children at the two locations surveyed, despite differences observed by our staff, as if children's mental health was shielded from dramatic changes in their daily lives.

Protective parents: Children in protracted displacement have benefited from the protective factor of being with parents who were able to support them in times of insecurity. Although parents were showing signs of distress, particularly due to financial issues, they gave the impression of coping with their own stress and serving as positive role models to their children. After successive crises, Iraq has become a nation of survivors and parents may be experiencing post-traumatic growth—a psychological change in the face of adversity that enables them to function better under stress.

"Ordinary" violence: While parental support provides some explanation for the relatively positive findings among these children, several mental health and psychosocial support experts who have reviewed the findings believe that, in fact, the results indicate a deeper issue: the normalization of violence and insecurity. Children surveyed potentially suppressed or denied the impact of their traumatic experiences and stress as a coping mechanism. Unable to yet process their traumatic experiences, children's mental health is likely to be at risk in the long term. If children reach a point in their lives where their situation is stable, they will need appropriate support to be able to start integrating what happened to them. Without this appropriate support, they could suffer from longer-term mental health disorders such as anxiety, depression, or post-traumatic stress.

ENDING CHILDREN'S NIGHTMARES

The longer and more repeated the traumatic experiences faced, coupled with the ongoing daily sources of stress of a life displaced, the harder it is for children to recover without appropriate support. For children recently displaced by the Mosul offensive, this means beginning with low-level psychosocial support (PSS) programming that re-sensitizes children and stabilizes their emotions and behaviors. As children in protracted displacement suppress their experiences in denial, they will need approaches that help them identify and articulate their traumatic experiences safely, using supportive family and community-based interventions, and programming

that supports developmentally appropriate expectations of their current and future context.

If the psychosocial issues identified in this report are left untreated, it could have a devastating impact on these children's future and on efforts to rebuild a lasting and durable peace for new generations of children in Iraq.

As such, we must act now. Failure to ensure that Iraq's children and their families' mental health needs are addressed is not just a betrayal of those children but will hamstring recovery and place all aspects of Iraq's future on shaky foundations.

Although the outlook seems bleak, it is not too late. What came through clearly in the research is that, despite all they are going through, many children, especially those who have been displaced for long periods of time, still dream of a better tomorrow. They have hope. What they want is the opportunity to realize that dream. If the right support is provided now, they will be able to recover, thrive, and achieve a successful future.

Despite varied responses to horrible events, all of these children face dim futures if immediate, targeted and long-term assistance is not given to provide the mental health and psychosocial support that children need.

To ensure a hopeful future where a generation of children has the opportunity to thrive in safe, supportive environments, immediate steps must be taken by:

Donors to make a global commitment to fully fund mental health and psychosocial support, educa-

A group of girls knitting together inside a tent in a camp for displaced people in Kirkuk, Iraq. Arts-based activities provided at Save the Children's child friendly spaces help children to process, communicate and regulate their emotions. PHOTO: Dario Bosio/Save the Children

Mohamad, Sahar and Samia, all six years old, in a classroom at Save the Children's Learning Space in Qayyara Airstrip Camp for people displaced from Mosul. PHOTO: Dario Bosio/ Save the Children

tion and child protection programs while ensuring they become a core programmatic intervention for emergency response and recovery/stabilization. In addition, donors should invest in family and community-based solutions to provide collective responses to trauma, offering safe spaces for children and their families to reflect and respond to their feelings and emotions, with appropriately qualified and trained staff on hand to support them.

The humanitarian community to provide high quality mental health and psychosocial support training to frontline staff, and to offer comprehensive programs giving children and their families opportunities to express fears and participate in a variety of activities based on children's experiences and ages. These programs should work to support building children's mental health and addressing their broader needs.

The international community to ensure swift and independent investigations into attacks resulting in civilian casualties, publish findings, condemn all violations of international humanitarian and human rights law and ensure that perpetrators are brought to justice.

The Government of Iraq to develop and implement a durable solutions framework that includes a voluntary, safe, dignified and informed return, access for children to essential needs including education, and, with support from donors, increase investment in training and funding of mental health and psychosocial support practitioners, including pediatric counselors and psychologists.

Parties to the conflict to cease all attacks against civilians, and take all feasible precautions to minimize civilian casualties, including refraining from using explosive weapons with wide-area effects in populated areas. In addition, steps must be taken to protect civilian infrastructure, in particular schools and hospitals, from the impact of the conflict.

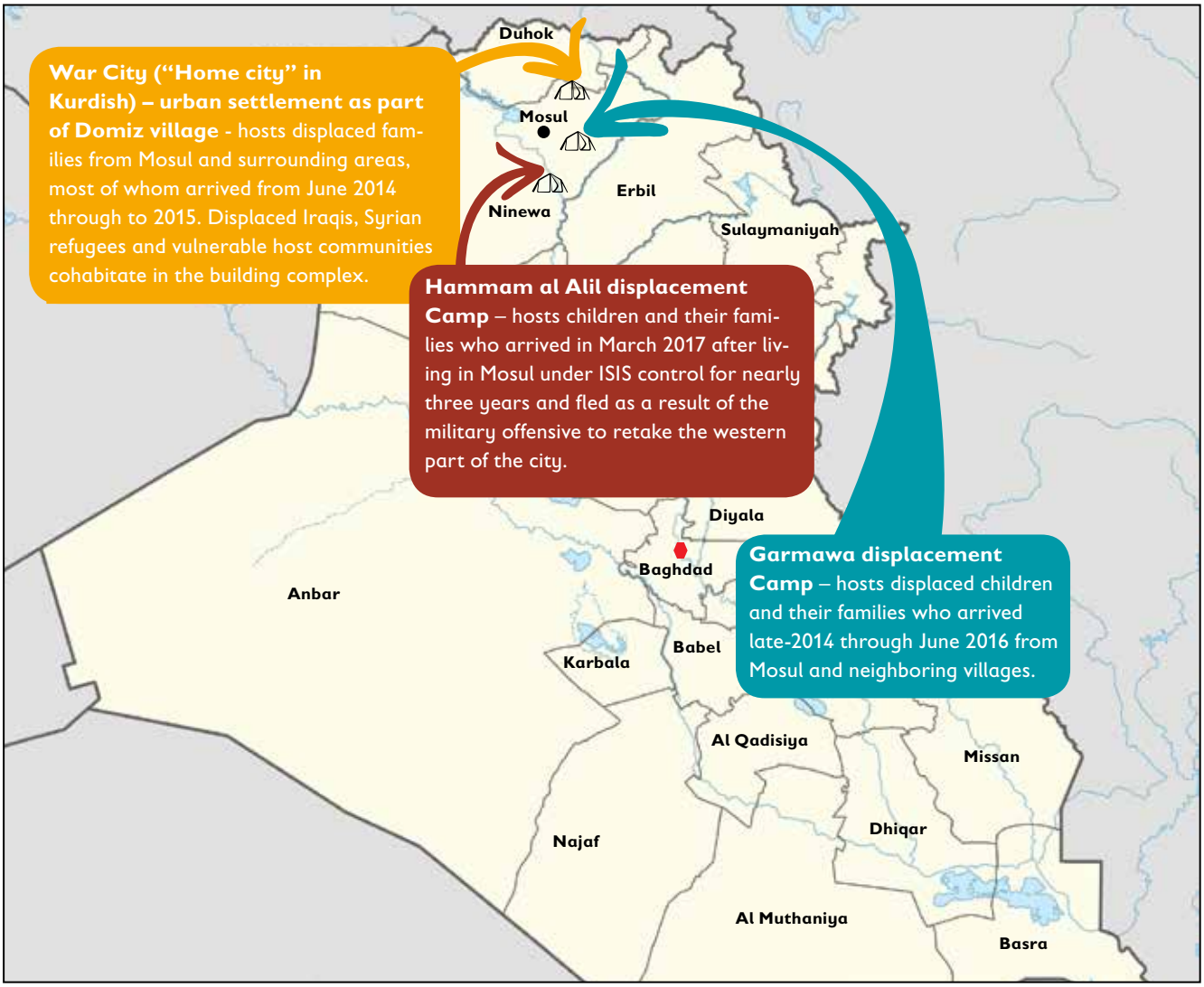
Methodology

To examine the impact of violence and conflict-related experiences upon the mental health and psychosocial needs of children and adolescents who had been through protracted displacement and those who were living in Mosul for the past three years, Save the Children selected two areas to conduct the study: the protracted displacement response in Northern Iraq and the more recent Mosul response in Hammam al Alil.

For this report, **Save the Children spoke with 1,025 children, youth and caregivers** affected by conflict and displacement in Northern Iraq. The research was conducted in April 2017, and this report presents:

- A quantitative and qualitative analysis of standard mental health and psychosocial support (MHPSS) questionnaires administered to children and adolescents[1] aged 10-17 and caregivers in a **displacement camp (Garmawa) and an urban area (War City) in Northern Iraq.**

Three locations in Iraq were selected in order to reflect the experiences of both children recently displaced by the Mosul offensive and children who had fled to camps or host communities at an earlier date:



A total of **480 caregivers** completed two questionnaires[2] and four questionnaires[3] were administered to **480 children** aged 10-17 (251 boys and 229 girls).

- An analysis of four focus group discussions in **Hammam al Alil camp—hosting families recently displaced from the offensive on Western Mosul—with 65 children** (33 girls, 32 boys), split by gender and age group (10-12 and 13-15 years).

The sample was selected randomly among school-aged children and their caregivers based on areas where Save the Children had experience working with the communities. Prior to the research, our staff and partners undertook a comprehensive training on researcher skills in order to properly administer the mental health questionnaires and ensure the safety and wellbeing of the participants during the interviews, for example by offering Psychological First Aid (PFA). The research team ensured that they had the necessary informed consent from participants and their caregivers and understood that they were under no obligation to participate in the interviews. The research team also ensured that children or their parents could be referred to specialized mental health services in these areas in case they were experiencing high levels of mental health or psychosocial issues and were in need of additional support. The research team followed our Child Safeguarding policy in the event that other child protection issues became evident.

This study is the first in-depth, large-scale research undertaken on children's mental health in Iraq since the beginning of the most recent crisis in 2014. The qualitative research as part of the Mosul response is the first study examining the psychosocial well-being of children who have been living in ISIS-controlled areas. Taking into account the current emergency situation and the potentially traumatic experiences children and their families may have recently gone through, the focus group discussions were selected as a means of collecting data in ways not harmful to children, and were designed to incorporate Psychological First Aid and other psychosocial techniques.

Additionally, three in-depth interviews with aid workers were conducted in order to contextualize the findings. The conclusions reached in this report are representative of the experiences of children affected by violence and longer-term displacement and those living in ISIS-held areas, but the particular needs of children returning to areas recently retaken from ISIS may differ and would require further research.

Save the Children has been working in Iraq since 1991. Our current response to ongoing violence and displacement in five governorates focuses on delivering a rapid response to immediate needs, and ongoing service delivery through programming in Child Protection (including PSS activities), Education, and provision of Water, Sanitation, and Hygiene Promotion (WASH) programs. Since February 2014, our response has reached 677,293 internally displaced people (IDPs), including 355,333 children affected by displacement in Iraq. Since the Mosul offensive began in October 2016, our response has reached 234,050 beneficiaries, including 139,626 children. Save the Children's response in Iraq has also reached 154,515 Syrian refugees, including 78,455 children, since 2013 through Child Protection, Education, provision of Non-Food Items (NFI), and Water, Sanitation, and Hygiene Promotion (WASH).

Three years of fear, horror, and despair

Focus group discussions with children recently displaced from Mosul

Children in Hammam al Alil camp were recently displaced from Mosul after living under ISIS control for up to three years. Based on the testimony of civilians who recently fled, life for children under ISIS was filled with daily physical and psychological violence, deprivation, and fear.

Many were subjected to human rights abuses and traumatic events, such as losing family members and witnessing extreme violence daily in their streets. Since the start of the offensive to retake the city from the armed group, the situation has grown even worse for children who are now caught in the midst of the largest urban battle since World War II.[4] Supply routes have been cut since November 2016 and families face siege-like conditions as food, medicine, fuel and clean water run out. Whether they choose to stay or to flee, families are under threat of being used as human shields by ISIS or getting caught in the crossfire of fierce ground fighting, airstrikes, snipers, and explosives. Those who escaped to the displacement camp have endured a dangerous flight, leaving them physically and mentally exhausted, only to then find themselves provided with only limited assistance as the Government of Iraq and the humanitarian community struggle to keep up with a mass flow of displacement.

SOURCES OF DISTRESS

Growing up amidst extreme violence and deprivation

THE MAGIC BAG: The majority of children metaphorically 'threw away' ISIS and photos of ISIS. Some children added they were putting them in the bag because of the harm the group was causing to the children and their families, and because the children wanted ISIS to "stop killing people."

PSYCHOSOCIAL FOCUS GROUP METHODOLOGY

Each Focus Group Discussion (FGD) with the children was conducted using a strong psychosocial lens, to ensure children felt safe to share their honest feelings and experiences with our staff and ensuring we did not cause any psychological harm.

A dice with six different faces depicting various positive and negative emotions was passed around the group of children, who were asked to pick an emotion, name it, and then give an example: "When you feel happy, what do you like to do?; When do you feel the happiest?; What do you do when you fell happy?". Children chose different emotions to talk about in the group.

Then children were introduced to "a magical bag" and asked to share their stories by answering two questions: "If you could put into this magic bag anything in your life that you no longer want or that makes you feel sad, scared, or upset, what would it be?" and "If you could take anything out of this magic bag that would make you feel better or happier what would it be?"

To wrap up the discussions, children were asked to share one thing they liked about themselves or their peers in the group.

Manar, 10 years old, from West Mosul, in Hammam Al Alil Camp. PHOTO: Dario Bosio/Save the Children

"Life under ISIS was horrible. There was shelling all the time and ISIS was going around the city killing men and leave them hanging from poles in the street."

Manar, 10, Hammam al Alil

The violence children witnessed over the past three years remains a major source of psychological distress for them. The atrocities committed by ISIS were frequently described during the focus group discussions, with 78 percent of adolescents (aged 13-15) saying they remain in a state of shock from what they saw and experienced. As witnesses to daily acts of violence, children lived in constant fear for their own lives. One child recounted still being afraid after seeing ISIS members kill women they had abducted, and then finding the women's dead bodies in the garbage. These events of extreme violence had a lasting impact on younger children (10-12 years) who mentioned "monsters" and "photos of ISIS" as things that still terrify them. Children also lived under the constant threat of punishment from ISIS; many talked about their relatives being killed or imprisoned for not following ISIS' rules.

Beyond the violence, deprivation caused by the lack of services in ISIS-held areas and the current siege on Mosul has had an impact not only on children's physical health[5] but also on their mental well-being as children said they felt upset at seeing other children or their siblings malnourished. For instance, one child expressed overwhelming sadness at her parents' inability to feed her sister. A study[6] on the effect of the long-standing siege in Sarajevo demonstrated that deprivation of food, water and shelter can have a severe adverse impact on children physically and mentally, and deprivation is associated with significantly increased symptoms of post-traumatic stress disorder (PTSD).

A harrowing escape

THE MAGIC BAG: Children overwhelmingly threw in the bag mines, knives, bombs and missiles, as well as the dangerous escape from Mosul.

"Everything was destroyed, and there were dead bodies around, and people were crying and bleeding"

Aisha, age 12-14, Hammam al Alil

As they fled fighting between armed forces and ISIS, children witnessed and experienced a growing number of traumatic events, with an increase in killings, violence, and threats to their lives. Children of all ages recounted seeing other people killed or maimed and, as they fled, children said they saw corpses, blood, and wounded people along the road. Whilst children were glad they could escape the city, they still have vivid images of rockets and airstrikes falling on civilians, of the bloodied faces of those who were injured, and their houses and neighborhoods being reduced to rubble. These mental images are extremely upsetting for children. The exposure to stressful and traumatic experiences at an age where the brain is undergoing rapid change can disrupt the development of the brain architecture, which may never be restored.[7] [8]

Children were not only fearing for their own lives but also for their families during the flight. They talked about seeing family members getting shot by snipers, abducted by ISIS, stepping on landmines, or hit by explosive weapons. They also worry about relatives that were left behind, either because the family members were too weak to try to escape or were caught by ISIS on their way out. Fear for family can contribute even more to distress than traumatic memories, especially when those fleeing reach safety.[9]

Not feeling safe yet

THE MAGIC BAG: A few children chose to throw in the bag "scary things" or "bad things," and "everything terrifying."

"Since I came here I don't feel safe because I don't believe we are here, and I don't think we are far from ISIS."

Ilham, age 12-14, Hammam al Alil

Despite having reached relative safety in Hammam al Alil, children of all ages continue to experience physical and emotional violence as well as a wider sense of insecurity inside the camp.

Some children know that they are out of reach of ISIS inside the camp whilst others still fear violent attacks from the armed group. A few children expressed that they were scared that ISIS could go through the military and police guarding the camp, or that the camp was too close to the front line. Lack of safety plays an integral role in how refugees and uprooted people experience relocation, as well as their subsequent mental health.[10]

In all focus group discussions, children mentioned being scared by an unidentified "thing" or "person" outside of their tents that made them afraid of going out or playing in the camp. However, it is difficult to tell if this perceived lack of safety results from an actual threat inside the camp. Children's mental images of traumatic experiences and the subsequent nightmares they have appear to be so vivid that they are haunted by them during the day.

Moreover, some answers from children uncovered issues of "out of order" recollection. For instance, one child believed their family had been bombed the day before even though they had arrived in the camp weeks prior. Another thought his father was killed by ISIS when his death had occurred more than 10 years ago. It is quite common to find discrepancies in stories of trauma, particularly with children, and our focus group discussions allowed these children to share their experiences perhaps for the first time. Children who have faced traumatic experiences and are not given the opportunity to discuss the events with others may not be able to integrate these negative experiences, and thus may be left with recurring fragments of memory that are associated with highly negative emotions that cannot be resolved. In the absence of adult guidance, children are not able to provide themselves with an appropriate framework for understanding their traumatic experiences, and thus remain unable to understand what has happened to them.

The lack of adequate services in the camp is also impacting children's psychosocial well-being. Several children expressed frustration that they were not able to get food when they were hungry or had to wait a significant amount of time to obtain essential items such as shoes or clean clothes.

Broken families

THE MAGIC BAG: When children were asked to imagine taking out of the "magic" bag anything that would make them feel happier or better, the items that were most often taken out of the bag were relatives who had died in violence or were left behind in Mosul.

The violent death of a family member or relative was identified as the biggest source of distress for children. The lengthy stories that 45 percent of children shared in the discussions shows that they have vivid memories of family members being killed in violent incidents such as shootings, airstrikes, or physical attacks. Nine out of ten children mentioned being upset due to losing a loved one and many expressed fear as a result of witnessing a loved one's killing. When asked to imagine what would make them feel better or happier, children often identified the return of relatives who were killed or left behind in Mosul, a sign that they are struggling with grief.

Children also said that when they feel sad and afraid, they turn to their families (namely their parents), for support and to make them feel better. Almost all of the children in the Hamam al Alil focus group discussions said that family makes them happy. Many children said that they cope with fear and sadness by seeking out family to play with, and often turn to the comfort of their mothers in times of distress.

THE MAGIC BAG: "People that hate me" and "people that don't like me" were frequently placed into the magic bag as aspects of their lives that the children wanted to get rid of.

Yet, sometimes family fails to fulfill its protective role for children, which not only leaves them without a source of comfort but can cause additional distress.

Um Zaid with her children Shadya, 9 years old, Aisha, 8 years old, Zaid, 6 years old and Yahya, 4 years old, sitting in their tent in in a camp for displaced people after fleeing their home in Hawija. PHOTO: Ahmad Baroudi/ Save the Children

Physical and emotional violence at home and in the camp was mentioned by adolescents as frequently as the loss of loved ones, and very frequently by the younger group of children. This abuse is causing children to feel sad or angry, and more than 83 percent of them said they feel upset when being beaten by their family members or when witnessing domestic violence, or when family members or friends express "hate" towards them, are "mean," or curse at them. This spike in domestic violence is not unusual in times of crisis as parents have also been through traumatic experiences and their mental health issues result in an increase in harsh or negative parenting behaviors. Evidence from Palestine[11] found that political violence leads to an increase in psychological maltreatment of children by their distressed fathers, which in turn adversely impacted children's attachment[12] and their level of post-traumatic stress symptoms.

> *"I believe it's not only [my daughter] who is suffering mental and psychological issues. All the children are [and] even us, the adults. I believe if I didn't have children to look after, I wouldn't find any reason to wake up each day. What we've been through is much more than our brains can understand or process. Many times during the day or at night I find myself staring into nothing, thinking about what happened to us, and how our lives have been turned upside down, where we were living a few years ago, what a life we had, and now what?"*
>
> Um Zaid, mother of six, displaced from ISIS-held Hawija, Daquq camp, Kirkuk

Although this study did not evaluate the mental health of adults impacted by war and displacement, assessments from other agencies indicate that the following signs and symptoms of acute distress have been identified in adults in camps and reported by first responders: shock, dissociation, anxiety, fear, grief, and frequently crying.[13] Children are perceptive and hypersensitive to the difficulties that family members have in coping with distress, saying that they do not feel well when family members are sad or upset.

Parents, like children, are overloaded with the stress they are absorbing, and when a whole society faces a traumatic experience, it results in a "collective trauma," a traumatic psychological effect shared by a group of people of any size, and which can include an entire society. The concept of collective trauma has been documented in research into traumatic events witnessed by an entire society, such as the Holocaust, post-war Kosovo and the Liberian civil wars[14], shows that complex situations that follow war and conflict have a psychosocial impact on not only the individual but also on the family, community and society. Just as the mental health effects on the individual can result in mental distress as well as a variety of psychiatric disorders, massive and widespread trauma and loss can impact on family and social processes[15]. Far-reaching changes in family and community relationships, institutions, practices, and social resources can result in consequences such as loss of communality, tearing of the social fabric, cultural bereavement and collective trauma.

SIGNS OF DISTRESS

Exposure to the events these children described—war, loss, fear for their lives and violence—has a detrimental impact on children's mental health and causes a state of "toxic stress." While moderate, short-lived stress responses in the body can promote growth, toxic stress is the strong, unrelieved activation of the body's stress management system in the absence of protective adult support. The children studied displayed a number of behavioral changes that are symptoms of the toxic stress they are suffering from.

A never-ending nightmare

THE MAGIC BAG: Nightmares were among the unwanted items children threw in the bag.

> *"[I have] bad dreams that everything in Mosul is destroyed: the houses, the schools, the people."*
>
> Iman, age 10-15, Hammam al Alil.

Nightmares were a recurrent theme discussed by adolescents in focus group discussions, and 78 percent of girls said they suffered from frequent nightmares or were unable to sleep. Not yet capable of moving past the atrocities they witnessed, these children are continuously reliving events from the war, such as scenes of violence and destruction, injured people, and dead bodies. Nightmares not only leave children sleep-deprived but also continued lack of adequate sleep increases the risk of psychiatric disorders such as anxiety, depression, bipolar and attention deficit hyperactivity disorder (ADHD).[16]

Perpetuating violence

THE MAGIC BAG: When children were asked to imagine objects or aspects of their lives that they did not want or, conversely, that could make them feel better, many children initially had difficulties in answering. They stayed silent or were only able to put in or take out physical objects like toys because they couldn't think abstractly. Facilitators noted that "children at first could only think of tangible objects when putting things into the bag."

> *"When I am angry I want to yell a lot at the person that made me feel angry. Yelling and hitting back makes me feel more relaxed."*
>
> Ameer, age 10-12, Hammam al Alil

Parents and caregivers are not the only ones to express violence due to the stress they are experiencing. Children also found themselves becoming more aggressive. Half of boys, themselves victims of physical and emotional abuse, said that in order to release tension, they became violent towards those who were beating them. Violence in the camp makes children want to "fight back" as their only means of resolving conflicts with family or friends and in order to relieve the anger caused by the abuse. Toxic stress and its impact may also have resulted in damage to the brain's architecture, producing impulse control problems and aggressive trigger responses.

Broken childhoods

> *"They have this feeling that they are adults […] They have been told that they are not children anymore."*
>
> Yasin, Save the Children staff facilitating FGDs, Hammam al Alil

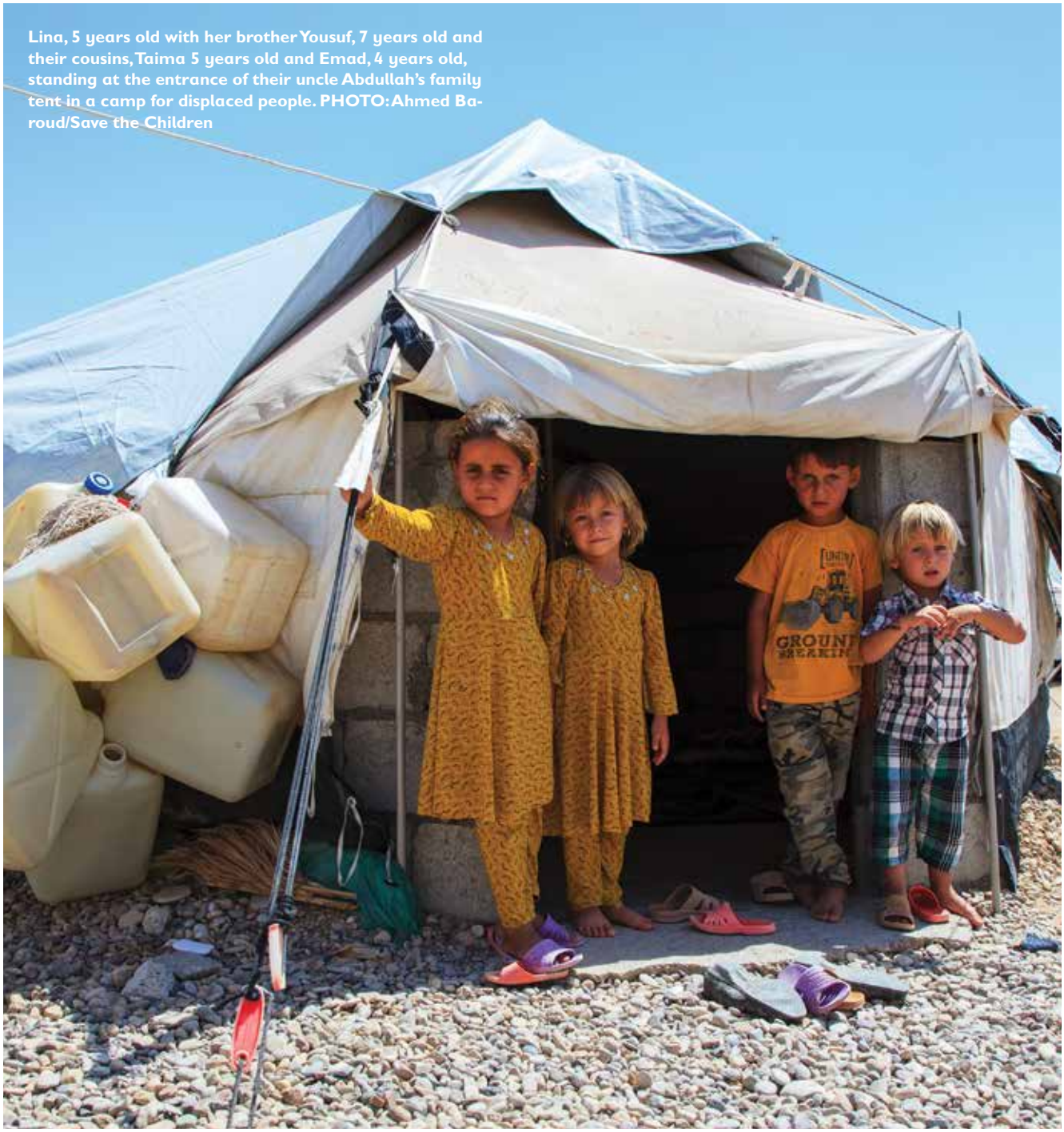
Our staff facilitating the focus group discussions found that children—in particular boys—had difficulties expressing their feelings and thoughts abstractly. The emotions they could recognize easily were "crying", "wanting to cry", "yelling", "wanting to sleep", and "screaming". Facilitators also noted that many children showed no signs of enjoying themselves or laughing during the focus group discussions, as if they had lost the ability to be children. Trauma can change children's self-awareness and make them insensible. This explains children's "robotic" behavior, as children who have face traumatic experiences can find it difficult to find pleasure or feel engaged in activities.[17] This contrasted strongly with the behavior of children during focus group discussions Save the Children conducted in Syria[18] where, using the same methodology, children displayed a range of emotions and were still able to have fun, showing they were not desensitized to the violence they had experienced.

When asked about what they liked about themselves, only a handful of children could answer, mostly describing behaviors of compliance such as "being polite," "obeying orders," and not causing trouble. This may be due to the fact that core aspects of childhood, such as playing, were banned under ISIS, and cursing or behaving badly could lead to punishments as harsh as death. Others could not think of anything that made them feel good about themselves and instead shared what they would like to be, such as feeling happy or having clean clothes. Self-confidence and positive belief in oneself are protective factors when exposed to stress and the low levels of self-esteem that these children displayed was alarming, signaling the loss of yet one more support for mental health and wellbeing.

THE MAGIC BAG: More than half of all of the children put inside the bag sadness, or anything that makes them sad. Others placed anger, fear, and dying.

While many children could share their stories, some children showed signs of extreme sorrow such as welling up with tears, talking softly or whispering, or showing no signs of joy during the activities, even when they saw other children smiling or laughing.

> *"[My niece] would totally isolate herself in the tent, refuse to go outside to play with the other kids. She wouldn't talk to anyone; she would cry a lot, even in her sleep. We would wake up several times at night to her crying. She wouldn't go back to sleep until my wife put her against her chest. We struggled to make her eat, or to go outside the tent. Sometimes she would go silent for several days without a single word, or she would have panic attacks, crying hysterically if she heard men arguing or any loud noise, [or] sometimes even without cause."*
>
> Abdullah, father of two, now caring for his nephew and niece, whose parents remain in ISIS-held Hawija, Daquq camp, Kirkuk



Lina, 5 years old with her brother Yousuf, 7 years old and their cousins, Taima 5 years old and Emad, 4 years old, standing at the entrance of their uncle Abdullah's family tent in a camp for displaced people. PHOTO: Ahmed Baroud/Save the Children

PROTECTING CHILDREN FROM THE IMPACT OF TOXIC STRESS

Children at risk of toxic stress

Toxic stress can affect children's cognitive, emotional and physical development by impacting the architecture of the developing brain in the early years, with consequences well into adulthood.[19] Learning how to cope with adversity is an important part of healthy development. Without sufficient support from caring adults to buffer children, depression and the unrelenting stress caused by extreme poverty and high levels of violence can weaken the architecture of the developing brain, with long-term consequences for learning, behavior, and physical and mental health.[20] Later in life, children are at greater risk of stress-related diseases such as heart disease, diabetes and substance abuse. Children in Hammam al Alil are unable to secure this support from adults due to the psychological distress caregivers are themselves suffering from or because they have lost or are separated from their parents.

RE-SENSITIZING ACTIVITIES FOR CHILDREN

Children recently displaced from Mosul need time and space to be children again through activities that provide low levels of psychosocial support such as:

Healing and Education Through the Arts (HEART)

The HEART approach, developed by Save the Children, provides psychosocial support for children through an arts-based approach. It uses creative learning methods to make education more interactive and fun.

Activities like HEART can help children to share their memories and feelings with a trusted and caring adult or peer. In a safe and trusting environment, children feel less isolated and more connected. It helps them to expand their network of supportive adults and peers as well as build their confidence and sense of security—two critical protective factors for ensuring children's well-being.

Grounding techniques

Traumatic experiences can leave children in a state of terror, tension, and nervousness for long after an incident. Grounding exercises help their bodies to recover and restore themselves to a calmer state more quickly. During the focus group discussions, our staff used these techniques to help children reorient themselves when they were feeling overwhelmed or intensely anxious. Depending on their behavior and the responses given by the children, the trained facilitators used a range of simple grounding techniques such as breathing and stretching exercises, jumping in place and then feeling their hearts beat, or self-hugs to help them stabilize.

Using appropriate approaches

These children have spent the past three years growing up amidst extreme violence and deprivation, and have witnessed and experienced extremely traumatic events. Their needs therefore require a specific approach in order to address the issues they face. Children recently displaced from Mosul need to cope with the traumatic experiences they faced in a gentle and safe way. They remain in the midst of an emergency and, in the absence of mental health professionals[21] able to provide specialized support, they need to be supported in relearning how to express themselves and their emotions.

By building up positive coping mechanisms and a "toolbox" of skills to help them process what they've experienced, children can slowly begin to safely express their emotions and process their feelings. Examples of important positive coping mechanisms include: how to fall asleep after nightmares; how to release tension and stress in their bodies; and how to feel safe to play as children again. Recovery from and alleviation of the harm of toxic stress should be further supported by education programming that includes social and emotional learning as well as when allowing children to actively make decisions and participate in the response.[22]

Healing a whole community

Children and their families may also require a wider community-oriented approach. Ultimately, collective trauma requires collective responses. Communities have been shattered as a result of violence and displacement, and a community-led response is vital to restoring the well-being of children, their families and the community. Rehabilitation of survivors becomes extremely difficult when an entire nation has experienced such severe traumas as war, genocide, torture, or massacre, and treatment is hardly effective when everybody is traumatized. Through activities such as narrative theatre, and public performance, children can identify their own strengths and build confidence in themselves, their families, and their communities.[23] These activities are a solution-focused approach that emphasizes the individual's or family's strengths rather than problems or pathology.

YOUTH COMMITTEES

In Northern Iraq, Save the Children established youth committees to ensure that young people could make valuable contributions in emergency response and recovery using their individual experience, knowledge and skills. Through committees, young people initiate activities such as theatrical performances, photography and media work that benefit the whole community, including younger children and their parents. These activities not only give young people the opportunity to express themselves and build their self-confidence—an essential protective factor that supports positive mental health—but also provide a sense of agency, focusing on solutions for issues that communities face rather than making them passive beneficiaries of assistance.

CHILDREN'S WELL-BEING CANNOT WAIT

> *"War is bombardment, people die in the street, dead bodies in the streets…This is war. People turn into pieces. This is war, missiles, bombs. This is what happened to us. This war must stop."*
>
> Amina, 14, Hammam al Alil

Children in Hammam al Alil are some of the three-quarters of a million people who have escaped Mosul since the beginning of the offensive, but over 100,000 children remain inside the city and are still at extreme risk. The Iraqi forces and their allies, including the US-led coalition, must ensure that children still inside Mosul—whether they choose to flee or stay—are protected from more traumatic experiences by refraining from using explosive weapons with wide ranges in populated areas, and by guaranteeing that the routes children and their families take to escape are safe. When children reach displacement camps, it is essential that they can stay with their families, and have access to life-saving assistance and appropriate psychosocial support. Ultimately, those who have committed the horrors and crimes these children have witnessed must be held to account, and the international community must investigate any attack against civilians by parties to the conflict.

These children may have reached relative safety, but the traumatic and violent experiences they have gone through stay with them and can hamper their wellbeing and development for years to come if they do not have the appropriate support. Even if violence ceases, the daily exposure they have had to extreme violence and deprivation, coupled with weakened support from adults who are either absent or themselves facing psychosocial issues, could lead to severe long-term consequences for their physical and mental health. To prevent a generation of children lost to "toxic stress," we must act now. The effects are not currently irreversible but, without a protective environment, including sufficient support from family, the damage of toxic stress on these children could be permanent.[24]

Uprooted by war

The impact of protracted displacement on children's mental health in Northern Iraq

The escalation of the conflict in Iraq in 2014 led to the fastest displacement ever recorded[25] in the world as over three million people—half of whom are children—fled to nominally safer areas. As a result, Iraq is currently facing a protection crisis and children are amongst the most affected.

Since the start of the Mosul offensive launched by the Government of Iraq in October 2016, attention to the protracted displacement crisis has shifted away to focus on the new emergency. The fate of previously displaced children has dropped in news coverage and the international community's agenda. Yet, families who have been displaced for up to three years represent the largest population affected by conflict in Iraq,[26] and a better understanding of the impact of war on displaced children is urgently needed in order to ensure their well-being.

Whilst studies have been conducted on the mental health of Syrian refugee children in Iraq and other neighboring countries, very little exists on the impact of war on the well-being of Iraq's displaced children and adolescents. In other protracted displacement contexts, such as the Syrian refugee crisis in the region[27], children appeared particularly susceptible to PTSD symptoms, depression, and anxiety when facing a similar range of issues as faced by displaced children in Iraq. In late 2015, Save the Children's consultation with young people in Northern Iraq[28] showed that displaced children faced a number of challenges related to protection, loss of livelihoods and education, and we therefore sought to research further in this study how these issues affected displaced children's mental health by evaluating their levels of psychological stress.

AWAY FROM ACTIVE CONFLICT, NOT SAFE FROM VIOLENCE AND DESPAIR

Children on the run

> *"The day we left home was really horrible. We were sitting at lunch when we heard shootings and explosions. We left immediately with only the clothes we were wearing. We couldn't take anything with us. We got in the car and drove very fast out of Mosul. We were all very afraid and we didn't know where to go."*
>
> Rand, 12-year-old girl, War City

Families in War City and Garmawa left Mosul and the surrounding areas to escape ISIS and its atrocities and fled to safety, many with nothing but the clothes on their backs. Some could escape in June 2014 when ISIS launched its offensive on the city, but others found themselves stranded in the city for up to two years as militants prevented them from leaving and children had to witness or were exposed to extreme violence. Children and families who arrived in the two locations from late 2014 onwards could only escape under the cover of night, dodging bullets from ISIS snipers and avoiding landmines. Uprooted from their homes, they had nowhere to go, went through multiple displacements in nearby villages and camps, and finally settled in displacement camps or urban areas in host communities, with limited access to shelter and services.

> *"When we arrived here, the situation was beyond miserable. There was no infrastructure at all, no toilets, no showers, very old worn-out tents on bare earth without any concrete base, no electricity and no schools and no medical centers, of course. We were in a terrible situation as well: we didn't know anything, how long we'll stay here, will we go back to our homes, will we find everything as we left it?"*
>
> AbdulAzim, grandfather of 16 children, Garmawa camp

Rand, 12 years old, at school in War City where she currently lives with her family after being displaced from their home in Mosul three years ago. PHOTO: Ahmad Baroudi/Save the Children

Lives turned upside down

The few assets displaced families brought with them were quickly depleted and, due to restrictions on movement and legal issues for IDPs, parents have faced obstacles to integrating in the local job market. This loss of livelihoods and financial issues impacted parents' sense of social value and increased their psychological distress. As a means to cope, many parents have had to make decisions that have serious child protection implications such as engaging their children in labor, including harmful work, or marrying their daughters early. As a result, almost one million girls in Iraq were married before the age of 15 and more than half a million children are estimated to be working, twice as many as in 1990.[29]

Families previously had access to quality education in Mosul, but overburdened public education systems in host communities and loss of livelihoods led to most displaced children missing out on their education for more than a year.[30] Three out of every ten public schools run with multiple shifts and, as of June 2017, around 355,000 displaced children—or half of the school-aged displaced population—remain out of school in Iraq.[31]

Hopeless youth

Over one year into their displacement, our consultation with displaced young people[32] showed that feelings of hopelessness were already pervasive amongst youth. The majority said they saw no future as internally displaced people in Iraq. They identified challenges such as isolation, insecurity, psychological distress, extended disruption of education, and heightened protection risks, but also felt a wider sense of despair and injustice. Youth told us in the 2015 consultation that violence had spread to all aspects of their lives and severely constrained their access to school and general freedom. They talked about key issues such as sexual abuse and harassment, rumors of kidnapping and killing of children, early marriage, physical punishment at home and at school, and harmful child labor.

Girls were also identified in the 2015 study as a particularly vulnerable group due to the crisis' exacerbation of existing harmful cultural norms, putting adolescent girls at risk from gender-based violence such as harassment, sexual violence and child marriage. Moreover, girls talked about isolation as contributing to depression because of their

Abbas, 10 years old, with his siblings and cousins sitting in their grandfather's truck that will soon take them back to their home in Mosul after three years of displacement. PHOTO: Ahmad Baroudi/Save the Children

physical confinement to their tents or houses due to concerns for their safety.

Children showing distress

An assessment conducted in the Kurdistan region of Iraq (KRI)—where War City and Garmawa are also located—in 2016 reported behavior changes in 76 per cent of children, with unusual crying and screaming cited as the most common behavior, followed by sadness, nightmares and violence.[33]

Save the Children staff who worked with children in Garmawa and War City on a daily basis noted similar signs in children's behavior that were also consistent with mental health problems and psychosocial distress.

Our staff observed that children were in an initial state of shock when they arrived at their new settlements due in particular to the poor shelter conditions at the beginning of the crisis. They noted that children were particularly hyperactive, isolated, in-

troverted, aggressive and not inclined to play. With time, this state of shock transformed into frustration, boredom, tensions with other communities, and an increase in negative coping mechanisms such as drinking alcohol, smoking, and in extreme cases, attempts to commit suicide. Aid workers also noticed that parents were showing signs of stress due to their inability to provide their children with decent shelter and meet financial needs, which translated into neglect and domestic violence. Overall, our staff felt that the communities they worked with were "broken," meaning less safety for children, in particular girls. Staff in both locations talked about the impact on girls, who started dropping out of school, staying at home, and getting married early due to protection issues.

UNUSUAL RESULTS

The results from the questionnaires administered to children and caregivers contrasted with what was expected given the difficult reality in these camps and, as staff in the field have reported, very different experiences in their work with these children.

Children's perspectives on their mental health

In both locations, children scored relatively low for post-traumatic stress disorder symptoms and children and adolescents rated themselves as not facing issues around distress or social impairment, such as emotional well-being, conduct or aggression problems, problems with peers, and inattentiveness and hyperactivity.[35]

TWO DIFFERENT PROTRACTED DISPLACEMENT CONTEXTS

In order to examine if there were different mental health outcomes for children in different environments, we chose two very different locations where displaced families are settled in Northern Iraq:

Garmawa as a case study for camp settings with poor access to services. Garmawa is a camp that has received continued displacement flows from Mosul and the surrounding areas since June 2014. Due to chronic lack of adequate shelter for the waves of displacement, children went through phases where they had to share tents with up to three families or sleep on bare ground, exposing them to attacks from wild animals such as stray dogs, venomous snakes, and insects. Only half of the families are able to leave the camp to seek out livelihoods opportunities[34] while others are only allowed to go out for medical emergencies. Our staff reported that the psychological distress for children in Garmawa included children fighting with each other, crying, fear—in particular fear of strange noises—frustration about the situation in the camp and day-to-day life, and a general feeling of imprisonment. According to our staff, children are exposed to day-to-day violence in school, on their way to school, and at home. Stricter gender norms within the community and a general lack of safety in a camp setting is also leading to a greater impact on girls' well-being who often find themselves homebound.

War City as an example of an urban setting where displaced children live amongst host communities and have better access to services. When the first families arrived from Mosul in June 2014, War City was an unfinished building complex with poor conditions, but the situation improved over the years and displaced families have access to better shelter as well as running water and electricity. Compared with camps where freedom of movement can be limited, families in War City can move more freely to Dohuk and are more likely to find a source of income in nearby towns and villages, thus enabling them to afford paying rent. Our staff reported tensions between the different communities—displaced, refugee and host communities—but these improved with time and programming in schools and child-friendly spaces. Domestic violence is still reported, but less than in Garmawa.

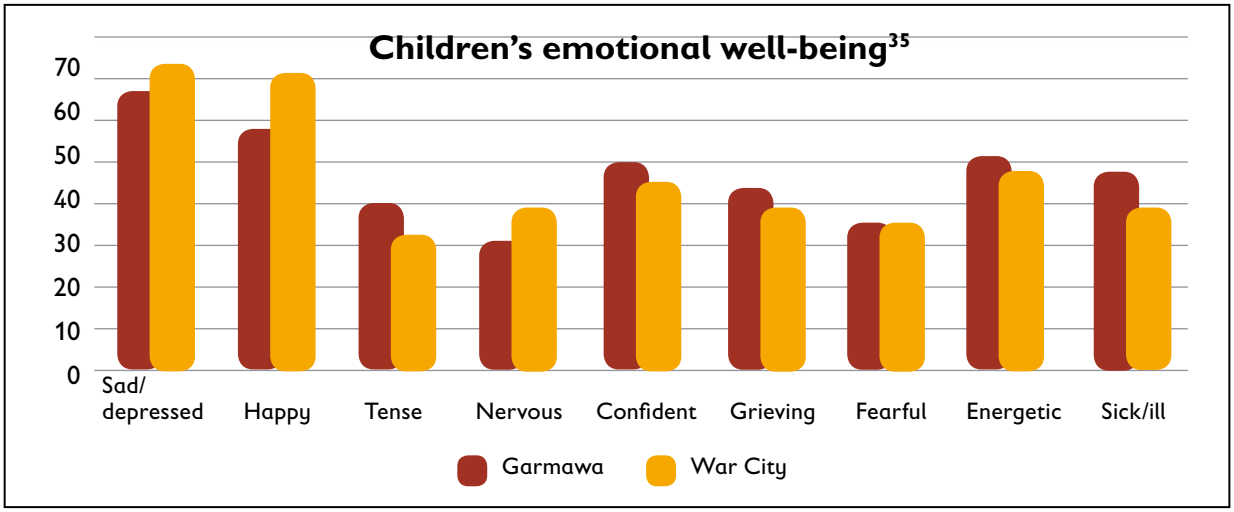
Children reported positively on their overall emotional health such as feeling happy, self-assured and confident in their lives. Less than a third said they felt fearful or nervous at times and became easily upset. Overall, only 32 percent of children reported feeling tense but 61 percent reported feeling sad sometimes, namely crying, not wanting to talk much, or feeling a bit depressed.

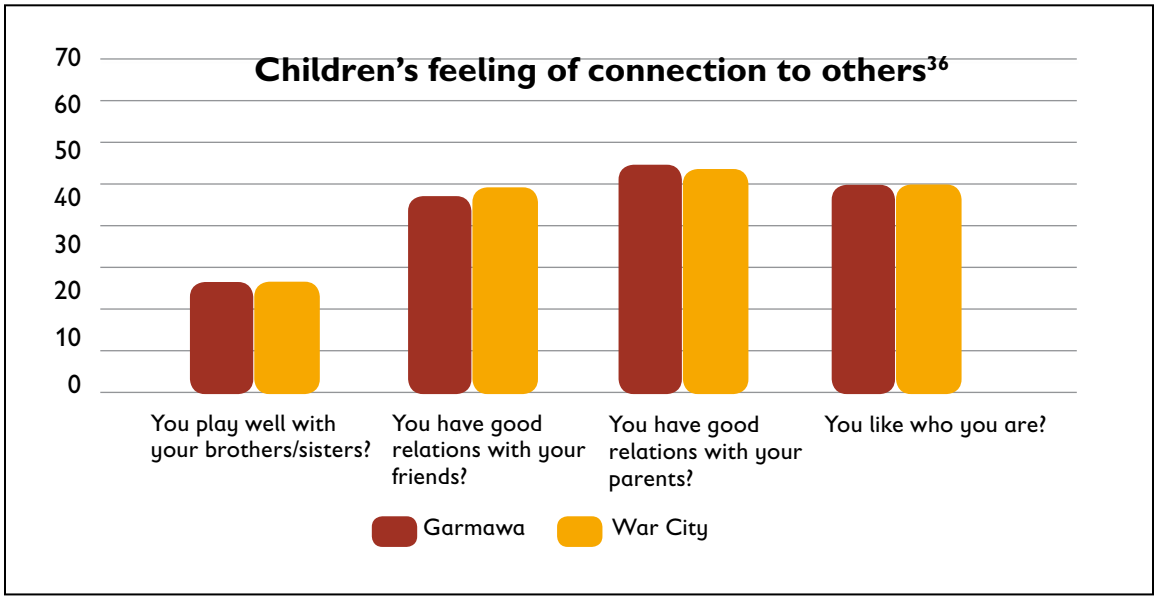
When asked how they feel about themselves, children and adolescents across both camps reported having a positive view of themselves, saying they liked who they are as a person, they felt they have good relationships with their friends, and that they get on well with their parents.[36]

Overall, children report feeling relatively happy, confident and connected - all three important protective factors for wellbeing and positive mental health. The only area that children reported having some difficulties was in terms of nightmares (over half the children) but only 19 percent said they had difficulty sleeping.

"The feeling of fear is still haunting me. I am still afraid of being alone. I still have the same worries of being without a house or that something bad might happen to my family. I even feel afraid at night when there's no one in the room. I always feel like something is following me and wants to harm me. Sometimes when I go to sleep I get so scared that I can't even close my eyes. I always try to sleep before my siblings do. I feel safer knowing that someone I trust is awake and around me. Also sometimes I have nightmares. I see myself lying in my bed, and the curtains are shaking, and someone is sneaking in the room and trying to choke me! Other times I see my mom dying! It's awful and it always keeps me scared from going back to sleep."

Niveen, 12-year-old girl, War City





A striking element in the findings is the lack of contrast between the two locations in terms of children's mental health and well-being indicators. Children in Garmawa are exposed to more stressors than in War City, as confirmed by interviews with parents in Garmawa who highlighted that they felt a sense of imprisonment and identified fire breaking out in the camp due to the lack of electricity as a major source of fear for their children. No similar issues were reported for War City, where children even recalled their arrival in the urban settlement as a happy memory.

Some differences between the two locations were reported by children. Fire and exposure to risks such as wild animals had an impact on younger children in Garmawa who reported feeling more fearful. Girls in War City felt more fearful and tense as well as significantly less safe away from their parents. This may be due to the fact that girls in War City are allowed more freedom to go out and are exposed to sexual harassment, whilst girls in Garmawa are often kept confined to their tents as a protective measure. Youth in Garmawa felt less safe at home or going to school, and boys in particular felt more tense compared to youth at War City. Staff report that there are high levels of domestic violence in Garmawa (where parents feel more stressed) and that the school that children attend is located in a nearby village where social tensions arise between the displaced and the host community.

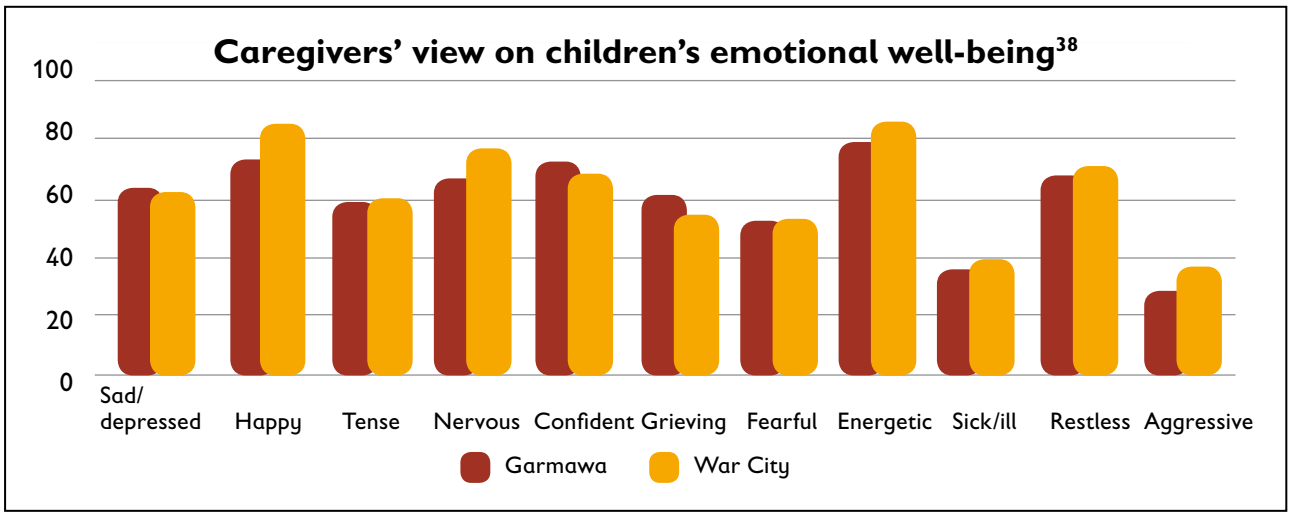
Yet, these differences in life experience were not reflected in children's overall scores for post-traumatic stress disorder symptoms and levels of distress or social impairments.[37]

Parents' perspectives on their children's mental health

Interviews with caregivers about their children showed that they do not necessarily see any significant issues related to distress or social impairment but did rate them as beginning to display potential problems, particularly related to children's emotional displays such as aggressive behavior and how well they get on with friends and peers. Additionally, parents noted some increases in bedwetting (19 percent), and more than half saw an increase in children's fearfulness/nervousness. They generally reported that their children feel safe at home, at school, and at play outside.[38]

However, some of their observations were at odds with the overall results, as parents do seem worried for their children's mental health. The questionnaires with parents show that almost all of them (94 percent) believe that conflict has affected children and adolescents in their daily lives, including 84 percent that said it affected them significantly. When we asked about ways in which the conflict had an impact on children's lives, parents highlighted the psychological stress children experience, notably due to the "insecure future" they face, and identified this as the second biggest source of fear for children after "war and ISIS". In interviews, parents highlighted how much children were impacted by their own distress and increased violence at home, and reported a stark increase in "bad parenting" which was not echoed in the findings of children's questionnaires.

> *"When we were back home, my children used to be well behaved, clean and neat. […] But in the camp all of this changed. They became very difficult to control, they wouldn't listen to me or to their father anymore, showing no respect for us at all. They became very*



Whether in displacement camps or inside Mosul, children have missed out on education for the past three years. PHOTO: Dario Bosio/Save the Children

aggressive, even when playing with each other. They became careless. Their clothes were always dirty, even the way they talk changed. They would shout and scream if I didn't give them what they wanted. I mean they gave me a very hard time. I didn't know what to do, especially as I was also affected by the situation. I also became aggressive (everyone did, to be honest). I never beat them in my life but here in the camp I did several times, out of frustration and the pressure we are under."

Rinas, 34, mother of five, Garmawa camp

Parents overwhelmingly responded that girls were more affected by stress and explained that this was due to widespread sexual harassment and harmful cultural norms that kept girls at home. Lack of safety was reported as an issue by girls in both locations, who were more scared to walk alone that were boys. Otherwise, no other noticeable differences between genders able to corroborate parents' perspectives was reported in the questionnaires.

THE IMPORTANCE OF FAMILY

Both questionnaires show that children are faring better than would be expected and therefore have potentially benefited from various protective factors that have helped to them to cope despite their distressing and stressful current and previous life experiences.

A key protective factor in preventing children from developing psychiatric disorders such as depression, anxiety, and post-traumatic stress is the presence of their parents and their ability to support their children. Research conducted in the aftermath of World War II[39] shows that the presence of a supportive family is crucial during crises. All the children interviewed for this report were living with their families, and parents overall could only identify 14 children across both areas who were not living with their families.

Moreover, adolescents said that parents were their biggest source of support, with 82 percent reporting

A NATION OF SURVIVORS?

Children look to their parents and siblings as sources of support and are sensitive to their reactions[46]—when parents are able to manage their own anxiety and distress and are not as outwardly reactive, children are better able to cope. From our interviews in Garmawa and War City, caregivers talked clearly about the major stressors they are facing daily—for example, financial issues are a major concern. They have lost their homes and their economic supports, their children have many needs and their roles as caregivers are now compromised. Availability of education, feelings of "imprisonment" and a lack of services to meet the needs of all were frequently discussed. Yet, they still seemed to be able to act as positive role models for their children.[47]

> *"Parents feel anger and anxiety and children are affected by violence of parents; children cannot access health centers and meet their own health needs."*
>
> Hakeem, father, War City

This may be explained by the fact that parents with children aged 10-17 are usually relatively young adults who grew up or were born into a series of crises. Since the 1980s, Iraq has experienced cycles of violence and deprivation including the first Gulf War, a drastic ten-year embargo, the 2003 U.S.-led invasion and the instability that followed, and the recent rise of ISIS. Survivors of these troubled decades may be demonstrating "post-traumatic growth," a positive psychological change experienced as a result of adversity and other challenges that brings about a higher level of functioning. Post-traumatic growth is not about returning to the same life prior to a period of traumatic suffering but rather about undergoing significant "life-changing" psychological shifts in thinking and relating to the world that contribute to a personal process of change. This phenomenon has been observed in other contexts, notably in Vietnam, where a study on the impact of conflict showed that prisoners of war developed much lower rates of depression and PTSD symptoms than expected.[48] In Kashmir, a study49 looking at the impact of exposure to conflict on post-traumatic growth demonstrated that respondents who had spent a significant part of their life living in conflict were better able to adjust to conflict situations compared with younger generations.

One of the key facets of post-traumatic growth is the ability of those experiencing it to relate to others.[50] The perception of adequate social support provided by their parents could have improved children's adaptation to their displacement situation.

feeling safe at home but 42 percent reporting feeling unsafe when being away from their parents. Children also indicated feeling connected to others, with 77 percent reporting that their parents are able to take care of them, 64 percent feeling supported by siblings, and 67 percent feeling supported by friends.

In times of distress, children who feel sad or afraid naturally turn to their family, particularly their parents, for an emotional and physical safe haven. Feeling connected to, and supported by, your family is a significant predictor of psychological health and a main contributor to how families and children adapt to ongoing traumatic experiences.[40]

> *"I go to my mom; I feel safe with her."*
>
> Samia, adolescent girl, Garmawa

Yet the level of psychological protection that parents can provide is highly dependent on their own mental health and emotional well-being. Even the most loving and committed of caregivers may find the nature and quality of their interactions with their children dramatically altered by the tasks and shifts in roles necessary for surviving in a war zone.[41,42] These families are juggling to cope with multiple daily sources of stress as caregivers attempt to care for their children during times of insecurity. In this way caregivers' mental health serves as an important predictor of child mental health.[43]

"The main factor is anxiety, caused by financial conditions, and this impacts the family."

Ibrahim, father, War City

To help protect children against the toxic stress and traumatic experiences induced by displacement conditions, the mental health and wellbeing of their caregivers needs to be protected and supported. Research shows that mental health interventions targeting mothers are demonstrated as directly improving the mental health of mothers and indirect effects on the physical and emotional health of their children, such as better weight gain and lower reports of emotional and behavioral problems as compared to the children of mothers receiving health services alone.[44] [45]

Based on staff observations and parents' answers in the interviews, caregivers are themselves facing daily stressors—in particular financial—and even though they have successfully supported and protected their children to date, parents themselves would benefit from support, such as alleviating their financial strains through livelihoods programming or policies that facilitate their access to work.

Violence as the "new normal"

"It's really sad and heart breaking when you look at us before and after. I could never imagine that we would become like this. Everything happened so fast and before we even realized it, we found ourselves different people."

Rinas, mother of five, Garmawa Camp

While it is certain that displaced children in Garmawa and War City benefited from protective factors, some elements of our findings remain contradictory. After reviewing the findings and the gaps between staff and parental observations and results of the questionnaires, our team of mental health psychosocial support experts concluded that, living in prolonged displacement, the new "norm" for children and their families is to have witnessed a great deal of death and destruction.

HOW ARE WE HELPING CHILDREN TO FILL THEIR "TOOLBOX"?

"We obtained electricity, water, toilets, and most importantly a school and a child-friendly space, which was the only safe place for the children to play and be children again. It had a huge influence on them. […] They would go every day and come back different kids. You could see the joy on their faces. It closed on the weekends and so they hated the weekends and just wanted the time to pass so they could go again. It was their only escape from the ugly reality. I can say that after attending the school and the child-friendly space, their condition was restored to as much as 70 percent of what it was before [the crisis]."

AbdulAzim, grandfather of 16, Garmawa camp

The Child-Friendly Space in Garmawa is a safe place for children to be themselves and shape their own world and express how they feel about that world. In addition to organizing clubs and running awareness sessions based on children's needs and interests, facilitators run regular sessions with children to identify new activities and design programs. They have already added sewing, English, and Kurdish language classes based on what the children and youth requested. By including children in the program design, the children gain a sense of ownership and empowerment in an otherwise uncertain world.

Our teams also established a "flexibility program" to help children adapt to their new environment in the camp, cope with change, and make friends. As part of this program, relaxation activities help children open up and share their feelings and worries in a safe environment.

Relaxation activity: With calming music in the background, children are invited to close their eyes and imagine themselves in a nice place accompanied by a trusting person. They imagine themselves safe and happy, and train themselves to visit this place whenever they become upset or angry. After the exercise children are offered the opportunity to share their fears and concerns.

Violence at the macro and micro levels of society has become a new normal for these families who may be going through a process of "suppression" or "denial" of the reality of traumatic experiences and its associated emotional impact. When asked about their worries for their children, parents said the conflict was an immediate concern but several highlighted that ISIS and war are in the past because they have migrated away. This shows that their perception of safety and normalcy is relative to the violence they fled, and when not faced with the immediate threat of war, it is easier for them to deny its impact.

These horrific experiences are so deeply disturbing, so overwhelming, that children and adults alike seem to be trying to suppress bad memories rather than confront them. This suppression mechanism could well be a short-term protective factor or "survival mechanism" helping to keep the children and adults in War City and Garmawa camps relatively emotionally and psychologically well. But many trauma researchers believe that such repression of memories and feelings lies at the heart of short- and long-term mental health issues such as PTSD, depression, and anxiety.[51]

Unable to process their traumatic experiences, children's mental health is likely to be at risk in the long term. Their sense of normality has shifted so significantly since their displacement that they have never had a true point of stability during which to reflect on their experience. If these children reach a point in their lives where their situation is stable, they may start integrating what happened to them and could suffer from high levels of anxiety or depression, or develop PTSD.

Time alone does not heal trauma for children—they need to experience a safe, facilitated process. A child must be helped in expressing suffering and confronting negative memories with the support and guidance of an empathetic and informed adult. The very act of talking or writing about, or even acting out, traumatic events assists a child to begin healing and start on the road to recovery. However, as long as children and families are forced to live in unsafe, unstable, and extremely stressful living conditions, it may not be the right time for intensive "trauma healing."[52] These children and their families have faced repeated and prolonged displacement and have not had the time and distance from their experiences to fully process what has happened. What is needed to support them is a range of methods that support their mental health and wellbeing day-to-day, a "toolbox" of coping strategies that they can draw from.

In order to better cope and recover, it will also be important for children to learn to better understand the challenges they are facing and to gain more agency over their mental health issues through psychoeducation[53] regarding trauma and loss. Psychoeducation can be successfully woven throughout all psychosocial support sessions including skills for body and mind relaxation and breathing techniques, family communication and interpersonal awareness skills, cognitive techniques designed to interrupt distorted and harmful ways of thinking, and problem-solving strategies.

PROTECTING CHILDREN'S MENTAL HEALTH NOW

While children scored surprisingly low in assessments for post-traumatic disorder and social impairment, this indicates underlying issues of "denial" or "suppression" that should be addressed sooner rather than later. Family structure is clearly a source of support for these children, demanding increased and improved programming that is based on and targets the family. Children can also be prepared for the future by teaching them strategies to enhance their coping skills. Many causes of trauma such as conflict and displacement can be sudden and overwhelming, and the immediate and typical reaction is shock, which at first may manifests as numbness or denial. Inevitably shock can give way to an overemotional state that often includes high levels of anxiety, guilt or depression. Once returning to their homes, these displaced children may experience such emotions, coming out of the shock of their traumatic experiences and beginning to have the space to reflect on and process all that has happened to them. We must not wait for children to reach this stage before supporting them by alleviating their current sources of stress (i.e., addressing their families' wider vulnerabilities) and by providing an adequate mental health and psychosocial response.

Futures on hold

Children and their families displaced in Northern Iraq and, more recently, from Mosul face an uncertain future. With the Iraqi and Coalition forces closing in on ISIS' last strongholds—West Mosul and Hawija—Iraq is at a turning point.

The past 18 months have been characterized by simultaneous population movements, with many people fleeing as the conflict escalates around them while others return to their homes once neighborhoods are retaken. Without a returns policy, durable solutions to displacement, and a plan for the governance of retaken areas, families are currently stuck in limbo, without knowledge of or agency over what the future holds for them and their children.

IN SEARCH OF A LOST PAST

> *"[Before ISIS took over Mosul], everything gave me pleasure."*
>
> Yunus, 13, Garmawa, Northern Iraq

Children in the three locations seem to be haunted by their past. They cannot wait to return to their former lives, before war and displacement, and the thought of returning home is a source of comfort and happiness. Children enjoy reminiscing about moments with relatives they have lost, playing games in their gardens, family holidays and going out for picnics or walks in nature with their parents, attending school, and everyday life in Mosul before ISIS ruled the city.

The difference between the two groups interviewed lies in what they believe the future holds for them based on their experiences.

Having witnessed first-hand the impact of the recent offensive on Mosul, some children in Hammam al Alil are afraid to go back to the war zone they fled. They are living in constant fear of what will come next: some want to leave the camp and return home, but others were upset by the idea of being displaced again, anxious about finding their homes destroyed or afraid for the fate of those they left behind.

Children who have been displaced for longer were worried about uncertainty and the lack of future plans. Interviews with longer-term displaced parents showed that while immediate concerns such as income and financial security were the biggest source of stress for parents, children's psychological well-being was affected by longer-term issues. Parents believe their children are most worried about the "unknown future"[54], and this excessive or persistent state of anxiety about the future can have a devastating effect on these children's physical and mental health. If they repeatedly feeling anxious and stressed, or if this lasts a long time, their bodies will never be signaled to return to normal functioning. These high levels of anxiety have the same impact on their bodies and minds as toxic stress.[55]

Without any clear plan for what will come next, the past becomes the only point of reference for children in protracted displacement. Memories of the time before the conflict and the idea of returning home—something they referred to as a "future memory"—is one of the most mentioned sources of happiness by the children we interviewed, with 140 references. These children are holding on to the idea that once the conflict ends, they will step back into their past lives and return to their homes as they left them, go back to school, and be reunited with friends and family who could not flee.

> *"We lost everything—our house was destroyed, so was my husband's workshop, everything. We don't know when we can go back, but the children dream of the day they can go back home. They keep talking about life in Mosul and how happy they were back home. They always talk about the happy memories. They do miss their old life a lot. They miss the family gatherings, their schools and their friends, the neighborhood and the park where we used to take them on the weekends. They miss the feeling of safety, to be surrounded with nice and kind people who would care for them and look after them."*
>
> Rinas, mother of five, Garmawa camp

Reminiscing about the past, before conflict broke out in Mosul, may give unrealistic expectations for a future return to home and the life that awaits. If such expectations are not met, there could be serious implications for children's mental health. Many of these children may have been sheltered from the levels of destruction in their hometowns by their parents' reticence in talking about it. Others have heard about the destructive impact the offensive has had on the city—they don't know what to expect but assure themselves that is it better than where they are now. There is a significant gap between what children are imagining and the reality on the ground. It will therefore be essential for families to be supported and empowered in how to talk to their children in age-appropriate ways with factual information to help their children shape realistic expectations of what may come next, and talk as families about how they can cope with what will happen next.

> *"I still miss my home a lot and wish we could go back, and maybe soon we will. We will rebuild our house because I know it was bombed, and make everything as it was before. I am not sure what the city would look like but I am sure it can be rebuilt and everything would be back to normal as it was before."*
>
> Rand, 12, War City

Education interrupted

Whether in displacement camps or inside Mosul, children have missed out on education for the past three years. Our research shows that while the education of both groups of children was disrupted by the conflict, the impact that it had on their lives differed depending on whether they were living under ISIS or in a displacement camp over the past three years.

> *"I am now in the third grade, I go to school here in the camp, and I like it very much but I liked the school in Mosul more. It was way more beautiful, and they used to look after us better than here. It was a building with a big yard where we used to play, we had many toys and they used to bring us food and give us gifts. The school here is small, crowded and dirty. I love the one in Mosul more, and I wish we could go back home soon."*
>
> Alan, 10, Garmawa camp

When we asked children in Garmawa and War City what made them happy in their lives, "school" or "studying" were mentioned almost as frequently as "being back home." The answers children gave in the most recent study also show that children associate school with "future success" and have a clear understanding that education is key to their futures.

A PSYCHOLOGICAL APPROACH TO EDUCATION: SOCIAL AND EMOTIONAL LEARNING IN SCHOOLS

In emergency settings the ties between social, emotional, and academic skills grow stronger as children of all ages struggle to cope and survive in unstable and often life-threatening environments. Studies have shown that children who feel safe, protected, and supported can learn better.[56] Children who struggle with learning and don't have the emotional support that they need in the classroom and at home are at risk of dropping out.[57] There is also a statistically significant improvement in children's reading abilities as a result of their involvement in classrooms that support social and emotional wellbeing.[58]

Based on Daniel Goleman's book *Emotional Intelligence*, Social and Emotional Learning (SEL) is becoming an integral part of education. This evidence-based learning program[59] helps to teach children five important life competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making through a range of simple teaching techniques. Research shows that SEL can decrease aggression and emotional distress, and improve children's interpersonal skills, how they view themselves, and their academic achievement.[60] By training teachers on Psychological First Aid, on the impact of "toxic stress" on the brain, and how to support children's needs through SEL, we can ensure that children in our schools can begin to heal and learn again.

Students in a math class at a temporary learning space in Qayyara Air Strip IDP Camp. PHOTO: Dario Bosio/Save the Children

Schooldays are associated with happy memories of the past, but also with an expectation that they will go back to school once they return to their homes.

Interviews with parents in Garmawa and War City show that the education of their children is equally valuable to them. They believe that the disruption of schooling is the most significant way in which the conflict has impacted children. Their answers show that the lack of access to education is a major grievance for parents, not only because they believe it affects children's psychological well-being, but also because of the longer-term impact on children's futures.

> *"It was very hard under ISIS and there was no studying. Families and everyone were facing hardship... it just destroyed us, it destroyed our families, it crushed our futures. It reached a point where you would come and talk to children about schools and they wouldn't know what a school was. Especially the ones who were never enrolled to begin with. It was very hard."*
>
> Sabri, one of Save the Children's teachers in Qayyarah Jad'ah camp.

Conversely, lost schooling was rarely mentioned by children recently displaced from Mosul. The few education-related answers were linked to what could happen in the future, such as wanting to go to school to be happy, feeling sad for not being able to fulfill the dream of becoming a teacher, or being afraid of doing poorly at school. This can be explained by the fact that children in the focus groups discussions had difficulty thinking of activities that currently brought them joy and instead shared what they aspired to do to feel happy. Because schools in Mosul were either occupied by ISIS or used to indoctrinate and recruit children, schoolchildren do not associate education with positive memories as they were prevented from attending or were exposed to the extreme violence of the ISIS curriculum.

The fact that other activities such as playing with friends were not frequently mentioned also shows that all aspects of childhood have been denied to children who now struggle to think about activities that could make them happy.

A NIGHTMARISH FUTURE?

> *"We don't want to go back to Mosul. There is nothing left there, only destroyed buildings and ruins. We also hear from people that even in the liberated areas there are still bombs that didn't explode and they might explode onto the people who will return. It's still very scary and I don't want to live in a destroyed city."*
>
> Niveen, 12, War City

Returning to violence and deprivation

The traumatic journey of these children may not be over yet. After fierce battles, recently retaken areas are left destroyed and still unsafe. Mosul is no exception, and airstrikes have mostly hit residential neighborhoods, with housing making up two thirds of the destroyed sites.[61] Most of the population was concentrated in West Mosul, and due to the nature of the offensive in this part of the city, it has suffered from 4.5 times greater destruction than the East.[62] As of May 2017, over 152,000 people have already returned to recently retaken areas of Mosul,[63] which are still riddled with explosive ordnance and booby traps left by ISIS, are not fully cleared from the militants who continue to target the civilian population with car bombs and attacks on aid distribution points, and still lack essential services due to the destruction of civilian infrastructure overall, in particular schools[64], hospitals[65], and water networks.[66]

If authorities do not ensure that returns are voluntary and informed, and that areas of return are entirely safe, with services including education and healthcare working and accessible, the impact on children's wellbeing could be devastating.

For children in Hammam al Alil, returning to areas inside Mosul is likely to be part of their immediate future, and the scenes of destruction, the likelihood of seeing dead bodies on the ground, and the lack of safety may worsen the mental health issues they're already experiencing. Moreover, aid agencies struggle to reach these areas due to the lack of safety, and subsequently may not be able to provide children with life-saving assistance or the psychosocial support that they desperately need.

Lessons learned from recent Iraqi return to other areas[67] show that without significant investment in rebuilding these areas and ensuring their safety, children will be even more unsafe than in displacement camps due to the presence of landmines. They are likely suffer from more deprivation due to the lack of livelihoods opportunities and will continue to miss out on their education. In Salah al-Din and Diyala, two governorates where displaced people are starting to return but where conflict is still present, more than 90 percent of children are out of school.[68] Often, conflict is not yet over in areas of return, as inter-community tensions arise—in particular, discrimination towards families that are perceived to be associated with ISIS—and more violence and insecurity is triggered.[69]

It is certain that additional levels of violence and deprivation compounded by the shock of finding homes destroyed or looted will be a source of distress and toxic stress for children returning home—if nothing is done to ensure that adequate conditions for return are met. In Palestine, Save the Children found that the destruction had a negative and long-term impact on children's mental health, as well as on their parents'.[70]

A cycle of violence and suffering

The interpretation of both sets of findings show that conflict in Iraq is having a complex and multi-generational impact. As previously shown, families who lived under ISIS rule for the past three years suffer from collective trauma. If the root causes of conflict in Iraq are not addressed and if perpetrators of human rights abuses are not brought to justice, trauma can remain chronic and reproduce itself for generations to come. Without an appropriate response, collective trauma can have a long-term impact, causing changes in the family, community and society. The entire society, then, may therefore suffer from a lasting culture of pain, characterized by massive and widespread trauma and loss.[71]

Young people who have faced traumatic experiences and have not been given the appropriate support to resolve those experiences may also pass on trauma to their own children if there is not an effective and early plan for addressing this generation's mental health needs.[72] The post-traumatic growth[73] experienced by the previous generation that grew up during Iraq's troubled decades has already had an impact on their children, both through the way families responded to the current crisis, but also by shifting children's sense of normalcy. It is difficult to predict the way in which the current conflict may affect this generation of children, as Iraq is experiencing unprecedented levels of violence. Post-traumatic growth as a response to the previous crises has potentially improved the resilience of families against adversity, but the numbness children are displaying in response to traumatic and violent experiences is worrying for the future.

By addressing the child mental health crisis in Iraq, the international community can not only safeguard the futures of children currently affected by war and displacement, but also break the cycle of conflict in Iraq for the generations to come.

Recommendations

This study—the largest of its kind—uncovers for the first time a mental health crisis among conflict-affected children in Iraq which, if left unresolved, could have dramatic consequences. Prioritizing the mental health and well-being of children and adolescents is a key step that humanitarian agencies, donors, the wider international community, national and local authorities must take if they hope to achieve the vision of long-term peace and stability in Iraq.

Such investment in one of the country's most vulnerable groups is first of all an investment in the future of Iraq, through an educated, productive and engaged young population. But it also is one of the most promising chances to rebuild a cohesive, resilient society that has the foundations to prosper in the long term.

In order to invest in children's mental health and well-being, to protect children from further harm and end impunity against grave violations of their rights, and to guarantee a future for Iraq where children can thrive, we call on:

DONORS TO:

- **Significantly increase funding to age and gender appropriate mental health and psychosocial programming in humanitarian contexts** that supplements the provision of child-friendly spaces, and ensure that this programming becomes a core intervention as part of the emergency response and recovery/ stabilization.
- **Invest in family and community-based solutions that provide a collective response to trauma**, offer a safe space for children and their families to communicate their feelings and emotions, and emphasize the individual's or family's and community's strengths rather than their problems or pathology.
- **Support age-appropriate programming that addresses the specific needs of adolescents,** ensuring that is relevant and appropriate for them, and incorporating adolescent-led initiatives that invest in adolescent's strengths
- **Fully fund the 2017 Iraq Humanitarian Response Plan, in particular mental health and psychosocial support, education and child protection as part of the 2017 Humanitarian Response Plan.** The funding previously pledged must be disbursed as soon as possible, and donors must commit to multi-year funding to bridge existing gaps between the humanitarian response and stabilization efforts and give humanitarian actors full flexibility in changing their response plans and locations in order to meet the needs of the most vulnerable across Iraq.

THE HUMANITARIAN COMMUNITY TO:

- **Provide children and their families with an opportunity to express and reflect on their fears and losses by providing high quality training to frontline staff on how to successfully facilitate psychosocial support** via group and individual sessions using a psychological first aid approach and mind-body techniques that provide a safe space to explore and share their experiences.
- **Provide family group sessions that offer caregivers not only the opportunity to improve their own reactions to and coping with traumatic experiences, but also learn how to effectively support members of their family** by becoming more aware of potentially unsupportive family behaviors such as excessive criticism, giving unsolicited advice, and conveying discomfort during attempts to communicate about trauma.

- **Expand school-based group interventions such as Social and Emotional Learning (SEL)** by training teachers or other local community members as implementation agents to broaden children's access to supportive adults and enhance the role of schools as supportive community resources.
- **Increase the skills and confidence of, and opportunities for, communities to be able to facilitate self-help and social support mechanisms** by working with civil society organizations to provide safe communal spaces for people to reconnect and talk about their experiences with others, so they can find appropriate communal cultural, spiritual and religious healing practices to deal with the events.
- **Develop different approaches to address the needs of children based on their experiences:**
    - For children recently displaced by the Mosul offensive: prioritize basic psychosocial support (PSS) programming (such as HEART or grounding techniques) that re-sensitizes children and allows them time and space to be able to be children again, and is the first step for stabilizing their emotions and behaviors.
    - For children affected by protracted displacement: invest in psychoeducation on trauma and how to help children have developmentally appropriate expectations of their current and future context.
- **Ensure that assessments of factors influencing IDPs' mental health informing community and clinical interventions not only include exposure to war-related violence**, but also experiences of loss, both interpersonal and material.
- **Recalibrate investment towards more holistic community-based child protection programming** that considers the range of interventions needed to protect children from violence, abuse, neglect and exploitation at the community-level, that supplement the provision of Child Friendly Space interventions.

THE GOVERNMENT OF IRAQ AND LOCAL AUTHORITIES TO:

- **Increase investment in training mental health and psychosocial support practitioners**, in particular child clinical psychologists and counselors.
- **Help provide access to mental health and psychosocial support practitioners** to care for people with severe mental health disorders.
- **Develop and implement a durable solutions framework for those affected by conflict.** This framework should include a returns policy that ensures that all returns are voluntary, safe and informed, and that children are able to access essential needs, including education.
- **Share accurate information about safety issues, availability of basic needs and services to populations in areas recently retaken from ISIS** to ensure that individuals' decisions to return are informed.
- **Develop and implement policies and practices that allow displaced people to work legally,** without negatively affecting the economies of the host communities.
- **Enable civilians willing to flee active areas of conflict to access to safety by identifying and establishing safe routes** and ensuring that they are and remain genuinely safe before communicating them to affected populations.
- **Ensure that the screening of minors is carried out in a child sensitive manner** and that they are allowed to remain with family during screening.

THE UN AND THE INTERNATIONAL COMMUNITY TO:

- **Ensure children's needs are addressed as part of any recovery or stabilization planning and response,** in particular strengthening education and child protection systems.

- **Provide children and young people with meaningful ways to participate in post-conflict planning and response,** in line with the United Nations Convention on the Rights of the Child (UNCRC) and the Commitments on Accountability to Affected Populations.
- **Bring perpetrators of attacks on civilians to justice** and ensure accountability for violations of children's rights.
- Ensure swift and independent investigations are carried out on attacks resulting in significant civilian casualties, make the findings public and ensure those responsible are held to account when violations of international humanitarian law have been committed.

PARTIES TO THE CONFLICT TO:

- **Cease all attacks against civilians, and take all feasible precautions to minimize civilian casualties,** including by refraining from using explosive weapons with wide-area effects in populated areas.
- **Protect civilian infrastructure,** in particular schools and hospitals, from the impact of the conflict.
- **Respect their international obligation to ensure sustained and consistent humanitarian access to families displaced from and still inside Mosul,** provide children and their families with basic necessities during the offensive and refrain from using siege as a tactic.

Notes

1 Save the Children in the Middle East and Eastern Europe region adopts the global definition of children who are aged 10 to 19 years old as adolescents. The sample of this study, ages 10 to 17, is therefore comprised of adolescents. We acknowledge the importance of making this distinction to ensure that programming in response of its findings is appropriately targeted to this age group. This report, on the other hand, uses both the terms "children" and "adolescents" interchangeably.

2 Caregivers MHPSS questionnaire based on the Inter-Agency Standard Committee (IASC) guidelines and standard format for Mental Health and Psychosocial support (MHPSS) assessments; Caregiver Strengths and Difficulties Questionnaire.

3 Youth MHPSS questionnaire based on the Inter-Agency Standard Committee (IASC) guidelines and standard format for Mental Health and Psychosocial support (MHPSS) assessments; Post-Traumatic Stress Disorder Scale for Child; Youth Strength and Difficulties Questionnaire; and Coping Methods Scale for Children.

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35 Percentage of children who responded by 1=a little; 2=sometimes; 3=above average; 4 = a lot to the question "how often do you feel" for a range of emotions.

36 Percentage of children who responded by 1=a little; 2=sometimes; 3=above average; 4 = a lot to questions related to how they connected with others.

37 Social impairment is when an individual acts in a less positive way or performs worse when they are around others, and do not feel connected and get on well with their family or friends.

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