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REFERENCES:

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ACCESSIBLE STRATEGIES TO SUPPORT CHILDREN'S MENTAL HEALTH AND WELLBEING IN EMERGENCIES: EXPERIENCE FROM THE ROHINGYA REFUGEE CAMP

Samier Mansur

ABSTRACT

More than half a billion children globewide currently live in conflict or crisis contexts (UNICEF 2016), including more than 30 million displaced and refugee children (UNICEF 2020). The extreme and often prolonged adversity suffered in these environments can have lifelong physical, psychological, and socioeconomic consequences for children, and thus for society, and can affect an entire generation. Despite these dire consequences, less than 0.14 percent of global humanitarian financial aid is allocated to child mental health (Save the Children 2019). Frontline aid workers and parents and guardians often lack access to early childhood development training, and to the resources needed to meaningfully address the unique challenges faced by children living in crisis and conflict environments, including their mental health and wellbeing. To meet these critical knowledge and resource gaps, No Limit Generation, a nonprofit organization based in Washington, DC, developed a video training platform to equip frontline aid workers, parents, and guardians across the globe to support the wellbeing of vulnerable children. No Limit Generation then conducted a monthlong pilot study in the Rohingya refugee camps in Bangladesh to test this technology-driven training approach. In this field note, we describe our program design and pilot findings, which we consider a possible strategy for delivering sustainable and scalable early childhood development training and resources to workers on the front lines. Our hope is that this innovative work will help young children around the world heal, grow, and thrive, and ultimately achieve their full potential.

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INTRODUCTION

Fifty Rohingya girls and boys from Myanmar sat packed under the shade of a makeshift tent, unsure how to respond to the question I asked them: "What do you want to be when you grow up?" It dawned on me in that moment that no one had asked them this question since they arrived in their new surroundings. Indeed, perhaps no one had ever asked them this question.

One year earlier, these children's lives were violently uprooted. Their homes and villages were burned down, their fathers were executed and their mothers gang-raped by soldiers at gunpoint, and their siblings were flung into burning huts. As Rohingya refugees fled into Bangladesh, humanitarian agencies were overwhelmed by what they called a children's crisis, as more than 60 percent of the nearly one million Rohingya refugees were children (Alexander 2017). With refugee displacement around the world currently lasting an average of 25 years ("Contribution to the Fifteenth" 2017), these Rohingya children are likely to reach adulthood in the camps.

When they first arrived in the camps, it quickly became clear what these children had endured. Clutching crayons in their tiny hands, they expressed on paper what they were battling within, using green for army uniforms, orange for fire, black for machine guns, brown for lifeless bodies, and red for blood. I had never seen crayons used in this way until that day. I was in the tent with the children because it was a part of a child-friendly space (CFS) I founded in partnership with the JAAGO Foundation, a local Bangladeshi organization dedicated to the education and welfare of underserved children, whose name means "WAKE UP!" in Bengali. JAAGO Foundation provides schooling for children in the slums and remote parts of the country who historically have fallen outside the jurisdiction of government schools. We named this place the Safe Haven and designed it as a space of protection, learning, and healing for 500 Rohingya refugee children ages 4 to 15 who were survivors of genocide.

My task as a founder and initial trustee of Safe Haven was to ensure that local aid workers and facility coordinators received the necessary mental health training to play a healing role in the children's lives. During this process, I made the startling observation that aid workers, parents, and caregivers (the adults who

play the most influential role in a child's life) on the front lines of conflict and crisis zones do not have adequate access to training or the resources they need to help children—especially the youngest—work through the unique challenges to their mental health and wellbeing.

I sought to learn more about early childhood development (ECD) training approaches and the accessibility gap by conducting a series of interviews and focus groups with members of leading humanitarian agencies and local nongovernmental organizations (NGOs). Thus I learned the true extent of the problem—or, indeed, the open secret that this challenge is not unique to the Rohingya refugee camps but a systemic global challenge with far-reaching consequences. Fortunately, we now have an opportunity to address it in a meaningful way.

After founding Safe Haven, I launched No Limit Generation (NLG), a global platform to provide aid workers, ECD professionals, educators, parents, and youth-serving professionals the critical training and resources they need to address child wellbeing. NLG partnered with JAAGO Foundation and global humanitarian organizations to implement training programs. NLG works with leading professionals to create engaging video training curricula designed to help local and international organizations respond more effectively to the mental health and ECD needs of children, both broadly and specifically, and to address the most pressing issues faced by children. NLG's pilot launched in May 2019, and its open-access platform has had promising results with frontline aid workers, parents, and caregivers. Based on the pilot results (detailed below), the NLG platform has helped its partner organizations in the Rohingya refugee camps in Bangladesh develop literacy in child wellbeing and mental health. To date, the platform has been accessed in 100 countries by approximately 15,000 frontline professionals, parents, and other caregivers.

This field note, a contribution to the field of ECD in emergencies in which I share my team's research, experience, and insights, provides a snapshot of my key takeaways from our work on the ground from my perspective as the organization's founder. I describe NLG's innovative approach to training practitioners and how it emerged from field research that included interviews and focus group discussions with frontline humanitarian agencies and local NGOs working in the Rohingya refugee camps in Bangladesh. I also offer practical insights for practitioners who support ECD in emergency contexts, including the untapped potential of using technology to provide staff training, the effectiveness of a human-centered communications approach to enhance training outcomes, and key challenges to consider for future programming.

IMPACT OF SEVERE AND PROLONGED STRESS

The world is currently experiencing the highest number of people on the move since World War II (Esthimer 2014). Given the increased number of children living in conflict-affected areas and the growing number of grave violations committed against them, the UN now acknowledges that mental health challenges for vulnerable and conflict-affected populations are much higher than previously thought; estimates are that 22 percent or more of these individuals have a mental health condition (Charlson et al. 2019; Hamdan-Mansour et al. 2017). With new conflict and migration drivers displacing an average of 37,000 people from their homes each day, scalable solutions are urgently needed to address one of the least funded areas of humanitarian intervention: young children's wellbeing and protection. At present, less than 1 percent of global humanitarian aid goes to the protection of children's mental health (Save the Children 2019), even though 30.4 percent of refugee children suffer from post-traumatic stress disorder, 26.8 percent from anxiety, and 21.4 percent from a state of grief (Betancourt et al. 2012).

Enduring traumatic experiences and living in an environment of extreme or prolonged adversity causes severe stress that can dramatically affect the quality and trajectory of children's lives. Recent studies of adverse childhood experiences—defined as physical and emotional abuse, neglect, and household dysfunction experienced before age 18—have demonstrated that, while not every child has the same reaction to adversity, increased exposure to adverse events can have lifelong consequences for children's mental, physical, and social development (Monnat and Chandler 2015). Prolonged stress can impair brain development, which causes developmental delays and regression of developmental milestones (von Werhthern et al. 2018), and children affected by adversity also are at increased risk of developing physical health impairments and diseases, such as cancer, diabetes, and ischemia (Alvarez et al. 2018).

Children living under high-stress conditions are vulnerable to the early onset of mental health challenges, including anxiety, depression, post-traumatic stress disorder, self-harm and suicidal ideation, and extreme emotional fluctuations. They also may engage in high-risk, delinquent, or risk-seeking behaviors. These vulnerabilities often expose a child to further abuse, substance misuse, or neglect (WHO 2020), which can result in subsequent developmental challenges, diminished personal and social skills, and functional limitations that compromise learning, work opportunities, and future earnings. These results not only compromise the individual's quality of life, they also increase public health and social costs and can stunt economic growth and development, both nationally and globally

(Richter et al. 2019). Finally, the consequences of persistent, untreated stress or trauma can be passed down from one generation to the next through epigenetic alterations, which are changes in gene expression (Ramo-Fernández et al. 2015; Dominguez-Salas et al. 2012).

Despite facing such adversity, many children remain adaptive, resilient, and full of potential. The Inter-Agency Standing Committee *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* state that the majority of children in emergency contexts need a stable environment (IASC 2007). Indeed, having strong attachments and responsive care from the beginning of life helps to create a buffer against the impact of toxic stress (Center on the Developing Child n.d.). Nevertheless, many children in crisis contexts are deprived of these buffers.

Total humanitarian funding for children's mental health and psychosocial support from 2015 to 2017 was a mere 0.14 percent of all development assistance (Save the Children 2019). To put this number into perspective, the humanitarian response currently allocates 14 US cents of every US$100 for children's mental health. Below I describe NLG's efforts to promote better understanding of the gaps in ECD training and resources on the front lines.

INSUFFICIENT SUPPORT AND CRISIS OF CARE

In 2018 and 2019, NLG conducted thirty-two interviews and three focus groups with child health professionals from leading humanitarian agencies, and with frontline aid workers from local NGOs, temporary learning centers, and CFSs in the Rohingya refugee camps in Bangladesh. Five members of the NLG team and eight members of NLG partner organizations were involved in this research. Our purpose was to identify the limitations of existing training approaches, determine the accessibility of mental health training and ECD resources in areas of crisis and conflict, and develop needs-based solutions to address gaps we found in training and resources.

Our research identified several challenges. First, there is insufficient local capacity to meet the growing demand for ECD. For instance, there is a shortage of qualified child health professionals on the front lines of the global crises, and most parents, caregivers, and frontline aid workers who work with children in vulnerable environments are not specialists. They usually have little or no experience addressing children's mental or physical health, or protection, and high turnover among field staff exacerbates this challenge.

Second, the existing ECD training was often difficult to access. The barriers aid workers cited most often were the cost of travel, a lack of time off to attend trainings, the inconvenient distance of some trainings, the need for funds to attend, and the length of some trainings or their infrequency. The training they were able to access was often led by non locals, which made the content difficult to comprehend due to language differences, lack of cultural relevance, or the complexity of the curriculum. Lack of follow-up training due to the high cost or to travel and safety restrictions further contributed to workers' poor retention and limited impact on the lives of children. Finally, we found that barriers to ECD training for parents and caregivers centered primarily on time and financial pressures. Parents and caregivers often did not attend, even when training was free, due to the priority they put on earning wages or attending to essential errands to support their families' needs.

NLG'S ACCESSIBLE AND SCALABLE MODEL

NLG's needs assessment revealed that frontline aid workers, parents, and caregivers in the Rohingya refugee camps do not have adequate training or the resources they need to address the unique challenges faced by their children. To help fill this gap, we launched a global online training platform designed to give caregivers the critical guidance they need to stabilize, protect, and heal vulnerable children and restore their wellbeing. NLG's platform is built on the idea that frontline aid workers, parents, and caregivers can help children develop resilience and even reverse the negative impact of toxic stress or trauma. Guidance provided includes the following:

1. Create safe, structured, and inclusive environments for children to play in every day. The availability of safe, predictable, and inclusive environments where children can play and interact with others is healing for those who may have lost the social safety nets they once had.

2. Engage children through informed, trustworthy, and supportive adults. When adult caregivers are informed and engaged as trusted role models, their presence plays a critical role in a child's healthy development (National Scientific Council on the Developing Child 2020).

3. Believe in children's potential to heal and live a fulfilled life. When adult caregivers see a child as strong, resilient, and adaptive, the child no longer views themself as "broken" or in need of "fixing." When caregivers believe in a child's limitless potential, the child has a broader vision of the possibilities available to them in life.

The NLG platform supports existing global interventions and training programs with an open-access digital library of information on child wellbeing, which is informed by mental health and psychosocial support standards and adheres to the six core principles outlined in the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings.* ECD and child health professionals are invited to use the platform, based on their previous experience and proven impact in the field. NLG works with these professionals to create a curriculum, which is then presented to the professionals, caregivers, and youth-serving professionals via the training platform website through an engaging short video series; it is also available online at www.nolimitgen.org.

The platform training content is integrative, trauma informed, and evidence based. The ECD training videos for frontline staff in the Rohingya refugee camps are translated, adapted to the local culture, and dubbed into the local Rohingya language. They are designed to be either self-led or led by an instructor in a group setting. Integral to the effectiveness of the NLG content is its unique human-centered communications approach, which was developed with feedback from frontline aid workers, parents, and caregivers to ensure that it is

- clear, engaging, and actionable;
- easy to access through online and offline modes;
- useful for frontline aid workers, parents, and caregivers of all education levels;
- evidence based, culturally informed, and relevant; and
- connective—in other words, emotionally engaging through everyday language, storytelling, and approachable experts on both a cognitive and an emotional level.

Accessibility and localization are the central components of the human-centered communications approach. Consistent with how end-users and other beneficiaries currently access media content, training materials should be easily accessible online (web and mobile phone) and offline (offline mobile phone and thumb drives). NLG suggests that, to be consistent with the realities in the field, the content should be delivered in a way that is comprehensible to all levels of literacy, and to all education and professional backgrounds.

Localization helps to ensure that the NLG training content is accurate, culturally informed, and culturally relevant. NLG works with Translators without Borders to develop localized glossaries of key terms, translate scripts into local languages, and adapt scripts to fit local customs and culture, and then dubs content with local voiceover actors to achieve professional results. This process enables NLG to maintain a high quality of translation and training results.

LEARNING FROM IMPLEMENTATION

To offer a preliminary review of its training videos, NLG conducted a one-month pilot study in April-May 2019 in the Rohingya refugee camps in Bangladesh. Seeing positive indicators after implementing the NLG training platform at Safe Haven, we conducted the pilot study with the CFS coordinators of Samaj Kalyan Unnayan Shangstha's, a local Bangladeshi child rights organization. We chose this organization for the pilot because it had recently hired a dozen CFS coordinators who had no formal training in ECD or child mental health, thus it provided a unique opportunity to measure their pre- and post-training knowledge and assess the program's efficacy. The 12 CFS coordinators met weekly for one month to watch the training videos and participate in follow-up discussions.

The study participants responded enthusiastically to receiving video training in their own language. It was the first child-focused mental health toolkit they had encountered in the Rohingya language. Based on comments recorded during three focus group sessions as part of the pilot study, the training appeared to help them reflect on their previous harsh treatment of children, and they reportedly adopted more supportive interaction styles informed by their understanding of childhood. The CFS coordinators reported that, after the training, they used more motivating, positive, age-appropriate words of encouragement with children; learned how to support children's healing more effectively; appreciated the importance of getting enough sleep and proper nutrition during the children's recovery process; and prioritized the children's needs when organizing activities in a CFS by considering their opinions, wishes, choices, etc.

After watching one of the training videos, a study participant who was a Rohingya genocide survivor himself raised his hand and said:

> I know these videos are made for us to better understand how to support children, but it's helping me as well. I have been wanting to kill myself lately because I didn't know what was happening inside of me . . . Now, I have the words to understand why I feel this way, and that it is normal because of what I have been through. I feel better knowing there are actions I can take to get better.

His remarks inspired other study participants who were genocide survivors to speak up in agreement and share their own experiences. These comments demonstrate anecdotally that NLG training helped the participating CFS coordinators to rethink not only how they work with children but how they look after their own wellbeing and self-care. They requested longer training videos and more translations into the Rohingya language.

Finally, the children participating in the pilot environment noticed positive changes in their CFS coordinators' behavior. Children reported that, after the training, their coordinators were friendlier and more engaged in the day-to-day experiences and that they were more caring. For example, they said the coordinators gave them a voice in choosing the CFS activities and that they didn't get as "panicked or as upset" when things didn't go as planned. The children also said that the coordinators organized awareness-raising sessions with their parents, at which they offered ECD lessons consistent with the NLG training videos.

We presented these findings in May 2019 at the American Psychiatric Association annual conference in San Francisco, at UNHCR's Mental Health Working Group session in Cox's Bazar, and at the Child Protection Subsector Working Group in Cox's Bazar in September 2019. This helped expand awareness of and access to NLG's training content for humanitarian efforts in more than 100 countries, including refugee resettlement programs, human trafficking prevention initiatives, in prison systems, for children displaced and traumatized by natural disasters, and in postconflict zones.

CHALLENGES OBSERVED

The development and implementation of this new training approach brought unique challenges that provided opportunities for further innovation and refinement, which we describe here.

Need for Culturally Scalable Resilience Measures

In its pilot program, NLG used the Child and Youth Resilience Measure, a self-reported measure of social and ecological resilience used worldwide by practitioners in the field. Despite having been translated into more than 20 languages, including Bengali, it was challenging to culturally adapt or translate some aspects into the Rohingya language, which is primarily an oral language that has no standard script. The measure was translated from English into Bengali and then into Rohingya at the time of administration. Given our limited language resources, it was not possible for our team to ascertain the accuracy or quality of the translations.

We took great care to maximize the integrity of results by asking the children to be as honest as possible and creating supportive environments for them to feel comfortable to reflect freely, which included having their daily educators and caregiver professionals in another room so they could feel honest in expressing their experiences. Despite this, we observed that the children were giving overwhelmingly positive responses. We hypothesized that, given the formal nature of the assessment, their answers reflected what they felt the administrator would like to hear, rather than how they truly felt. We then focused our assessment on small group discussions with children and their caregivers, which we conducted separately pre- and poststudy, in particular our observations of the children's feedback in this new setting.

Long, Complex Approval and Funding Cycles Stifle Innovation

The material resources and funding available in a humanitarian crisis skew heavily toward legacy processes, systems, and organizations. For newer or smaller organizations with innovative approaches, the approval process and funding cycles are long and complex. This system—however well-intentioned—locks out or disincentivizes innovative, mission-driven start-ups with promising solutions. As a result, innovation is slowed or stifled.

NLG was able to navigate these barriers by (a) taking a research- and data-driven approach; (b) collaborating with respected professionals and humanitarian veterans to design a quality intervention model and training content; and (c) building partnerships with progressive, forward-looking organizations that understand the gap in child mental health care and provided space to test the NLG training resources.

Technology Limitations

Bangladeshi authorities shut off internet and mobile access in the Rohingya refugee camps, which limited the use of computers. NLG found two ways to get around this. First, we made it possible to download the training videos from the website onto thumb drives; they could do this in an NGO office, for example. This made it possible to conduct training sessions in the refugee camps by projecting the videos onto a white board. Second, given the widespread use of smartphones observed in the camps, NLG developed, and is currently testing, a smartphone app that allows users to download the training content for offline viewing.

Additional Testing

NLG produced, published, translated, launched, and piloted more than 150 training videos on a shoestring budget of less than $50,000. This was made possible by technical experts, child health professionals, and generous volunteers who provided hundreds of hours of pro-bono support. Based on personal communications with leading humanitarian agencies in the field, the value of this contribution has been assessed at around US$500,000.

Due to these resource constraints, the scope and duration of the pilot was limited, thus the findings presented here are based on a one-month study. Additional funding for research would enable NLG to assess the longer-term viability of its approach. Moreover, with global audiences now accessing the training platform, additional research would enable NLG to systematically assess the cultural applicability and scalability of this approach.

CONCLUSION

I began this article by recounting what happened when I asked a group of children at the Safe Haven what they wanted to be when they grew up. After initially hesitating, one girl held up a picture of herself standing in front of a group of children; she wanted to be a teacher. Then a young boy held up an image of a colorful airplane soaring through the clouds; he wanted to be a pilot. Then another young girl stood up in the back of the classroom, held up her picture, and declared, "I will be prime minister, so that I can write the laws for us to go back to our homes one day." All the children around her cheered.

NLG's experience with the training platform suggests that transformation is possible when frontline aid workers, parents, and caregivers are trained to support young children's mental health and wellbeing, and to create environments in which they can heal and thrive. These children's newfound aspirations are an indication that their healing progress has begun and that their hopefulness is a powerful resource that can be harnessed to shape their own futures and that of their societies. While the NLG training approach would benefit from impact research, our initial results demonstrate that accessible, thoughtfully curated, culturally contextualized video training resources can be an engaging and supportive asset for scaling the impact and sustainability of global ECD interventions. As a global community, our children's mental health and resilience is an investment we must make—not only for their wellbeing and prosperity, but for the wellbeing and prosperity of a world we will create together.

REFERENCES

Alexander, Paul. 2017. "Traumatized and Needy, Rohingya Children Make Up 60 Percent of Myanmar Refugees." *VOA News,* October 21, 2017. https://www.voanews.com/east-asia/traumatized-and-needy-rohingya-children-make-60-percent-myanmar-refugees.

Alvarez, Hector A. Olvera, Laura D. Kubzansky, Matthew J. Campen, and George M. Slavich. 2018. "Early Life Stress, Air Pollution, Inflammation, and Disease: An Integrative Review and Immunologic Model of Social-Environmental Adversity and Lifespan Health." *Neuroscience and Biobehavioral Reviews* 92: 226-42. https://doi.org/10.1016/j.neubiorev.2018.06.002.

Betancourt, Theresa S., Elizabeth A. Newnham, Christopher M. Layne, Soeun Kim, Alan M. Steinberg, Heidi Ellis, and Dina Birman. 2012. "Trauma History and Psychopathology in War-Affected Refugee Children Referred for Trauma-Related Mental Health Services in the United States." *Journal of Traumatic Stress* 25 (6): 682-90. https://doi.org/10.1002/jts.21749.

Center on the Developing Child. n.d. *Toxic Stress Derails Healthy Development*. Cambridge, MA: Center on the Developing Child. https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development.

Charlson, Fiona, Mark van Ommeren, Abraham Flaxman, Joseph Cornett, Harvey Whiteford, and Shekhar Saxena. 2019. "New WHO Prevalence Estimates of Mental Disorders in Conflict Settings: A Systematic Review and Meta-Analysis." *The Lancet* 394 (10194): 240-48. https://doi.org/10.1016/S0140-6736(19)30934-1.

"Contribution to the Fifteenth Coordination Meeting on International Migration." 2017. Geneva: United Nations High Commissioner for Refugees. https://www.un.org/en/development/desa/population/migration/events/coordination/15/documents/papers/14_UNHCR_nd.pdf.

Dominguez-Salas, Paula, Sharon E. Cox, Andrew M. Prentice, Branwen J. Hennig, and Sophie E. Moore. 2012. "Maternal Nutritional Status, C(1) Metabolism and Offspring DNA Methylation: A Review of Current Evidence in Human Subjects." *Proceedings of the Nutrition Society* 71 (1): 154-65. https://doi.org/10.1017/S0029665111003338.

Esthimer, Marissa. 2014. *World Confronts Largest Humanitarian Crisis since WWII.* Washington, DC: Migration Policy Institute. https://www.migrationpolicy.org/article/world-confronts-largest-humanitarian-crisis-wwii.

Hamdan-Mansour, Ayman, Nadin Abdel Razeq, Bayan AbdulHaq, Diana Arabiat, and Amani Khalil. 2017. "Displaced Syrian Children's Reported Physical and Mental Wellbeing." *Global Child Mental Health Special Issue* 22 (4): 186-93. https://doi.org/10.1111/camh.12237.

IASC (Inter-Agency Standing Committee). 2007. *Guidelines for Mental Health and Psychosocial Support in Emergency Settings.* Geneva: World Health Organization. http://www.who.int/mental_health/emergencies/9781424334445/en.

Monnat, Shannon M., and Raeven Faye Chandler. 2015. "Long Term Physical Health Consequences of Adverse Childhood Experiences." *The Sociological Quarterly* 56 (4): 723-52. https://doi.org/10.1111/tsq.12107.

National Scientific Council on the Developing Child. 2010. "Persistent Fear and Anxiety Can Affect Young Children's Learning and Development." Working Paper No. 9. Cambridge, MA: Center on the Developing Child. https://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development.

Ramo-Fernández, Laura, Anna Schneider, Sarah Wilker, and Iris-Tatjana Kolassa. 2015. "Epigenetic Alterations Associated with War Trauma and Childhood Maltreatment." *Behavioral Sciences & the Law* 33 (5): 701-21. https://doi.org/10.1002/bsl.2200.

Richter, Linda, Maureen Black, Pia Britto, Bernadette Daelmans, Chris Desmond, Amanda Devercelli, Tarun Dua et al. 2019. "Early Childhood Development: An Imperative for Action and Measurement at Scale." *BMJ Global Health* 4 (Suppl. 4): e001302. https://doi.org/10.1136/bmjgh-2018-001302.

Save the Children. 2019. *Road to Recovery: Responding to Children's Mental Health in Conflict.* London: Save the Children. https://resourcecentre.savethechildren.net/library/road-recovery-responding-childrens-mental-health-conflict.

UNICEF (United Nations Children's Fund). 2016, December 9. *Nearly a Quarter of the World's Children Live in Conflict or Disaster Stricken Countries.* New York: UNICEF. https://www.unicef.org/press-releases/nearly-quarter-worlds-children-live-conflict-or-disaster-stricken-countries.

UNICEF (United Nations Children's Fund). 2020. *Child Displacement*. New York: UNICEF. https://data.unicef.org/topic/child-migration-and-displacement/displacement.

von Werthern, Martha., Katy Robjant, Zoe Chui, Rachel Schon, Livia Ottisova, Claire Mason, and Cornelius Katona. 2018. "The Impact of Immigration Detention on Mental Health: A Systematic Review." *BMC Psychiatry* 18 (382). https://doi.org/10.1186/s12888-018-1945-y.

WHO (World Health Organization). 2020, June 8. "Violence against Children." Fact Sheet. Geneva: WHO. https://www.who.int/news-room/fact-sheets/detail/violence-against-children.