

The Psychosocial problems of the children affected by the ISIS war in Iraq and Syria: A Case Study of IDPs and Refugees in Erbil

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ABSTRACT

Iraqi children have been a victim of successive wars and conflict for over a century. Syria children are facing the same fate as many children worldwide. The aftermath of the Islamic State of Iraq and Syria (ISIS) war in Iraq and Syria has left an indelible mark on the lives of affected children, who have endured hardships and trauma. This study aims to clarify the primary psychosocial issues faced by children who have been displaced as refugees or internally displaced persons (IDPs) as a result of this conflict. Using a combination of observations, interviews, and unpublished case documents, the study highlights the significant impact of the Iraqi and Syrian crises on the mental health and social well-being of school-aged children. The research identifies a range of mental, physical, and social challenges that these children have grappled with, including: Post-traumatic stress disorder (PTSD), anxiety, depression, neglect, domestic violence, school violence. Meanwhile, civil society and international organizations provided interventions and psychosocial support (PSS) that helped most of the affected children adapting to the circumstances. The study's findings underscore the critical importance of providing comprehensive mental health and psychosocial support interventions to alleviate the challenges faced by these children and their families during this turbulent period.

KEYWORDS: Children And War, Children Mental Health, Internally Displaced People, Domestic Violence, School Violence.

1. INTRODUCTION

The impact of conflict and crisis on children is a grave humanitarian concern, Peace Research Institute Oslo (PRIO, 2023), report reveals that in 2022, approximately 468 million children globally were living in countries experiencing active conflict. The escalating wars in regions such as Sudan, Ukraine, and Gaza have only exacerbated this alarming trend, underscoring the urgent need to address this crisis (War Child, 2024). The repercussions of these conflicts extend beyond immediate casualties, as the breakdown of essential services often leads to increased disease transmission, posing grave

threats to the well-being and survival of vulnerable populations, particularly children (Murray et al., 2022; Mahgoub et al., 2024). In 2024, UNICEF reviewed the latest available data and prevailing global trends and found that impact of armed conflicts on children worldwide reached devastating and likely record levels (UNICEF, 2024a)

In Iraq since 2014, more than 3 million people have been internally displaced and 260,000 have had to escape to neighboring countries. The Kurdistan Region of Iraq has been the destination of refuge for at least 1.5 million people, a quarter of population who are either refugees or internally displaced. Approximately half of the people displaced inside Iraq are children (UNHCR, 2019).

The Syrian Arab Republic experienced an unparalleled humanitarian crisis that resulted in displacement both within and outside of the country (UNHCR, 2012). Despite entering its 14th year, the Syrian crisis is still one of the most significant crises globally, with over 12 million Syrians being forcibly displaced. Although the situation is dreadful, neighboring countries

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are still hosting around six million Syrian refugees, although socio-economic and humanitarian conditions continue to worsen (UNHCR, 2024).

Since World War II, there have been documented negative impacts on the development and mental health of children due to the atrocities of war (Barenbaum et al., 2004). It has been found that war and conflict can lead to mental health conditions, for example acute stress, grief, PTSD, moderate/severe depressive disorder, anxiety, harmful use of alcohol and drugs, and psychosocial problems as loss of loved ones, violence, and separation among family members (WHO, 2022; Charlson, et al 2019; Werner, 2012; Betancourt, 2020). Furthermore, war has impact on individuals including the absence of food and housing, personal injuries or physical pain, and the deaths of parents and siblings. Personal experience includes threats, persecution, or capture, parents having been imprisoned or exiled, being close to armed conflict, and witnessing violence and death (Walton et al., 1997).

Children involved in armed conflict are often denied their basic needs, psychologically supportive surroundings, educational and vocational facilities, and other resources that encourage positive psychosocial growth and mental health (Frounfelker, 2019). Addressing the plight of children caught in the crosshairs of conflict must be a global priority, requiring a coordinated and comprehensive response from the international community to safeguard the rights and welfare of the world's most vulnerable citizens.

These following questions are the focus of our research: What are the primary challenges encountered during/post conflict by children? What methods are used to prevent or reduce the psychological impact of conflict-related events?

2. LITERATURE REVIEW

Iraq has undoubtedly endured a turbulent history, marked by the significant impact of war on its populace. Scholars have extensively documented the profound trauma experienced by the Iraqi people, stemming from the country's involvement in various conflicts (Rofo et al., 2023). Regrettably, revisiting the lengthy and horrific past of Iraq remains a sensitive topic. The protracted Iran-Iraq war, covering from September 1980 to August 1988, stands as one of the most extended and devastating conflicts of the 20th century, taking a devastating toll on the civilian population, including the tragic loss of countless children (Mosaffa, 2018).

At the end of the war the release of deadly gas in Halabja, largely consisting of women and children, by Saddam Hussein's forces on March 16, 1988 resulted in the killing of over 5,000 Iraqi Kurds (The New Arab,

2022). Immediately following the 1988 chemical attack on Halabja, the "Anfal" military operations against Kurds in northern Iraq caused high rates of morbidity and mortality. Survivors of "Anfal" experienced various traumas, including a lack of shelter, food, water, and access to medical care. These multiple traumatic events led to high rates of PTSD among the survivors, significantly impacting their psychological state and resulting in considerable mental health needs. (Taha & Abdurrahman, 2020)

The lives of Iraqi children were profoundly affected by the 1990 Gulf War. Ascherion et al. (1992) reported that the Gulf War and subsequent trade sanctions led to a threefold increase in mortality among Iraqi children under five years old. Additionally, the civil wars between the Iraqi government and Kurdish and Shiite opposition groups further impacted the population. Following the Gulf War in 1991, the Iraqi government seized control of Kurdish areas, prompting 3 million people to escape to Iran and Turkey due to fears of chemical attacks. According to Ahmed (1992), most of the displaced children developed PTSD symptoms.

In March 2003, the American encroachment of Iraq resulted in a wave of violence and turbulence in the country. As a result, children became the primary victims of the armed conflict's negative effects on their lives (Laouidji et al., 2022). Additionally, future generations of children might have experienced negative physical effects from the war, such as birth defects (Rubaii, 2020).

Similarly, in Syria, the highest price is still paid by children even after thirteen years of conflict. Psychosocial distress was reported by 34% of girls and 31% of boys in a recent household survey conducted in northern Syria. It is a sad fact that today and in the days that come by children in Syria will make their 13th birthdays and become teenagers, knowing that conflict, displacement, and deprivation have been a constant in their childhood (UNICEF, 2024b)

In Iraq, the start of the ISIS crisis in 2014 caused many families to have their lives turned upside down. More than three million people emigrated from their homes, only to live in exile were forced to move within their own country (Save the Children, 2017). Millions of children experienced a major change in their lives in 2014. The Islamic State in Iraq and Syria (ISIS) initiated a rapid advance that resulted in waves of violence spread across a large segment of the nation (Save the Children, 2018). Mental disorders, including post-traumatic stress disorder, depression, anxiety, bipolar disorder, and schizophrenia, are estimated to be prevalent at any given time, the UI of the population affected by conflict was 22.1% (95% UI 18.8-25.7) (Charlson et al., 2019).

Slewa-Younan, et al, (2014) demonstrated that there is a high incidence of PTSD and depression among refugees.

Meanwhile, Freh, 2016 research indicated that 74.6 % of the population had been traumatized during the 2003 invasion of Iraq. Depression was the most common cases, followed by PTSD, and finally anxiety. Furthermore, a child's development and mental health are at serious risk when experiencing armed conflict during childhood and adolescence (Frounfelker, 2019).

Kanan and Leao's (2022) study indicated that 36% of children and adolescents who were exposed to the 2011 Syrian conflict experience PTSD. The experience of conflict itself, such as witnessing the death of a close family member or acquaintance, or witnessing traumatic events like clashes and violence, is linked to PTSD in these children and adolescents.

Altawil, EI-Asam and Khadaroo (2023) investigated that the number of PTSD symptoms in individuals who experienced ongoing traumas from conflicts, barrier, and wars significantly increased when war and conflict continued. At the same time PTSD, depression, and anxiety were strongly linked to the loss of employment, financial difficulties, and domestic violence (Abuhadra, doi, and Fujiwara, 2023). While social, emotional, interpersonal, brain function and neuronal development can be severely affected by child neglect and abuse, which are the most extreme forms of stress in children (Glaser, 2000; De Bellis, 2005; Vela, 2014). The impact of war is that children are unable to enjoy their childhood and getting severe harm and durable consequences. To offer adequate aid to children, it's crucial to respond to their current needs and give them the opportunity to experience childhood (Pollcinski and Krotluk, 2019).

The process of providing psychosocial support to children after the war is crucial. It is certainly true that early intervention, better promotion of positive mental health, and supportive positive parenting programs are essential. Their role is to assist in achieving better outcomes for children and young people as they enter society (Membridem, 2016).

To provide psychosocial support to conflict affected children and their families in Iraq and in the Kurdistan Region of Iraq, in collaboration with the international non-governmental organization Un Ponte Per ETS (UPP) and with funds from Caritas Switzerland, under the project "*Ibtisam phase II: Improving psychosocial well-being of IDP and refugee school children - p150110*", selected social workers utilized between 2016 and 2017 an approach called "Evidence-based Low Intensity Psychological Intervention" (EbLIPI), designed by a group of international mental health experts. EbPLIPI targeted children and parents/caregivers, were delivered by non-specialists and included relaxation techniques, parent training, parent support groups, interpersonal counselling and cognitive behavioral techniques. The project received the scientific approval from the Ethics Committee of the General Directorate of Health of Erbil

on January 27th 2016. Understanding the situation of children in war is crucial to respond humanely and remove obstacles so that they can enjoy their childhood.

This study is substantial because the researchers kept a record during the war/conflict and have spent time with the children themselves. During the war were recorded directly, not from distance or documented long after the war or collected from secondary sources, as often may happen in emergency settings. Refugees and IDPs were not included in the previous studies but in this study the researcher worked with both communities. However, it was noted that self-report was the primary method used in that studies. In this field study, observations were documented through detailed notes, supplemented by in-depth discussions and interviews with participants.

3. METHODS

In the current study, are examined the most pressing issues faced by internally displaced persons (IDPs) and refugee children in Iraq and in the Kurdistan Region of Iraq between 2015-2017. Focusing on Six specific cases, the research explored the experiences of IDPs and refugees conflict affected children enrolled in schools in Ankawa town (Erbil, KRI). The participants originally came from various Iraqi governorates and Syria, representing both Kurdish and Arab ethnicities. Religiously, the majority were Christians, with a smaller number of Muslims and Kakais. Most of the children lived in rented accommodations, while a few resided in camps or unfinished houses. The psychosocial wellbeing of the children was screened at school through the Child Psychosocial Distress Screener (CPDS). Based on it, children were referred to specialists and assessed through specific tools to better identify and defined their clinical condition or problems. The study also included children registered in the Hassan Sham camp. The case codes ANK1 through ANK6 were from Ankawa town, while HSC1 through HSC3 were from the Hassan Sham camp. The study employed a multifaceted approach to data collection, encompassing researchers' observations, interviews, and document analysis. The researchers leveraged their own experiences as social workers, conducting interviews with the cases they personally handled. Additionally, relevant documents were accessed from Un Ponte Per ETS (UPP) International NGO office in Erbil.

4. FINDINGS

4.1. Posttraumatic Stress Disorder (PTSD):

Case (1): code (ANK1), He was enrolled in the 5th grade of elementary school, aged 11, and has five family members. He had a worker father and a private

employee mother. The ISIS war caused them to relocate from Mosul outskirts (Nineveh Governorate) to Erbil, and the father was killed in an accident. This child loved his father dearly; his father tragically died in front of him in an accident. Consequently, ANK1 experienced a violent severe shock that significantly impacted his life and daily activities. In that year, he experienced a decline in his academic performance and failure in all subjects. The following signs were assessed: decreased daily activities, reduced focus in classes, nightmares, waking up during sleep, constant thoughts about the accident, isolation and lack of socializing, unwillingness to talk about the accident, anger, headaches, irritability over minor issues, feelings of guilt, sleep and food disturbances, fear, and heavy sweating, especially at night.

After participating in the structured resilience groups' sessions (RGS) (IFRC and SCI, 2012), ANK1 experienced the first changes: he felt to share his experience. This occurred during one of the program's workshops, specifically the "expression of feelings" workshop. When the school counselor asked if any of the students wanted to share their story, ANK1 raised his hand and started talking about the incident. Silence fell over the hall as everyone listened to him. This showed he was getting ready to access the available psychosocial intervention. His mother was amazed, by seeing his child speaking for the first time in detail about the accident. Following the EbLIPI multilayered interventions, most of the symptoms ANK1 was experiencing showed improvement.

4.2. Anxiety

Case (2): code (ANK2), He belonged to a family of six and held the position of the oldest child in the household. His father was unemployed, and his mother was a housewife. He was in the 4th grade and 10 years old. The child's difficulties included deep fear, anxiety, instability, sudden awakening, anger, boredom, and tension. The child himself reported headaches, abdominal pain, fear of going to school, shyness, and sometimes shortness of breath. Despite multiple requests to meet his parents, no one from his family showed up! According to the school's counselor, who was familiar with the family, he had been neglected by his family and there is domestic violence exist. Only psychosocial support at school could be provided in his case. However, limited progress was observed due to the absence of a supportive family environment and lack of family involvement. Conversations with other students' parents suggested that many were struggling, showing signs of depression and anxiety linked to the stresses of displacement and unemployment. Therefore, in addition to providing support to children, support was also given to their parents.

4.3. Depression:

Depression was more prevalent among high school students, especially those who experienced displacement and adverse events and were neglected by their families, and there were individuals who suffer from severe depression and may even try to end their lives.

Case (3): code (ANK3), The child was an 11th grade student, 17 years old. His father was a merchant, and his mother a housewife. Tragically, the child witnessed his father's death (killed by an armed group), an event that had a profound and lasting impact on the entire family. The loss of the father's affection and kindness was deeply felt. Along with inconsistent school attendance, the child (when present) exhibited concerning behaviors, including sadness, isolation, neglect of self and others, lack of social activity and peer engagement, and feelings of exhaustion and boredom. Additionally, the child reported sleep and eating problems, impulsive actions, and suicidal thoughts and attempts. While efforts were made to involve the child in school activities, intensive intervention was deemed necessary. Arrangements were subsequently made to refer the child to specialized mental health services at the Erbil Psychiatric Hospital, where one of the psychiatrists providing comprehensive care to him was also a member of the UPP team.

4.4. Categories of abuse

The parents of the children have left behind their memories of their homeland due to displacement, inadequate shelter, job losses, and loss of places of residence. Various forms of violence and mistreatment were documented: Abuse by teachers and families. According to GHQ (General Health Questionnaire) results, the proportion of distressed parents was very high, especially with the use of the original validation cut off. Conversely, when applying the Arabic validation, the proportion of distressed parent's decreases but still remained high (47%) (UPP, 2017).

4.4.1. Neglect

Parents may neglect their children due to several factors such as marital relationships breaking down, preoccupation with daily activities, illness, displacement, exile, and unemployment. Interviews conducted with the parents of the students revealed that insomnia was a common issue, and the pressure level was high. There were numerous reports of family conflicts. It was noticed that a significant number of mothers gave their children mobile phones to keep them occupied, and during the interviews, both mothers and children acknowledged these actions after witnessing distressing incidents.

Case (4): code (ANK4), At 16 years old and enrolled in grade 10, he was part of a family of five. His father was a businessman, and his mother was a housewife. The child reported that his father did not visit them. He had two wives, neglected them, and did not return to them. The child mentioned that they had previously faced threats and abduction by armed groups, leading to their relocation to the outskirts of Erbil City. However, the child's academic performance was below average, he lacked relationships and friends, he felt distant from the others, and felt fearful and uneasy. While studying, he also worked to support his family, with consequent occasional absences from school. He received assistance in two ways: through the support of financial aid organizations; on the other hand, he participated in structured resilience group activities and attended sessions with a social worker. He showed limited response to interventions due to his family's challenging financial and social circumstances.

4.4.2. Domestic Violence:

According to the information collected, domestic violence was prevalent due to the unfavourable conditions the families lived in. During the interviews, children's parents reported experiencing life pressures, including the loss of property, financial stability, housing, and employment. Conflicts among family members and violence, particularly against children, often resulted from this. Children, having their own demands and not fully understanding the situation, would often insist on having their needs met, exacerbating the tension within the family.

Case (5): code (ANK5), At the age of 10, he was in the fourth grade. His father worked as an employee and his mother was a housewife. Their family had four members and they resided in a rented house, he was the first born. Signs of problems this child had were isolation while attending school, silence and lack of interaction, and not contributing to household chores, fear of animals, and a poor scientific understanding. It became obvious that the child was being abused at home after receiving information from the school counselor and interviewing the child's mother. Initially, the child's mother refused to acknowledge it and she reported not to use violence against the child. After describing the signs of violence in her child's behavior, about an hour into the conversation, she started to cry and confessed the truth. His mother confirmed that his father was violent and sometimes used a pipe to beat him. The child's mother was also abused towards the child and discriminated against in the family compared to the second child, and when they went out and shopping only the second child of the family was going with them. As a result, the child suffered from Castration anxiety, feeling threatened by the father's authority.

After having a series of meetings with the child's parents and explaining the negative consequences of their poor care to the child, the parents realized that their misbehavior had a negative effect on their child's life. Finally, their behavior towards the child improved. The school counselor reported that the child had gradually changed his behavior and did no longer act violently towards other children. Furthermore, he started to focus on his studies.

4.4.3. School violence

Nearly every school in the study sample in Ankawa reported incidents of violence against students. Many children lacked space for movement and play at home, with some living in camps and others in unfinished houses. Those on the top floors of small homes had limited opportunities to release their energy, often making the most of their time at school by playing as much as possible.

However, most teachers were also displaced and faced immense pressures experiencing similar hardships. This environment often led to violence against children, including expulsions from classes, insults, punishments, and physical harm. To address this issue, we implemented special training courses for certain teachers, aimed at raising awareness of the situation and reducing violence in schools.

Case (6): code (ANK6) One day during my visit to the school, there was the end of a break between classes. I observed the school principal with a pipe in his hand placing his students into classes. From distance, I held off until the situation calmed down and then proceeded to the manager's room. I witnessed him putting the pipe behind him. Learning my disapproval, he responded with a smile: "This one can only be managed through physical punishment".

5. INTERVENTION TECHNIQUES

Interventions package (multi-layered model) (Marini, 2015). Was utilized as follow:

5.1. RESILIENCE GROUP: All children who have signed consent forms are eligible for the program, which is delivered by teachers at school with a help from UPP's social workers, and includes 5 sessions for children and 3 sessions for parents.

The implementation of structured Resilience Groups (RGs) and Psychological First Aid (PFA), at the class level has been a strategic initiative aimed at strengthening the resilience of students, increasing their social support, and preventing higher levels of distress and risk. *Ibtisam phase II* project has also facilitated the triaging of those in need to a higher level of intervention, while reducing the stigmatization associated with this process. The participation data from the 2015/2016 and 2016/2017

academic years, which involved 2,646 and 3,185 students, respectively, along with 522 and 696 parents, respectively, underscores the significance of this endeavor. Furthermore, the final analysis results on the Pre and Post Interviewed-based Analysis (PIA) questionnaire have indicated a notable increase in the percentage of children exhibiting positive psychosocial elements after just five weeks of the Resilience Groups sessions, highlighting the program's effectiveness in fostering resilience.

5.2. ELbIPI (Evidence Based Low Intensify Psychological Intervention) Non-specialists UPP's Social workers delivered direct and indirect programs that targeting children and/or their parents/caregivers.

The use of (EbLIPI) has demonstrated promising results in addressing the mental health problems of students. These manualized techniques, rooted in cognitive-behavioral therapy and interpersonal counseling, have been implemented for clinically distressed students after the completion of a screening process. The data collected over two academic years reveals a significant decline in the number of students identified as clinically distressed, suggesting the effectiveness of the interventions. Out of the 700 students identified during the project, 97 have successfully completed the full cycle of EbLIPI sessions, further corroborating the positive impact of this targeted approach to addressing psychosocial distress among the student population.

5.3. PARENT SUPPORT GROUP: Parents of children who have been identified as distressed by CPDS are provided with psychoeducation and concrete advice by non-specialists (social workers)

5.4. SPECIALIZED MENTAL HEALTH SERVICES: Secondary care services provided by KRI include psychiatric services.

Teachers could have benefited from stress management sessions facilitated by a counselor, depending on their self-perceived needs.

Simultaneously, Child-friendly spaces in majority of camps were created through international organizations to aid children in adapting uncomfortable situation they were addicted to.

6. DISCUSSION

This study aims to elucidate the most prevalent psychosocial issues confronting children who have been displaced as refugees or IDPs due to the ISIS war. The research has identified a comprehensive range of mental, physical, and social challenges these children have grappled with, including PTSD, anxiety, depression, neglect, domestic violence, school violence. These findings are in line with recent research studies (De Bellis,

2005; Glaser, 2000; Vela, 2014; Slewa-Younan, et al, 2014; Membridem 2016; Kanan and Leao's, 2022; Abuhadra, Doi, and Fujiwara, 2023; Altawil, El-Asam and Khadaroo; 2023; Erlewein, Gossmann and Fegert, 2024). The imbalance between children's and adults' perceptions is a significant factor in the harmful impact of traumatic events, as children's worlds are fundamentally distinct from the understanding of their elders, interpreting them highly responsive to the consequences of unwelcome occurrences. Furthermore, the prevalence of violent imagery on platforms such as YouTube has exposed many children to the painful realities of military conflicts and killings, compounding the distress. Additionally, the lack of experience and the displacement experienced by the children's parents has hindered their ability to address the needs of the children effectively, leading to an increased degree of emotional distress.

The provision of comprehensive psychological and social support by national and international humanitarian organisations and by empowered Kurdish and Iraqis professionals proved to be instrumental in aiding the survivors of the war to recover and cope effectively. These critical interventions, characterized by a formal and empathetic approach, addressed the multipronged needs of the affected individuals, fostering resilience and facilitating their re-entry into society. The coordinated efforts of these organizations played a pivotal role in mitigating the adverse psychosocial consequences experienced by the victims, ultimately contributing to their healing and rehabilitation during a challenging period.

The resettlement of IDPs and refugees in Ankawa town has demonstrated notable progress. Facilitated by national and international organizations, the majority of these individuals have successfully transitioned into rented housing within a year 2015. Concurrently, it is observed that those from the suburbs of Mosul or other Iraqi provinces, as well as Syrian refugees, have not directly witnessed the traumatic events that have impacted the children in some camps such Hassan Sham camps. The latter group, hailing from Mosul, has endured numerous perilous experiences, resulting in more profound mental and physical effects. Consequently, national and international organizations have played a vital role in mitigating the suffering of both IDPs and refugees by providing comprehensive physical and mental health services, enabling rehabilitation, and ensuring access to education through the establishment of CFS within the camps.

This study holds considerable significance as the researcher maintained careful records of the events that transpired during the war and conflict, immersing themselves directly with the cases at hand. Unlike

previous studies that relied on secondary sources or documented events long after the conflict had concluded, this study effort uniquely captures the firsthand experiences and chronicles the developments as they unfurled. Furthermore, this study encompasses both refugees and IDPs experiences, a crucial aspect that was often overlooked in earlier investigations, thereby providing a more comprehensive understanding of the complexities inherent in the situation.

7. CONCLUSION

This study seeks to illuminate the overriding psychosocial challenges experienced by children who have been forcibly displaced as refugees or IDPs due to the ISIS conflict. The research has identified a variety of mental, physical, and social adversities confronting these children and young people, encompassing PTSD, anxiety, depression, neglect, domestic violence, school-based violence. Explaining the extent and nature of these multifaceted issues is critical for informing targeted interventions and support mechanisms to address the complex needs of this population. The findings of this research will aid policymakers in relief and social work agencies in more effectively identifying the most prevalent cases arising from war and conflict. It is essential that international and national organizations, as well as relevant government bodies, cultivate a skilled and comprehensive workforce to deliver the essential support to those in dire need during times of emergency. Equipping these institutions with the necessary resources and expertise will ensure a timely and comprehensive response to the unique challenges faced by populations affected by crisis. Future research should utilize both quantitative and qualitative methodologies to provide a more comprehensive understanding of complex phenomena, enabling researchers to obtain a subtle and holistic perspective. This study presents a notable limitation in its inability to utilize quantitative data to ascertain the precise rates of various mental health issues. Methodologically, a mixed-method approach would have been preferable to provide a more comprehensive understanding of the phenomenon.

Abbreviations:

ANK: Ankawa.
 ISIS: Islamic State of Iraq and Syria.
 EbLIPI: Evidenced based Low Intensity Psychological Interventions.
 PFA: Psychological First Aid.
 IPC: Interpersonal Counseling.
 PTSD: Post-Traumatic Stress Disorder.
 RGs: Resilience Groups.
 PSS: Psycho social support.
 IDPs: Internally Displaced Persons.

CPDS: Child Psychosocial Distress Screener.

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Declarations

Ethical approval and consent form:

Institutional ethics approval for Ibtisam phase II project was obtained from the ethics committee of the general directorate of health of Erbil by Un Ponte Per ETS on January 27th 2016.

Parents' consent form

Children were presented with information about the intervention and a parental consent form to hand over to their parents.

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