BOĞAZİÇİMUN ADVANCED 2025

the Legacy

THE INTERNATIONAL ASSOCIATION OF APPLIED PSYCHOLOGY (IAAP)

STUDY GUIDE

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Letter

#BridgingTheGap

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Letter from the Secretary-General

Meritorious participants of BoğaziçiMUN Advanced 2025,

It is with warm hugs, sincerity and utmost privilege to welcome you all to this edition of BoğaziçiMUNAdvanced. I'm Selin Ayaz, a senior Double Major of Political Science & International Relations and Sociology at Boğaziçi University. Having four years of university Model UN experience (alongside 5 years prior) under my belt, I will be serving as your Secretary-General.

For this version of BoğaziçiMUN, both of our teams have worked from day to night to give you the best experience ever. I would first like to thank my amazing Deputy-Secretaries-General, Maya Gençdiş and Emir Elhatip, for their continuous effort and clever wit. Another person that I'm thankful for is our esteemed Director-General, Irem Ayber. She and our Deputy-Director-General Azra Çökük are some of the most hardworking people I've known, they are tireless in their work and you will get to experience the fruits of their labour when we meet in September.

We've prepared 9 different committees covering a wide range of topics. IAAP is a one them, a one of a kind committee, with the important agenda item of "Ensuring Mental Health Interventions for Children Affected by Armed Conflicts". As by the theme of our conference, this committee honors the legacy of Kaan Ertan, our previous club coordinator as well as the former Secretary-General of BoğaziçiMUN Advanced 2022. I would like to thank the hardworking Under-Secretaries-General Rana Ece Alper and Lukas Kılınç as well as their Academic Assistant Fatma Betül Bulut for their efforts in making this committee come to life.

We've always used the phrase "Bridging the Gap" as our motto. This year, we are combining this with the legacy. Each edition of BoğaziçiMUN has been about providing our participants with the best experience they've ever had so far. Each time, we try to outdo ourselves and become the best version so far. This edition has been no different as all of us have vigorously and tirelessly worked so far. Now the ball is in your court. I invite you all to take a step forward and feel the legacy.

Warmest regards,

Selin Ayaz

Secretary-General of BoğaziçiMUN Advanced 2025

Letter from the Board

Dear Delegates,

We welcome you all for BoğaziciAdvanced Conference 2025 and we are thrilled to have you in the IAAP Committee. Our agenda item "Ensuring Mental Health Interventions for Children Affected by Armed Conflicts" is one of utmost significance. As you know, children in conflict zones face profound psychological challenges and it is essential that we come together to discuss and propose solutions that can mitigate the long-term impact of war on their mental health.

Our committee is made up of delegations from countries specializing in the field of applied psychology and we will be working closely to explore various mental health interventions and policies. It is our collective responsibility to address the psychological needs of children who have endured the horrors of armed conflicts. As delegates, you will be asked to explore the significance of psychological care for children, propose evidence-based interventions, and collaborate to create strategies that will foster the mental well-being of these vulnerable populations.

The importance of mental health cannot be underestimated especially for children who have experienced trauma, displacement, and loss. Their resilience and future well-being depend largely on the psychological support and care that they receive during and after conflict. Your contributions and ideas will be instrumental in shaping meaningful outcomes and solutions that can improve the lives of many children around the world.

If you have any questions regarding the committee please do not hesitate to contact us

We look forward to see you

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I. Introduction to the Committee: International Association of Applied Psychology

The International Association of Applied Psychology (IAAP) or Association Internationale de Psychologie Appliquée (AIPA) is the oldest international association of psychologists. It was founded in 1920 as the International Association of Psychotechnology or Association Internationale de Psychotechnique. International Association of Applied Psychology's mission is to promote the science and practice of applied psychology and to facilitate interaction and communication among applied psychologists around the world with the vision of a world where applied psychology empowers all individuals and societies to flourish. The association uses their 18 distinct divisions to achieve their mission.

II. Agenda Item: Ensuring Mental Health Interventions for Children Affected by Armed Conflicts

In 2024 alone, 41.370 grave violations were committed against children in armed conflicts. The reported actions include abduction, exposure to sexual violence, denial of humanatarian assistance, maiming and killing of children. These are the only reported actions, these children are not just numbers, they represent 41.370 futures stolen, some of them alive somehow with scars never healed, never forgotten and their dreams lost. The International Association of Applied Psychology has the mission to help the ones that are in need, and with this agenda item you will work to ensure the affected children who have endured killing and maiming of themselves, their loved ones, who live with the trauma of abduction, the violatin of sexual abuse, and the misery of denied aid are not left alone in this world because ever child deserves not only the basic needs such as surviving but also to reclaim their bright future.

A. Key Words

1. **Applied Psychology**

Applying theoretical psychology into real life. Focuses on improving daily life through research based methods.

2. **PTSD (Post-Traumatic Stress Disorder)**

A trauma-related disorder from exposure to actual or threatened death, serious injury, or sexual violence. It involves intrusive memories, avoidance, negative mood changes, and heightened arousal lasting over one month.

3. **Trauma Disorders**

A group of mental health conditions caused by experiencing or witnessing events involving actual or threatened death, serious injury, or sexual violence. All PTSD is a trauma disorder, but not all trauma disorders are PTSD.

4. **OCD(Obsessive Compulsive Disorder)**

A disorder with unwanted thoughts and repeated actions to reduce stress. These interfere with normal life.

5. **ADHD(Attention-Deficit/Hyperactivity Disorder)**

A condition with persistent inattention, hyperactivity, and impulsivity. It affects school, work, and relationships.

6. **AIP(Adaptive Information Processing Model)**

A theory that the brain stores memories in networks, disrupted by trauma.

7. **Somatic**

Physical symptoms without clear medical cause. Often linked to stress or emotions.

8. **Depression**

A psychological disorder with persistent sadness, loss of interest, and low energy.

9. **Anxiety**

A state of excessive worry or fear that disrupts daily life.

10. **CBT(Cognitive Behavioral Therapy)**

A therapy that changes harmful thoughts and behaviors to improve emotions.

11. **EMDR (Eye Movement Desensitization and Reprocessing)**

A therapy using eye movements or other stimuli to reprocess traumatic memories.

12. **Eating Disorder**

A mental health condition involving harmful eating behaviors and body image issues.

13. **Thinking Patterns**

Habitual ways of interpreting situations that affect emotions and behavior.

14. **Psychotherapy**

Professional treatment that uses talk and interaction to improve mental health.

B. Ethical Considerations

When approaching a child in an armed conflict there are accepted and appropriate ways to act accordingly, the most universally accepted guiding principles are from UNICEF Core Commitments to for Children in Humanitarian Action. The guiding principles listed are in no form of priority, each and every of the guiding principles are important when approaching a child in distress.

1. **Human Rights-Based Approach**

This principle describes inequalities and inconsistencies throughout the approach process. It ensures humanitarian action is delivered without discrimination while promoting the consented participation of the affected children.

2. **Do No Harm Principle**

This principle ensures any action is not to end up causing social, economic, environmental or political harm. It underlines understanding the local content, context and avoiding negative side effects while promoting sustainable positive outcomes and developments.

3. **Non-Discrimination Principle**

This principle recognizes that humanitarian crises often increase already existing inequalities and further marginalize vulnerable populations. It actively identifies, monitors, and addresses

existing and emerging patterns of discrimination regardless of race, nationality, ethnicity, sex, sexual identity, sexual orientation, language, disability, religious belief, or any political opinions.

4. **Child Protection Principle**

This principle ensures recognised consensual participation of children in different ages and abilities. It commits that children are listened to properly and supported to express their views freely and safely while participating in decisions that concern them or others of their wellbeing.

5. **Best Interest of the Child**

This principle ensures that the best interest of the child guides all humanitarian action. When legal interventions are open to multiple interpretations, the interpretation that most effectively serves the child's best interest should be chosen with or without the child's guardian.

6. **Environmental Sustainability**

This principle applies humanitarian action in a manner that minimizes environmental harm since the armed conflicts already cause serious environmental harm to begin with. It includes reducing greenhouse gas emissions, preventing pollution, and implementing proper waste management practices or maintaining the status quo for it in all matters.

7. **Protection of Centrality**

Protection serves as both the purpose and intended outcome of all humanitarian action, remaining central to prepared efforts and throughout the entire response duration of the mission. This ensures affected children are kept safe from harm, violence, and abuse for all matters that may cause these.

8. **Accountability to Affected Children**

This ensures that affected children can hold organizations accountable for their rights while generating effective results. It considers their needs, concerns, and preferences in ways that enhance their dignity and resilience with their or the guardian’s consent.

9. **Child Safeguarding**

This establishes commitment to reduction of risky harm to children from intentional or unintentional acts, including neglection, exploitation, and abuse. All organisations or personnel must demonstrate commitment to child protection according to international standards of UNICEF and IAAP.

10. **Protection from Sexual Exploitation and Abuse Principle**

This represents zero tolerance toward sexual exploitation and abuse, and represents acting accordingly to child safeguarding practices. It includes mandatory training, prompt reporting obligations, and survivor-centered approaches.

C. Background of the Subject

1. **Mental Health vs. Psychosocial Support**

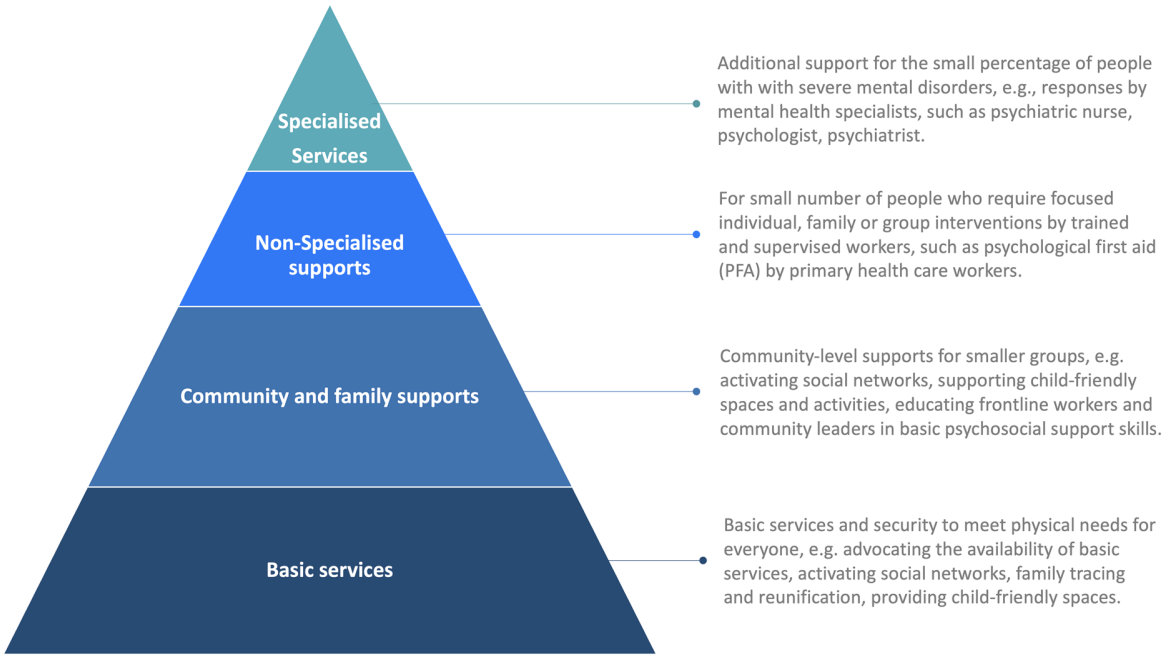
The IASC (2007) MHPSS Intervention Pyramid categorizes MHPSS support into four complementary levels, emphasizing the simultaneous availability of all services. It is important to tailor interventions to the specific needs of target populations for maximum impact.

2. **UN Convention on the Rights of the Child**

The Convention on the Rights of the Child (CRC), or Convention on the Rights of the Child, is an international treaty adopted by the United Nations General Assembly on November 20, 1989. Ratified by 196 states, the CRC is the most widely adopted human rights treaty in history. Today, only the United States remains absent.

More than a highly symbolic text, the Convention sets out the fundamental rights of children and is legally binding on signatory states. These states commit to regularly publishing reports that allow the United Nations Committee on the Rights of the Child to monitor the effective implementation of the treaty.

Children are more vulnerable than adults. They have neither the right to vote nor political or economic influence. Yet, their healthy development is crucial to the future of any society. The CRC is therefore a fundamental treaty that ensures their protection and is the foundation of all UNICEF's work.



3. Work of the UNICEF

The CRC guides all of UNICEF's actions and has enabled us to make major progress. In recent years, the increase in conflicts and humanitarian emergencies demonstrates that the world is facing a children's rights crisis. The Convention on the Rights of the Child is more essential than ever.

4. Guaranteeing the Rights of Uprooted Children

Every child, without distinction, has rights (Article 2).

Whether a refugee or a migrant, a child has the right to specific protection and care until the age of 18 like any other child. They must be able to benefit from safe and practical alternatives to detention. UNICEF advocates with governments to protect all children in migration situations from xenophobia and discrimination. The international communities must work to guarantee them equal access to health and education to ensure they are

respected to have the right to a family and a legal identity and to protect them from all forms of violence and exploitation.

5. **Ensuring the protection of children from all forms of violence**

Every child has the right to be protected from all forms of physical or mental violence (Article 19). They also have the right to be heard (Article 12). Protection in War (Article 38)

Children have the right to be protected from the devastating effects of armed conflict. It is prohibited to recruit or use children in combat. They must be protected from violence, forced displacement, and deprivation caused by war.

Governments and international organizations (especially UN based institutions) have a responsibility to protect children in conflict zones. This includes creating humanitarian corridors, providing access to education and medical care, and providing psychological support for traumatized children. Conflict prevention and rehabilitation programs for child soldiers are also essential. Protecting children in wartime preserves their innocence and gives them a chance to grow up in a more stable and secure environment. This reflects a global commitment to humanity and peace for future generations.

Governments must avoid recruiting children into their armed forces. The CRC initially set the minimum age at 15, but the United Nations later raised this age to 18.

6. **Asymmetric Conflicts**

The context of contemporary wars differs considerably from that of wars of the past. In the 20th century, wars were generally interstate, fought by conventional armies and involved direct clashes between organized forces. Admittedly, with a considerable impact on civilian populations. Contemporary wars of the 21st century, on the other hand, are increasingly characterized by asymmetric, intrastate conflicts, in which non-state armed groups and militant forces conduct guerrilla operations, terrorism, and targeted attacks against civilians. These types of conflicts often involve urban guerrilla warfare, transnational terrorism and covert operations resulting in a more complex and unpredictable war landscape.

This changing landscape of conflict has major implications for the trauma experienced by children. In wars of the 19th and 20th centuries, children were often immersed in conflict situations and directly witnessed the fighting. In contemporary wars children are often

indirect victims, exposed to indiscriminate violence such as aerial bombardments, drone attacks, rocket attacks or suicide attacks which strike at the places where they are such as schools, markets or their own homes. Depending on the type of factions present whether armies, terrorist groups or militias, children may be abducted, recruited by militias, used as human shields, as bargaining chips or even victims of rape.

7. **The consequences of contemporary wars on children are profound and varied**

In addition to physical trauma, they range from psychological trauma to loss of education and physical violence. The international community now considers protecting children in conflict zones and ensuring their right to a healthy and fulfilling life to be a major challenge.

The psychological and emotional trauma inflicted on children in such circumstances is often profound and long-lasting, as they have witnessed or experienced the brutal destruction of their family and community environments.

In the Article 3, the Geneva Convention relative to the Protection of Civilian Persons in Time of War establishes that:

People taking no active part in hostilities must in all circumstances be treated humanely, without any adverse distinction based on race, color, religion or belief, sex, birth or property, or any other similar criterion.

According to the Convention, the following are and remain prohibited, at all times and in all places, against the above-mentioned people:

- Violence to life and person, in particular murder in all its forms, mutilation, cruel treatment, torture, and torment
- Hostage-taking
- Outrages upon personal dignity, in particular humiliating and degrading treatment;
- Convictions and executions carried out without prior judgment rendered by a regularly constituted tribunal, accompanied by the judicial guarantees recognized as indispensable by civilized peoples. The wounded and sick will be collected and treated.

The UN Security Council has identified and condemned six grave violations of children's rights in wartime: the killing and maiming of children, the recruitment and use of children by

armed forces and groups, attacks on schools and hospitals, rape and other sexual violence against children and the **denial of humanitarian access to children.**

D. Psychological Impacts of Armed Conflict on Children

Children in conflict zones face risks to their health, safety, and well-being. There are different types of conflicts and emergencies such as violence, armed conflict, natural disasters, and more. When violent conflict becomes the norm, children's lives are disrupted, while their families struggle to provide them with the appropriate and consistent care they need for healthy development.

General impacts on children's development related to conflicts;

Physically: Exacerbation of medical problems, disablement, fatigue, unexplained physical pain.

Cognitively: They have difficulty concentrating, obsess over the traumatic event, have recurring dreams or nightmares, question their religious beliefs, and are unable to cope with the event.

Emotionally: Depression or sadness, irritability, anger, resentment, despair, discouragement, lack of hope, feelings of guilt, phobias, health problems, anxiety, or distress.

Socially: Increased conflicts with family and friends, sleep disturbances, crying, altered appetite, withdrawal, persistent evocation of the traumatic event, refusal to go to school, repetitive play**.**

1. **Children Under 6 Years**

The average mortality rate for children under 5 is twice as high as elsewhere, at 12% compared to 6% in countries affected by conflicts.

Studies examining the impact of emergencies and conflict on the physical and mental health of children aged 0 to 8 years indicate that in the event of a natural disaster, between 3% and 87% of affected children experience PTSD. However, among children living in chronic conflict situations, this percentage ranges from 15% to 50%. This has been documented in the following countries: Iran, Iraq, Israel, Kuwait, Lebanon, Palestine, Rwanda, South Africa, and Sudan.

Studies have found correlations between exposure to daily raids and bombings and behavioral and emotional disorders in Palestinian children aged 3 to 6 years in the Gaza Strip. They found sleep disturbances, poor concentration, attention-seeking behaviors, lack of autonomy, temper tantrums, and increased anxiety in the children. Mothers of Palestinian children attending kindergarten reported severe psychosocial and emotional disturbances. In examining the behavioral and emotional disorders of 309 Palestinian preschool children, it was concluded that direct and indirect exposure to war-related trauma increased the risk of mental health problems. These statistics belong before the recent attacks on Gaza by Israel. In a study of the effects of war on Lebanese preschool children, it was found that children aged 3 to 6 who were subjected to intensive bombing for two years had more problems than children in a control group who had not been exposed to this danger. During the civil war in Beirut, 40 mothers from diverse socioeconomic backgrounds reported that after bombings and explosions, their preschool-aged children became more fearful and anxious. After Scud missile attacks, displaced Israeli preschool-aged children exhibited aggression, hyperactivity, oppositional defiance, and stress. These children were compared to non-displaced children. Although symptoms gradually diminished in intensity, risk factors identified shortly after the Gulf War continued to affect children five years after the onset of trauma from exposure to these factors.

2. **Children 6 to 11 Years**

In this age group, the most common symptoms include disturbing thoughts and images, nightmares, sleep and eating disorders, disobedience, irritability, withdrawal, outbursts of anger, quarrelsome behavior, disruptive behavior, inability to concentrate, irrational fears, regressive behavior, depression and anxiety, fear of guilt and emotional apathy, excessive displays of physical affection, headaches, nausea, and vision or hearing disturbances. Traumatic events occurring before the age of 11 are three times more likely to result in serious behavioral and emotional disorders than those experienced by children at a later age. According to the Palestinian Counseling Centre, six months after the destruction of their homes, young Palestinian children remained withdrawn, suffered from somatic complaints, depression/anxiety, unexplained pain, respiratory problems, attention deficit disorders, and displayed violent behavior. They were afraid to go to school, had difficulty relating to other children, and were more attached to caregivers. Parents also reported a decline in their academic performance and study skills. One study found that 27.7% of Lebanese children

aged 6 to 12 suffered from PTSD and sleep disturbances, were restless, had difficulty concentrating, and were overly aware of events related to the 2006 Israeli-Palestinian war. In Sudan and northern Uganda, many children forced to witness torture and the killing of family members exhibit stunted growth, PTSD, and other trauma-related disorders.

3. Disabled Children

Children with disabilities are disproportionately affected by emergencies. In some cases, disability occurs during a natural disaster. Children with disabilities suffer because they lose assistive devices, lose access to medication or rehabilitation services, and, in some cases, lose their caregivers. They are also generally more vulnerable to abuse and violence. According to UNICEF, children with disabilities are at least 1.7 times more likely to be victims of violence than children without disabilities in any given year. Young children with disabilities living in conflict situations are more vulnerable. They suffer more from conflict-related problems, whether physical, psychological, or emotional. They are also more likely to experience emotional and mental health problems during emergencies, due to mobility difficulties, medication, or starvation. Children with motor, visual, hearing, or intellectual disabilities will be particularly vulnerable if, due to an emergency, their school is relocated and they must change their lifestyle. During emergencies, long and dangerous journeys to school and the lack of buildings with adapted equipment and teachers with minimum qualifications become insurmountable barriers that prevent young children with disabilities from attending daycare or early childhood education settings.

4. Condition Variance According to Gender in Children

According to some studies, girls exhibit greater distress than boys in response to stressful situations and are considered more at risk in conflict and terror situations. Other studies suggest that girls express their fears more and exhibit more anxiety, depressive disorders and PTSD. Following a disaster, boys exhibit more behavioral problems. However, preschool-aged girls who experienced the Sultandagi earthquakes in Turkey exhibited more behavioral problems than boys of the same age group. Furthermore, studies suggest that young children, particularly girls, may be more vulnerable to sexual abuse and exploitation. Studies report that in cases of sustained conflict, Palestinian boys exhibit more psychological problems than girls. According to another study, Palestinian boys are more susceptible to the

effects of violence during early childhood, while girls are more susceptible during adolescence.

5. **Impact on Education**

Armed conflicts and natural disasters create serious obstacles to providing quality education, which mitigates the psychological impact on children. Emergencies and wars undermine the quality of educational services, leading to material, resource, and personnel shortages, which in turn prevent children from receiving a quality early childhood education. In many conflict zones, schools and early learning institutions are targeted, destroyed, or closed, depriving children of the opportunity to learn in a safe and orderly environment. Young children living in emergencies are less likely to receive an education and are more likely to drop out. According to a 2000 UNICEF MICS report, inadequate early childhood development programs and low preschool rates were observed in Iraq. Problems associated with trauma, such as attention deficit, poor academic performance, behavioral problems, and violence, are common in children living in conflict zones. Various studies have shown that war negatively impacts children's cognitive abilities, negatively impacting developmental processes, particularly language and attention skills.

E. Crucial Case Studies Overview on Armed Conflicts in the World

1. **Palestine**

The Israeli-Palestinian conflict is a long-standing and complex conflict that has persisted since the partition of Palestine in 1947.

Although this conflict has been marked by numerous escalations and tensions, it experienced a particularly violent resurgence during the surprise attack on Israel by Hamas on October 7, 2023. This attack was characterized by unprecedented brutality and primarily targeted Israeli citizens.

Following this attack, the Israeli government launched a massive massacre targeting the Gaza population, starting on October 7, 2023 which has been defined as “genocide” by the UN Secretary General and many other international organisations. Air and ground bombardments have caused the deaths of civilians, primarily women and children. According to the Gaza Health Ministry as of mid-2025 over 18.500 children have been brutally killed. Recent

reports claim that 103 children deaths are attributed to starvation. At least 100 children have died because of malnutrition. Famine has been officially declared and according to UNICEF, 28 children are killed every day in Gaza.

Even before the current escalation of the conflict, it was estimated that approximately 800,000 children in Gaza required psychosocial and mental health support. Currently, UNICEF estimates that all children in the Gaza Strip require these services due to accumulated trauma.

The effects of trauma on these children are varied and complex. Studies show that children can develop post-traumatic stress disorder (PTSD), often with greater intensity and complexity than in other conflict zones. This phenomenon is compounded by a rapid cycle of violence that results in multiple traumas during their childhood. In the long term, these traumas can lead to emotional desensitization to violence and risky behaviors, such as substance abuse or involvement in violent activities.

2. **Ukraine**

Russia's attack on Ukraine on February 24, 2022, had multiple consequences, beginning with the displacement of nearly 4.4 million Ukrainians to the European Union and 1.2 million to the Russian Federation, mostly women and children. In addition to the displacement of civilians outside Ukraine, nearly 5.9 million were displaced within Ukraine itself. This displacement of civilians separated children from their fathers and part of their families. They had to integrate into a new environment, a new school, and even a new language. Those who remained with their families were deprived of a secure environment, faced with the violence of bombings resulting in the deaths of many civilians, the cold, the lack of healthcare, hunger, school dropouts, and daily fear. Some children also witnessed the massacre of civilians, including in Buchá.

Since March 2022, Russia has carried out mass abductions of Ukrainian children in Russia. These abductions have occurred through the murder or arrest of their parents, or under the guise of invitations to "summer camps" in Crimea. Ukraine has recorded 16,226 deported children, but this number could be higher.

The destruction of hospital infrastructure and healthcare facilities has deprived children of essential vaccines and access to basic healthcare. By 2023, one in five children will show

signs of post-traumatic stress, with UNICEF estimating that: “1.5 million children are exposed to depression, anxiety, post-traumatic stress disorder and other mental health problems, with potential long-term effects and implications.

3. Syria

The Syrian civil war, which began in 2011 during the Arab Spring, was sparked by anti-Bashar al-Assad graffiti in Daraa, where teenagers were arrested and tortured. The violent repression of the peaceful uprising led to an all-out war waged by the Syrian government against the civilian population. It is estimated that nearly 500,000 people died,

including children, between 2011 and the fall of the regime on December 8, 2024. Millions of children were exposed to violence and deprived of education. The Assad regime imprisoned, tortured, and killed children to crush the resistance. People were massively displaced, mainly to Turkey, Europe, Canada, and the United States.

The Syrian civil war has left profound psychological scars on children, who have been exposed to extreme violence, such as bombings, torture, and executions. The majority of these children suffer from post-traumatic stress disorder (PTSD), depression, and anxiety, triggered by recurring traumatic events. Their social and emotional abilities are severely disrupted, resulting in behavioral difficulties, isolation, and an inability to manage their emotions. Massive school dropouts due to destruction and forced displacement have deprived these children of an educational environment essential for their development. Living conditions in refugee camps, marked by lack of care and family separation, have exacerbated their suffering. Moreover, the uncertainty and instability these children face generate a constant feeling of vulnerability and helplessness. Refugee children, often disconnected from their roots and their bearings, also face challenges integrating into new environments. The lack of adequate psychological support in war zones and refugee camps further exacerbates their suffering. Social isolation, combined with the lack of healthcare facilities, often prevents these children from receiving the help they need to overcome their trauma.

4. Sudan

Successive and protracted conflicts in Sudan have resulted in child rights violations, including abductions, rape, and murder.

The Sudanese Civil War, which began in April 2023, is the fourth civil war in the country. Beyond the direct impact of violence on children, the ongoing conflict has generated a deadly combination of forced displacement, epidemics, and a food crisis. Nearly 4 million children under the age of five are expected to suffer from acute malnutrition this year, including 730,000 with life-threatening severe acute malnutrition. Sudan is currently experiencing one of the worst education crises in the world, with more than 90% of the 19 million school-age children deprived of access to formal education. The continued disruption of education will create a generational crisis for Sudan.

5. **Democratic Republic of Congo**

Conflicts in the DRC have persisted since the country's independence in 1962. Today, there are approximately one hundred armed groups vying for power and control over the exploitation of natural resources and territory. Poor governance and ethnic rivalries are additional factors. More than 6 million people have lost their lives in the DRC since the late 1990s, not to mention the massive displacement of populations, estimated at nearly 7.3 million by 2024. Children are constantly exposed to the violence and brutality of the fighting.

The abuses perpetrated by the various factions are numerous and have traumatic consequences, particularly for children such as mass rape, including of children, and other forms of sexual violence: "The UN and some NGOs have reported mass rape and other forms of sexual violence, mainly against women and children." (Amnesty) Torture, enforced disappearances, mass arbitrary detentions, mass displacement and lack of access to food and shelter, conscription of children as child soldiers, poverty and lack of access to health care and education are the main struggles in the region.

6. **Rwanda**

The 1994 Rwandan genocide left 1 million dead in 100 days. It had devastating consequences for children, who lost their families and witnessed extreme violence. The trauma is "abysmal" among survivors and survivors of the massacres who suffered physical injuries, post-traumatic stress disorder and depression.

The trauma is also present among young people born after the genocide who represent three out of five inhabitants. The psychological trauma resulting from the genocide can therefore be considered transgenerational. It puts these young people at risk of alcoholism, addiction,

and depression. This case reveals the importance of examining transgenerational traumas among children.

7. **Ethiopia**

The Tigray War is a war of secession (2020-2022) declared by the Tigray People's Liberation Front (TPLF) against the Ethiopian government. This war has displaced approximately two million people and in the absence of an official count estimates put the death toll at 600,000 civilians, making it the deadliest conflict of the 21st century. The civilian casualties of the conflict were mostly indirect due to famine and deprivation of healthcare, resulting from the two-year blockade of the region.

In addition to the fighting, this war "was marked by multiple abuses – massacres, rape, and torture – committed by 'all parties'" according to a joint investigation by the UN and the Ethiopian Human Rights Commission. Children were displaced and out of school. They suffered from famine, malnutrition, and deprivation of care.

8. **Cameroon**

The Anglophone crisis in Cameroon, which began in late 2017, has left more than 6,000 dead and 700,000 displaced. Separatists have targeted students and teachers, who they see as symbols of central power. They have attacked, abducted, and tortured hundreds of children, parents and teachers. Since the declaration of secession at least 160 teachers have been killed along with dozens of children, according to the Cameroon Teachers' Trade Union (CATTU), one of the largest teachers' unions.

As of July 2019, nearly 6,000 schools, or more than 80% of schools in the Anglophone regions, were closed, affecting more than 600,000 children. According to UNICEF, two months after the start of the 2019 school year, approximately 90% of public primary schools, more than 100 schools, 77% of public secondary schools and 744 establishments remain closed or non-operational. Since the start of the conflict 855,000 children are no longer in school.

F. Types of Mental Health Interventions

Psychological interventions can be really effective for many mental health issues and can be delivered by trained or supervised non-specialists. These include individuals such as but not

limited to; community workers, volunteers and peers, as well as people with a university degree, but without specialist mental health training. The following part will be focusing on two types of interventions: cognitive behavioral therapy and eye movement desensitization and reprocessing therapy. These two principles can be considered as two of the most commonly used and effective ones on traumatic events.

1. **Cognitive Behavioral Therapy (CBT)**

Studies have shown that CBT (Cognitive Behavioral Therapy) is the most extensive method that's used in child psychology treatments.

CBT is a goal oriented, structured approach to psychotherapy. It can help various mental health issues like coping with grief or stress. It's one of the most commonly used psychotherapy techniques. It can also help reduce nonpsychological health conditions like insomnia and chronic pain.

CBT is based on many principles. These include psychological issues bases and relations in the person's mind. Examples go as:

- Psychological issues are partly based on problematic or unhelpful patterns of thinking.
- Psychological issues are partly based on learned patterns of unhelpful behavior.
- Psychological issues are partly based on problematic core beliefs, including central ideas about yourself and the world.
- People experiencing psychological issues can learn better ways of coping with them. This can help relieve their symptoms and improve their mental and emotional health.

During CBT, a person's thoughts and emotions are carefully inspected by a mental health professional to understand how their actions are affected by their thoughts by unlearning negative thoughts and behaviours to adjust to healthier thinking patterns.

Usually taking place over a limited number of sessions, CBT uses a question-and-answer format. In this format, unlike some other principles like psychoanalysis, the therapist takes an attentive role during the sessions. It can be used alongside medication and other therapies.

CBT is used to treat many mental health issues such as depression, anxiety, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), attention-deficit/hyperactivity disorder (ADHD), phobias, eating disorders, etc.

After receiving CBT, people mostly manage to adapt to a healthier lifestyle. However, CBT can't make stressful situations disappear but makes it easier to respond to such situations more positively.

2. **Eye Movement Desensitisation and Reprocessing (EMDR)**

EMDR is a psychotherapy which allows people to leave behind the symptoms and emotional distress that occurs as a result of disturbing, mostly traumatic, life experiences; as it is mostly known in treating PTSD.

EMDR's main philosophy is getting the person to heal in a shorter amount of time as it takes a much longer time for other therapy principles to manage that. After a successful treatment with EMDR, counselee's affective distress is relieved and negative beliefs are reformulated.

During EMDR therapy, the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus. Therapist directed lateral eye movements are the most commonly used external stimulus but a variety of other stimuli including hand-tapping and audio stimulation are often used (Shapiro, 1991).

EMDR uses a three step protocol:

1. Previous events that have laid a groundwork for mental illnesses or dysfunctions are processed and counselee works with a therapist to create new associative links with adaptive information.
2. The ongoing, distress-creating situations are targeted and the external/internal triggers are desensitized.
3. Imaginary templates of future events are incorporated to assist the client to gain the skills for adaptive functioning.

During EMDR, the client doesn't have to talk in detail about the distressing issue. It relies on the Adaptive Information Processing (AIP) model, developed by Francine Shapiro (who also developed EMDR), which is a theory about how people's brains store memories.

The brain stores memories smoothly during normal events and networks them, so they are connected to other things the person remembers. But when a disturbing or an upsetting event occurs, that network doesn't take place as it usually would and the brain stores the traumatic memories in a way that doesn't quite allow a healthy healing.

When a person receives EMDR therapy, they access traumatic memories in specific ways, like eye movements and guided instructions. When the person accesses those memories, it helps them to reprocess what happened during that negative event.

EMDR consists of 8 phases: patient history and information gathering, preparation and education, assessment, desensitization and reprocessing, installation, body scan, closure and stabilization, and reevaluation and continuing care. The following part will be focusing on "desensitization and reprocessing", "installation", and "body scan".

During desensitization and reprocessing, the therapist aims to activate clients by helping them to identify one or more specific negative images, feelings, and body sensations. Throughout this process, the therapist will get the client to notice how they feel and any new insights or thoughts they have about the experience.

During installation, the therapist will get the client to focus on a positive belief that needs to be adopted as the client processes a memory.

In body scan, the client focuses on how they feel physically, especially any of the symptoms that's felt when they think about or experience the distressing memory. This phase is about identifying the progress through EMDR. Once the symptoms are gone, it means that reprocessing is completed.

EMDR mostly focuses on PTSD. However there are some other conditions that EMDR can be useful on, like anxiety disorders, depression disorders, dissociative disorders, eating disorders, obsessive-compulsive disorders, and other trauma disorders in addition to PTSD.

3. Challenges of Mental Health Interventions During Armed Conflicts

Over 170 million people are currently affected by armed conflicts worldwide, the vast majority being in low-income and middle-income countries (LMICs) and the prevalence of mental disorders among this population is higher than %20. Even though it's growing, the evidence from intervention studies on the effectiveness of mental health interventions for

those people are still limited and there are only few high-quality studies published. There are also concerns about the feasibility of the delivery of these interventions and their effectiveness. Thus, the treatment gap for mental health interventions among affected people is quite high as the studies show that %80 of people that report symptoms of mental illnesses don't receive any mental health care. Therefore, the main issue is to scale up effective community-based mental health interventions to be beneficial to more people. This involves both horizontal scaling up to expand effective interventions to more people and vertical scaling up to ensure the intervention is institutionalised through policy, political, legal, budgetary, and other health systems changes (Simmons, R. et al.).

A research conducted by Bernardo Carpiniello states that prevalence rates of anxiety, depression and PTSD are two to three-fold higher amongst people that are exposed to armed conflicts in comparison to people that weren't exposed and that women and children are the most vulnerable to the outcomes of armed conflicts.

A series of limitations in the current literature should be acknowledged, such as the often-low quality of studies and the paucity of longitudinal studies, with the consequent difficulty of elucidating the directionality of the relationship between postmigration stressors and mental health consequences, and the relative paucity of studies regarding wider ranges of outcomes beyond PTSD, depression and anxiety (Turrini G. et al.).

As the evidence from the literature shows that war and the consequent displacement can be considered as the most challenging threats to mental health, early mental health care for those people should be considered a priority. Unfortunately, the encouraging evidence in favour of the efficacy and acceptability of psychosocial interventions in asylum seekers and refugees is limited to adult populations (Turrini G. et al.).

There are some main barriers to mental health care access like the lack of knowledge of legal entitlements and the health care system of the hosting country, the poor knowledge of hosting country's language, the negative beliefs (especially culture-based) towards on mental health, the lack of trust towards services, and the fear of stigma.

The World Health Organization defines 3 main problems: social problems, mental health problems, and problems obtaining mental health services.

Social problems are listed as:

- Pre-existing: already being in a poor environment and/or being discriminated,
- Emergency-induced: family separation, lack of safety, loss of livelihoods, disrupted social networks, low trust and reduced resources,
- Humanitarian response-induced: overcrowding, lack of privacy and undermining of community support.

Mental health problems:

- Pre-existing: mental health issues like depression, schizophrenia, or substance abuse.
- Emergency-induced: acute issues such as grief, some stress reactions, harmful use of substances etc.
- Humanitarian response-induced: experiencing mental health issues related to lack of humanitarian support.

Problems obtaining mental health services:

Pre-existing: includes already having limited access to quality, affordable mental health care,

Emergency-induced: damage to facilities, staff shortages, weak medicine supplies etc.

Humanitarian response-induced: lack of coordination and insufficient training for emergency responders.

III. Questions to be Addressed

1. Should mental health interventions be more prioritised than physical aid?
2. How can cultural differences and religious differences in the perception of mental health be respected while ensuring interventions are available for human rights standards?
3. Should mental health rehabilitation and help be considered a form of compensation for child victims of armed conflicts?
4. What kind of indicators state the success of mental health interventions?

5. Is it really important and ethical to focus on interventions resources on children with mental health trauma than the ones with more visible traumas?
6. What role should countries involved and not involved play in addressing the long term psychological impacts on children in armed conflicts?
7. How can digital(radios etc.) and remote therapy methods be effectively integrated into armed conflict zones where access to the internet is limited or controlled by hostile forces?

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