Mental health problems, family functioning and social support among children survivors of Colombia's armed conflict

Sánchez-Villegas, M., Reyes-Ruiz, L., Taylor, L. K., Pérez-Ruíz, N. A., & Carmona-Alvarado, F. A. (2021). Mental health problems, family functioning and social support among children survivors of Colombia's armed conflict. *Journal of Aggression, Conflict and Peace Research*, *13*(1), 61-72. https://doi.org/10.1108/JACPR-08-2020-0535

Published in:
Journal of Aggression, Conflict and Peace Research

Document Version:
Peer reviewed version

Mental health problems, family functioning and social support among children survivors of Colombia's armed conflict

Abstract

Purpose - Colombia has one of the largest armed conflict in the world. Children exposed directly or indirectly to armed conflicts lives the emotional footprints left by war. This study identified mental health problems among children survivors of Colombia's armed conflict and associated factors. **Design/methodology/approach –** A cross-sectional study with (n=80) children aged 7 to 11 years (M=9.8 years; SD= 1.4) was conducted using the Child Behavior Checklist, Family APGAR and MOS social support survey adaptation to children. Linear regression analyses were also performed with emotional and behavioral problems as the outcomes and related factors as the predictors. **Findings** - Clinical levels of emotional and behavioral problems were found in 56.3% of children. Internalizing problems (63.7%) were more common than externalizing problems (51.2%). Older children had greater emotion problems, at the trend level, and those with higher functioning families had lower emotion problems. Children with higher perceived social support had lower behavior problems, at the trend level. **Research limitations/implications** - This study includes a sample facing multiple risks and uses a holistic approach to consider family and social resources that may support children who are survivors of the armed conflict in Colombia. These results provide a foundation for future promotion and prevention programs related to children's mental health problems in order to support peacebuilding within the framework of the Colombian post conflict process. **Originality/value** – To the best of authors' knowledge, this is the first study to collect empirical data on the mental health of children survivors of Colombia's armed conflict focused in the Atlantic Department.

Keywords: Mental health problems, Family functioning; Social support; Internalizing problems; Externalizing problems; Children, Armed conflict, Colombia

Paper type - Research paper

Introduction

Mental health in childhood means reaching developmental and emotional milestones, such as learning healthy social skills and how to cope with problems. Children with good mental health have a positive quality of life and can function well at home, in school, and in their communities (CDC, 2019; Lippman et al., 2011; U.S. Departmemt of Health and Human Services, 2001; World Health Organization, 2005). On the contrary, children with mental health challenges face serious changes in the way they typically learn, behave, or handle their emotions, which cause distress and problems getting through the day. Occasional mental health challenges, such as fears and worries, or disruptive behaviors, are common in childhood. If symptoms are severe and persistent, however, it may interfere with school, home, or play activities. Such mental health challenges are an important public health issue because of their prevalence, early onset, and impact on the child, family, and community (Perou et al., 2013).

Mental health challenges in childhood may be related to proximate risks factors within the family, such as sexual, physical and psychological abuse, low social support, violence, history of traumatic experiences or parental abuse of alcohol or drugs, and to broader social risk factors, such as poverty, inequality, war and displacement (Cree et al., 2018; (Karam et al., 2008; Karam et al., 2014; WHO, 2004). For example, in Latin America, exposure to violence has been identified as a predictor of mental health problems particularly among people living in poverty (Franco et al., 2006). Moreover, war can leave an emotional footprint on children that persists

throughout their lives, with indirect effects on subsequent generations (Chapple et al., 2005; Fremont, 2004; Garbarino & Kostelny, 1996; Kadir et al., 2019). These findings suggest the need to study the intergenerational transmission of war-related trauma in internally displaced children and children indirectly exposed to armed conflict (Flink et al., 2013). That is, because of their age and compounded exposure, children may be particularly vulnerable to mental health challenges posed by armed conflict (Gómez-Restrepo et al., 2018). Toward this end, global research has found high rates of post-traumatic stress disorder (PTSD), internalizing behaviors, anxiety and psychosomatic symptoms (Bannon et al., 2009; Chemtob et al., 2008; DeVoe et al., 2006; Dimitry, 2012; Dybdahl, 2001; Kaufman-Shriqui et al., 2013; Klein et al., 2009; Slone & Mann, 2016) and externalizing behaviors (Pat-Horenczyk et al., 2012; Rosenthal & Levy-Shiff, 1993; Thabet et al., 2006; Zahr, 1996) among children affected by war. Because the experience of trauma may contribute to inputs which may take a person closer towards engaging in aggression (Worthington, 2012). Yet, the family environment may be able to help children respond to war stress. For example, a well-functioning family may provide social support for children, which can have a positive impact on their mental health (Slone & Mann, 2016).

Complementing the existing research on effects of armed conflict on children's mental health, the current study focuses on the impact of the Colombian armed conflict (Gómez-Restrepo et al., 2018) and family factors on children's mental health. Over the past 50 years, Colombia has lived in a permanent situation of internal armed conflict resulting from complex phenomena of political violence (Centro Nacional de Memoria Histórica, 2013; Gómez-Restrepo et al., 2016). One of the world's longest conflicts, it has left in its wake countless victims and almost irreparable consequences (Rojas, 2016). Although Colombia's armed conflict is often described as 'low intensity', independent data suggest remarkably high levels of exposure to

conflict-related violence in the civilian population (Tamayo Martínez et al., 2016). Almost 9 million people where 1,151,130 are children between 6 and 11 years old, have been recognized as victims of this conflict and have been included in the National Registry of Victims (Registro Único de Víctimas, RUV). Yet, in Colombia, violence does not occur at the same space and intensity throughout the country (Taylor., 2012).

The Atlantic Department is in the Colombian Caribbean coast which is a developing region divided into five municipalities with 2,342,265 inhabitants (Departamento Administrativo Nacional de Estadística - DANE, 2019). This population represents 3% of the Colombian population (Rangel-Buitrago et al., 2017). The Colombian Caribbean coast has been affected by the growth of paramilitarism, drug trafficking, and the increase in criminal organizations, which has implications for adult mental health (Taylor, 2016a; 2016b). As a result, the Atlantic Department, has received many the displaced populations from surrounding regions (Gómez Builes et al., 2008). Currently, the National Registry of Victims confirms that more than 50,000 children between the ages of 6 and 11 are recognized as victims of this conflict and approximately 16,000 children need psychosocial attention in the Atlantic Department. Rooted to this reality, the current study further focuses on children survivors of the armed conflict in this department. The choice of 'survivor', vs ‘victim’s,’ is more than semantic (Bustamante, 2017). It reflects the emphasis in Colombia and the Atlantic for survivors to actively participate in their holistic healing, energizing possibilities for deeper attention, assistance and reparation. Although Colombia has had a prolonged internal conflict, not much is known about the mental health status of survivors, particularly of children. Consequently, this study aimed to describe the impact of the armed conflict on the mental health of the child population in the Atlantic Department. Bearing in mind that health requirements in the child population highlight the need

for the assessment of mental problems and disorders in the child population affected by the armed conflict in order to plan a subsequent timely intervention in them (Ministerio de Salud y Protección Social, 2013). In sum, we make the following hypotheses. First, we expect that children survivors of Colombia's armed conflict in the Atlantic department had mental health problems, similar to previous research and studies in Colombia and worldwide. Second, we hypothesize that some related factors were associated with the presence of mental health problems among these children. The article concludes with implications for mental health problems, family functioning and social support among children survivors of Colombia's armed conflict.

Methods

Participants

A cross-sectional, correlational study was conducted. A total of 80 children living in the Atlantic Department participated, ranging from 7 to 11 years (M = 9.8, SD = 1.4; 67.5% female, 32.5% male). The vast majority (95%) were from the lowest socio-economic strata, while 5% were from the second lowest. Children were recruited through the Atlantic Department Victims Association. The project was shared with social leaders and they agreed to provide support for direct contact with the children and their families. The sample was purposefully selected.

Procedure

Informed written consent was obtained from a parent or caregiver of the participants prior to their participation. The informed consent stated the purpose of the study, data confidentiality, and the voluntary right of participation in the study, as well as provided the guarantee that no participant suffered any harm as a result of his/her participation in the study. Only children with

opt-in parental consent participated in the study, and children provided written assent before taking part. Firstly, children were interviewed individually to complete the APGAR Family test and MOS test which took around 10 min to complete. Secondly, children's mental health problems, demographic information and historical victimization due to armed conflict was reported by one of their caregiver's trough face to face interviews lasting approximately 60 minutes. All data were collected from February 2019 and March 2020.

Measures

Sociodemographic variables, the variables of gender, age, caregiver's educational level, household socioeconomic stratum and family historical victimization due to armed conflict were collected.

Children's emotional and behavioral problems was measured using the Child behavior checklist (CBCL-6-18) (Achenbach & Rescorla, 2001). The CBCL-6-18 is a report questionnaire assessing behavioral and emotional symptoms across several domains generally administered to a respondent who knows the child well (usually a parent or other close caregiver). Includes 113 items, responded to in a Likert scale format (0–2), with higher scores corresponding to more problems. Cut-offs for the t scores prescribed by the original author were used in classifying each score as "clinical", "borderline" or "normal". For narrow-band scales (Syndrome scales and DSM-oriented scales), t scores of 65–69 are in the borderline clinical range, which indicates a possible need for professional help. Scores above 69 are in the clinical range, indicating a probable need for professional help. For broad-band scales (Internalizing, Externalizing, Total Problems), t scores of 60–63 are in the borderline clinical range, indicating a possible need for professional help. Scores above 63 are in the clinical range, indicating a probable need for professional help. The reliability of the instrument is .79 for the social competence scales; .78 to

.97 for the specific behavior scales; and for the total scales .95. This list has been used in multicultural studies (Guerrera et al., 2019; Muetzel et al., 2018; Zandstra et al., 2018) was validated with Colombian population by Hewitt Ramirez, Jaimes, Vera, & Villa (Hewitt Ramírez et al., 2012) and used in the Colombian population (Hewitt Ramírez et al., 2014; Sánchez-Villegas et al., 2020; Trejos et al., 2015).

The Family APGAR has frequently been utilized as a tool for assessing family function (Smilkstein et al., 1982). It is a 5-item questionnaire (with each item rated on a 3-point scale) measuring five constructs: “Adaptability,” “Partnership,” “Growth,” “Affection,” and “Resolve.” This scale assesses how children perceive the level of functioning of the family unit. For children, the range is from 0 to 10 for children. A score of 0–3 denotes a severely dysfunctional family, 4–7 a moderately dysfunctional family and 8–10 a highly functional family (Carballo et al., 2014). The test shows good construct validity, while its internal consistency (Cronbach’s alpha ranged from 0.80–0.85) and test-retest reliability are deemed acceptable (Ribé et al., 2018; Takenaka & Ban, 2016) and used in the Colombian population (Cogollo & De la Hoz, 2018; González-Pastrana & Díaz-Montes, 2015; Marroquín Rivera et al., 2020; Sánchez et al., 2019).

Perceived Social Support was measured with a scale adapted for children (Rodríguez Espínola, 2011). The 20 items include dimensions of structural support (e.g., size and density of the social support network,) and functional support (e.g., access to and maintenance of the social relations in the network). The response for functional social support ranges from 19 to 57. Cronbach's alpha coefficient was .84 for the total scale. Previous research has found similar results (Chemisquy & Oros, 2020; Rodriguez Espínola, 2010). In the current study, Cronbach's alpha coefficient was .84 for the scale.87.**Results**

All the analyses were performed with SPSS version 23. First, sociodemographics, including family exposure to conflict-related violence, were explored. Next, the clinical levels of mental health problems and descriptive analyses of family functioning and perceived social support were described. Finally, bivariate relations and linear regressions predicting emotion and behavioral problems were conducted.

Of the 80 children who participated in the study (68% female, 32% male; Mage = 9.08, SD = 1.44, range 7-11 years old), all their families were in the bottom two socio-economic strata (95% lowest, 5% second lowest). All of the families also had experienced some violent event as a result of the Colombian armed conflict. These families have experienced violent acts ranging from receiving threats, to forced displacement, extortion, kidnapping of family members, murder of civilians or relatives, and disappearances of loved ones. For example, 50% of the families survived threats and displacement, followed by 30% who, in addition to receiving threats and being displaced, experienced the death of a family member. Moreover, 10% of the families experienced the disappearance of a family member. Also, 5% of these families had a double displacement, 2.5% of these families were dispossessed of their land, and 2.6% of these families reported kidnapping of family members and extortion. Families reported that paramilitary groups were responsible for 75% of those acts, 21.3% were committed by members of guerrilla groups, 2.5% were committed by members of the ELN and 1.3% were committed by members of the FARC.

Emotional and behavioral problems

Based on caregiver or parents' reports, 56.3% of the children (n= 45) had a clinically significant level of emotional and behavioral problems, indicating a probable need for professional help (Table 2). While 17.5% (n= 14) fell into the "borderline" category implying a

possible need for professional help, the rest 26.3% (n=21) were considered "normal" in terms of the sum of problems. In this sample, clinically significant emotional problems were observed in 51.2% (n=41) of the children whereas 63.7% (n=51) of the children demonstrated clinical levels of problems externalizing problems. As demonstrated by the breakdown of behavioral problems into syndrome scales in Table 1, withdrawn/depressed, somatic complaints and aggressive behavior were the commonest emotional and behavioral problems reported by caregivers.

Table 1

Mean Scores on Broad-Band and Narrow-Band Scales and "Clinical", "Borderline" And "Normal" Categories from Child Behavior Checklist (N = 80)

Problem scale	M (SD)	"Clinical" (%)	"Borderline" (%)	"Normal" (%)
Broad-band scales				
Total problems	63.78 (8.86)	56.3	17.5	26.3
Emotional problems	64.75 (9.92)	63.7	11.3	25.0
Behavioral problems	62.24 (10.18)	51.2	11.3	37.5
Syndrome scales				
Anxious/depressed	62.95 (9.51)	15.0	28.7	56.3
Withdrawn/depressed	65.29 (10.14)	30.0	22.5	47.5
Somatic complaints	61.00 (12.05)	22.5	15.0	62.5
Social problems	60.80 (9.80)	15.0	18.8	66.3
Thought problems	57.59 (9.85)	11.3	10.0	78.8
Attention problems	59.00 (11.02)	12.5	18.8	68.8
Rule-breaking	60.20 (9.05)	17.5	21.3	61.3

Aggressive behavior	63.79 (10.17)	28.7	18.8	52.5

Note: Mean t scores on each scale are reported along with standard deviations within parentheses. For broad-band scales, t scores of 60–63 were considered "borderline" while scores above 63 were considered clinical. For narrow-band scales, t scores of 65–69 were considered "borderline" while scores above 69 were considered clinical.

Family functioning and perceived social support

As shown in Table 2, 76.3% of children reported high levels of functioning in their family, while 23.8% who recognized average levels of satisfaction, which translates into medium family dysfunction. In addition, to analyze the perceived social support levels, descriptive statistics were used through 3 cut-off points. Identifying that 26.2% were in a low level, 22.5% in a low level and 51.3% in a high level. It should be noted that the higher the score obtained, the greater the presence of perceived social support for children.

Table 2

Gender Comparisons of Family Functioning and Perceived Social Support

	Female		Male		Total	
	F	%	F	%	F	%
Family functioning						
High level	41	51.2	20	25.0	61	76.3
Average level	13	16.3	6	7.5	19	23.8

Perceived Social Support						
Low	13	16.2	8	10	21	26.2
Medium	12	15	6	7.5	18	22.5
High	29	36.3	12	15.1	41	51.3

Bivariate correlations and regressions

Table 3 shows the bivariate relationships among key study variables. Children's mental health problems were negatively correlated with family functioning ($r = -.26$, $p < .05$); that is, in higher functioning families there was a lower number of mental health problems. There was no correlation between children's total mental health problems with perceived social support. For emotional problems, specifically, there was also a negative correlation with family functioning ($r = -.32$, $p < .01$) and no correlation with perceived social support. Externalizing problems alone were not correlated with family functioning, but negatively correlated with perceived social support ($r = -.26$, $p < .05$); that is, children with lower support reported a greater number of externalizing problems. Finally, family functioning and perceived social support were positively related ($r = .56$, $p < .01$).

Table 3

Means, Standard Deviations, and Bivariate Correlations for all Variables (N = 80)

	M	SD	1	2	3	4	5
1.Children Total Problems	63.78	8.86	-	.67**	.83**	-.26*	-.19

2.Children Emotional Problems	64.75	9.92	-	.37**	-.32**	-.14
3.Children Behavioral Problems	62.24	10.18		-	-.17	-.26*
4.Family Functioning	7.87	1.78			-	.56**
5.Percieved Social Support	56.83	7.26				-

** p <.05; ** p < .01*

Two linear regression analyses examined the predictors of children's emotional and behavioral problems. In short, older children had greater emotional problems, at the trend level, and those with higher functioning families had lower emotional problems. Children with higher perceived social support had lower behavioral problems, at the trend level. Otherwise,

Table 4	Emotional Problems		Behavioral Problems	
	β	p	β	p
Male	-0.16	0.14	0.04	0.70
Age	0.21	0.06	-0.08	0.48
Perceived Social Support	0.04	0.74	-0.25	0.07
Family Functioning	-0.34	0.01	-0.04	0.80
Conflict-related Violence	0.12	0.29	-0.02	0.87

Discussion

Reflecting the history of displacement in Colombia due to the armed conflict (United Nations High Commissioner for Refugees, 2018), the families of all children in this sample had been threatened or displaced, a fact that is mentioned by Shultz et al. (2014), where more people have been displaced by violence in Colombia than in any other country in the world. As a result, half of the children exhibited emotional and behavioral problems in the clinical range, warranting professional help, and consistent with previous research (Flink et al., 2013; Gómez-Restrepo et

al., 2018; Haroz et al., 2013; Hasanovic, 2011; Hewitt Ramírez et al., 2012; Layne et al., 2010; Mels, 2012; Posada & Parales, 2012; Taylor et al, 2019). This strongly suggests an increasing trend of mental health problems among children although without any direct exposure to traumatic events (Jayuphan et al., 2020).

Despite high levels of mental health problems in children, the findings also indicated relatively high satisfaction with family functionality. That is, despite the high levels of conflict violence experienced at the family level, this sample has demonstrated the capacity for recovery and adaptation following traumatic events (Betancourt & Khan, 2008; Fernando & Ferrari, 2011; Haroz et al., 2013; Marroquín Rivera et al., 2020; Mels, 2012; Pine & Cohen, 2002; Sharlin, Moin & Yahav, 2006; Ziaian et al., 2012). This condition only could be possible in a developmental context that is relatively free of other chronic adverse conditions such as an unsupportive family environment (Karam et al., 2019).

Children's perceived social support, however, revealed more mixed findings. For example, half of the children reported low and moderate social support from family and friends. In this setting, forced displacement may be disrupting important social ties the children's environment (Valencia-Suescún et al., 2015). Although the other half of the sample reported high perceived social support, suggesting adaptive capacities (Hewitt Ramírez et al., 2014), this construct was not related to children's emotional problems. In an adult sample in Colombia, social support was linked to lower emotional problems only in cohesive communities (Taylor, 2016b). However, children with higher social support did have fewer behavioral problems. This finding suggests that social support may be linked with other observable behavior in children, rather than internalized mental health difficulties in this sample.

Within a setting of victimization and adversity, children, as well as their families, are important target groups for prevention and intervention related to mental health outcomes (Taylor et al., 2020). Although significant progress has been made in the peace process, Colombia still experiences high levels of ongoing violence and a legacy of more than five decades of armed conflict, when most citizens have yielded to the encroachment of violent norms, language and imaginaries, allowing these to infuse their social roles and interactions and the socialisation of children and youth (McGee & Flórez López, 2016). In the face of such a crisis, institutional support for mental health has been inadequate and faces challenges going forward. Despite a law enacted in 2013 that recognizes the state's obligation to guarantee the promotion of prevention, diagnosis, and treatment of mental disorders, many people outside of the country's major cities do not have access to a psychiatrist (Daniels, 2018). For this reason, there is an urgent need to develop psychosocial interventions, considering how armed conflict has a direct impact on children as well as an indirect impact through the family. Given the role of family functioning in the current study, programs aiming to improve psychological wellbeing should extend beyond the individual child to strengthen family dynamics. For example, psychosocial support and training in parenting patterns for caregivers who are survivors of armed conflict may provide one avenue. More fundamentally, addressing structural challenges that weaken families can help to reduce post-exposure symptoms and promote recovery among conflict-affected children (Betancourt et al., 2015; Cummings et al., 2016; El-Khodary et al., 2020; Hall et al., 2014; Marroquín Rivera et al., 2020; Panter-Brick et al., 2014; Rodriguez et al., 2002; Sim et al., 2018; Tol et al., 2014; Taylor et al., 2016a). Better integration of mental healthcare into primary care may be an additional step that has the potential to address the wider

systemic effects of armed conflict on mental health (Rodríguez de Bernal & Rubiano Soto, 2016).

Strengths and limitations

This study includes a sample facing multiple risks and uses a holistic approach to consider family and social resources that may support children who are survivors of the armed conflict in Colombia. Focused in the Atlantic Department, these results provide a foundation for future promotion and prevention programs related to children's mental health problems.

Limitations include a cross-sectional design; therefore, not able to evaluate causality or direction of effects. Although the instruments used have been validated and widely accepted, the findings cannot be interpreted as a diagnosis. In addition, the use of parent report of children's mental health could have led to reduced reporting of symptoms. Future research should also compare similar findings to a comparative group of children who are not immersed in the dynamics of the internal armed conflict.

Conclusions

The data revealed that children survivors of the armed conflict in the Atlantic Department of Colombia exhibit several mental health problems related to emotional and behavioral problems. In addition, these problems were related to contextual factors such as family functioning and perceived social support. The findings may be used to inform holistic interventions aiming to improve not only individual child mental health with direct experience but also include those indirectly exposed to violence but also family functioning and social support, through an interdisciplinary and integrative perspective. Moreover, mental health in adults in Colombia has been a key predictor to civic participation and attitudes toward

peacebuilding (Taylor, 2015; Taylor et al., 2016b); thus, future research should explore these potential links among children.

Competing interests

The authors declare that they have no conflict of interest

Grant information

This research was supported by grants from the Ministerio de Ciencia, Tecnología e Innovación – Minciencias, Gobernación del Atlántico, from the 809 call: Formación de Capital Humano de Alto Nivel para las Regiones – Atlántico 2018, COLFUTURO and Universidad Simón Bolívar in Barranquilla, Colombia.

Availability of supporting data

The datasets analyzed during the current study are available from the corresponding author on reasonable request.

Acknowledgements

We thank all subjects and caregivers who participated in this study, our colleagues who helped implement it, and all the children, young people, adults and families who are survivors of the armed conflict in Colombia.

References

Achenbach, T. M., & Rescorla, L. (2001). Manual for the ASEBA school-age forms & profiles: Child behavior checklist for ages 6-18, teacher's report form, youth self-report. In *An integrated system of multi-informant assessment*.

Bannon, W., Devoe, E. R., Klein, T. P., & Miranda, C. (2009). Gender as a moderator of the relationship between child exposure to the World Trade Centre disaster and behavioural outcomes. *Child and Adolescent Mental Health*. https://doi.org/10.1111/j.1475-3588.2008.00517.x

Betancourt, Theresa S, McBain, R. K., Newnham, E. A., & Brennan, R. T. (2015). The intergenerational impact of war: longitudinal relationships between caregiver and child mental health in postconflict Sierra Leone. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *56*(10), 1101–1107. https://doi.org/10.1111/jcpp.12389

Betancourt, Theresa S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. In *International Review of Psychiatry*. https://doi.org/10.1080/09540260802090363

Bustamante, V. L. (2017). DE VICTIMAS A SOBREVIVIENTES: IMPLICACIONES PARA LA CONSTRUCCION DE PACES EN COLOMBIA. *Antropologia y Sociologia: Virajes*, *19*, 147+.

Carballo, J. J., Serrano-Drozdowskyj, E., Nieto, R. G., De Neira-Hernando, M. D., Pérez-Fominaya, M., Molina-Pizarro, C. A., De León-Martínez, V., & Baca-García, E. (2014). Prevalence and correlates of psychopathology in children and adolescents evaluated with the strengths and difficulties questionnaire dysregulation profile in a clinical setting.

Psychopathology. https://doi.org/10.1159/000360822

CDC. (2019). *What Are Childhood Mental Disorders?* Centers for Disease Control and Prevention.

Centro Nacional de Memoria Histórica. (2013). ¡Basta ya! Colombia: Memorias de guerra y dignidad. Informe General. In *Centro Nacional de Memoria Histórica*. https://doi.org/10.1017/CBO9781107415324.004

Chapple, C. L., Tyler, K. A., & Bersani, B. E. (2005). Child neglect and adolescent violence: Examining the effects of self-control and peer rejection. *Violence and Victims*. https://doi.org/10.1891/0886-6708.2005.20.1.39

Chemisquy, S., & Oros, L. B. (2020). El Perfeccionismo Desadaptativo como Predictor de la Soledad y del Escaso Apoyo Social Percibido en Niños y Niñas Argentinos. *REVISTA COLOMBIANA DE PSICOLOGÍA*, *29*(2), 105–123.

Chemtob, C. M., Nomura, Y., & Abramovitz, R. A. (2008). Impact of conjoined exposure to the world trade center attacks and to other traumatic events on the behavioral problems of preschool children. *Archives of Pediatrics and Adolescent Medicine*. https://doi.org/10.1001/archpediatrics.2007.36

Cogollo, Z., & De la Hoz, F. P. (2018). Factores asociados a la susceptibilidad al consumo de cigarrillo en escolares de 10 y 11 años en Cartagena, Colombia. *Revista de Salud Pública*. https://doi.org/10.15446/rsap.v20n1.47473

Cree, R. A., Bitsko, R. H., Robinson, L. R., Holbrook, J. R., Danielson, M. L., Smith, C., Kaminski, J. W., Kenney, M. K., & Peacock, G. (2018). Health care, family, and

community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016. *Morbidity and Mortality Weekly Report*. https://doi.org/10.15585/mmwr.mm6750a1

Cummings, E.M., Taylor, L.K., Merrilees, C.E., Goeke-Morey, M.C., & Shirlow, P. (2016). Emotional insecurity in the family and community and youth delinquency in Northern Ireland: A person-oriented analysis across five waves. *Journal of Child Psychology and Psychiatry, 57*(1), 47-54.

Daniels, J. P. (2018). Mental health in post-conflict Colombia. In The Lancet Psychiatry. https://doi.org/10.1016/S2215-0366(18)30068-3

Departamento Administrativo Nacional de Estadística - DANE. (2019). Censo Nacional de Población y Vivienda 2018 y desafíos socioeconómicos para la región Caribe. https://www.dane.gov.co/files/censo2018/informacion-tecnica/presentaciones-territorio/080819-CNPV-presentacion-RegionCaribe.pdf

DeVoe, E. R., Bannon, W. M., & Klein, T. P. (2006). Post-9/11 helpseeking by New York City parents on behalf of highly exposed young children. *American Journal of Orthopsychiatry*. https://doi.org/10.1037/0002-9432.76.2.167

Dimitry, L. (2012). A systematic review on the mental health of children and adolescents in areas of armed conflict in the Middle East. In *Child: Care, Health and Development*. https://doi.org/10.1111/j.1365-2214.2011.01246.x

Dybdahl, R. (2001). Children and Mothers in War: An Outcome Study of a Psychosocial Intervention Program. *Child Development*. https://doi.org/10.1111/1467-8624.00343

El-Khodary, B., Samara, M., & Askew, C. (2020). Traumatic Events and PTSD Among Palestinian Children and Adolescents: The Effect of Demographic and Socioeconomic Factors. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.00004

Fernando, C., & Ferrari, M. (2011). Spirituality and resilience in children of war in Sri Lanka. *Journal of Spirituality in Mental Health*. https://doi.org/10.1080/19349637.2011.547138

Flink, I. J. E., Restrepo, M. H., Blanco, D. P., Ortegon, M. M., Enriquez, C. L., Beirens, T. M. J., & Raat, H. (2013). Mental health of internally displaced preschool children: A cross-sectional study conducted in Bogotá, Colombia. *Social Psychiatry and Psychiatric Epidemiology*, *48*(6), 917–926. https://doi.org/10.1007/s00127-012-0611-9

Franco, S., Suarez, C. M., Naranjo, C. B., Báez, L. C., & Rozo, P. (2006). The effects of the armed conflict on the life and health in Colombia. In *Ciencia e Saude Coletiva*. https://doi.org/10.1590/S1413-81232006000200013

Gómez-Restrepo, C., Bohórquez, A., Tamayo Martínez, N., Rondón, M., Bautista, N., Rengifo, H., & Medina Rico, M. (2016). Trastornos depresivos y de ansiedad y factores asociados en la población de adolescentes colombianos, Encuesta Nacional de Salud Mental 2015. *Revista Colombiana de Psiquiatria*. https://doi.org/10.1016/j.rcp.2016.09.009

Gómez-Restrepo, C., Cruz-Ramírez, V., Medina-Rico, M., & Rincón, C. J. (2018). Original Salud mental en niños desplazados por conflicto armado -Encuesta Nacional de Salud Mental Colombia 2015 Mental health in displaced children by armed conflict -National Mental Health Survey Colombia 2015. *Actas Esp Psiquiatr*, *4646*(22), 51–751. https://www.actaspsiquiatria.es/repositorio/20/112/ESP/20-112-ESP-51-7-517221.pdf

Gómez Builes, G. M., Astaiza Arias, G. M., & Minayo, M. C. de S. (2008). Las migraciones

forzadas por la violencia: el caso de Colombia. *Ciência & Saúde Coletiva*. https://doi.org/10.1590/s1413-81232008000500028

González-Pastrana, Y., & Díaz-Montes, C. (2015). Características familiares relacionadas con el estado nutricional en escolares de la ciudad de Cartagena. *Revista de Salud Publica*. https://doi.org/10.15446/rsap.v17n6.43642

Guerrera, S., Menghini, D., Napoli, E., Di Vara, S., Valeri, G., & Vicari, S. (2019). Assessment of Psychopathological Comorbidities in Children and Adolescents With Autism Spectrum Disorder Using the Child Behavior Checklist. *Frontiers in Psychiatry*. https://doi.org/10.3389/fpsyt.2019.00535

Hall, B. J., Tol, W. A., Jordans, M. J. D., Bass, J., & de Jong, J. T. V. M. (2014). Understanding resilience in armed conflict: social resources and mental health of children in Burundi. *Social Science & Medicine (1982)*, *114*, 121–128. https://doi.org/10.1016/j.socscimed.2014.05.042

Haroz, E. E., Murray, L. K., Bolton, P., Betancourt, T., & Bass, J. K. (2013). Adolescent Resilience in Northern Uganda: The Role of Social Support and Prosocial Behavior in Reducing Mental Health Problems. *Journal of Research on Adolescence*. https://doi.org/10.1111/j.1532-7795.2012.00802.x

Hasanovic, M. (2011). Psychological consequences of war-traumatized children and adolescents in Bosnia and Herzegovina. *Acta Medica Academica*. https://doi.org/10.5644/ama2006-124.8

Hewitt Ramírez, N., Gantiva Díaz, C. A., Vera Maldonado, A., Cuervo Rodríguez, M. P., Nelly Liliam, H. O., Juárez, F., & Parada Baños, A. J. (2014). Afectaciones psicológicas de niños

y adolescentes expuestos al conflicto armado en una zona rural de Colombia. *Acta Colombiana de Psicologia*, *17*(1), 79–89. https://doi.org/10.14718/ACP.2014.17.1.9

Hewitt Ramírez, N., Jaimes, S., Vera, L. ., & Villa, M.-C. (2012). *Características psicométricas del cuestionario de comportamientos infantiles CBCL en niños y adolescentes colombianos.* Universidad de San Buenaventura.

Jayuphan, J., Sangthong, R., Hayeevani, N. et al. Mental health problems from direct vs indirect exposure to violent events among children born and growing up in a conflict zone of southern Thailand. Soc Psychiatry Psychiatr Epidemiol 55, 57–62 (2020). https://doi.org/10.1007/s00127-019-01732-8

Karam, E. G., Fayyad, J., Nasser Karam, A., Cordahi Tabet, C., Melhem, N., Mneimneh, Z., & Dimassi, H. (2008). Effectiveness and specificity of a classroom-based group intervention in children and adolescents exposed to war in Lebanon. *World Psychiatry*, 7, 103–109.

Karam, E. G., Fayyad, J., Karam, A. N., Melhem, N., Mneimneh, Z., Dimassi, H., & Tabet, C. C. (2014). Outcome of Depression and Anxiety After War: A Prospective Epidemiologic Study of Children and Adolescents. *Journal of Traumatic Stress*, 27(2), 192–199. https://doi.org/10.1002/jts.21895

Karam, E. G., Fayyad, J. A., Farhat, C., Pluess, M., Haddad, Y. C., Tabet, C. C., Kessler, R. C. (2019). Role of childhood adversities and environmental sensitivity in the development of post-traumatic stress disorder in war-exposed Syrian refugee children and adolescents. *The British Journal of Psychiatry, 1–7.* https://doi.org/10.1192/bjp.2018.272

Kaufman-Shriqui, V., Werbeloff, N., Faroy, M., Meiri, G., Shahar, D. R., Fraser, D., Novack, Y., Bilenko, N., Vardi, H., Elhadad, N., Pietrzak, R. H., & Harpaz-Rotem, I. (2013).

Posttraumatic stress disorder among preschoolers exposed to ongoing missile attacks in the Gaza war. *Depression and Anxiety*. https://doi.org/10.1002/da.22121

Klein, T. P., Devoe, E. R., & Miranda-Julian, C. (2009). Young children's responses to September 11th: The New York city experience. *Infant Mental Health Journal*. https://doi.org/10.1002/imhj.20200

Layne, C. M., Olsen, J. A., Baker, A., Legerski, J. P., Isakson, B., Pašalić, A., Duraković-Belko, E., Dapo, N., Ćampara, N., Arslanagić, B., Saltzman, W. R., & Pynoos, R. S. (2010). Unpacking trauma exposure risk factors and differential pathways of influence: predicting postwar mental distress in bosnian adolescents. *Child Development*. https://doi.org/10.1111/j.1467-8624.2010.01454.x

Lippman, L. H., Moore, K. A., & McIntosh, H. (2011). Positive Indicators of Child Well-Being: A Conceptual Framework, Measures, and Methodological Issues. *Applied Research in Quality of Life*. https://doi.org/10.1007/s11482-011-9138-6

Marroquín Rivera, A., Rincón Rodríguez, C. J., Padilla-Muñoz, A., & Gómez-Restrepo, C. (2020). Mental health in adolescents displaced by the armed conflict: findings from the Colombian national mental health survey. *Child and Adolescent Psychiatry and Mental Health*, *14*(1), 23. https://doi.org/10.1186/s13034-020-00327-5McGee, R., & Flórez López, J. (2016). *Power, Violence, Citizenship and Agency: A Colombian Case Study.* Institute of Development Studies. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/12139

Mels, C. (2012). Entre pobreza y violencia: ¿cómo afectan los estresores diarios y la violencia a adolescentes en zonas de guerra? *Ciencias Psicológicas*. https://doi.org/10.22235/cp.v6i1.69

Ministerios de Salud y Protección Social. (2013). Plan Decenal de Salud Pública, PDSP, 2012-

2021.

Muetzel, R. L., Blanken, L. M. E., Jan van der Ende, Hanan El Marroun, Shaw, P., Sudre, G., Van der Lugt, A., Jaddoe, V. W. V., Verhulst, F. C., Tiemeier, H., & White, T. (2018). Tracking brain development and dimensional psychiatric symptoms in children: A longitudinal population-based neuroimaging study. *American Journal of Psychiatry*. https://doi.org/10.1176/appi.ajp.2017.16070813

Panter-Brick, C., Grimon, M.-P., & Eggerman, M. (2014). Caregiver-child mental health: a prospective study in conflict and refugee settings. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *55*(4), 313–327. https://doi.org/10.1111/jcpp.12167

Pat-Horenczyk, R., Achituv, M., Kagan Rubenstein, A., Khodabakhsh, A., Brom, D., & Chemtob, C. (2012). Growing Up Under Fire: Building Resilience in Young Children and Parents Exposed to Ongoing Missile Attacks. *Journal of Child and Adolescent Trauma*. https://doi.org/10.1080/19361521.2012.719595

Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., Hedden, S. L., Crosby, A. E., Visser, S. N., Schieve, L. A., Parks, S. E., Hall, J. E., Brody, D., Simile, C. M., Thompson, W. W., Baio, J., Avenevoli, S., Kogan, M. D., Huang, L. N., & Centers for Disease Control. (2013). Mental health surveillance among children--United States, 2005-2011. *Morbidity and Mortality Weekly Report. Surveillance Summaries (Washington, D.C. : 2002)*.

Pine, D. S., & Cohen, J. A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric sequelae. In *Biological Psychiatry*. https://doi.org/10.1016/S0006-3223(01)01352-X

Posada, R., & Parales, C. (2012). Violencia y desarrollo social: más allá de una perspectiva de trauma; Violence and social development: Beyond a trauma perspective. *Univ. Psychol*.

Rangel-Buitrago, N., Williams, A., Anfuso, G., Arias, M., & Gracia, C. A. (2017). Magnitudes, sources, and management of beach litter along the Atlantico department coastline, Caribbean coast of Colombia. Ocean and Coastal Management. https://doi.org/10.1016/j.ocecoaman.2017.01.021

Ribé, J. M., Salamero, M., Pérez-Testor, C., Mercadal, J., Aguilera, C., & Cleris, M. (2018). Quality of life in family caregivers of schizophrenia patients in Spain: caregiver characteristics, caregiving burden, family functioning, and social and professional support. *International Journal of Psychiatry in Clinical Practice*. https://doi.org/10.1080/13651501.2017.1360500

Rodríguez de Bernal M. C. & Rubiano Soto N. (2016) Salud Mental y Atención Primaria En Salud: Una Necesidad Apremiante Para El Caso Colombiano. [Mental Health and Primary Healthcare: A Pressing Need for the Colombian Case.] Colegio Colombiano de Psicólogos.

Rodriguez Espínola, S. (2010). Relación entre nivel socioeconómico, apoyo social percibido, género y depresión en niños. *Interdisciplinaria*.

Rodríguez Espínola, S. (2011). Adaptación a niños del cuestionario MOS de apoyo social percibido. *LIBERABIT: Lima (Perú)*.

Rodriguez, J., De La Torre, A., & Miranda, C. T. (2002). Mental health in situations of armed conflict. *Biomedica: revista del Instituto Nacional de Salud*, *22 Suppl 2*, 337–346.

Rojas, J. C. (2016). Etapas del conflicto armado en Colombia: hacia el posconflicto.

Latinoamérica. Revista de Estudios Latinoamericanos. https://doi.org/10.1016/j.larev.2016.06.010

Rosenthal, M. K., & Levy-Shiff, R. (1993). THREAT OF MISSILE ATTACKS IN THE GULF WAR: Mothers' Perceptions of Young Children's Reactions. *American Journal of Orthopsychiatry*. https://doi.org/10.1037/h0079414

Sánchez-Villegas, M., Reyes-Ruiz, L., & Trejos-Herrera, A. M. (2020). Psychological adjustment in children and families living with HIV. *Tempus Psicológico*, *3*(2). https://doi.org/10.30554/tempuspsi.3.2.3417.2020

Sharlin, S. A., Moin, V., & Yahav, R. (2006). When Disaster Becomes Commonplace. Social Work in Health Care, 43(2-3), 95–114. doi:10.1300/j010v43n02_07

Shultz J.M., Garfin D.R., Espinel Z., et al (2014) Internally displaced 'victims of armed conflict' in Colombia: the trajectory and trauma signature of forced migration. Current Psychiatry Reports, 16, 475.

Sim, A., Bowes, L., & Gardner, F. (2018). Modeling the effects of war exposure and daily stressors on maternal mental health, parenting, and child psychosocial adjustment: a cross-sectional study with Syrian refugees in Lebanon. *Global Mental Health (Cambridge, England)*, *5*, e40. https://doi.org/10.1017/gmh.2018.33

Slone, M., & Mann, S. (2016). Effects of War, Terrorism and Armed Conflict on Young Children: A Systematic Review. *Child Psychiatry and Human Development*. https://doi.org/10.1007/s10578-016-0626-7

Smilkstein, G., Ashworth, C., & Montano, D. (1982). Validity and reliability of the family

APGAR as a test of family function. *Journal of Family Practice*.

Takenaka, H., & Ban, N. (2016). The most important question in family approach: The potential of the resolve item of the family APGAR in family medicine. *Asia Pacific Family Medicine*. https://doi.org/10.1186/s12930-016-0028-9

Tamayo Martínez, N., Rincón Rodríguez, C. J., de Santacruz, C., Bautista Bautista, N., Collazos, J., & Gómez–Restrepo, C. (2016). Problemas mentales, trastornos del afecto y de ansiedad en la población desplazada por la violencia en Colombia, resultados de la Encuesta Nacional de Salud Mental 2015. *Revista Colombiana de Psiquiatria*. https://doi.org/10.1016/j.rcp.2016.09.004

Taylor., L. K. (2012). Relaciones entre la violencia, salud mental, participación ciudadana, y actitudes hacia la justicia transicional en la Costa Caribe de Colombia. *Revista Palobra, "Palabra Que Obra."* https://doi.org/10.32997/2346-2884-vol.12-num.12-2012-148

Taylor, L. K. (2016a). Impact of political violence, social trust, and depression on civic participation in Colombia. *Peace & Conflict: Journal of Peace Psychology*, 22(2), 145-152.

Taylor, L.K. (2016b). Implications of coping strategies and community cohesion for mental health in Colombia. In D. Christie, S. Suffla & M. Seedat (Eds), *Enlarging the Scope of Peace Psychology - African and World-Regional Contributions*. Switzerland: Springer Peace Psychology Book Series.

Taylor, L. K. (2015). Transitional justice, demobilisation and peacebuilding amid political violence: examining individual preferences in the Caribbean coast of Colombia. *Peacebuilding*. https://doi.org/10.1080/21647259.2014.928555

Taylor, L.K., Merrilees, C.E., Goeke-Morey, M.C., Shirlow, P., & Cummings, E.M. (2016a). Trajectories of adolescent aggression and family cohesion: The potential to perpetuate or ameliorate political conflict. *Journal of Clinical Child and Adolescent Psychology, 45*(2), 114-28.

Taylor, L. K., Nilsson, M., & Amezquita-Castro, B. (2016b). Reconstructing the social fabric amid on-going violence: Attitudes toward reconciliation and structural transformation in Colombia. *Peacebuilding*, 4(1), 83-98.

Taylor, L.K., Nilsson, M., Forero, P. & Restrepo, A. (2020). Conducting Field Research amid Violence: Experiences from Colombia. In Y. Gülsüm Acar, S. M. Moss, & O.M. Uluğ (Eds.), *Researching peace and conflict: Field experiences and methodological reflections* (pp. 9-28). United States: Springer Peace Psychology series.

Taylor, L.K., Townsend, D., Merrilees, C.E., Goeke-Morey, M.C., Shirlow, P., & Cummings, E.M. (2019). Adolescent civic engagement and perceived political conflict: The role of family cohesion. *Youth & Society, 51*(5), 616–637.

Thabet, A. A. M., Karim, K., & Vostanis, P. (2006). Trauma exposure in pre-school children in a war zone. *British Journal of Psychiatry*. https://doi.org/10.1192/bjp.188.2.154

Tol, W. A., Komproe, I. H., Jordans, M. J. D., Ndayisaba, A., Ntamutumba, P., Sipsma, H., Smallegange, E. S., Macy, R. D., & de Jong, J. T. V. M. (2014). School-based mental health intervention for children in war-affected Burundi: a cluster randomized trial. *BMC Medicine*, *12*, 56. https://doi.org/10.1186/1741-7015-12-56

Trejos, A. M., Reyes, L., Bahamon, M. J., Alarcón, Y., & Gaviria, G. (2015). Effects in the adherence treatment and psychological adjustment after the disclosure of HIV/AIDS diagnosis with the "DIRÉ" clinical model in Colombian children under 17. *Revista Chilena*

de Infectologia, *32*(4), 408–415. https://doi.org/10.4067/S0716-10182015000500007

U.S. Departmemt of Health and Human Services. (2001). Mental health: culture, race, and ethnicity: a supplement to mental health: a report of the surgeon general. *US Public Health Service: Substance Abuse and Mental Health Services Administration*.

United Nations High Commissioner for Refugees. (2018). Global trends: Forced displacement in 2017. *Global Trends*.

Valencia-Suescún, M. I., Ramírez, M., Fajardo, M. A., & Ospina-Alvarado, M. C. (2015). De la afectación a nuevas posibilidades: niñas y niños en el conflicto armado colombiano. *Revista Latinoamericana de Ciencias Sociales, Niñez y Juventud*, *13*(2), 1037–1050. https://doi.org/10.11600/1692715x.13234251114

WHO. (2004). Promoting Mental Health: Concepts, Emerging Evidence, Practice: Summary Report. Geneva, World Health Organization. Retrieved. *Http://Www.Who.Int/Mental_Health/Evidence/En/Promoting_Mhh.Pdf*. https://doi.org/10.1111/j.1466-7657.2004.00268.x

World Health Organization, W. (2005). Child and Adolescent Mental Health Policies and Plans. *Mental Health Policy and Service Guidance Package*.

Worthington, R. (2012). Dealing with trauma as an intervention for aggression: A review of approaches and the value of reprocessing. *Journal of Aggression, Conflict and Peace Research*. https://doi.org/10.1108/17596591211208319

Zahr, L. K. (1996). Effects of war on the behavior of Lebanese preschool children: Influence of home environment and family functioning. *American Journal of Orthopsychiatry*.

https://doi.org/10.1037/h0080190

Zandstra, A. R. E., Ormel, J., Hoekstra, P. J., & Hartman, C. A. (2018). Chronic Stressors and Adolescents' Externalizing Problems: Genetic Moderation by Dopamine Receptor D4. The TRAILS Study. *Journal of Abnormal Child Psychology*. https://doi.org/10.1007/s10802-017-0279-4

Ziaian, T., de Anstiss, H., Antoniou, G., Baghurst, P., & Sawyer, M. (2012). Resilience and Its Association with Depression, Emotional and Behavioural Problems, and Mental Health Service Utilisation among Refugee Adolescents Living in South Australia. *International Journal of Population Research*. https://doi.org/10.1155/2012/485956