



Psychological Impact of War on Children with Disabilities

ODIRIN OMIEGBE

University of Delta, Agbor, Nigeria

Abstract. Children with disabilities in developing countries face significant societal discrimination, which worsens during armed conflicts. These conflicts put children at greater risk, often leaving them abandoned, unable to escape, and vulnerable to violence and psychological abuse. When they reach refugee or internally displaced persons' camps, their challenges multiply, limiting their access to education, healthcare, and psychosocial support. Understanding these effects is critical for developing appropriate educational interventions in special education settings. Therefore, this paper evaluates the psychological impact of war on young learners with disabilities and its educational implications. However, to achieve this, the paper, through evaluative prescriptive methodology, derived data from a literature search of relevant publications of the PubMed and Google Scholar databases, using the key words: war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp. Moreover, reference lists from relevant reviews were also examined for possible additional studies and assessed qualitatively. The findings reveal that their vulnerabilities increase the risk of trauma, PTSD, depression, anxiety, displacement, and loss of support systems, further disrupting their education. Nevertheless, the findings emphasize the need for specialized interventions, trauma-informed practices, and inclusive education policies to help these children regain emotional stability and maximize their educational outcomes. Nonetheless, addressing these challenges through targeted support can improve their well-being and learning opportunities, ensuring they receive the special education services they need despite the hardships of war.

Keywords: War, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, internally displaced camp.

1. Introduction

The occurrence of disabilities is a worldwide phenomenon that exists in every nation and cuts across tribe, gender, and race. Disability is biochemical or structural abnormality, either congenital or acquired, that affects some persons and limits their functioning effectively in society. War is a major cause of disabilities. However, “while there are no accurate figures on how many children with disabilities are affected by war, 15% of the world’s population, or one billion people, has a disability, with a higher percentage in developing countries” (World Bank, 2022), and children make up this number. Children with disabilities are classified as those with physical health, visual, hearing, emotional, and intellectual disabilities, but for educational purposes, they are classified as children with physical, visual, hearing, emotional, and intellectual impairments.

In developing countries, individuals with disabilities often face societal unfairness, including discrimination and stigmatization. However, armed conflicts disrupt lives, families, and communities, with children being among the most vulnerable populations, as they are at greater risk of harm. Moreover, during conflicts, their situation worsens. Due to their disabilities, they are frequently abandoned by their families, unable to flee violent areas, and left exposed to physical violence and psychological abuse. When they eventually escape crisis zones, they are typically housed in refugee camps or internally displaced persons' camps. These young learners with disabilities face compounded challenges as war exacerbates their existing difficulties and limits access to education, healthcare, and psychosocial support. They are affected by war in a number of ways. They witness violent scenes, are displaced from homes, and sent to refugee camps or internally displaced persons' camps that lack necessities. Nevertheless, they also miss out of school as educational institutions are

forced to close. Children with disabilities are worse off. They usually find it difficult to flee violent scenes due to mobility limitations placed on them by their disabilities. In most cases, they are abandoned by their families, which causes them to experience physical and emotional abuse.

Nonetheless, they experience displacement and loss of services. War often results in forced migration, disrupting access to essential services such as therapy, medical care, and special education programmes (UNICEF, 2018a), and many families face difficulties in securing accommodations for their disabled children in refugee settings. They encounter social stigma and isolation. In conflict zones, societal support structures weaken, increasing stigma and discrimination against children with disabilities; as such, this marginalization further limits their participation in social and educational activities (Save the Children, 2020). There is an increased risk of exploitation. Children with disabilities in war zones are more vulnerable to abuse, neglect, and exploitation due to their dependence on caregivers and limited ability to protect themselves (Human Rights Watch, May 2017). War has been noticed in Ukraine, Afghanistan, Palestine, the Central African Republic, Ethiopia, Libya, Mali, Somalia, South Sudan, Syria, Yemen, the Rohingya, Sri Lanka, Cyprus, and Nigeria. This paper, therefore, examines the psychosocial impact of war on young learners with disabilities and suggests how to rehabilitate them in crisis, where they are most vulnerable to physical and emotional harm.

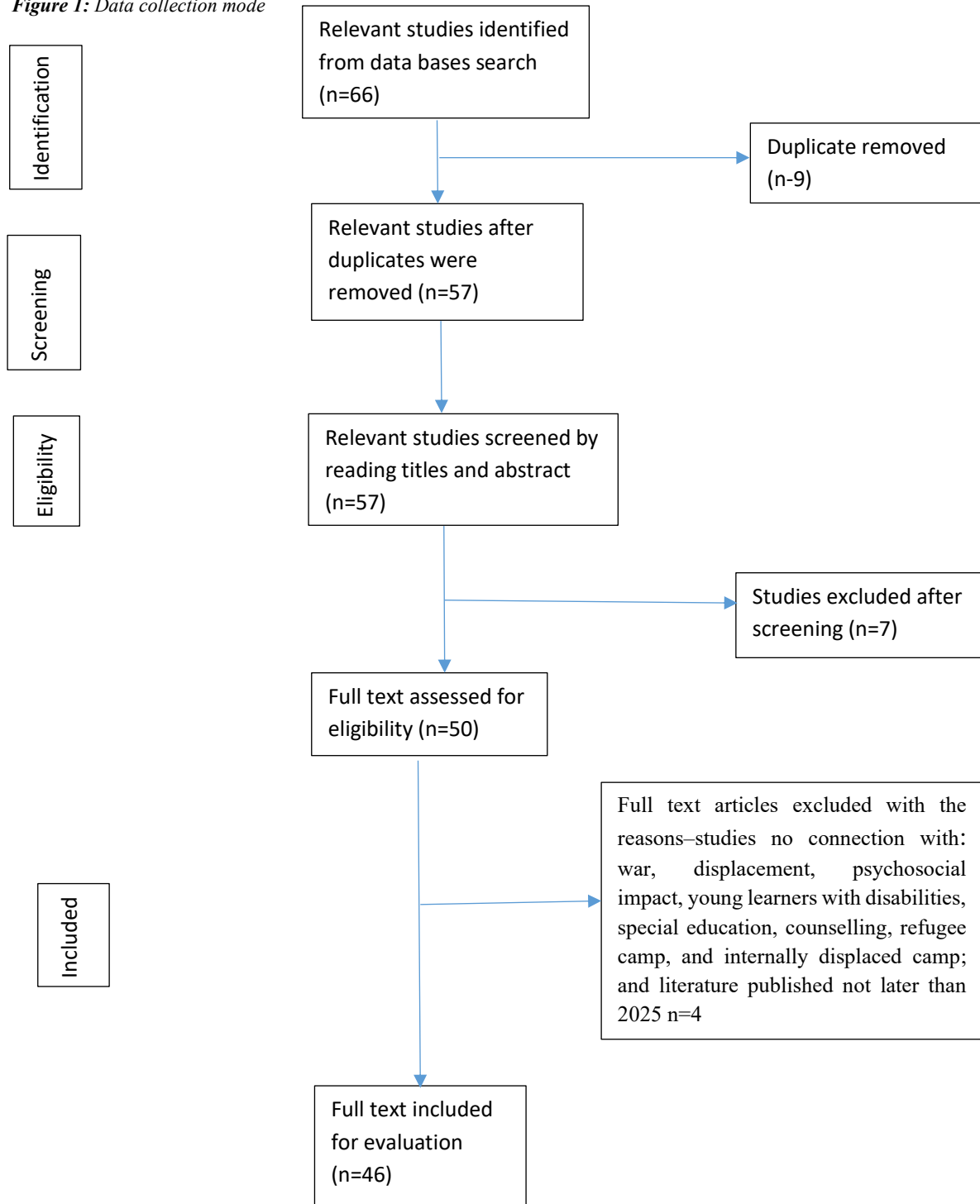
2. Method of Study

2.1 Research design

A scoping literature review was used in obtaining information in this paper and is discussed as follows:

Scoping literature search: Using an evaluative and prescriptive approach, the paper examines the psychological impact of war on young learners with disabilities and its educational implications. Data was collected from an electronic systematic review of the body of some written works through a literature search on PubMed and Google Scholar, using keywords such as war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp. Reference was also made to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) procedures (Moher et al., 2009). The search period covers 2008–2025 and specifically through examination of book chapters, encyclopaedia, conference abstracts, and journals. The terms and keywords such as war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp. The literature search was conducted in “Topics” for ISI Web of Science and in “Article title, Abstract, and Keywords” for the Scopus database, set at “All years” with no language restriction. Scopus database search revealed 15 items, while the ISI Web of Science database revealed 18 items. An additional search from Google Scholar revealed 33 items. Figure 2 shows the procedure used in obtaining data.

Figure 1: Data collection mode



2.2 Eligibility Criteria

Some criteria were observed to indicate the eligibility of the information derived from the electronic systematic review of the body of some written works. The study specifically addressed items that dwell on: war, displacement, education, blended learning, students with disabilities (SWDs), refugee camps, and internally displaced persons' camps; and excluded items that have no connection with the subject matter. Table 1 shows a summary of the criteria inclusion and exclusion of literature items for the study.

Table 1: Overview of criteria for inclusion and exclusion of literature items

Criteria for inclusion	Criteria for exclusion
Connection with war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp.	No connection with war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp.
Literature Published in the English Language	False positive result
Literature Published not later than 2025	Others

2.3 Study Selection

Study selection was conducted after duplicate 9 reference items were removed. Manual screening was then conducted for the remaining 7 reference items by reading the titles and abstracts alone or after full-text assessment. After screening and full-text assessment, 7 reference items that did not meet the study inclusion eligibility requirements were rejected. Any discrepancies regarding the eligibility of studies were resolved by an external expert. Full-text articles excluded with reasons—studies not related to war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp were 4 items. Literature that met the eligibility criteria consisted of 46 items, and they were then judged accordingly.

2.4 Data collection and categorization

Only original articles in the literature on the following were considered for analysis which are: war, displacement, psychosocial impact, young learners with disabilities, special education, counselling, refugee camp, and internally displaced camp.

2.5 Data analysis

The collected data underwent descriptive analysis using RStudio (version 3.5.2) open software, Microsoft Excel (2016), and ArcGIS 10.3.1. Quantitative data obtained from the search databases were processed in Microsoft Excel (2016), which included manual data entry into the spreadsheet and subsequent data graphing. The analysis of most published research categories and the distribution of research effort was conducted using ArcGIS 10.3.1. Psychosocial impact of war on young learners with disabilities

Children living in conflict and crisis zones are at high risk of depression, anxiety, and other mental health conditions (Marquez, 2016). Inadequate access to mental health and psychosocial support services and education exacerbates the impact of conflict on the

mental health of all children, including children with disabilities (Frounfelker et al., 2019; UNICEF, 2018b; Jordans & Tol, 2015). The following are specific psychosocial effects of war on young learners:

Social isolation and stigmatization: Research by Jones and Kafetsios (2005) shows that in conflict zones, disabled children are often more marginalized, facing heightened levels of stigmatization. This stigmatization is not only from peers but also within communities and, at times, families. The societal breakdown during war often exacerbates existing prejudices against disability, leading to further exclusion and isolation (UNICEF, 2014). This social isolation hampers the development of essential social skills and can result in withdrawal, aggression, or other behavioural issues. These learners may struggle to form meaningful relationships, which are vital for their emotional and social growth.

Educational disruption: Conflict zones often experience the collapse of educational systems, which disproportionately affects learners with disabilities. “These learners often require specialized educational resources that are typically unavailable in emergency settings” (UNESCO, 2015). The lack of access to specialized educational resources and support exacerbates existing learning challenges. The absence of structured education during and after conflicts not only affects cognitive development but also has significant implications for the social and emotional growth of these children. The loss of routine and the absence of supportive learning environments can lead to increased anxiety, behavioural issues, and regression in skills development, which are often essential for the development of children with disabilities.

Trauma, psychological distress, and stress: Exposure to violence, displacement, and the loss of caregivers can lead to severe psychological stress, including trauma, anxiety, and depression (Fazel et al., 2012). Children with disabilities may struggle with emotional regulation, making them more susceptible to trauma. Children exposed to war display a broad range of possible distress and stress reactions, such as a lack of

interest in activities, feeling agitated, frustrated, or quick to anger, feeling overwhelmed or teary, feeling anxious, having a low sense of self-esteem, avoiding other people and social situations, displaying phobias, and prolonged crying.

Post-traumatic stress disorder (PTSD): Children with disabilities are also prone to post-traumatic stress disorder (PTSD) during conflict or war situations due to their heightened vulnerability to traumatic experiences. They usually exhibit vivid flashbacks, nightmares, intrusive thoughts or images, recurring emotional and physical sensations of what happened, such as sweating, pain, trembling, nausea, and intense distress when faced with symbolic reminders. Others experience intense panic when reminded of the trauma, being easily upset, irritability and aggression, self-destructive behaviour or recklessness, inability to concentrate, sleeping problems, feel detached and isolate, unable to express affection, turn to alcohol or drugs to avoid memories, and give up on hobbies and interests previously enjoyed. These mental health challenges are exacerbated by their pre-existing disabilities, which may limit their ability to communicate distress or seek help. Moreover, the loss of caregivers, displacement, and exposure to violence further intensify these psychological impacts. The constant state of fear and uncertainty disrupts their sense of security, which is crucial for their emotional development.

3. Research on the psychosocial impact of war on young learners with disabilities.

However, research consistently shows that children exposed to war are at significant risk for developing mental health issues, including PTSD, depression, and anxiety (Betancourt et al., 2013). For young learners with disabilities, these risks are magnified due to pre-existing vulnerabilities. According to Shaw (2003), the experience of war exacerbates the stressors that disabled children already face, such as social exclusion and communication barriers. Studies also highlight the compounding effects of trauma on children with disabilities. The psychological toll of war on disabled children is often underestimated, as traditional diagnostic tools may not fully capture their experiences. For example, children with intellectual disabilities may struggle to express their emotions, leading to underdiagnosis of conditions like PTSD. A meta-analysis of eight studies of child and adolescent refugees and asylum seekers (which include children with disabilities) reported a 22.7% prevalence of PTSD, 13.8% of depression, and 15.8% of anxiety disorders (Blackmore, Boyle, Fazel et al, 2020). These data raise concern, as studies estimate the absolute

number of war-exposed children between 1989 and 2015 to be around 400 million (Hoppen & Morina, 2019; Hoppen, Priebe, Vetter & Morina, 2021). Some studies show the prevalence of mental disorders in the first years of resettlement, only clearly to be increased for PTSD, however, 5 years after resettlement, the rates for depressive and anxiety disorders are also found to be increased (Giacco, Laxhman, & Priebe, 2018).

Moreover, the effects of natural disasters, war, and family violence on the mental health of 276 children and adolescents were studied (Catani, Jacob, Schauer et al, 2008) in Sri Lanka. These children and adolescents, 9 to 15 years old, were exposed to civil war and the Asian Tsunami exposure and family violence. Nearly all these children (96%) reported experiencing or witnessing some types of domestic events. The psychiatric status of the children was evaluated by a diagnostic interview and 30% met the criteria of post-traumatic stress disorder (PTSD). There was a relationship between cumulative stress (war, tsunami, and family violence) and the severity of PTSD. Twenty percent of the children met the criteria for major depressive disorder, and 17% had current suicidal ideation. The Sri Lanka study illustrates the effect of war, violence, and natural disasters on the mental health of children (Wagner, 2009). Nevertheless, Betancourt, Speelman, Onyango, and Bolton (2009) came up with a qualitative study on the psychosocial impact of war on youths in northern Uganda. The following psychosocial behaviors described in their local parlance were noticed among children in IDP (internally displaced persons) camps: *Wo tam* was described as a problem of having “lots of thoughts” such as recurrent thoughts of death or suicide; *Kumu* has features of mood disorder and anxiety; and *Par* is a third local syndrome with mood and anxiety features referred to as a problem of having many worries.

Nonetheless, the psychosocial effect of crisis on disabled children in Venezuela is profound. The stress of living in an unstable and resource-scarce environment can aggravate prevalent disabilities and lead to more psychological problems. World Health Organization (2021a) reports that children with disabilities in Venezuela are at increased risk of acquiring emotional health issues, including anxiety, depression, and trauma-related disorders. However, the impact of Sri Lanka's crises on children with disabilities extends beyond the physical and logistical barriers to education. The psychological impacts of staying in a post-conflict society, combined with the stress of poverty and social exclusion, could have a profound effect on the emotional health and well-

being of these children. According to the World Health Organization [WHO] (2022), children with disabilities in Sri Lanka are prone to developing mental health issues such as anxiety, depression, and trauma owing to their heightened vulnerability.

Moreover, the psychosocial impact of displacement and living in refugee camps is profound for all Rohingya children, but it is particularly severe for those with disabilities. The trauma of violence, displacement, and living in precarious conditions can exacerbate existing disabilities or result in the development of new emotional health issues. The World Health Organization (WHO) (2021b) reports that children with disabilities in Rohingya camps are at a higher risk of experiencing depression, anxiety, and post-traumatic stress disorder. Nevertheless, the psychosocial influence of the violent scenes on disabled children in Ukraine is profound. War trauma, combined with the stress of displacement and the loss of routine, has had a major effect on their emotional health and well-being. According to the World Health Organization (WHO) (2023), children with disabilities are at a higher risk of acquiring emotional health issues in conflict zones owing to their increased vulnerability and the absence of sufficient support structures.

Nonetheless, in Cameroon's North-West region, a secondary school teacher said that children with disabilities "suffered more than others" after armed separatists attacked and "were particularly traumatized by the violence they witnessed" (Human Rights Watch, 2021). Shahd, an 11-year-old Syrian girl with a hearing disability, was more profoundly impacted by the sudden attacks and fleeing than her five siblings. Her father said:

"Unlike her siblings, whenever there is something unexpected, even if someone rushes into the house, she starts to cry" (Human Rights Watch, September 2022).

However, in the Central African Republic, Suleiman, a 17-year-old boy with intellectual and physical disability, was fleeing when he saw his uncle being brutally killed. Suleiman appeared to be traumatized by what he saw, but he has never received any counselling or psychosocial support. He said: "My uncle's death in front of my eyes continues to scare me.... When I sleep, I have nightmares that bring back the images of the events I lived. I haven't spoken to anyone about it."

Moreover, in 2019, a father of three in South Sudan said that one of his daughters became traumatized after seeing the dead bodies of her aunt and cousins in

December 2013 as they fled an attack. Her father described her behavioural changes as follows:

"Before the war, she was ok. But then, she started to insult everyone and run away from home for many days at a time. At the hospital, they didn't know what she had, but they gave her Phenobarbital (used to treat anxiety symptoms). Now, she can't even go to school here. Otherwise, she gets into fights with other children or just runs away, and there is no fence around the school to keep her in there" (Human Rights Watch, 2015, May 2017, June 2017, 2019, 2020).

Nevertheless, as part of their right to health and development, all children, including children with disabilities, have the right to enjoy the highest attainable standard of mental health and, as needed, access to psychosocial services (UN General Assembly, 2015). Counselling and other mental health services during armed conflicts are mostly offered by humanitarian organizations, and they should be human rights-respecting, equitably distributed, inclusive of, and accessible to all children with disabilities (IASC, 2007, 2019; UN General Assembly, 2018, 2020). Nonetheless, in all the examples described above, mental health and psychosocial support services were either lacking, generally not inclusive of, or inaccessible to, children with disabilities (Ćerimovic, 2023) in refugee and internally displaced persons' camps. "Therefore, there is a pressing need to identify effective treatment for youths who have been exposed to these adverse conditions" (Wagner, 2009) and make it available to them.

Implications of the psychosocial impact of war on young learners in special education

When conflicts arise, people are often displaced to secure areas, such as refugee camps or internally displaced persons (IDP) camps, where schools are frequently closed due to safety concerns. As a result, the education of many students, including those with disabilities, is disrupted. To cater to their learning needs, classes are set up, and the service of special education is engaged for learning to be effective. However, with the psychosocial impact of war on young learners with disabilities, effective learning would be hindered due to their emotional state of mind, which requires concentration. This thus makes learning difficult, with implications for special education. Therefore, for learning to be effective for this group of students, the following measures need to be put in place:

Introduction of trauma-informed teaching approaches: Special educators must adopt trauma-sensitive strategies, including emotional support programmes, individualized counselling, and safe learning

environments (Cole, Greenwald, O'Brien, Gadd et al., 2013) to rehabilitate learners with emotional disorders.

Provision of inclusive and adaptive learning materials: War-affected learners require adaptive technologies and tailored curricula to support their unique learning needs in post-conflict environments (Booth & Ainscow, 2011), which would be provided by special education services.

Teacher training and capacity building: For special education teachers in conflict-affected areas to be effective at rehabilitating young learners in refugee camps and internally displaced persons' camps through education, they should receive training on psychological first aid, inclusive pedagogies, and culturally responsive teaching methods (INEE, 2010).

Policy advocacy and international support: Governments and humanitarian organizations should work together to implement inclusive education policies that prioritize children with disabilities in crisis responses (UNESCO, 2019).

Collaboration with mental health professionals: Special teachers should actively engage clinical psychologists, psychologists, guidance counsellors, and social workers to provide holistic interventions that support students' mental and social well-being of young learners during the rehabilitation process in the refugee and internally displaced persons' camp.

4. Conclusion

War has a profound psychosocial impact on young learners with disabilities, further limiting their access to education and social integration. Addressing these challenges requires a holistic approach that incorporates trauma-informed education, inclusive policies, and strengthened support systems. However, special education must adapt to these realities to provide meaningful learning opportunities for war-affected children with disabilities in ensuring that they receive the education they need and deserve, even in the most challenging circumstances, so as not to miss out of school. There is also a need for tailored and responsive intervention strategies to support children with disabilities during crises. It has been shown that effective counselling in schools creates an inclusive environment that fosters both emotional and behavioural stability. It is therefore imperative for special teachers, in conjunction with guidance counsellors, to be engaged in the assessment and treatment of victims of trauma as early as possible to assist this group of learners in rehabilitation camps set up by the government. The importance of such

services should not be neglected, as they show promise in addressing the mental needs of victims of crisis trauma. Therefore, they should continue to render counselling services to young learners with disabilities at the outset to make them emotionally stable after being exposed to crisis trauma, ready to learn in refugee camps or internally displaced persons' camps where schools are opened for learners, and benefit maximally from education.

References

- Betancourt, T., S., Meyers-Ohki, S., E., Charrow, A., & Tol, W., A. (2013). Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry*, 21(2), 70-91.
- Betancourt, T., S., Speelman, L., Onyango, G., & Bolton, P., A. (2009). Qualitative study of mental health problems among children displaced by war in northern Uganda. *Transcult Psychiatry*. 2009 Jun;46(2):238-56. doi: 10.1177/1363461509105815. PMID: 19541749; PMCID: PMC2775515. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775515/>
- Blackmore, R., Boyle, J., A., Fazel, M., et al, (2020). The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. *PLoS Med*. 2020;17(9): e1003337. doi: 10.1371/journal.pmed.1003337.
- Booth, T., & Ainscow, M. (2011). *The Index for Inclusion: Developing Learning and Participation in Schools*. CSIE.
- Catani, C., Jacob, N., Schauer, E., et al. (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(33).
- Ćerimovic, E. (2023). At risk and overlooked: children with disabilities and armed conflict international review of the Red Cross (2023), 105 (922), 192–216. persons with disabilities in armed conflict doi:10.1017/S181638312200087X Retrieved from <https://international-review.icrc.org/sites/default/files/reviews-pdf/2022-11/at-risk-and-overlooked-children-with-disabilities-and-armed-conflict-922.pdf>
- Cole, S., F., Greenwald O'Brien, J., Gadd, M., G., et al. (2013). *Helping traumatized children*

- learn: A report and policy agenda.* Massachusetts Advocates for Children.
- Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *The Lancet*, 379(9812), 266–282.
- Frounfelker R., L., et al., (2019). Living through war: Mental health of children and youth in conflict affected areas, *International Review of the Red Cross*, Vol. 101, No. 911.
- Giacco, D., Laxhman, N., & Priebe, S. (2018). Prevalence of and risk factors for mental disorders in refugees. *Semin Cell Dev Biol*. 2018; 77:144–152. doi: 10.1016/j.semcdb.2018.11.030.
- Hoppen, T., H., & Morina, N. (2019). The prevalence of PTSD and major depression in the global population of adult war survivors: a meta-analytically informed estimate in absolute numbers. *Eur J Psychotraumatol*. 2019;10(1):1578637. doi: 10.1080/20008198.2019.1578637.
- Hoppen, T., H., Priebe, S., Vetter, I., & Morina, N. (2021). Global burden of post-traumatic stress disorder and major depression in countries affected by war between 1989 and 2019: A systematic review and meta-analysis. *BMJ Glob Health*. 2021 doi: 10.1136/bmjgh-2021-006303.
- Human Rights Watch. (2015). *Central African Republic: people with disabilities left behind*. 28 April. Retrieved from www.hrw.org/news/2015/04/28/central-african-republic-people-disabilities-left-behind.
- Human Rights Watch. (2017). *Children with disabilities at risk in conflict zones*. Retrieved from <https://www.hrw.org>
- Human Rights Watch. (2019). *Cameroon: people with disabilities caught in crisis*. 5 August. Retrieved from www.hrw.org/news/2019/08/05/cameroon-people-disabilities-caught-crisis
- Human Rights Watch. (2020). *Disability is not weakness: discrimination and barriers facing women and girls with disabilities in Afghanistan*. p. 17, Retrieved from www.hrw.org/sites/default/files/report_pdf/afghanistan0420_web_0.pdf
- Human Rights Watch. (2021). *They are destroying our future: Armed separatist attacks on students, teachers, and schools in Cameroon's Anglophone regions*. 16 December, p. 108, Retrieved from www.hrw.org/report/2021/12/16/they-are-destroying-our-future/armed-separatist-attacks-students-teachers-and
- Human Rights Watch. (June, 2017). *Central African Republic: people with disabilities at high risk*. 21 June. Retrieved from www.hrw.org/news/2017/06/21/central-african-republic-people-disabilities-high-risk.
- Human Rights Watch. (May, 2017). *South Sudan: people with disabilities, older people face danger*. 31 May. Retrieved from www.hrw.org/news/2017/05/31/south-sudan-people-disabilities-older-peopleface-danger.
- Human Rights Watch. (September, 2022). *It was really hard to protect myself: impact of the armed conflict in Syria on children with disabilities*, pp. 28–31; 8 September. Retrieved from www.hrw.org/report/2022/09/08/it-wasreally-hard-protect-myself/impact-armed-conflict-syria-children
- IASC. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings, 2007*, 1 June. Retrieved from <https://interagencystandingcommittee.org/iasc-task-force-mental-health-andpsychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>
- IASC. (2019). *IASC task team on inclusion of persons with disabilities in humanitarian action, guidelines: Inclusion of people with disabilities in humanitarian action, IASC*. July. Retrieved from <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>
- INEE [Inter-Agency Network for Education in Emergencies]. (2010). *Teaching and learning in emergency settings: Guidelines for field practitioners*
- Jones, L., & Kafetsios, K. (2005). Social stigma and the disabled child: marginalization in conflict zones. *Journal of International Development*, 17(3), 445-459.
- Jordans, M., J., D., & Tol, W., A. (2015). Mental health and psychosocial support for children in areas of armed conflict: Call for a systems approach. *British Journal of Psychiatry International*, Vol. 12, No. 3, 2015.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D., G. (2009). *Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement*. *Ann. Intern.*

- Med*;151(4):264–269. doi: 10.7326/0003-4819-151-4-200908180-00135.
- Save the Children. (2020). *Protecting children with disabilities in conflict-affected areas*.
- Shaw, J., A. (2003). Children exposed to war/terrorism. *Clin Child Fam Psychol Rev*. 2003;6(4):237–246. doi: 10.1023/b:ccfp.0000006291.10180.bd.
- Tol, W., A., Komproe, I., H., Susanty, D., et al. (2008). School-based mental health intervention for children affected by political violence in Indonesia: A cluster randomized trial. *JAMA* 300: 655–662
- UN General Assembly. (2015). Report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, dainius puras, right of everyone to the highest attainable standard of physical and mental health. *UN Doc. A/70/213*, 30 July paras 40, 57 and 109. Retrieved from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/238/25/PDF/N1523825.pdf?OpenElement>.
- UN General Assembly. (2018). Interim report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, dainius puras, right of everyone to the highest attainable standard of physical and mental health. *UN Doc. A/73/216*, 27 July 2018, paras 15 and 57, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N18/234/88/PDF/N1823488.pdf?OpenElement>.
- UN General Assembly. (2020). *Human rights council, report of the special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, dainius puras, right of everyone to the highest attainable standard of physical and mental health*. UN Doc. A/HRC/44/48, 15 April. para 47, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/094/45/PDF/G2009445.pdf?OpenElement>;
- UNESCO. (2015). *Education for All 2015 National Review: Achievements and Challenges in Achieving Education for All*. United Nations Educational, Scientific and Cultural Organization.
- UNESCO. (2019). *Education in emergencies: Inclusion of learners with disabilities*
- UNICEF. (2014). *Children and disability in conflict settings: An inclusive approach to humanitarian response*. United Nations Children’s Fund.
- UNICEF. (2018a). *Children with disabilities in humanitarian contexts: A guide for inclusive humanitarian action*.
- UNICEF. (2018b). Operational guidelines on community based mental health and psychosocial support in humanitarian settings: three-tiered support for children and families (field test version) August. Retrieved from www.unicef.org/media/52171/file.
- Wagner, K., D. (2009). *Natural disasters war and children’s mental health* Retrieved from <https://www.psychiatrytimes.com/view/natural-disasters-war-and-childrens-mental-health>
- WHO. (2021b). *Mental health and psychosocial support in Rohingya refugee camps*. Retrieved from <https://www.who.int/news/items/10-06-2021-mental-health-psychosocial-support-rohingya-camps>
- WHO. (2022). *Mental health and psychosocial support for children with disabilities in post-conflict Sri Lanka*. Retrieved from <https://www.who.int.srilanka/mental-health-psychosocial-support>
- WHO. (2023). *Mental health and psychosocial support in crisis contexts: a focus on Ukraine*. Retrieved from <https://www.int/news/items.15-01-2023-mental-health-psychosocial-support-crisis-contexts-ukraine>
- WHO. (2021a). *Mental health and psychosocial support in Venezuela’s humanitarian crisis*. Retrieved from <https://www.who.int/emergencies/venezuela-humanitarian-crisis>
- World Bank. (2022). *Disability inclusion*. 14 April. Retrieved from www.worldbank.org/en/topic/disability.