



Save the Children

PICKING UP THE PIECES

Rebuilding the lives of Mosul's children
after years of conflict and violence

PICKING UP THE PIECES

**Rebuilding the lives of Mosul's children
after years of conflict and violence**

**“I wake up and I witness war every day.
I don't want to go through another war.”**

Rahaf, 10-year-old girl, west Mosul

Cover: Fahad, 12, outside his school in west Mosul, which was extensively damaged during fighting between Iraqi forces and ISIS (Photo: Sam Tarling/Save the Children)

Back cover: Aya, 7, at her uncle's house in west Mosul, where she has been living since her mother was killed in an airstrike (Photo: Sam Tarling/Save the Children)

Acknowledgements

This report was written by Eileen McCarthy and Yusra Semmache with support from Dr Marcia Brophy, Amanda Brydon, Misty Buswell and Simona Sikimic from Save the Children. The research and analysis was led by Dr Marcia Brophy, with support from Rana B. Khoury.

We are grateful to colleagues from Save the Children's Iraq Country Office and Ninewa Field Office for their inputs and for facilitating the field research.

Save the Children would like to thank the Danish International Development Agency (DANIDA), the UK Department for International Development (DFID) and the Office of US Foreign Disaster Assistance (OFDA) for their support in the development of this key report and its dissemination.

In particular, we want to express our sincere appreciation to the 252 children and adults from Mosul in Iraq 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.

Published by
Save the Children
savethechildren.net

First published 2018

© Save the Children 2018

This publication may be used free of charge for the purposes of advocacy, campaigning, education and research, provided that the source is acknowledged in full.

Design: GrasshopperDesign.net

Contents

Executive summary	4
Methodology	7
A year of never-ending sorrow	8
Ongoing sadness	8
Children at risk from cumulative stress	9
Lasting sense of insecurity	10
No one to turn to	12
Attempting to cope	16
Putting children’s recovery at the heart of Iraq’s reconstruction	18
Addressing children’s emotional distress	18
Ensuring children feel safe	19
Creating a protective family environment	20
Rebuilding Mosul’s sense of community	21
Instilling hope	22
Recommendations	24
Notes	26

Executive summary

AN IMPOSSIBLE WAR TO FORGET

Life for millions of children in Iraq was turned upside down in 2014 as the Islamic State in Iraq and Syria (ISIS) began a rapid advance that saw waves of violence escalate across much of the country. In the onslaught that ensued, over 5 million people – half of them children – were displaced.¹ During the years of brutal ISIS rule, Iraqi children were subjected to some of the most heinous violations of their rights imaginable.

For many civilians the subsequent fight to retake control brought more suffering. Homes and whole communities were destroyed or uprooted in the fighting and countless children and families were injured.

A year after ISIS was expelled from Mosul, the trauma of war lives on. Children are constantly reminded of the past horrors they experienced and still face constant danger from mines and unexploded ordnances, which continue to kill, maim and terrorise on a regular basis. Many are struggling to return to school after years without education.

Iraq's population is comprised mostly of children and young people, with nearly 60 per cent under the age of 25.² And it is this group who are often the worst affected psychologically by the fighting. Only by supporting their resilience and safeguarding their mental health and psychosocial wellbeing can communities truly move forward, securing a more positive future for their country.

To understand the unique sets of challenges Iraqi children face, in July 2017 Save the Children published *An Unbearable Reality*, a report looking at the impact of war and displacement on children's mental health.³ It was the first study of its kind conducted in Iraq since conflict broke out in 2014 and highlighted how the traumatic experiences children have faced in the last four years have had a massive impact on their mental health and

wellbeing. It found that children and families were living in constant fear for their lives and that 90 per cent had lost a loved one. Children interviewed at the time displayed clear signs of 'toxic stress' – the most dangerous form of stress response. They suffered vivid waking nightmares and were left numb, unable to display emotions.

In the intervening year, since Mosul was recaptured by the Iraqi government, there have been a number of developments. The government's counteroffensive ended in December 2017 and since then across the country more than 3.7 million people have returned to their homes, including more than 785,000 people to Mosul.⁴

Nevertheless, staggeringly difficult challenges remain. Millions of children are retracing their steps to their old homes – which are often uninhabitable. Children have told us of returning to find dead bodies littering the streets, schools damaged and destroyed, and limited access to safe drinking water and electricity. In Mosul alone, some 8,500 homes are damaged, affecting up to 25,000 children and adolescents.⁵ The situation is particularly dismal in west Mosul, where 38 out of 54 residential neighbourhoods were moderately or heavily damaged,⁶ and where 73 per cent of households reported living in damaged shelters.⁷ As the offensive closed around the city, public services were cut or destroyed and have been slow to restart. Half of all schools in conflict-affected areas have been destroyed and children are struggling to resume their education or to catch up after missing years of school.⁸

Our new research, conducted in May 2018 in communities that have returned to west Mosul, found that the impact of this multi-stress environment on children has been profound. Children have not only had to live through war, but have returned to new challenges that remind them daily of their past traumatic experiences.

Children said they were experiencing intense sorrow and extreme sadness, with nearly 43 per cent reporting feeling grief always or a lot of the time. More than a quarter of adolescents reported never liking who they are and 12 per cent said they only like themselves a little. Only 9 per cent could think of something happy relating to their present and future, such as a school achievement.

Children showed signs of emotional distress, represented in feelings like sadness, depression and anxiety. This suggests that they are internalising their issues and letting things build up on the inside. Girls on the whole tended to internalise their issues more than boys.

Under such stressful situations, children might be expected to exhibit signs of behavioural distress like hyperactivity and aggression that are clear markers for acute stress. However, the children we spoke with were displaying symptoms associated with accumulative stress – a type of stress response that is created over time when children are exposed to traumatic experiences and then not given the space to recover and when they continue to be exposed daily to sources of stress.

The lack of safety that many girls and boys continue to feel is likely to be fuelling their inability to heal and is a key driving force for their worries. More than 80 per cent of adolescents aged 13 to 17 said that they did not feel safe walking alone and almost 50 per cent did not feel safe away from their parents.

Nearly one-third of adolescents reported never feeling safe at school, and only one-quarter consider school a safe space.

This is in sharp contrast to what their caregivers felt was going on, with only 3 per cent of parents saying that their children did not feel safe in school and 18 per cent saying that their children were afraid to be away from their parents.

This clear disconnect is likely to be caused by caregivers' inability to provide support and children not feeling able to talk to their families about their distress.

Caregivers are clearly burdened with their own problems. Almost 30 per cent said they felt stressed about their inability to meet their children's basic needs while 82 per cent cited lack of money, work opportunities and poor economic conditions as

the main source of stress. More than 73 per cent of households reported challenges in gaining employment and 90 per cent reported debt. More than 80 per cent said that worry caused them to lose sleep and 87 per cent that they feel constantly under strain. Almost 70 per cent felt unable to enjoy normal day-to-day activities, 72 per cent reported feeling unhappy or depressed, and more than 90 per cent reported feelings of worthlessness.

The support received from a caregiver is a key indicator for a child's mental health and wellbeing and can often make the difference between a child being able to cope or further deterioration of their mental health.

A widespread breakdown of community ties caused by the war means that caregivers have lost a key source of support, which is hindering their ability – and therefore their children's ability – to recover in the longer term.

While children did report turning to their own coping methods – such as trying to forget, not speaking about their problems and withdrawing from other people – these strategies are wholly insufficient and cannot compensate for the kind of support children need from friends, relatives and the wider community.

WE MUST ACT NOW

Unless children's sense of safety is re-established, and parents given better tools to help themselves and their families, children's stress management system will remain activated, leaving them at serious risk of further and long-lasting mental health issues.

It is therefore essential that we urgently address the issue of unexploded ordnances and speed up the process of mine clearance and reconstruction to ensure that children can once again feel safe walking around their own city. We must also quickly make schools safe spaces for children to begin to heal and learn again.

Furthermore, the emotional distress that children are experiencing must be addressed through gentle approaches to help them work through their grief.

Programming that places the needs of children at the centre of reconstruction efforts must be introduced and psychosocial support and counselling expanded to support children and adolescents in

reducing and stabilising their heightened emotions. Through approaches such as counselling, children and caregivers will be better able to deal with stress and anxiety, and the effects they have on individuals and families – including problems with sleep and concentration, and violence within the family.

In order to reach children and young people, agencies and service providers may need to explore new and innovative ways to provide support that include making use of technology.

One thing remains clear – children must be placed at the front and centre of any plans to rebuild and rehabilitate Iraq. While often overlooked, mental health and psychosocial wellbeing are cornerstones for strategies that seek to build a sustainable future. It is important that we keep working to assess how traumatic experiences will continue to affect children and their families, and how humanitarian agencies, donors and the Iraqi government can better support them to eventually overcome the horrors they have experienced.

SAVE THE CHILDREN IN IRAQ

Save the Children has been working in Iraq since 1991. Our current response to conflict and displacement in five governorates (Diyala, Dohuk, Kirkuk, Ninewa and Salah al-Din) focuses on delivering a rapid response to meet immediate needs, and ongoing service delivery through programming in child protection, including psychosocial support (PSS) activities, education, and the provision of water, sanitation, and hygiene promotion (WASH) programmes. As part of our education programming, we deliver Early Childhood Care and Development activities, non-formal education, catch-up classes, teacher training and the construction of new classrooms.

Our child and youth resilience programme is made up of structured PSS interventions that work with 10–20-year-olds through a series of workshops, learning and identifying risks and protective factors in their communities, building critical knowledge and youth schemes. In addition, Save the Children has recruited a Mental Health and Psychosocial Support (MHPSS) specialist to support our field staff in the provision of PSS.

Since February 2014, our countrywide response has reached 768,464 internally displaced people, including 576,348 children affected by conflict and displacement. Since 2013, we have also reached 165,009 Syrian refugees in Iraq, including 87,525 children.

Methodology

One year after Mosul was retaken, Save the Children interviewed a group of children and caregivers in west Mosul who had been affected by conflict and displacement to further investigate the impact of the violence on their mental health and psychosocial wellbeing and better understand the needs and solutions for children in the current stabilisation, reconstruction and recovery context.

In May 2018, Save the Children interviewed 252 children and caregivers living in west Mosul. The research consisted of a quantitative and qualitative analysis of standard mental health and psychosocial support questionnaires given to 138 children aged 13 to 17 years (82 boys and 56 girls)⁹ and 114 caregivers (49 women and 65 men).¹⁰

The participants interviewed for this report were randomly selected among school-aged children and among adults with children in their care who were supported by Save the Children programmes in west Mosul. Prior to the research, in order to ensure the safety and protection of participants, the Save the Children field team received training to administer the mental health questionnaires. The training included Psychological First Aid (PFA),¹¹ non-intrusive techniques to reduce stress, how to support individuals in distress and how to use simple

grounding¹² techniques to keep a person in the present moment. The team obtained the informed consent of all participants (in addition to obtaining children's consent, parents provided consent for their children to participate) and were able to refer any cases with high levels of mental health distress or psychosocial support needs to specialised mental health services.

While the findings of this report are indicative of the experiences of the children and caregivers interviewed as part of the assessment, the conclusions drawn are representative of adolescents currently living in west Mosul. However, further research would be required to understand the needs and appropriate programmatic response for younger children and those in other areas of Iraq. Additional research that continuously tracks and monitors children's mental health over time would also be useful.

A year of never-ending sorrow

“When I remember what happened, I get sad. I remember my mother and father and how I was happy. I was with them, but I have lost them.”

Rahaf, 10-year-old girl, west Mosul

ONGOING SADNESS

The research conducted with children and caregivers in west Mosul clearly shows that a year after ISIS was officially pushed out of the city conflict and displacement continue to severely affect children’s mental health and psychosocial wellbeing.

Children rated themselves with high levels of emotional problems, with scores indicating borderline mental health issues (17.5 out of 40). Children experience intense sorrow and extreme sadness with nearly 43 per cent of children reporting feeling grief always or a lot of the time. Caregivers reported their children as having very high emotional and behavioural difficulties, with a score falling in the ‘abnormal’ range, which is indicative of likely mental health disorders. They also reflected that 66 per cent of their children displayed grief most of the time.

Children interviewed for Save the Children’s 2017 report who had been recently displaced from Mosul and were living in Hammam al Alil IDP camp¹³ reported similar feelings of sorry and grief. Around 90 per cent said they felt upset due to the loss of a relative and 45 per cent shared lengthy stories of violence and the deaths of loved ones.¹⁴

Keeping it all in

Compared with their emotional health, adolescents – particularly girls – scored themselves in the normal range for conduct, hyperactivity and attention problems. They spoke of struggling with their emotions, rather than with their behaviour.

“She suffered a lot as a result ... Her whole family got buried in front of her eyes.”

Abdullah, 35, taking care of his orphaned niece, Rahaf, west Mosul

These differences in emotional, social and behavioural issues show that children are internalising their problems, which then manifest as depression, withdrawal, anxiety and loneliness.¹⁵ This behaviour can have detrimental effects, such as poor self-esteem, suicidal behaviour, decreased academic progress, and social withdrawal,¹⁶ and can cause problems to grow into larger burdens with the symptoms just mentioned or other unexplained physical responses.¹⁷

Further, 26 per cent of adolescents report never liking who they are and 12 per cent only liking themselves a little. These children are at the greatest risk of self-harm and will require specialised support.¹⁸



Rahaf, 10, with her uncle, Abdullah, who has been looking after her since her parents were killed
(Photo: Sam Tarling/Save the Children)

CHILDREN AT RISK FROM CUMULATIVE STRESS

“When [Mosul was retaken], I felt a bit better and my life changed but the fear is still there.”

Dina, 12 years old, west Mosul

Results from the recent study indicate that, although still worrying, the distress children are currently experiencing in Mosul does not characterise an acute response to stress caused by a new situation such as bombing and rapid displacement. As compared with the children’s high levels of emotional distress, 25 per cent of caregivers reported that their children have lost the ability to speak and 23 per cent that there had been a recent

increase in bedwetting – both signs of an acute response to stress. This contrasts with Save the Children’s 2016 study in Syria where 71 per cent of children reported an increase in bedwetting,¹⁹ and 48 per cent of adults had seen children who lost the ability to speak or developed speech impediments.²⁰

Similarly, caregivers and adolescents in Mosul both report that currently around 10 per cent of children have nightmares a lot or always. In 2017, many recently displaced children in Hammam al Alil said that they experienced hauntingly vivid nightmares that lasted throughout the day.²¹

These findings illustrate the differences between acute and cumulative stress – with children responding to the accumulation of extremely

stressful events over the years rather than to an unexpected or sudden traumatic event.²²

“I went to the shop to buy some things and when I returned I saw my wife on the ground. The iron door had fallen on her face. When the door hit her, she died instantly. My baby girl saw it all.”

Faisal, father of two whose wife died when a mortar shell hit their home in west Mosul

In the last four years, children in Iraq have witnessed devastating destruction and lost loved ones. Many were forced to live for years under the control of a terrifying armed group and experienced extreme violence.

“When the problems started, they [children] were present and they witnessed the killings. They saw the bodies so they were very badly affected psychologically. Some of them when they came to school started crying. They witnessed a lot in this place. It’s no longer the school they knew before. This is due to the shelling, the bombing, the explosions and explosives. Children were psychologically badly affected.”

Awad, 47, teacher, west Mosul

Without having had the time to heal fully from these events, they are now faced with constant reminders of what they have lived through, as well as experiencing daily stressful events. Caregivers report that the daily lives of children in Mosul are affected by the lack of schooling (72%), finding their homes destroyed or looted (56%), displacement (36%) and the lack of public services (36%).

“Children’s educational levels have regressed because kids left school, their houses were destroyed because of the military operations, and most of the areas were impacted militarily and in terms of services.”

Omar, 50, father living in west Mosul

In situations like this, where girls and boys face cumulative adversity, and are not given adequate emotional and physical support, they are more likely to develop serious and profound mental health needs.²³ Moderate and major negative cumulative life events produce negative psychological, functional and health consequences if left unaddressed.²⁴ An integrated approach drawing on the findings of recent studies that have examined the relationship of both war exposure and daily stressors to mental health status is needed. This approach should first address daily sources of stress and then provide specialised interventions across various sectors –

including health and education – and through the community more broadly to support children whose distress does not reduce even when their community has been rebuilt.

LASTING SENSE OF INSECURITY

“Until now she has been suffering from shock. She says to her father, ‘don’t leave me, something will happen again and I will be separated from you.’ It means the fear of war is still present within her.”

Amani, case worker in west Mosul speaking about 6-year-old Thani who saw her mother die when a mortar shell hit her home in west Mosul

Although the offensive on Mosul ended a year ago, children still do not feel safe. While most adolescents feel safe at home, 83 per cent are afraid when walking alone and only 54 per cent feel safe away from their parents. The majority of children (66%) – in particular girls – report having difficulty sleeping a little to sometimes. As well as indicating that they do not feel safe, this also means that they are missing out on an important factor in protecting their physical and psychological health.

“The class I am in now it has no doors and the walls are damaged. I don’t feel good in the class. In this area, the sniper targeted the children so that when the mothers and fathers came to rescue them, he would shoot the whole family. The school got badly hit and the area became a frontline. The whole street became a frontline. We ask for the school to be rebuilt.”

Fahad, 12, west Mosul

Nearly one-third of children report never feeling safe at school, and only one-quarter consider school a safe space. One reason why so many children find it difficult to consider Mosul’s schools safe is that they were taken over by ISIS, which introduced a curriculum with violent content. Schools were also used militarily by various parties and were the target of attacks during the Mosul offensive. Airwars²⁵ and the UN reported 18 attacks on schools in Mosul in the first four months of 2017.²⁶ By the end of the offensive, an Education Cluster assessment showed that 69 schools had been damaged, the majority in west Mosul.²⁷ Children going back to school in damaged buildings that are physically unsafe and classrooms riddled with bullets or still showing marks of bombing are constantly reminded of the violence that took the lives of so

many of their friends and teachers. Schools may also be unsafe due to violence in and on the way to school. Stress could make teachers more prone to use corporal punishment and 74 per cent of young people reported having been picked on, harassed or intimidated in their neighbourhood.

Safety has not yet been fully restored in many areas of Iraq, including those that children and their families are returning to. Ongoing violence, booby traps, unexploded ordnance and other explosive remnants of war are pervasive and continue to pose dangers to children. In a recent Save the Children study across the Middle East, children and caregivers in Iraq, alongside their counterparts across the region, prioritise safety and security.²⁸ Feeling safe in their environment is an important contributing factor to children's psychological health. When children do not feel safe, their body's

stress management system remains activated. All children experience fears during childhood, such as fear of the dark, monsters, and strangers. These fears are normal aspects of development and are temporary in nature. In contrast, threatening circumstances that persistently elicit fear and anxiety predict significant risk of adverse long-term outcomes from which children do not easily recover. Studies show that experiences like exposure to violence that cause fear and chronic anxiety in children trigger extreme, prolonged activation of the body's stress response system. Thus, stress-system overload can significantly diminish a child's ability to learn and engage in typical social interactions across their lifespan. These experiences cause changes in brain activity and have been shown to have long-term, adverse consequences for learning, behaviour and health.²⁹



Thani, 6, rides with her father on his cart, from which he sells livestock feed (Photo: Sam Tarling/ Save the Children)

Similarly, 93 per cent of caregivers report a major impact of conflict and displacement on themselves and their children, and 80 per cent report children’s ongoing fearfulness and nervousness. They report that children remain fearful of loud noises like the sound of explosions, which may be related to the fact that the Iraqi and Coalition forces carried out more than 1,250 strikes in Mosul³⁰ and to the booby traps left behind by ISIS when they were forced out of the city. In a rapid needs assessment conducted by Save the Children in west Mosul, 90 per cent of children and 75 per cent of key informants reported landmines and explosive remnants of war as the main hazard in their environment.³¹

Parents, however, overestimate greatly their children’s sense of safety outside their home. This is particularly apparent in adolescents’ sense of safety away from their caregivers and at school. In the neighbourhoods where this research took place, adults overwhelmingly reported that they felt safe and 88 per cent were not aware of security incidents that had happened in the area.³² This lack of awareness among parents about the lack of safety in their neighbourhood could be because

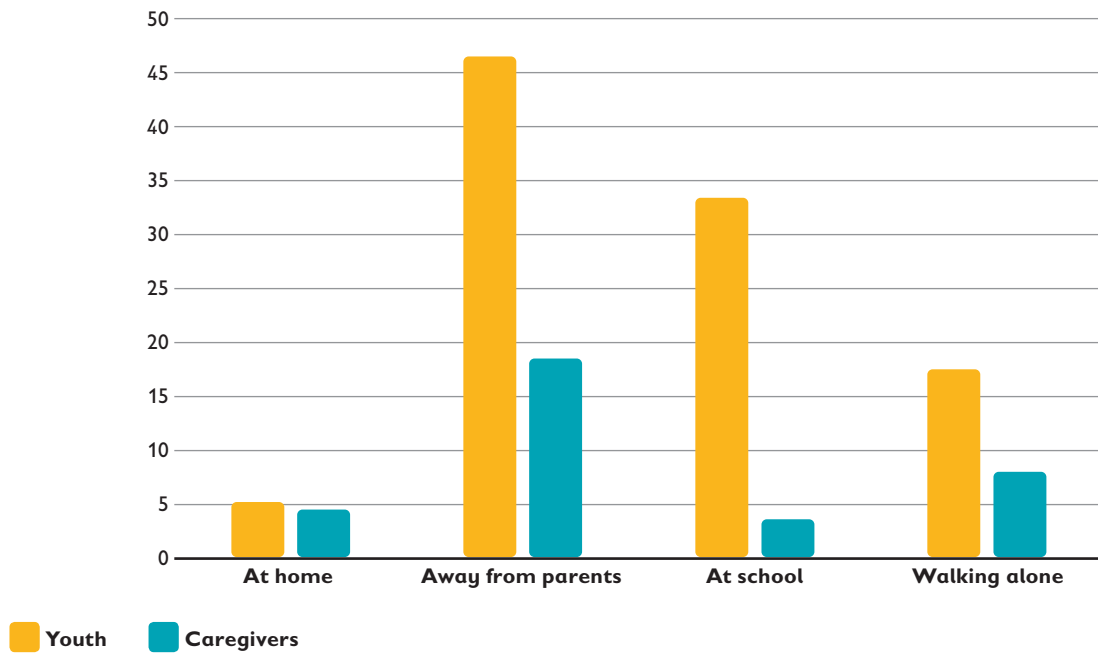
children are not turning to their parents to discuss their fears. If caregivers are not fully aware of their children’s perception of safety, they are less able to provide the necessary support and care that their children need.

NO ONE TO TURN TO

Girls and boys in west Mosul report feeling well connected to their family, with 65 per cent believing that their parents are able to take care of them, 74 per cent feeling helped by their brothers and sisters and 65 per cent getting along well with their friends.

While children have a sense of belonging and connectedness to their friends, siblings and parents, the overwhelming majority do not feel they have someone to talk to or a place to go to when they are sad or upset.³³ This is particularly worrying considering their high scores around emotional problems. Social factors such as having someone to talk to are an important protective factor for children’s mental health.³⁴

FIGURE 1: PERCEIVED LACK OF SAFETY FOR CHILDREN



Youth: percentage of adolescents who responded ‘never’ when asked whether they felt safe at home/away from parents/at school/walking alone

Caregivers: percentage of caregivers who responded ‘never’ when asked whether children felt safe at home/away from parents/at school/walking alone

Caregivers under stress

“Every time Rima remembers her mum, she makes me upset. She cries, wanting her.”

Yasser, 38, father, west Mosul

Children have indicated that they do not feel comfortable talking to their families when they feel sad. This may be because their parents and siblings are already distressed themselves. Overall, caregivers reported poorly on their mental health and also display high levels of mental health distress that require urgent support. Both male and female caregivers are struggling, with male caregivers scoring 5.23 (out of 12) and female caregivers 6.71 (out of 12) for their general health, significantly above the normal threshold (3 out of 12)³⁵ and therefore suggesting a risk of mental health issues. Around 44 per cent of caregivers report psychological stress and anxiety within the family as the biggest sources of distress, 82 per cent report losing sleep over worry and 87 per cent feel constantly under strain. More than two-thirds (69%) feel less able to enjoy normal day-to-day activities and 72 per cent report feeling unhappy or depressed. They also report having lost confidence in themselves (65%) and almost all have a feeling of worthlessness (91%).

“We stayed six days in a cellar. No electricity, no food and no water. Then, at the end, an aeroplane hit the building where we were and destroyed half of it; it fell on us. We got buried in the cellar.”

Afaf, 41, mother, west Mosul

Caregivers themselves have lived through the horrors of conflict and displacement alongside their children and are now stressed about their family’s economic situation and livelihood opportunities, and their ability to meet the needs of their family. They told us they feel stressed by their inability to meet children’s basic needs (27%), with 82 per cent reporting lack of money, work opportunities and poor economic conditions as the main source of stress. In an assessment of the Al Jadida municipality by REACH in May 2018, 73 per cent of households reported challenges with gaining employment and 90 per cent reported debt, with an average debt of nearly 4 million IQD (US\$3,376).³⁶

“This has affected me as well, psychologically... Even when [Mosul was retaken], I was a nervous wreck. I couldn’t stand anybody or any noises. If I heard planes, I would get scared. I was scared of everything.”

Afaf, 41, mother, west Mosul

A key protective factor for ensuring children’s mental health is their parents’ presence and ability to support them. When parents are stressed, and less able to provide a safe and protective space, their children are at greater risk of developing mental health disorders, such as depression, anxiety, and post-traumatic stress.³⁷

“Families lost all they owned during the bombing. Now children need a great deal of support but the parents are unable to provide it.”

Hadeel, 30, mother, west Mosul

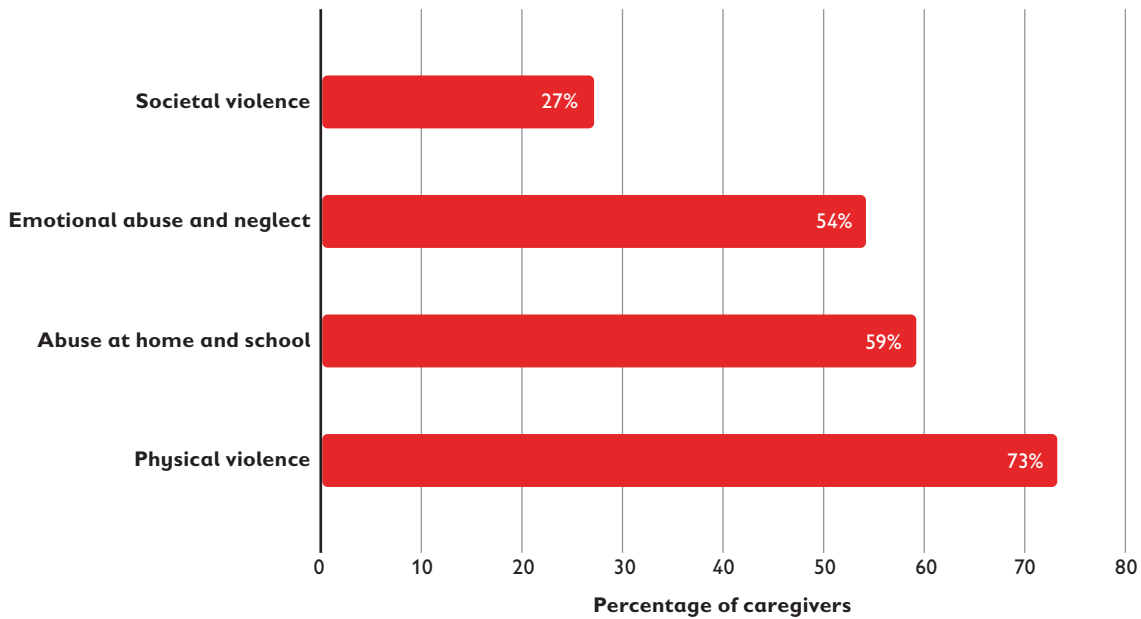
The ongoing stress and anxiety that children in Mosul are facing puts them at risk of toxic stress. This can occur when children experience continuing adversity without adequate support, and has long-term and severe effects on their mental and physical health, as well as affecting their cognitive, socioemotional and physical development.³⁸ As previously identified in Save the Children’s research into children’s mental health and wellbeing in Syria and Iraq,^{39, 40} severe and prolonged violence and adversity experienced by children in their young lives that has not been adequately addressed may have long-lasting effects on their development and their mental and physical health for the rest of their lives.

Moreover, caregivers’ poor mental health and difficulty in managing their role as parents may translate into domestic violence. When asked about children’s exposure to violence, caregivers reported physical violence (73%), abuse and discord at home and school (59%), emotional abuse and neglect (54%), and societal violence (27%).

Parents, especially mothers, are themselves not finding support to help them cope with the difficulties they are facing. While 60 per cent of parents attend school meetings, overwhelmingly these are male caregivers (78%). Only one-fifth of caregivers find information sessions at health clinics useful and meetings with religious leaders are not

FIGURE 2: REPORTED FORMS OF VIOLENCE

Percentage of caregivers who reported on forms of violence that children are exposed to in their community



a source of support and information, with less than 1 per cent reporting them as an opportunity. This could be because traditional support networks within the community have broken down after years of war and life under ISIS.

Broken communities

“To feel better, I try to play with my friends and be with my parents at home, in addition to going to Save the Children’s child-friendly space in my neighbourhood.”

Saleh, 15, west Mosul

Friends and community are important in providing support to children, but the children interviewed in west Mosul do not seem able to turn to them to identify and work through their experiences and emotions. In particular, 73 per cent of children do not feel supported in their community and only 66 per cent feel that they can go to their friends. This may be the result of the impact that conflict and displacement has had on peer and community networks, with children being taken out of school and kept in their homes while living under ISIS control, and families being repeatedly displaced. Many mothers and fathers also feared leaving their homes and were forced to remain under house arrest during ISIS occupation.

Friendship and wider kinship networks were broken through displacement.

“I was out of school for three years. I got bored staying at home. I didn’t go out of the house and didn’t have any friends. I didn’t go to school. I wasn’t allowed to go out. ISIS accused me of committing a sin. They didn’t allow me to go out.”

Dina, 12, west Mosul

The continuing challenging living situation in Mosul has made it difficult to rebuild these networks, which have continued to disintegrate. When asked about their weekend and after-school activities, only one-quarter of children reported spending time with friends and one-third said they played outside. Without safe spaces to play in and many children still out of school or engaged in child labour, children have limited opportunities to build relationships with children their age and community members.

It is worth noting, however, that children interviewed for this research do not report high social tensions within their communities. Just over half (51%) had never seen their family fight with another family, and an additional 46 per cent reported tensions only a little or sometimes. This may be related to the neighbourhoods selected, which are generally more homogenous having suffered inter-sectarian violence

prior to 2014 that displaced many minority groups. Additionally, the ongoing presence of security personnel – along with restrictions on movement as a result of roadblocks and checkpoints, damage, and the need to provide government-issued identification – may be limiting violence and conflict caused by social tensions.⁴¹ In the future, emerging tensions around limited livelihood opportunities as a result of having no local connections, and the perception that a primary barrier to receiving humanitarian aid is other households who are not in need still receiving assistance, may affect social cohesion.⁴²

In a 2017 Save the Children study in Egypt, Iraq, Jordan and Yemen, adolescents across the region reported that conflict and violence has also permeated into their communities and family units, including through incidents of community and domestic violence.⁴³ Historically in the region, wider networks of community trust and oversight enabled a protective environment for

children but communities in Mosul had experienced inter-sectarian violence even before ISIS took control in 2014.

The fact that these social and cultural ties within the community have broken down can also be an indication that children, their families and the wider community are experiencing a collective trauma.

Collective events and consequences may have more significance in collectivistic communities like Iraq than in individualistic societies like the US and UK. The cumulative effect of all these devastating events on the community can be described as collective trauma. In addition to the sum-total of individual traumatic experiences, which can in themselves be substantial, there are effects at the family, community and social levels that produce systemic changes in social dynamics, processes, structures and functioning. In fact, the psychosocial reactions in the individual may have come to be accepted as a normal part of life.⁴⁴

Dina, 12, at home with her aunt, Afaf, in west Mosul
(Photo: Sam Tarling/Save the Children)



ATTEMPTING TO COPE

With children feeling like they cannot turn to family, friends or their community to support them, our research shows that they are trying a range of strategies to cope with their emotional distress.

When asked, the overwhelming majority of adolescents reported that when they were confronted with a difficult experience they tried to forget, chose to remain silent and not speak about their problems, screamed and became angry, tried to calm themselves down, or decided to accept their problems.⁴⁵ There were some notable gender differences, with girls more often withdrawing

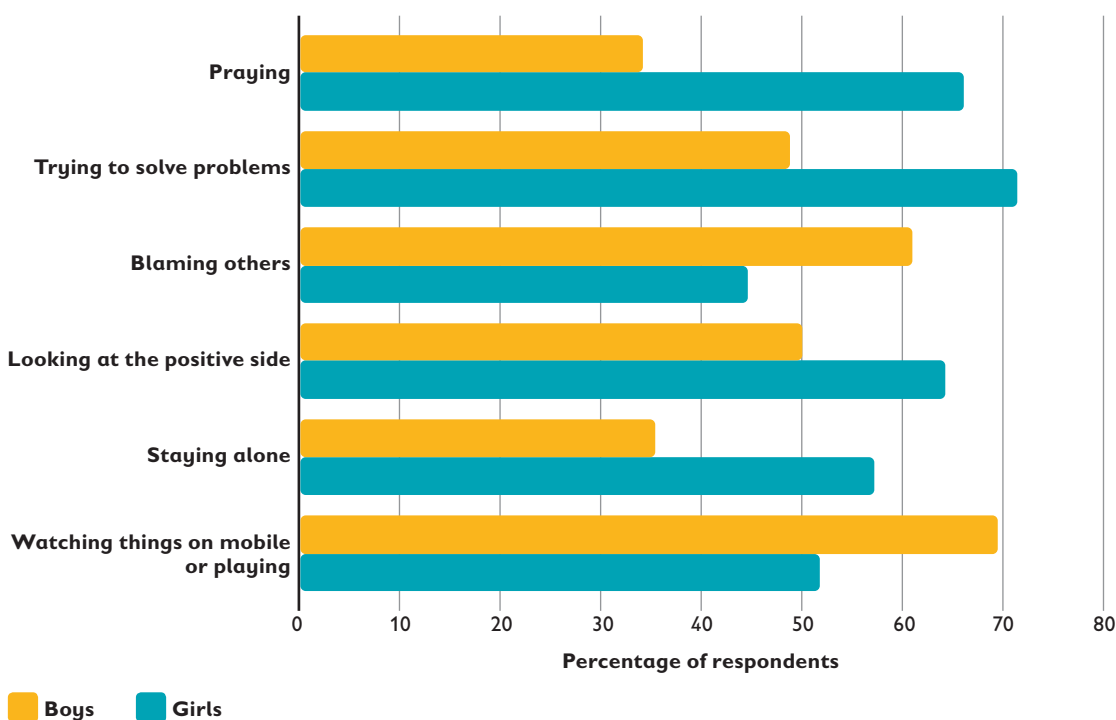
and staying alone and away from other people, trying to look on the positive side, and trying to think of answers to solve their problem. Girls also more often tried praying to feel less anxious and boys more often watched things on their phones or played and blamed others for their problems. According to the children, none of these strategies has proven particularly useful in making them feel better in the long term.

Caregivers – in particular fathers – told us that adolescents resort to more extreme, negative coping mechanisms, and reported alcohol and drug use, self-harm (39%) and suicide attempts (29%) among adolescents in their community.



FIGURE 3: COPING STRATEGIES

Percentages of boys and girls responding 'yes' when asked if they used 'praying'; 'trying to solve problems'; 'blaming others'; 'looking at the positive side'; 'staying alone'; and 'watching things on mobile or playing' to cope with a recent very difficult experience



The fact that the vast majority of children are trying to find positive ways of coping shows that they have not given up. The research also shows that, despite the high levels of emotional distress that adolescents are exhibiting, they report high scores on resilience.⁴⁶ Children's resilience in the face of extreme, difficult or traumatic situations is drawn from various parts of their lives – personal skills, education, spiritual and cultural aspects. Adolescents report a high score on what personal skills they can draw on – their inner resilience (7 out of 10) and their social skills (6 out of 8), with girls reporting higher than boys. Adolescents, particularly girls, also reported high scores (11 out of 14) on their relationships with their caregivers and how supported, safe and secure they feel physically and psychologically. Caregivers also report positively on their children's resilience; they note that their children have role models and are invested in doing well at school, and can solve problems without resorting to negative coping mechanisms. They report that their children feel a sense of belonging

at school and among their communities and cared for by their families and friends.

However, this research shows that children's resilience is not helping to reduce their current high levels of emotional distress and that these children need additional support that will be essential to safeguard them from further mental health distress and psychosocial harm.

With almost 60 per cent of its population under the age of 25, Iraq is a country of children and young people. But, without urgent, targeted action to ensure that they can access the mental health and psychosocial support they need, it risks not being a country for children.

Deliberate, targeted and specialised action by authorities at the local, national and international level can provide the platform for children and communities to heal themselves and rebuild their futures – providing hope and working to break a cycle of conflict for generations to come.

Putting children's recovery at the heart of Iraq's reconstruction

Discussions on the strategy, planning and implementation of Iraq's reconstruction have been taking place in multilateral forums, both at international and regional levels, as well as within the country itself. In February 2018, the Kuwaiti government hosted a conference on the stabilisation and recovery of Mosul but received pledges for only US\$30 billion of the \$88 billion Baghdad says it needs to recover from three years of war.⁴⁷

The mental health and psychosocial needs of children in Mosul and across Iraq will require targeted and contextualised, short- and long-term approaches to support children and young people, parents, peer networks and communities. In a 2007 article by Stevan Hobfoll and a team of international experts,⁴⁸ the authors synthesised available scientific evidence and distinguished five essential principles of psychosocial care to people confronted with disaster, tragedy, and loss. These are, the promotion of: (1) a sense of safety, (2) calming, (3) self- and community efficacy, (4) social connectedness, and (5) hope. These essential principles have influenced the thoughts of policy makers, care providers and scholars all over the world, are embedded in several guidelines and now form the basis of our recommendations. The principles are designed for immediate to mid-term interventions – and could be utilised in plans and discussions for stabilisation, recovery and reconstruction, ensuring early intervention to avoid much greater, longer-term problems.

ADDRESSING CHILDREN'S EMOTIONAL DISTRESS

The emotional distress that children are experiencing must be addressed through gentle approaches to help them work through their grief, loss and feelings of not being safe.

Psychosocial support and counselling can help to support children and adolescents in reducing and stabilising their high emotions. Within stabilisation, recovery and reconstruction frameworks, age- and

gender-appropriate programming that places the needs of children at the centre of reconstruction efforts will be essential to meet the needs of girls and boys and ensure long-term stability and peace. This may mean supporting children to acknowledge and come to terms with the emotional distress they are experiencing and giving them a safe place to work through their high emotions. Through counselling and case management approaches, children and caregivers are and can be supported to deal with stress and anxiety, and the effects they have on individuals and families, including nightmares and sleep problems, concentration difficulties, anxiety and violence within the family.

In order to reach children and young people, agencies and service providers may need to explore new and innovative ways to provide support. Our research showed, for example, that currently adolescents –and boys in particular – frequently use their mobile phones to distract themselves. Sending wellbeing and self-care messages via platforms such as WhatsApp groups could be an important way to support them. Part of programming in this area involves teaching girls and boys more about how to look after themselves through the distribution of wellbeing kits (see box below).

Children who are suffering from emotional distress and caregivers who are distressed themselves need self-care and family group support tools to alleviate their high levels of stress and trauma-related emotions. Approaches such as the Mind-Body Program (see box below) can support children and caregivers to use self-care and group support tools to relieve distress and high emotions.

WELLBEING KITS

Save the Children has developed and piloted contextually and culturally appropriate wellbeing kits for girls and boys (aged between 5 and 17 years) living in remote locations, or those who do not have regular access to support services. Based on children's input, the kits comprise reusable activity cards showing the child: how to reduce mental and physical stress and tension through simple stretching and breathing exercises; how to recognise strong emotions and how to talk about them to others; and prayer beads and comfort toys to hug when feeling sad, etc.

MIND-BODY SKILLS

As part of a wider Middle East regional pilot, Save the Children in Iraq will deliver a Mind-Body Program⁴⁹ to support children and caregivers to use self-care and group support tools promoting self-awareness, self-reflection and self-care that will support their psychosocial support needs. The programme teaches techniques such as meditation to quieten feelings of anxiety and anger, release tension and enhance energy; biofeedback to gain awareness about and control over the body; and self-expression and movement to release and share emotions and memories of past distress held in the body.

ENSURING CHILDREN FEEL SAFE

The persisting insecurity, damage and destruction and militarisation will continue to have a significant impact on children's sense of security. Unless children's safety is re-established, their stress management system will remain activated, leaving them at serious risk for toxic stress.

As caregivers do not seem to be aware of their children's lack of safety, the humanitarian community must prioritise approaches that sensitise parents to the safety concerns their children are experiencing and how best to provide support.

Additionally, it is essential to address the lack of safety that children feel in school by making these safe spaces where children can begin to heal and learn again. This starts with ensuring there is physical safety by clearing unexploded ordnances as part of stabilisation interventions, rebuilding or refurbishing school buildings, and also ensuring that schools are not used for purposes other than learning and clearing them of any military presence. Clearly marking schools as safe spaces and erasing signs of violence and destruction can also help children to dissociate them from the painful events of war that may have taken place in schools.

"I hope our school gets rebuilt and returns to what it was with the efforts of those who want to promote education and help others. Our religion encourages us to help people."

Awad, 47, teacher, west Mosul

Addressing violence in schools and supporting teachers and educational staff is also essential. Teachers can be an essential support for children but they need the tools to relieve their own emotional distress and training in the skills that will enable them to best support children. Building the capacity of school counsellors and integrating mental health and psychosocial approaches into school curriculums will be critical in ensuring that schools are safe and protective and that children can learn again.

Central to stabilisation and reconstruction efforts, donors and national and local authorities must ensure that children are protected from landmines, unexploded ordnance and explosive remnants of war more broadly by investing in demining and mine risk education, especially in areas where children reside and play. They must also facilitate the return of displaced families to their place of origin only if safeguards regarding children's physical, material, legal and psychosocial safety are met in those areas.

CREATING A PROTECTIVE FAMILY ENVIRONMENT

“All I want is for God to relieve the suffering I am going through with them, and to give me strength to bring them up.”

Yasser, 38, father, west Mosul

Parents also need support, not only in how they treat, support and provide for their children, but also in addressing their own mental health needs. International institutions such as UNHCR and UNICEF have called for the provision of programmes to improve the parenting skills of displaced people with children, starting as early as during their stay in temporary shelters.⁵⁰ The goal is to teach parents strategies that will facilitate interactions with their children and enable them to handle everyday annoyances in a positive way, despite their own traumatisation and despite the considerable challenges that their children may be presenting. Up to a certain point in the life of any child, no one is more important than a parent; and

for both children and adolescents, finding ways to deal with stress is best achieved when the home environment is a safe and reliable place where limits and clear rules are defined and shared by all members. Thus, the provision of programmes that can provide education on the basic principles and rules of positive parenting is vitally important.⁵¹

Parents struggling with the crippling stress and anxiety they are facing need support to manage in safe and appropriate ways. And mothers, who may be more confined to their homes, need additional space to discuss and seek support for the distressing difficulties they and their children have to deal with. Caregivers also need access to livelihoods to relieve the stress related to their lack of income and to help them recover a sense of self-worth.

The need to move towards more family-based approaches targeting parents’ mental health and parenting-related stress should be used in conjunction with individual interventions for children and their caregivers, and the wider community.



Yasser with the three daughters, aged 9, 7 and 2, he has been caring for since his wife was killed
(Photo: Sam Tarling/Save the Children)

COUNSELLING SERVICES

Save the Children will provide individual and group counselling services to children, caregivers and teachers to enhance their communication and develop safe, non-violent child-parent relationships. Sessions support children and caregivers to deal with stress, addressing both general and specific stressors, including nightmares, sleep problems, concentration difficulties and anxiety. As schools are a critical entry point for supporting children's mental health and psychosocial wellbeing, Save the Children will support teachers to process their own problems, build positive relationships with

children, be sensitive to children's psychosocial needs, and feel confident to be able to support children in meeting their emotional needs. This specialised, individual support for girls, boys and caregivers is essential to ensure that appropriate approaches are utilised to address the needs of children based on their individual experiences.

Save the Children refers the most serious mental health cases in children or caregivers to specialised mental health service providers and advocates for the provision of child-focused mental health services.

REBUILDING MOSUL'S SENSE OF COMMUNITY

Alongside the widespread destruction of homes and neighbourhoods in west Mosul, natural support networks have disintegrated. It is therefore critical to rebuild strong social and cultural ties and ensure that children and caregivers have the tools, information and support they need to safeguard children's mental health and psychosocial wellbeing.

Work should be done to prioritise the setting up of community groups where problems and collective solutions can be discussed, supporting the community to feel empowered, connected and in control of their own futures. Successful community-based psychosocial approaches rely on the participation of community members; paying attention to the amount of ownership they feel for a particular issue or problem; and giving priority to activities that have the potential to foster family and community support and increase bonds between people. The psychosocial element of this work is to move community members from passive victims to active participants. It mitigates the emotional impact by action and gives hope, and encourages sustainability for the future.

It is also crucial to ensure that humanitarian or stabilisation interventions do not create social tensions since community support processes coupled with trauma may trigger in-group/out-group divisions, especially when competition for resources is fierce.⁵² Conflict sensitivity and the allocation

of resources based on needs will be vital in any community support interventions.

"In the future, I would like to become a doctor to help people and the sick. This is my dream. I love Mosul and Iraq a lot. Since ISIS came to Iraq and Mosul, they destroyed, killed and slaughtered everybody."

Fahad, 12-year-old boy, west Mosul

Meaningfully engaging children and adolescents and prioritising the inclusion of traditionally excluded groups can empower young people to be agents of change in their own communities. One entry point

AMPLIFYING YOUNG PEOPLE'S VOICES

Recognising children and young people as agents of change, and empowering rights holders to make significant contributions to future plans and discussions is crucial to rebuilding a strong, stable and sustainable peace that embodies meaningful and diverse views.

In addition, with a youthful majority in the country, the young people of Iraq are key to rebuilding a broken economy. But they will struggle to do so if they are not able to access the mental health and psychosocial support they need.

for supporting children and adolescents to develop and build supportive peer networks may be through the youth volunteer groups that have emerged since the retaking of Mosul to clear rubble and organise educational or cultural projects.⁵³ By strengthening civil society actors to support young people, build existing youth networks and raise the voices of young people in their communities, nation and the region as a whole, we can support adolescents' mental health and meet their psychosocial needs, address protection issues, build resilience and enhance social cohesion.

INSTILLING HOPE

Research in nursing, medicine and psychology indicates that hope is crucial in coping with adverse events,⁵⁴ and hope is used intentionally in counselling and psychotherapy to assist people in healing, recovery and life transitions.⁵⁵ Building a sense of hope in young people is critical to support children's mental health and psychosocial wellbeing.

“My children like school, but they fear for the return of ISIS days. They're always anxious about this.”

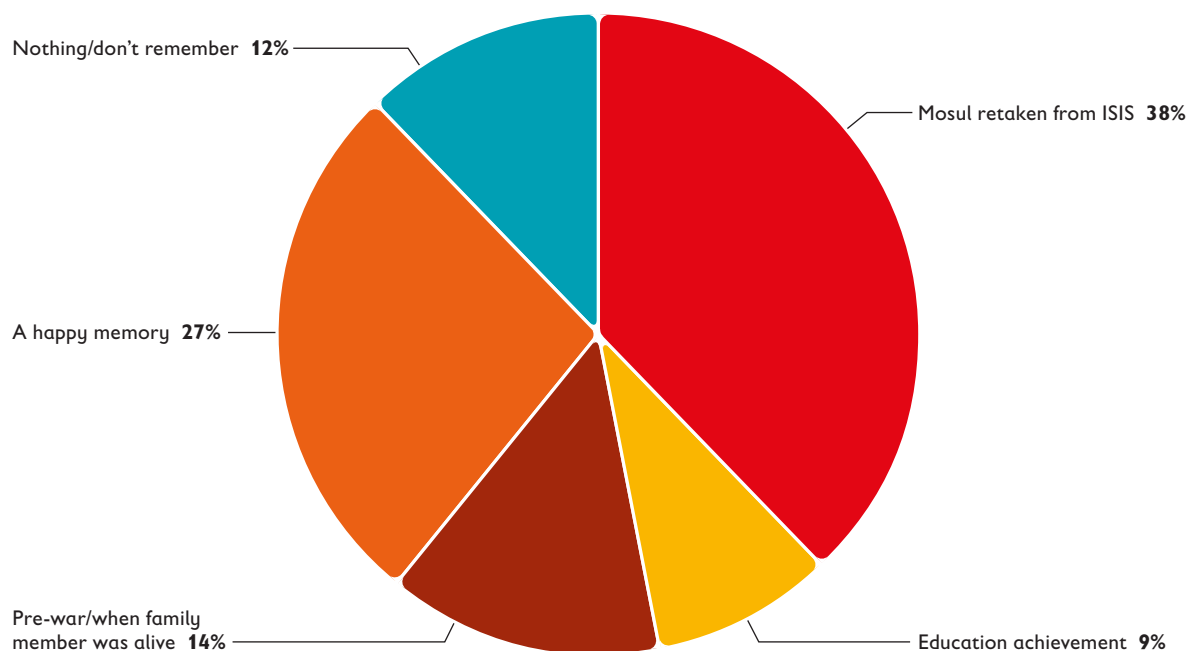
Aisha, 30, mother, west Mosul

Children in this research expressed fear that conflict or ISIS may come back and that there may not be a positive future for them. Similarly, when asked about something happy in their lives, most of their responses related to the past, with the retaking of Mosul from ISIS coming up first, followed by personal memories such as birthdays, holidays and memories of the time before the war or when family members they have lost were still alive. Only 9 per cent could think of something happy that relates to their present and future, such as a school achievement.

Preparing for the worst can be a coping mechanism for children whose lives have been affected by cycles of conflict and whose future is uncertain. Supporting them by providing more information and realistic expectations for themselves and their families may help them feel less nervous and fearful, and more hopeful. Our previous research showed that children displaced from Mosul had unrealistic expectations about their areas of origin – such as finding their homes, schools and neighbourhoods as they left them – and may have lost hope when realising the scale of destruction on their return.⁵⁶ It is therefore essential for children returning to retaken areas

FIGURE 4: SOURCES OF HAPPINESS

Percentages of children's responses to the question 'Can you tell me about something happy in your life?'



such as Mosul to have access to age-appropriate and realistic information about the areas they are returning to, and to be better engaged in decision making about their futures.

Previously, adolescents in Iraq have also expressed feelings of hopelessness as a result of their education being disrupted, violence and abuse, and limited job opportunities.⁵⁷ The areas in west Mosul where the assessments took place for this research were some of the least serviced neighbourhoods prior to the conflict and lack of material safety was identified as a source of stress for both parents and children. Ultimately, instilling hope means providing resources to meet the needs of children and their families and help them get their lives and their futures back on track.

In Mosul, adolescents' self-assuredness and resilience appears strong. But as they exhaust their strategies to cope with emotional distress, they may lose hope about feeling better, further affecting their mental health. It is therefore important to act now to ensure that they are better supported and do not lose their resilience and belief in a positive future. Building on children's strengths can be a sound model to help them recover. And children's high levels of resilience also mean that programming that focuses on those strengths may serve as an entry point for complementary approaches to support their emotional health.

"We enrolled [my niece] at a school and she started mixing with the other girls... She learned about their tragedies, those who have lost their parents and siblings... She started getting better at getting on with other people. Slowly, we didn't let her feel isolated. We gave her opportunities [...] and thank God, she is getting better mentally."

Abdullah, 35, taking care of his orphaned niece, Rahaf, west Mosul

People in Mosul are eager to repair and rebuild their homes and their city, get back to work, and move on from the conflict.⁵⁸ A community-based approach can support the development of such hope-building interventions.⁵⁹ These can include the use of photographs of their neighbourhood now and how it might look in the future; the development of hopeful narratives that children can then share with others; and child-focused and hope-based discussions between children, parents and other adults within families and communities.

Individually, young people may feel hopeless about solving their problems, but by empowering them and supporting them to act collectively they can regain hope that they and their community can recover and overcome the challenges of a post-conflict Iraq.

CHILD AND YOUTH RESILIENCE

As part of a comprehensive psychosocial support package, Save the Children in Iraq's Child/Youth Resilience Programme supports the psychosocial needs of children and adolescents. The programme follows a step-by-step approach over three months to strengthen participants' resilience and increase their wellbeing. It helps children to explore their cognitive, emotional and social health, so that they can better engage with their families, peers and communities.

The programme seeks to improve cooperation and peaceful interaction between children; increase the motivation to play; strengthen problem-solving and positive attitudes towards others; enhance impulse control; and build hope for the future. It also works with children to enhance their capacity and awareness about self-protection and the protection of peers.

Recommendations

This report seeks to explore the experiences of children and young people affected by conflict in Iraq and assess the support networks and techniques available to help them process these experiences. One year on from the recapture of Mosul, as plans for the rebuilding of the country continue to be discussed and rolled out, Save the Children seeks to contribute to a roadmap for addressing the mental health and psychosocial needs of children and young people affected by the conflict.

Prioritising the mental health and wellbeing of children and young people as part of rebuilding an educated, productive and engaged young population is a key step for local, national and international actors to achieve a society that can enjoy long-term peace and stability.

It is only through immediate and sustained action by these actors – each best placed to deliver different types of support for recovery to strengthen mental health and psychosocial wellbeing – that we will be able to truly make a difference for children in Iraq, empowering and supporting their efforts to rebuild and strengthen themselves and contribute to the rebuilding of their communities and their country.

In order to make this future of hope a reality, Save the Children calls on:

Donors to:

- **Prioritise funding to long-term, flexible, multisectoral, inclusive, age- and gender-appropriate mental health and psychosocial programming in humanitarian and development contexts**, recognising it as a core component of the emergency response, as well as in the stabilisation, recovery and reconstruction phases of development.

The humanitarian community to:

- **Advocate for and support age-appropriate mental health and psychosocial support programming** that broadly focuses on post-conflict stressors and explores the specific needs of caregivers and children, incorporating

inclusive, children- and community-led initiatives that empower them to be agents of change and build their skills, expertise and leadership abilities. This includes:

- **Promoting and ensuring integrated approaches to mental health and psychosocial support programming across all sectors**, not only through the traditional route of child protection, but also incorporated into education, health, shelter and nutrition programmes, ensuring their accessibility to marginalised groups. Teachers in particular must be trained as implementation agents to broaden children's access to supportive adults and enhance the role of schools as supportive community resources
- **Advocating for and supporting the implementation of cluster coordination and the reform of the humanitarian architecture** to support a meaningfully integrated approach, avoiding duplication and gaps
- **Working to develop materials and programmes that are not literacy dependent**, to ensure that those who are unable to read are still able to access the support they need.
- **Strengthen field-level technical expertise and coordination on the delivery of mental health and psychosocial support (MHPSS) programmes** through:
 - **Ensuring funding and support for MHPSS technical experts in programme creation and delivery** (such as support

- for MHPSS Technical Advisory and Coordination Groups), as well as support for the development of a roster of child- and adolescent-specific MHPSS technical professionals available to be deployed to support not only in emergency settings but also in post-emergency work
- **Investing in and developing a cadre of young psychosocial support experts and role models** that young people can turn to for support and information on accessing additional support services
 - **Investing in adolescent- and family-led community-based solutions** that allow for gentle and collective responses to traumatic experiences, placing emphasis on the strengths of peers, families and communities rather than on their problems or pathology.
- **Ensure that children are safe and secure at home and in the community and address their families' wider vulnerabilities by:**
 - **Increasing support for demining and mine education activities**
 - **Supporting the creation of programmes that provide capacity-building and vocational-training activities, especially for adolescents and youth**, which build skills for creating work and livelihoods more broadly.
- The government of Iraq, including provincial and local authorities, with the support of donors, to:**
- **Ensure a child-centred approach to stabilisation, recovery and reconstruction** that places children front and centre in any plans to rebuild and rehabilitate Iraq. Approaches must specifically focus on:
 - **Prioritising the clearing of explosive hazards and the reconstruction of critical civilian infrastructure**, including homes and schools
 - **Sharing accurate information about safety issues, including landmines and unexploded ordnances**, as well as the availability of basic necessities and services to populations in areas recently retaken from ISIS to ensure that individuals' decisions to return are informed
 - **Ensuring that returns of displaced people are safe, voluntary and informed** through developing and implementing a durable solutions framework for those affected by conflict that guarantees access to essential services
 - **Developing and implementing policies and practices that allow displaced people to work legally**, without negatively affecting the economies of the host communities.
 - **Endorse and implement the Safe Schools Declaration** and the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.
 - **Draft national policy on MHPSS for children and communities affected by conflict** to provide a framework for increased political prioritisation and leadership. Such a policy must include an increased investment in:
 - **Training MHPSS practitioners**, in particular child and adolescent clinical psychologists and counsellors
 - **Building on and strengthening the national capacity on MHPSS** to support the delivery of high-quality MHPSS care for those in need across the full spectrum of the Inter-Agency Standing Committee (IASC) MHPSS emergencies pyramid of intervention.
 - **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 organisations to provide safe communal spaces** for people to reconnect and talk about their experiences with others, so that they can find appropriate communal cultural, spiritual and religious healing practices to deal with events
 - **Providing 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 and the Commitments on Accountability to Affected Populations.

Notes

- 1 UNOCHA (October 2017) <https://reliefweb.int/report/iraq/un-remains-deeply-concerned-safety-civilian-populations-enarku>
- 2 Index Mundi, Iraq Demographic Profile 2018 https://www.indexmundi.com/iraq/demographics_profile.html
- 3 Save the Children (2017) *An Unbearable Reality: The Impact of War and Displacement on Children's Mental Health in Iraq* <https://resourcecentre.savethechildren.net/library/unbearable-reality-impact-war-and-displacement-childrens-mental-health-iraq>
- 4 IOM Displacement Tracking Matrix: Ninewa Returns Dashboard, March 2018 http://iraqdtm.iom.int/LastDTMRound/Round92_Map_Ninewa%20returns%20dashboard_2018_March_31_IOM_DTM.PDF
- 5 Ibid.
- 6 Ibid.
- 7 REACH, Mosul Al Jadida Area Based Assessment, May 2018 http://www.reachresourcecentre.info/system/files/resource-documents/reach_irq_profile_mosul_al_jadida_area_based_assessment_may_2018.pdf
- 8 UNICEF, Iraq: Key Facts, February 2018 https://reliefweb.int/sites/reliefweb.int/files/resources/Key_percent20fact.pdf
- 9 Adolescent MHPSS questionnaire based on the Inter-Agency Standing Committee (IASC) guidelines and standard format for Mental Health and Psychosocial Support (MHPSS) assessments; Child and Youth Resilience Measure (CYRM); Adolescents Strength and Difficulties Questionnaire (SDQ); Children's Hope Scale and Coping Methods Scale for Children
- 10 Caregiver MHPSS questionnaires based on the Inter-Agency Standing Committee (IASC) guidelines and standard format for Mental Health and Psychosocial support (MHPSS) assessments; General Health Questionnaire (GHQ-12); Caregiver Child and Youth Resilience Measure (CYRM); and Caregiver Strengths and Difficulties Questionnaire (SDQ)
- 11 Save the Children *Psychological First Aid Training Manual for Child Practitioners* <https://resourcecentre.savethechildren.net/library/save-children-psychological-first-aid-training-manual-child-practitioners>
- 12 Traumatic experiences can leave children in a state of terror, tension, and nervousness for long after an incident. Grounding exercises keep them in the present and help their bodies to recover and restore themselves to a calmer state more quickly, managing any overwhelming feelings or intense anxiety. They help someone to regain their mental focus from an often intensely emotional state.
- 13 Hamam al Alil is a camp south of Mosul for displaced people who lived under and fled ISIS during the offensive led by the Iraqi forces in 2017.
- 14 Save the Children (2017) *An Unbearable Reality: The Impact of War and Displacement on Children's Mental Health in Iraq*
- 15 Smith, D.D. *Emotional or Behavioral Disorders Defined*, <http://www.education.com/reference/article/emotional-behavioral-disorders-defined/> Retrieved 17 March 2014
- 16 *Internalizing Symptoms and Effect on Children with Emotional and Behavioral Disorders*, <http://www.studymode.com/essays/Internalizing-Symptoms-And-Affect-Of-Children-866577.html> Retrieved 17 March 2014; Cummings, E.M., Merrilees, C.E., Taylor, L.K. and Mondt, C.F. (2017) *Political Violence, Armed Conflict and Youth Adjustment: A developmental psychopathology perspective on research and intervention* <https://www.springer.com/gb/book/9783319515823>
- 17 DiMaria, L. *Internalizing Behaviors and Depression*, <http://depression.about.com/od/depressionsymptoms/a/internalizing-behaviors.htm> Retrieved 17 March 2014; Fayed El-Gabalawi, F., Karim Sedky, K. and Racha Nazir, R. (2017) *Suicide Among Youth of Middle Eastern Origin: A case-based guidebook*, Springer Cham; Fegert, J.M., Diehl, C., Leyendecker, B., Hahlweg, K. and Prayon-Blum, V. (2018) 'Psychosocial Problems in Traumatized Refugee Families: Overview of risks and some recommendations for support services', *Child Adolescent Psychiatry Mental Health* 12(5); DiMaria, L. *Internalizing Behaviors and Depression*, <http://depression.about.com/od/depressionsymptoms/a/internalizing-behaviors.htm> Retrieved 17 March 2014
- 18 Laye-Gindhu A. and Schonert-Reichl, K.A. (2005) 'Nonsuicidal Self-Harm Among Community Adolescents: Understanding the "Whats" and "Whys" of Self-Harm', *Journal of Youth and Adolescence* 34(5), pp. 447–457; Cawood, C.D. and Huprich, S.K. (2011) 'Late Adolescent Nonsuicidal Self-Injury: The roles of coping style, self-esteem, and personality pathology', *Journal of Personality Disorders* 25 (6), pp. 765–781; Mental Health Foundation (2006) *Truth Hurts – Report of the National Inquiry into Self-harm among Young People*
- 19 Save the Children (2017) *Invisible Wounds: The impact of six years of war on the mental health of Syria's children* <https://reliefweb.int/sites/reliefweb.int/files/resources/Invisible%20Wounds%20March%202017.pdf>
- 20 Ibid.
- 21 Save the Children (2017) *An Unbearable Reality: The Impact of War and Displacement on Children's Mental Health in Iraq*
- 22 Knott, D. (2016) *Acute Stress Reaction* <https://patient.info/health/stress-management/acute-stress-reaction>
- 23 Thabet, A. and Vostanis, P. (1999) 'Post-traumatic Stress Reactions in Children of War', *The Journal of Child Psychology and Psychiatry and Allied Disciplines* 40(3), pp. 385–391
- 24 Miller K.E. and Rasmussen A. (2010) 'Mental health and armed conflict: The importance of distinguishing between war exposure and other sources of adversity: A response to Neuner', *Social Science & Medicine* 71, pp. 1385–1389; Freedy, J.R., Hobfoll S.E. and Ribbe, D.P. (2007) 'Life events, war and adjustment: Lessons for the Middle East', *Anxiety, Stress & Coping* 7(3), pp. 191–203.
- 25 Airwars is a collaborative, not-for-profit transparency project aimed at tracking and archiving international military actions in conflict zones such as Iraq, Syria and Libya. See: <https://airwars.org/>
- 26 GCPEA, *Education under Attack 2018*, Global Coalition to Protect Education from Attack http://www.protectingeducation.org/sites/default/files/documents/eua_2018_full.pdf
- 27 Iraq Education Cluster, National Education Cluster Meeting Minutes, 24 July 2017, p. 2
- 28 Save the Children study on adolescents and conflict in the Middle East and North Africa conducted in 2017, forthcoming
- 29 National Scientific Council on the Developing Child (2010) *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved from www.developingchild.harvard.edu

- 30 Oakford, S. (2018) *Counting the Dead in Mosul: The civilian death toll in the fight against ISIS is far higher than official estimates* <https://www.theatlantic.com/international/archive/2018/04/counting-the-dead-in-mosul/556466/>
- 31 Save the Children West Mosul Rapid Needs Assessment, May 2018
- 32 REACH, Mosul Al Jadida Area Based Assessment, May 2018 http://www.reachresourcecentre.info/system/files/resource-documents/reach_irq_profile_mosul_al_jadida_area_based_assessment_may_2018.pdf
- 33 64 per cent of children said they have a place to go to or someone to talk to when they are sad or upset only a little to sometimes; 17 per cent said they have no place to go and no one to talk to.
- 34 Fazel, M., Reed, R., Panter-Brick, C. and Stein, A. (2011) 'Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors', *The Lancet* 379(9812), pp. 266–282; Tol, W.A., Song, S. and Jordans, M.J.D. (2013) 'Resilience and mental health in children and adolescents living in areas of armed conflict – a systematic review of findings in low- and middle-income countries', *Journal of Child Psychology and Psychiatry* 54(4), pp. 445–460
- 35 General Health Questionnaire. <https://www.gl-assessment.co.uk/products/general-health-questionnaire-ghq/>
- 36 REACH, Mosul Al Jadida Area Based Assessment, May 2018 http://www.reachresourcecentre.info/system/files/resource-documents/reach_irq_profile_mosul_al_jadida_area_based_assessment_may_2018.pdf
- 37 Drury, J. and Williams, R. (2012) 'Children and young people who are refugees, internally displaced persons or survivors or perpetrators of war, mass violence and terrorism', *Current Opinion in Psychiatry* 25(4), pp. 277–284; Tol, W.A., Song, S. and Jordans, M.J.D. (2013) 'Resilience and mental health in children and adolescents living in areas of armed conflict – a systematic review of findings in low- and middle-income countries', *Journal of Child Psychology and Psychiatry* 54(4), pp. 445–460
- 38 Center on the Developing Child, Harvard University <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>; Shonkoff, J. P. and Gardner, A. S. (2012) *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, American Academy of Pediatrics <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663>; Shonkoff, J. P., Richter, L., van der Gaag, J. and Bhutta, Z. A. (2012) 'An integrated scientific framework for child survival and early childhood development', *Pediatrics* 29(2), pp. 460–472 <https://www.ncbi.nlm.nih.gov/pubmed/22218840>; Tarullo, A.R., Bruce, J. and Gunnar, M.R. (2007) *False Belief and Emotion Understanding in Post-Institutionalized Children*, Blackwell Publishing, <https://www.bu.edu/cdl/files/2013/08/TarulloBruce-Gunnar-2007.pdf>
- 39 Save the Children (2017) *Invisible Wounds: The impact of six years of war on the mental health of Syria's children*
- 40 Save the Children (2017) *An Unbearable Reality: The Impact of War and Displacement on Children's Mental Health in Iraq*
- 41 REACH, Mosul Al Jadida Area Based Assessment, May 2018
- 42 Ibid.
- 43 Save the Children study on adolescents and conflict in the Middle East and North Africa conducted in 2017, forthcoming
- 44 Somasundaram, D. (2007) 'Collective trauma in northern Sri Lanka: a qualitative psychosocial-ecological study', *International Journal of Mental Health Systems* 1(5)
- 45 68 per cent of children reported trying to forget; 57 per cent choosing to remain silent and not speak about their problems; 70 per cent screaming and becoming angry; 82 per cent trying to calm themselves down when feeling anxious, scared, or sad; and 67 per cent deciding to accept their problems.
- 46 Ungar, M. (2008) 'Resilience across cultures', *British Journal of Social Work* 38(2), pp. 218–235; Ungar, M. (2011) 'The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct', *American Journal of Orthopsychiatry* 81(1), pp. 1–17. Resilience was measured using Dr Michael Ungar's questionnaires, which can be found on the Resilience Research Centre's website <http://resilienceresearch.org/resources/tools>. In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.
- 47 Chmaytelli, M. and Hagagy, A. (2018) *Allies promise Iraq \$30 billion, falling short of Baghdad's appeal* <https://uk.reuters.com/article/uk-mideast-crisis-iraq-reconstruction-ku/allies-promise-iraq-30-billion-falling-short-of-baghdads-appeal-idUKKCN1FY12K>
- 48 Hobfoll S.E., Watson P., Bell C.C., Bryant R.A., Brymer M.J., Friedman M.J., et al. (2007) 'Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence'. *Psychiatry* 70(4), pp. 283–315
- 49 In partnership with The Centre for Mind-Body Medicine, <https://cmbm.org/>
- 50 Williams N. (2012) 'Child welfare and the UNHCR: a case for pre-settlement refugee parenting education', *Development in Practice* 22(1), pp. 110–122
- 51 Knaak S. and Ungar T. (2017) 'Towards a mental health inequity audit', *The Lancet Psychiatry* 4(8), p. 583
- 52 Giel, R. (1990) 'Psychosocial Processes in Disasters', *International Journal of Mental Health* 19(1), pp. 7–20
- 53 Mercy Corps, *Stabilizing Mosul: Research findings to inform the recovery and reconstruction effort*, April 2018.
- 54 Farran, C.J., Herth, K.A. and Popovich, J.M. (1995) *Hope and hopelessness: Critical, clinical, constructs*. Thousand Oaks, CA: Sage
- 55 Dufrane, K. and Leclair, S.W. (1984) 'Using hope in the counselling process', *Counselling and Values* 29(1), pp. 32–41; Edey, W. and Jevne, R.F. (2003) 'Hope, illness, and counselling practice: Making hope visible', *Canadian Journal of Counselling* 37(1), pp. 44–51.
- 56 Save the Children, (2017) *An Unbearable Reality: The Impact of War and Displacement on Children's Mental Health in Iraq*
- 57 Save the Children (2016) *Uncertain Futures: Investigating the impact of displacement on internally displaced youth in Iraq and Syria* <https://iraq.savethechildren.net/news/uncertain-futures-impact-displacement-syrian-refugee-and-iraqiinternally-displaced-youth-iraq>
- 58 Mercy Corps, *Stabilizing Mosul: Research findings to inform the recovery and reconstruction effort*, April 2018
- 59 Hobfoll S.E., Watson P., Bell C.C., Bryant R.A., Brymer M.J., Friedman M.J., et al. (2007) 'Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence'. *Psychiatry* 70(4), pp. 283–315



savethechildren.net