



Alliance for Child Protection in Humanitarian Action Family Strengthening Task Force

Evidence and resources on the improvement of children's wellbeing due to a reduction in family violence and improved parental psychosocial wellbeing in humanitarian contexts.

Background:

In order to identify priority areas of work for the Family Strengthening Task Force¹ of the Alliance for Child Protection in Humanitarian Action, two initial work plan activities were undertaken in 2017:

- Review existing literature on the linkages between caregiver psychosocial wellbeing and the wellbeing of children in humanitarian crisis.
- Interagency mapping of resources and interventions focusing on parents/caregivers and families linked to achieving the overall work plan outcome, that *children's wellbeing is improved due to a reduction in family violence and improved parental psychosocial wellbeing*.

Section 1. A scoping review of linkages between caregiver psychosocial wellbeing and the wellbeing of children in humanitarian crisis:

By Palki Bhatt (MSc, McMaster University), Dr. Olive Wahoush (School of Nursing, McMaster University), Laura Banfield (Global Health Library, McMaster University) in collaboration with Felicity Brown and Rinske Ellermeijer (War Child Holland).

Abstract

Background: There are over 62 million children living in areas of humanitarian crisis. Research has indicated that although secure caregiving can help children face the stressors of war and disaster, in these contexts, caregiving abilities are diminished and the prevalence of family violence increases. This scoping review was conducted to a) examine the extent to which caregiver psychosocial wellbeing and family violence affect the wellbeing of children and b) understand if interventions and programming can improve wellbeing of children through changes in caregiver psychosocial wellbeing or family violence.

Methodology: Using the Arksey and O'Malley framework, we searched three electronic databases and various grey literature sources for relevant work. This was followed by a quantitative and thematic analysis to examine the extent, range and scope of literature.

Results: The findings from 25 identified studies indicated that caregiver psychosocial wellbeing and family violence are both associated with various dimensions of child wellbeing. The search revealed very limited evidence in the form of evaluated programs that reliably measure caregiver and family dimensions, while also measuring child outcomes.

Conclusion: Focusing on improving the wellbeing of caregivers and reducing family violence may provide an important venue through which we can improve the lives of children. However, further research must be conducted to expand our understanding of the relationships between relevant factors, and to create robust program evaluations to determine the efficacy and value of interventions.

¹ Formerly the Psychosocial Support for Families/Caregivers Task Force. The group transitioned to the Family Strengthening Task Force, as agreed in the 2017 Task Force call.

Background

Addressing the needs of populations affected by humanitarian crisis has become a central focus of global public health efforts. Caregivers and families have the potential to play a crucial role in attempts to help protect and enhance the wellbeing of children in these contexts as they are key components of their child's social ecology. It has been shown that a stable, nurturing and safe home environment can help mitigate the negative effects of ambient violence and instability. However, deteriorating family relationships and poor psychosocial wellbeing of caregivers in humanitarian crisis may be an additional source of harm for children. This scoping review was conducted to enhance our understanding about how the psychosocial wellbeing of caregivers and family violence are related to the overall wellbeing of children in the context of humanitarian crises. The principal research question was: *To what extent does family violence and caregiver psychosocial wellbeing in humanitarian contexts affect the wellbeing of children?* The following research sub-question was also addressed in the course of this study: *What does the evidence indicate about the improvement of children's wellbeing due to a change in caregiver psychosocial wellbeing and family conflict?*

Methods

This scoping review was guided by the Arksey and O'Malley Scoping Study framework. The published literature was searched through applying a systematic search strategy of Medline, EMBASE and PsycINFO, that captured the following key concepts: (1) child or adolescent wellbeing, (2) caregivers (3) psychosocial wellbeing, (4) family conflict, and (5) humanitarian crisis. We also conducted a hand-search of organizational websites to identify grey literature sources. Ultimately, 25 articles were selected (Selection process depicted in Figure 1) that met the inclusion and exclusion criteria (Table 1).

Table 1: Inclusion and Exclusion Criteria

Included	Excluded
<ul style="list-style-type: none"> • Political violence, armed conflict, natural disasters, and/or complex emergencies in LMIC • Ongoing crisis 	<ul style="list-style-type: none"> • Post-crisis research • Humanitarian crisis in HIC • Intergenerational effects

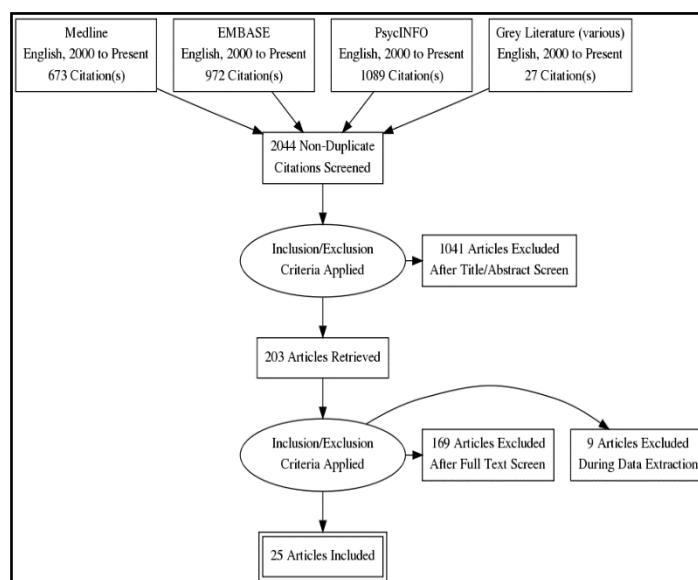


Figure 1: Study Selection Flow diagram





THE ALLIANCE
for Child Protection in
Humanitarian Action

Results

Fifteen percent (n=3) of the selected studies were interventional studies, of which one was an RCT and two were non-randomized. Eighty-four percent of studies were conducted in a humanitarian crises related to armed conflict. The only literature that looked at natural disasters were the four studies (16%) that were conducted in areas of Sri Lanka that had been affected by both armed conflict and natural disaster. Some important quantitative and qualitative thematic findings include:



Figure 2: Distribution of literature by age of children

- Discrepancy between age of children looked at in observational and interventional work, with interventions focusing on younger age groups and observational work looking at older children (see Figure 2)
- Heavy focus on mental health symptomatology for both caregivers and children
- Predominantly focused on female caregivers
- Generally, poor caregiver mental health acted as a risk factor for child psychiatric disorders
- Parental psychological distress was a main mechanism through which trauma caused poor psychological outcomes in children.
- Family violence was a predictor of mental health issues and depression in children
- Child exposure to family violence was a stronger predictor of poor psychological and psychosocial functioning than exposure to war and tsunami
- Substance abuse linked to the amount of child maltreatment
- Parental psychopathology was correlated to child maltreatment, which was correlated significantly with suicidality and depression
- Interventional evidence demonstrated some changes in child wellbeing, though there was a lack of baseline data for outcomes and caregiver outcomes limited to feelings and perspective about interventions

Important sources of variability were identified that affected the associations between caregiver and child wellbeing:

- A. Context, Culture and Ethnicity
 - Type and chronicity of trauma exposure
 - Ethnic differences in dynamics between caregivers and children
- B. Family dynamics
 - Compensatory dynamics of mental health symptomatology between caregivers and older adolescents
- C. Gender
 - In one study, girls displayed psychological distress according to 'Family systems model', while boys showed high levels of distress accumulative impact model
 - Paternal alcohol use was linked to child maltreatment
- D. Reporter bias
 - Mental health associations between caregiver and child were stronger when child outcomes were caregiver-reported

Recommendations

- i. Explore the nature of associations with other relevant factors that affect caregiver psychosocial wellbeing and family violence



- Sociodemographic factors (Economic status, education, family size), parenting style, social support, family dynamics
- ii. *Expand scope of child and caregiver wellbeing outcomes beyond mental health*
- iii. *Enhance study design for both the observational and interventional research*
 - Conduct program evaluations for the existing and future interventions that target caregivers
 - Conduct more longitudinal studies
 - Use multiple informants for child outcomes to reduce reporting bias
 - Conduct research to understand the socio-cultural contexts of the areas that interventions would be scaled out in
 - Measure baseline data for both parents and caregivers in interventions
- iv. *Link bodies of research*
 - Target family violence beyond the violence between caregivers and children or child maltreatment, to include inter-partner violence
 - Include fathers and male caregivers in interventional work, focusing on substance abuse if relevant

Conclusion

- Focusing on improving the wellbeing of caregivers and reducing family violence may provide an important venue through which we can improve the lives of children in humanitarian crises
- Further research is needed to understand how other relevant family variables interact with caregiver wellbeing, family violence and the wellbeing of children
- This study will contribute the evidence-base that is needed to develop ethical and effective humanitarian interventions to improve child wellbeing through the reduction of family violence and improvement of caregiver psychosocial wellbeing

Section 2. Mapping of resources and interventions focusing on parents/caregivers and families:

Background

The overall aim of the mapping was to gain a detailed global overview of existing tools and interventions with parents/caregivers, which improve children's well-being through a reduction in family violence and improved parental psychosocial well-being in humanitarian contexts. The mapping sought in particular to identify interventions with a strong evidence base, and ones which have been widely rolled out in different contexts, or have the potential for replication and are available to other agencies. Furthermore, the mapping aimed to identify gaps in programming or evidence base.

From an initial Survey Monkey questionnaire, 81 responses from 29 different agencies were received. Some additional interventions which were mentioned during follow up conversations were later added. After an initial data cleaning, follow up was conducted by skype and email to identify which interventions should be included in the mapping, and to collect further documentation, including tools, resources and evidence. In total 33 interventions from 17 agencies were included in the final mapping.

The following criteria were used for inclusion of interventions in the mapping:

- The intervention contains a clear component working directly with the parents/caregivers. The primary focus of the intervention does not have to be on the parent/caregivers, but there has to be a structured component of the intervention conducted with parents/caregivers. I.e. if parents/caregivers are only invited to events where their children present what they had learned, these were not included, as there is no structured component of work with parents/caregivers.



- The component with the parents/caregivers is structured, and there is a manual, guidance or at least a clear model or framework for the intervention, which could be replicated.
- The intervention has been implemented in / or is being adapted for implementation in humanitarian contexts.

It was found that the interventions could largely be grouped into 3 key categories of programming with parents/caregivers, which helps us to understand the types of programming being implemented with parents/caregivers. Some interventions contribute to more than one category of programming²:

- Interventions supporting the psychosocial wellbeing of parents/caregivers
- Interventions to support positive parenting
- Interventions to address intimate partner violence

An additional category was added in order to look at joint activities implemented with children and their parents/caregivers together. This was included as this was highlighted by many respondents as a really strong tool for promoting attachment and positive interaction in the family, benefiting both the child and the parents' psychosocial well-being. Therefore, the following category was added:

- Joint activities with children and their parents/caregivers together, promoting attachment and positive interaction in the family

Key findings from the mapping

- 18 of the 33 interventions included some focus on parental psychosocial well-being, however the focus given to this within the programme varied significantly. In 7 programmes the psychosocial support for parents appears to be a core component and an explicit objective of the programme, whereas in many other interventions it is a much smaller component, often focusing on stress management and coping skills within a broader programme on parenting³.

In 5 interventions⁴ agencies reported that the programme is implemented by staff with mental health expertise.

Some examples of where psychosocial support for parents appears to be a core component include:

- Centre for Victims of Torture: Individual, group and family counselling and clinical mental health treatment. Although adult sessions do not specifically address violence in the home, anecdotal evidence is that many parents report how the group model has helped them manage their anger in the family.
- Mercy Corps Palestine: Group sessions using creative activities to help caregivers (mainly mothers of beneficiary children) better cope with stress themselves, alongside joint psychosocial support sessions for children together with their primary carer. A further programme is done at the family level, where sessions foster positive family interaction, provide opportunities for learning and practicing stress management activities, and equip family members with information to help them better cope with stress.
- Save the Children Palestine: a programme comprising of a number of mental health and psychosocial support (MHPSS) components with both ex-detainee children and their parents, including psychological assessment, individual and group counselling for the child and parents.

² The decision of which categories to select for each intervention was taken based on the information received for the mapping, a review of additional documentation received and some follow up discussions by email or skype. If agencies feel that an intervention has been incorrectly labelled, or a category missed, please contact Save the Children (slh@redbarnet.dk)

³ Categorization made based on information received for the mapping.

⁴ Centre for Victims for Torture - Family oriented screening and assessment processes; Save the Children - Family counselling for parents of detainees and ex detainees children; and Save the Children - Out of the Shadow of War; Mercy Corps – Psychosocial support for children and families.



- War Child - Caregivers Support Intervention (CSI): Reduces parental stress and distress through an increase in the provision of social support, psycho-education, and stress management techniques; also provides strategies for reducing harsh parenting and increasing positive parenting.
- Action Against Hunger: in Baby Friendly Spaces, the main objective is to take care of the mother/caregiver in order to support her to take care of the child/infant, and prevent malnutrition of children. Staff in Baby Friendly Spaces support parents with psychological distress and help women continue to breastfeed in spite of their distress, and providing a safe space to connect with their babies.
- UNICEF - Regional support to integrated Nutrition Programming in West and Central Africa: one of two training modules focuses specifically on training Health workers to provide psychosocial support to caregivers, including strengthening coping mechanisms, developing support mechanisms, and identifying caregivers in need of more specialized support and referring for further support.

Examples of where psychosocial support for parents is included within a wider parenting programme include:

- World Vision - Go Baby Go: Positive parenting programme, which includes consideration of supporting the caregiver's mental well-being within 10-12 sessions focusing on responsive caregiving and age appropriate activities. Sessions also look at the 'Home Environment' and Well-being as a family affair'.
 - IRC - Families make the Difference: Through a programme to strengthen positive parenting skills for caregivers of children and adolescents, parents/caregivers learn positive discipline techniques, how to cope with stress, how to provide PSS to their children, positive communication skills through empathy and an understanding of brain development. Two sessions of the series of 10 to 13 sessions, focus specifically on parental psychosocial well-being.
- The main focus of the majority of interventions with parents/caregivers is on parenting support/ positive parenting programmes⁵. 23 out of 33 interventions included in the mapping include a focus on positive parenting. 10 of these interventions mentioning also working to support the psychosocial well-being of parents, of which just one has the psychosocial well-being of parents as a main focus (War Child Holland – Caregiver Support Intervention).
 - 17 out of 33 interventions contain a component involving joint activities with children and their parents/ caregivers together. This ranges from a very small component of the intervention, for example just one or two joint sessions, to interventions where the joint activities are the critical component of work with parents.
 - Only 2 interventions, both from Raising Voices, had addressing domestic violence or intimate partner violence as a primary objective. One other intervention (from Center for Victims of Torture) mentioned addressing domestic violence within the programme, but it is not a primary objective. Whilst the interventions do not specifically focus on reducing violence against children in the home, anecdotal evidence shows that addressing intimate partner violence and strengthen relations in the family, has a positive impact on children's well-being.
 - A number of agencies submitted Child-Friendly Spaces (CFS) based interventions for the mapping. The CFS are used as a platform to engage with parents in multiple ways:

⁵ Positive parenting is understood as an approach to child-raising that strengthens the relationship between parents and children based on: communication and mutual respect; the facilitation of the child's full development potential; and the ability to negotiate diverging interests in a constructive way. Positive parenting works to help children develop self-discipline, and involves the setting of clear rules, taking time to listen, working as a team, and empowering parents and caregivers with knowledge and skills on how to relate to their children in a non-violent/threatening way. Interventions which focus on parenting skills, understanding of child development and/or reducing the practice of physical and humiliating punishment, have been included under this category.



- Reducing caregivers stress by providing a safe space for their child's learning and development, during a crisis.
- Awareness raising and information sharing
- Training on child rights, child protection, psychosocial support, disaster risk reduction (DRR) etc.
- Positive Discipline/ positive parenting sessions
- Support through case management processes, which can include advice and guidance on issues such as positive parenting, counselling etc

Standard 17 on Child Friendly Spaces in the Minimum Standards for Child Protection in Humanitarian Action includes a guidance note on the importance of psychosocial wellbeing of parents for children's care and protection⁶. It also recommends that parent support group sessions can also be scheduled in CFSs. However the key guidance on Child Friendly Spaces, such as the interagency Guidelines for Child Friendly Spaces in Emergencies⁷, do not make reference to supporting the psychosocial well-being of parents. Whilst they do promote parental engagement, the focus is on awareness raising and information sharing, particularly on parenting skills and care practices for caregivers, children's rights, child participation, etc. This is also reflected in the CFS submissions received for this mapping.

- There appears to be a lack of focus on male caregivers within the parenting interventions received. In particular interventions for infants often target mothers. In some other programmes respondents reported challenges in getting the participation of fathers/male caregivers in the programme.
- Within the interventions received there appeared to be good coverage of all age groups of children across all the categories of interventions, except for the age group 3 to 6 years where there were some, but fewer targeted programmes. 7 interventions specifically targeted adolescents or youth.
- Whilst many of the interventions did not have supporting parental psychosocial well-being as an explicit focus, anecdotal evidence indicates that participating in parenting programmes, or parent support groups, often also had a positive impact on the parent's psychosocial well-being. Reasons for this include the encouragement and support from other parents, the sharing of experience, the validating of parental care practices, as well as the confidence gained from learning new skills and knowledge.
- The participation of parents in parenting interventions and parents groups, also provides an opportunity for facilitators to identify parents who may need more specialized support, and then refer them to relevant service providers.
- There may be other interventions in other sectors which were not identified as part of this mapping which more directly support the psychosocial well-being of parents. In particular interventions which more broadly target adult beneficiaries, for example under MHPSS, Protection or Health programming have not been included. However, it appears that within the Child Protection sector there are limited programmes which directly work to support parental psycho-social well-being, despite the direct impact this may have on children's psychosocial well-being and on violence in the home.
- During follow up discussions some respondents discussed that the addition of a component of joint activities with parents and children is a fairly recent component after the realization that this can play a strong role in supporting the psychosocial well-being of children, as well as their parents. However at this stage there appears to be limited evidence beyond anecdotal of the impact on either children, or on the psychosocial well-being of the parents/caregiver.

⁶ Child Protection Working Group (CPWG) (2012). *Minimum standards for child protection in humanitarian action*. p.153

⁷ IASC, INEE, Global Protection Cluster, Global Education Cluster (2011). *Guidelines for Child-friendly Spaces in Emergencies*





THE ALLIANCE
for Child Protection in
Humanitarian Action

- Both the Minimum Standards for Child Protection in Humanitarian Action⁸ and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings⁹ contain recommendations on providing care for caregivers, although it could be stronger in both. For example in IASC Guidelines the recommendations for support to caregivers comes specifically under the Action Sheet for support to young children (0-8 years).
- Many of the interventions received for the mapping have been rolled out in multiple countries in different humanitarian contexts around the world, and have a replicable model or manual which is available for other agencies to use. There is therefore a rich body of resources in the mapping which can support a range of interventions with parents. However, the evidence base appears in general to be very limited, with just two interventions being implemented in multiple countries reporting to have a strong evidence base¹⁰¹¹.

Possible gaps in programming or evidence

- Evidence to assess the impact of a specific focus on supporting the psychosocial well-being of parents as part of parenting interventions to achieve children's wellbeing outcomes, differentiated by age group of the children.
- Evidence on the impact of joint activities with children and their parents/caregiver, on both the child and the parent/caregiver wellbeing.
- Guidance on the development of interventions to support parental/caregiver psychosocial well-being in humanitarian contexts to achieve child's wellbeing outcomes.
- Development of guidance on inclusion of fathers in parenting interventions.

⁸ Child Protection Working Group (CPWG) (2012). *Minimum standards for child protection in humanitarian action*. p.101

⁹ Inter-Agency Standing Committee (2007). *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. p.113 in particular.

¹⁰ IRC - Families Make the Difference; IMC - Early Childhood Development (Includes Parent Skills Training)

¹¹ Some interventions have strong evidence but just for one country, or have a strong evidence base for the programme as a whole but limited on the specific component with parents.





THE ALLIANCE
for Child Protection in
Humanitarian Action

Annex 1: Overview of agencies and number of interventions included in the mapping

The table below shows the agencies and number of interventions that have been included in the mapping, in alphabetical order:

No.	Agency	Number of responses included in the mapping
1	Action Against Hunger	2
2	Care International	1
3	Catholic Relief Services and Say and Play Therapy Center	1
4	Center for Victims of Torture	1
5	Church of Sweden	1
6	Clowns Without Borders South Africa	2
7	International Medical Corps (IMC)	1
8	International Rescue Committee (IRC)	2
9	Medica Mondiale	1
10	Mercy Corps	2
11	Plan International	1
12	Raising Voices	2
13	Save the Children	5
14	Save the Children and Red Cross Red Crescent Reference Centre for Psychosocial Support	1
15	Terre des Hommes	3
16	UNICEF	2
17	UNICEF / Save the Children	1
18	War Child	2
19	World Vision	1
20	Child Friendly Spaces (CFS) implemented by various agencies	1
Total number of interventions included from survey responses:		33

Note:

Where it was felt that interventions did not meet the criteria of the mapping, or there was insufficient information, these interventions were not included in the mapping.

If your agency submitted an intervention which has not been included but you feel meets the criteria, or if you have other interventions which are relevant, please contact Save the Children (slh@redbarnet.dk). The mapping is intended to be a living document, so interventions which meet the agreed criteria can still be added.





THE ALLIANCE
for Child Protection in
Humanitarian Action

Annex 2: References & Literature included in review

- Ahmad A., Sofi M.A., SundelinWahlsten V., & Von Knorring, A. L. (2000). Posttraumatic stress disorder in children after the military operation "Anfal" in Iraqi kurdistan. *European Child and Adolescent Psychiatry*, 9(4), 235-243. doi:<http://dx.doi.org/10.1007/s007870070026>
- AlKrenawi A., Graham J.R., & Sehwal, M. A. (2007a). Tomorrow's players under occupation: An analysis of the association of political violence with psychological functioning and domestic violence, among palestinian youth. *American Journal of Orthopsychiatry*, 77(3), 427-433. doi:<http://dx.doi.org/10.1037/0002-9432.77.3.427>
- AlKrenawi, A., LevWiesel, R., & Sehwal, M. A. (2007b). Psychological symptomatology among palestinian adolescents living with political violence. *Child and Adolescent Mental Health*, 12(1), 27-31. doi:<http://dx.doi.org/10.1111/j.1475-3588.2006.00416.x>
- Catani, C., Gewirtz, A. H., Wieling, E., Schauer, E., Elbert, T., & Neuner, F. (2010). Tsunami, war, and cumulative risk in the lives of sri lankan schoolchildren. *Child Development*, 81(4), 1176-1191. doi:<http://dx.doi.org/10.1111/j.1467-8624.2010.01461.x>
- Catani, C., Jacob, N., Schauer, E., Kohila, M., & Neuner, F. (2008). Family violence, war, and natural disasters: A study of the effect of extreme stress on children's mental health in sri lanka. *BMC Psychiatry*, 8, Art 33-10. doi:<http://dx.doi.org/10.1186/1471-244X-8-33>
- Cohen, E., PatHorenczyk, R., & HaarShamir, D. (2014). Making room for play: An innovative intervention for toddlers and families under rocket fire. *Clinical Social Work Journal*, 42(4), 336-345. doi:<http://dx.doi.org/10.1007/s10615-013-0439-0>
- Dubow, E. F., Huesmann, L. R., Boxer, P., Landau, S., Dvir, S., Shikaki, K., & Ginges, J. (2012). Exposure to political conflict and violence and posttraumatic stress in middle east youth: Protective factors. *Journal of Clinical Child and Adolescent Psychology*, 41(4), 402-416. doi:<http://dx.doi.org/10.1080/15374416.2012.684274>
- Dybdahl, R. (2001). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development*, 72(4), 1214-1230. doi:<http://dx.doi.org/10.1111/1467-8624.00343>
- Fernando G.A., Miller K.E., & Berger, D. E. (2010). Growing pains: The impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in sri lanka. *Child Development*, 81(4), 1192-1210. doi:<http://dx.doi.org/10.1111/j.1467-8624.2010.01462.x>
- GuttmannSteinmetz, S., Shoshani, A., Farhan, K., Aliman, M., & Hirschberger, G. (2012). Living in the crossfire: Effects of exposure to political violence on palestinian and israeli mothers and children. *International Journal of Behavioral Development*, 36(1), 71-78. doi:<http://dx.doi.org/10.1177/0165025411406861>
- Jordans, M. J. D., Tol, W. A., Ndayisaba, A., & Komproe, I. H. (2013). A controlled evaluation of a brief parenting psychoeducation intervention in burundi. *Social Psychiatry and Psychiatric Epidemiology*, 48(11), 1851-1859. doi:<http://dx.doi.org/10.1007/s00127-012-0630-6>
- Khamis, V. (2016). Does parent's psychological distress mediate the relationship between war trauma and psychosocial adjustment in children? *Journal of Health Psychology*, 21(7), 1361-1370. doi:<http://dx.doi.org/10.1177/1359105314553962>
- Massad S., Nieto F.J., Palta M., Smith M., Clark R., & Thabet, A. A. (2009). Mental health of children in palestinian kindergartens: Resilience and vulnerability. *Child and Adolescent Mental Health*, 14(2), 89-96. doi:<http://dx.doi.org/10.1111/j.1475-3588.2009.00528.x>
- Olema, D. K., Catani, C., Ertl, V., Saile, R., & Neuner, F. (2014). The hidden effects of child maltreatment in a war region: Correlates of psychopathology in two generations living in northern uganda. *Journal of Traumatic Stress*, 27(1), 35-41. doi:<http://dx.doi.org/10.1002/jts.21892>
- PanterBrick C., Grimon M.P., & Eggerman, M. (2014). Caregiver-child mental health: A prospective study in conflict and refugee settings. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 55(4), 313-327. doi:<http://dx.doi.org/10.1111/jcpp.12167>
- PanterBrick, C., Eggerman, M., Gonzalez, V., & Safdar, S. (2009). Violence, suffering, and mental health in afghanistan: A school-based survey. *The Lancet*, 374(9692), 807-816. doi:<http://dx.doi.org/10.1016/S0140-6736%2809%2961080-1>
- PanterBrick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in kabul, afghanistan. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(4), 349-363. doi:<http://dx.doi.org/10.1016/j.jaac.2010.12.001>



THE ALLIANCE
for Child Protection in
Humanitarian Action

- Punamaki R.L., Qouta S., El Sarraj E., & Montgomery, E. (2006). Psychological distress and resources among siblings and parents exposed to traumatic events. *International Journal of Behavioral Development*, 30(5), 385-397.
doi:<http://dx.doi.org/10.1177/0165025406066743>
- Qouta, S., Punamaki, R., & Sarraj, E. E. (2005). Mother-child expression of psychological distress in war trauma. *Clinical Child Psychology and Psychiatry*, 10(2), 135-156. doi:<http://dx.doi.org/10.1177/1359104505051208>
- Soysa C.K., & Azar, S. T. (2016). Active war in sri lanka: Children's war exposure, coping, and posttraumatic stress disorder symptom severity. *American Journal of Orthopsychiatry*, (pagination), ate of Pubaton: Ar 11, 2016.
doi:<http://dx.doi.org/10.1037/ort0000175>
- Sriskandarajah, V., Neuner, F., & Catani, C. (2015). Predictors of violence against children in tamil families in northern sri lanka. *Social Science & Medicine*, 146, 257-265. doi:<http://dx.doi.org/10.1016/j.socscimed.2015.10.010>
- Thabet, A. A., Tawahina, A. A., El Sarraj, E., & Vostanis, P. (2008). Exposure to war trauma and PTSD among parents and children in the gaza strip. *European Child & Adolescent Psychiatry*, 17(4), 191-199.
doi:<http://dx.doi.org/10.1007/s00787-007-0653-9>
- Veronese, G., Fiore, F., Castiglioni, M., & Natour, M. (2014). Family quality of life and child psychological well-being in palestine: A pilot case study. *Journal of Social Work*, 14(6), 553-575.
doi:<http://dx.doi.org/10.1177/1468017314549690>

