RESEARCH REPORT

Wellbeing of Yazidi children in the aftermath of the 2014 genocide

Save the Children

IN PARTNERSHIP WITH

THE MHPSS COLLABORATIVE
FOR CHILDREN & FAMILIES IN ADVERSITY

Authors & Contributors

This report was written by the MHPSS Collaborative in partnership with Save the Children International in Iraq.

Cover photo: Save the Children International, 2023

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Contents

List of acronyms

Acronym	**Full form**
FGD	Focus group discussion
IADO	Iraqi Alliance of Disability Organisations
ISIS	Islamic State of Iraq and Syria
OPD	Organisation of persons with disabilities

1. About the study

Yazidis are an ethno-religious minority group indigenous to Kurdish Region of Iraq[1] that has been historically persecuted for its distinct religious practices and subjected to forced conversions to Islam(1, 2). On 3 August 2014, the Yazidi community living in the Sinjar region[2] of Iraq was attacked by the Islamic State of Iraq and Syria (ISIS), with hundreds of fighters seizing villages and towns around Mount Sinjar[3] in a coordinated effort that has since been recognized as an act of genocide(2). At the time, Sinjar was home to the world's largest Yazidi population – comprising an estimated 400,000 Yazidi people – and within just a few days of the ISIS attack, an estimated 9,900 Yazidis living there were killed or abducted(3). Out of the 3,100 Yazidis who are estimated to have died, close to half were killed, with others dying on Mount Sinjar from starvation, dehydration, or injuries(3). Children were disproportionately affected – they comprised most of those who died on Mount Sinjar and only one-fifth of those who managed to escape ISIS captivity(3). ISIS separated Yazidi boys as young as seven years from their families, attempted to erase their Yazidi identities, and sent them to training camps where they were indoctrinated, trained, and used in hostilities(2). Yazidi women and girls as young as nine years were abducted and experienced sexual violence, including sexual enslavement(2).

Although most research in this area focuses on the immediate impacts of the 2014 genocide on Yazidi children, there are gaps in the understanding of its enduring impacts that reverberate through the lives of Yazidi children today. Many children who survived the violence and returned to their families continue to face challenges, which amongst others, include compromised physical and mental health, difficulty speaking and understanding the Kurdish dialect spoken by their families, barriers to obtaining or replacing missing civil documents, and lack of access to schooling after many years spent out of

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[1] A wide and roughly defined region spanning northern Iraq, south-eastern Turkey, north-western Iran, and northern Syria.

[2] The Sinjar region is in northwest Iraq, near Iraq's border with Syria.

[3] At the heart of Sinjar is Mount Sinjar, which is an arid 100-km long mountain range. At the base of Mount Sinjar, there are hundreds of villages, and one main town called the Sinjar town in the south-eastern side of the mountain. Prior to the 2014 attack, Sinjar's population was predominantly Yazidi, with a minority of Arabs who practiced Sunni Islam.

school(4). In 2021 – seven years after the genocide – Save the Children Iraq Country Office initiated a multi-phase study to understand how the events of 2014 continue to shape the current living circumstances, hopes and aspirations of Yazidi children in Sinjar(1).

Phase I of this study has already been completed with a desk review and primary research involving 117 Yazidi children and 33 caregivers. The phase I desk review found that there is a gap in evidence and practice in relation to addressing the specific vulnerabilities of sub-groups of children including children with disabilities. Many Yazidi children have acquired long-term psychosocial conditions from their experiences under ISIS captivity and few currently receive the care that they need(4). Yazidi boys who were recruited or used by ISIS were deployed as suicide bombers, human shields, or fighting at the front lines, and the obvious dangers posed by these roles have led to long-term injuries, loss of body parts, amputations, and severe physical disabilities (e.g., from shrapnel and bullets stuck in the body) that continue to impact their life quality years after their escape from captivity(4). Many children who were recruited by ISIS who either managed to escape captivity themselves or were freed for a ransom now live in refugee camps in Duhok and Zakho in northern Iraq, where access to treatment and care is limited(4). Access to care might be further compromised for children with disabilities who lack civil documentation and are denied basic rights such as healthcare, education, and freedom of movement – factors that can impact well-being, development, and lead to further exposure to risks such as physical and sexual violence(5).

In phase I primary research, children with disabilities could not be included due to challenges encountered in mobilizing and securing their participation in the study. This report is written for the findings of the phase II study, and it attempts to fill the gaps in the phase I primary research by focusing specifically on the experiences and well-being of Yazidi children with disabilities.

1.1 Research objectives

This study adopted the social model of disability as its guiding framework, which suggests that even though impairments[4] cause significant challenges for people with disabilities, they are not the critical disabling factors. Instead, the experience of disability is tied to societal barriers to inclusion, such as discriminatory attitudes and practices, absence of accessible physical infrastructure, and non-supportive legislation(6). The following definition of persons with disabilities from the 2006 United Nations Convention on the Rights of Persons with Disabilities also stresses upon the role of the interaction between impairments and barriers in shaping the experience of disability: "*Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*"*(7).* As such, the objectives of the study (listed below) did not focus exclusively on the challenges that children with disabilities face on account of their impairments. Instead, they were informed by the need to understand the interaction between impairments and aspects of the impacted physical and social environments[5] that enhance or reduce the inclusion and well-being of children with disabilities.

1. To understand and highlight the specific experiences of Yazidi children with disabilities with focus on the barriers to their inclusion and participation within peer groups, family, and the wider community.

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[4] Includes physical, sensory, intellectual, and psychosocial impairments.

[5] In relation to the destruction and upheaval caused by the genocide.

2. To understand the well-being of Yazidi children with disabilities in terms of their relationship with and sense of belonging to their caregivers, peers, and the wider community.
3. To understand the ways in which Yazidi children with disabilities, their families, and community cope with challenges with the view to: (a) identify existing strengths and resources that can be reinforced at the individual, family, and community levels; and (b) set priorities for introducing alternative ways of coping to substitute potentially harmful coping behaviours.

1.2 Methodology

This study involved a mix of qualitative data collection techniques, given that the research objectives required an open-ended and exploratory inquiry to achieve a rich and detailed understanding of how the well-being, needs, and priorities of Yazidi children with disabilities are shaped by their current living circumstances, relationships, and inclusion within their physical and social environments. To facilitate the identification of children with disabilities and engaging in the initial conversations about the project, the recruitment team collaborated with IADO, an alliance of organisations of persons with disabilities (OPD). The team from IADO provided training to the facilitators on disability-inclusion, supported the recruitment of children with different disabilities by liaising with a local organisation working with people with disabilities, participated in all the data collection activities and advocated for the needs and preferences of children involved in the study, as well as provided sign language interpretation for data collection with children with hearing and communication disability.

Five qualitative data collection tools were used, including journaling, relational maps, community maps, semi-structured interviews, and focus group discussions (FGDs). Four out of these included children with disabilities (i.e., journaling, relational maps, community maps, and semi-structured interviews) and were designed to be inclusive of children with difficulties in different domains of functionality based on the principles of universal design[6]. To make tools accessible, they used simple and easy to understand language and images and included a variety of options for children to participate and express themselves (e.g., through spoken and written language, sign language, drawings, pre-designed illustrations,[7] emoticon stickers, and audio recordings done through audio recorders provided to children). The options offered to each child were based on the specific needs and preferences of the child and in consultation with the team from IADO. Please refer to appendix 1-6 to see the research tools used for the study. A copy of the journals and the illustrations used in the study are available upon request[8]. Across the activities where children were asked to write or draw, if a child was unable to write or draw or did not wish to write or draw, the facilitator wrote or drew on behalf of that child. At the time of recruitment, children (and their caregivers where relevant) were also told about the options available to

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[6] Universal design means designing services, communication, and information to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

[7] Separate sets of nine illustrations were developed for the two age groups of children participating in this study (7 to 12 years, 13 to 17 years). These illustrations were provided to children with their journals, for them to answer questions in the journal if relevant. Each set included five illustrations depicting inclusive peer, family, and community environments and four illustrations depicting non-inclusive peer and community environments. The illustrations are available upon request.

[8] Journals used in the study were physical diaries that were filled by children in their natural environment as and when possible (but ideally towards the end of the day for 5 days) and into which, they could write, draw, paste pictures from a photo library provided with the journal. Children with a vision disability, children with physical impairments that prevented them from writing, or children who otherwise preferred to speak about their experiences were provided with an audio recorder (in place of a physical diary) to record their thoughts, feelings, and reflections. Where needed, a support person was engaged to read out the prompts to the child and support journaling as and when the child wanted. This person was nominated by the child at the time of providing consent and was either a sibling, caregiver, or another family member.

participate and asked about any special adaptations or support required for the children to access the research activities, in addition to the options already available. The data collection sites for the study were Sinjar centre, Sinoni, and Mount Sinjar, and children with disabilities included in the study were between 7 to 17 years of age. These parameters were intentionally kept the same as the phase I study, so that findings across the two phases can be meaningfully combined. To reveal the impacts of the intersections of disability with sex and age, the sample design included girls and boys between 7 to 17 years of age (the sample was divided into two age groups: 7 to 12 years and 13 to 17 years). It was initially planned to include 18 children with disabilities through 18 journaling activities, 9 relational and community maps, and 9 semi-structured interviews across Sinjar centre, Sinoni, and Mount Sinjar (please refer to appendix 7 for the original sample design). However, the sample size actually achieved was slightly different (outlined in table 1 below) and included 20 children in total, with 12 children from the younger age group (7 to 12 years) and 8 children from the older age group (13 to 17 years). Please note that while journals were completed by children from both age groups, community and relational mapping was conducted only with children in the younger age group and interviews were conducted only with the children in the older age group.

The sample size achieved for the FGDs was as planned (i.e., a total of 12 FGDs, with 4 FGDs in each data collection site). Each FGD included a variable number of participants on account of reasons of their availability, but all except one FGD (FGD3 in the table below) included between 4 to 6 participants, and the total number of participants across all FGDs was 57. Additionally, while the groups were initially planned to be conducted separately with male and female caregivers, 4 out of 12 FGDs included a mix of male and female caregivers, because of the reasons related to the availability and preferences of the participants to participate in the group together. Also, while the groups were initially planned separately for caregivers with children in the younger (7 to 12 years) and older age groups (13 to 17 years), 5 out of 12 groups included caregivers with children in both age groups because of reasons related to their availability. Lastly, in one FGD (FGD 12 in the table below), there was one caregiver with a child who was 30 years old. Although this caregiver did not meet the eligibility criteria to participate in the group, she was included because of her eagerness to participate and share her experiences.

Table 1: Sample design – children with disabilities included in the study

	Activities with children with disabilities				**Total**
	7-12 years, female	*7-12 years, male*	*13-17 years, female*	*13-17 years, male*	
Sinjar centre	1 child with a physical disability + difficulty with memory	1 child with physical disability 2 children with hearing disability		2 children with physical disability	6 journals + 4 community maps + 4 relational maps + 2 interviews

Sinoni	1 child with a physical disability	2 children with a physical disability		2 children with physical disability 1 child with hearing disability	6 journals + 3 community maps + 3 relational maps + 3 interviews
Mount Sinjar	2 children with developmental + vision disability 1 child with psychosocial disability + epilepsy	1 child with physical disability 1 child with vision disability	1 child with vision disability	1 child with psychosocial disability + physical disability + epilepsy 1 child with vision disability	8 journals + 5 community maps + 5 relational maps + 3 interviews
Total	5 children (5 journals + 5 community maps + 5 relational maps)	7 children (7 journals + 7 community maps + 7 relational maps)	1 child (1 journal + 1 interview)	7 children (7 journals + 7 interviews)	**20 journals + 12 community & relational maps + 8 interviews**

Table 2: Sample design: Caregivers of children with disabilities included in the study

	Activities with the caregivers of children with disabilities				**Total**
Mount Sinjar	FGD 1 – Male caregivers with children with disabilities	FGD 2 – Male caregivers with children with	FGD 3 – Mix of male and female caregivers with children	FGD 4 – Mix of male and female caregivers with children	4 FGDs

	(13 to 17 years)	disabilities (7 to 12 years)	with disabilities (13 to 17 years)	with disabilities (7 to 12 years)	
Sinjar centre	FGD 5 - Male caregivers with children with disabilities (7 to 12 years)	FGD 6 – Female caregivers with children with disabilities (mix of the two age groups)	FGD 7 – Female caregivers with children with disabilities (13 to 17 years)	FGD 8 – Female caregivers with children with disabilities (mix of the two age groups)	4 FGDs
Sinoni	FGD 9 – Mix of male and female caregivers with children with disabilities (mix of two age groups)	FGD 10 – Male caregivers with children with disabilities (mix of two age groups)	FGD 11 – Mix of male and female caregivers with children with disabilities (7 to 12 years)	FGD 12 – Female caregivers with children with disabilities (mix of the two age groups)	4 FGDs
Total	3 FGDs	3 FGDs	3 FGDs	3 FGDs	**12 FGDs**

The data was collected in *Kurmanji* for all activities that used spoken language, and in *Arabic* for all the written text (e.g., in journals and the community and relational maps). The data collected in *Kurmanji* was first translated to *Arabic* and then to *English*, and the data collected in *Arabic* was directly translated in *English*. Data analysis was conducted with the *English* language translations by the lead researcher at the MHPSS Collaborative, who coded all the data using *MAXQDA Analytics Pro 2022*. The first stage of analysis included an initial reading and familiarisation with the data, accompanied by the development of memos that recorded the initial reflections of the researcher. This was followed by coding of the data, which was both inductive and deductive – while an initial list of parent codes (information categories) was created based on the research objectives and questions, this list was iteratively refined through inductive codes that emerged from the data. Parallelly, under each parent code, sub-codes were created inductively from the data (please note that the codebook is available on request). Please note that wherever drawings and illustrations were used by children, they were also asked to describe them in their own words. These textual descriptions were coded to analyse all the drawings and illustrations. After coding of all the data was completed, the coded segments for each sub-code were retrieved and synthesized through a descriptive analysis conducted across cases,[9] and this involved an analysis of the patterns and variations in the data for each sub-code. A comparative analysis was also conducted to understand the similarities and variations in data for each sub-code across locations, sex, age groups, and type of disability. Findings in this report have been presented under the parent codes and sub-codes that were used to analyse the data. Since findings across variables were largely similar, all the findings are discussed at an aggregate level first, and differences based on the locations, sex, age groups, and type of disability have been highlighted as appropriate.

1.3 Ethical considerations

Involvement of children with disabilities in evidence generation raises ethical dilemmas that are over and above those usually considered regarding involving children in research in general. Children with disabilities have greater vulnerabilities to risks posed by engagement in research and potentially more barriers in support seeking if a need arises. [8] Protection concerns can be heightened for fragile contexts like Sinjar, where access to resources and supports tends to be limited. At the same time, overprotective approaches can lead to the exclusion of children with disabilities from research and deny them opportunities to voice their perspectives about matters concerning them[8]. As such, there was a need for an ethically grounded evidence generation process that provided safeguards for protection without excluding the participation of children with disabilities[8]. Ethical approval was secured for this study from Save the Children Ethics Review Committee (SCUS-ERC-FY2021-97) and the Department of Non-Governmental Organizations in Iraq.

A risk assessment was conducted that captured the potential risks of the project for children with disabilities, their parents/caregivers, other family members, community members, and staff and other personnel involved in designing and implementing the research, alongside the mitigation strategies that were used to minimize the risk. Although the risk assessment and mitigation strategies were not designed in consultation with Yazidi children with disabilities from the selected sites, they were developed in alignment with Save the Children's disability-inclusive child safeguarding guidelines, and many of the mitigation measures captured in the guidelines were suggested by children and youth with disabilities consulted for the guideline development. A reporting and response plan was also developed in connection with the risk assessment and data protection procedures were put in place to ensure the safety and privacy of the research participants. The risk assessment, reporting and response plan, and the data protection plan are available upon request.

Recruitment was only done after receiving both an informed assent[10] from the child with disability and an informed consent from any one of his/her caregivers. Informed consent was obtained from caregivers of children with disabilities by sharing a participation information sheet and asking for their verbal consent. The participant information sheet used easy to understand language and provided all information relevant to their own and their child's participation in the research, including the purpose of research, expected procedures and information areas, potential risks and benefits, options available to seek support if a need arises, and data protection procedures planned in relation to both their own and their child's participation. To get an informed assent from children, a simple, easy-to understand script was read out verbatim to each child by the person seeking assent. Support from caregivers and the team from IADO was sought as necessary to explain the purpose of the study, procedures and

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[9] A case represents a single unit of analysis, which in this case will be each child who completes the interview/mapping exercises and journal and each FGD with caregivers.

[10] Since children included in the study were under 18 years of age, they provided informed assent for their participation and their caregivers provided informed consent.

expectations regarding the child's participation, potential benefits and risks, and their right to decline participation or withdraw participation at any stage of the study. A child's refusal to participate (by not providing assent) was respected even if the caregiver had already provided an informed consent for their participation.

Assessment procedures and tools were designed to suit the needs of children with different types of functional difficulties. For children with a hearing disability, the assent form was provided to them to read. To make this feasible, the assent form was designed in a child-friendly way using illustrations, easy-to-understand language, large font size, and high contrast colours. If the child could not read, a sign language interpreter communicated with the child. Children with difficulties in communicating had the option to write their names/sign at the end of the assent form instead of providing a verbal assent. If the caregiver and the child provided his/her informed consent, a signed copy of the consent form was left with him/her at the end of the informed consent interview. Since possession of material with mentions of the 2014 ISIS attack was potentially a security risk, the caregiver and child were asked if they want to retain a copy of the participant information sheet (i.e., the information sheet was not left with the participants by default). The participant information sheets, and the consent/assent forms used for the study, are available upon request.

1.4 Strengths of the study

- Findings and recommendations that emerge from this study will be used for strengthening advocacy and programmatic efforts for meeting the needs prioritized by Yazidi children with disabilities and their caregivers in Sinjar. It will also contribute to the wider body of knowledge on the needs of children with disabilities in post-conflict settings.
- The study was planned to accommodate the inclusion of children with difficulties in different domains of functionality. Data collection tools and processes developed for this study could potentially support and inform greater involvement of children with disabilities in future research about matters concerning them.
- This study also included children with multiple disabilities and children with disabilities who also had other family members with disabilities (including caregivers with disabilities), because of which the findings from the study also provide an understanding of the needs of families with multiple members with disabilities and the inclusion of children with multiple disabilities.

1.5 Limitations of the study

- A major drawback of the findings presented in this report is that they have not yet been validated with the children and caregivers who participated in the study, as time constraints did not allow the Collaborative to plan for an inclusive validation exercise as a part of the project. However, a dissemination exercise to share the findings of the study with caregivers and children with disabilities will be undertaken by Save the Children Iraq Country Office.
- Although quantitative well-being and coping assessment scales could have been helpful in understanding how well-being and coping vary by type of disability, coping and well-being tools already validated for use with Yazidi children with disabilities could not be located, and time constraints did not permit a translation and validation exercise as a part of this study.
- Time constraints also did not permit us to adapt our research design and informed consent/assent procedures to include those children with disabilities who experience homelessness, institutionalization or have no adult caregivers living with them.
- Time constraints did not permit the inclusion of children with disabilities in the design of the research study, data collection tools and procedures. However, information about the

accessibility requirements and reasonable accommodations for each child was collected as a part of the assent procedure. Also, children and caregivers were asked about their feedback on the research process and tools through a short discussion at the end of all the data collection activities.

- Children with disabilities were identified through a national OPD, which liaised with a local organisation working with people with disabilities. Participants recruited in this manner likely represent a more empowered group with existing affiliations to OPDs/NGOs with programs for children with disabilities.
- Since the engagement of an OPD partner was not planned in advance, they were not involved in the initial stages of the study that included the development of research objectives, research protocol, and tools.

2. Findings

2.1 Current living conditions of Yazidi children with disabilities in Sinjar

Discussions with the caregivers revealed that access to healthcare is woefully inadequate across the three data collection sites, with a dearth of locally available and affordable care. While health centres and public hospitals are present, they offer basic care and lack specialists that can attend to the specific needs of children with disabilities, based on the nature and degree of their impairments. Health centres and public hospitals also lack medications needed by children with disabilities, creating dependence on private pharmacies, which remain inaccessible for many families. Other barriers to using public health services include lack of access to assistive technology (e.g., wheelchair to visit the hospital) and unaffordable registration fees at public hospitals.

Although specialist care is available in private hospitals situated in Mosul, Duhok, and Erbil, it is unaffordable to many, and travel out of Sinjar is costly and impractical, particularly in cases where treatment is needed on an ongoing basis, for e.g., physiotherapy sessions needed by some children with physical disabilities. Where surgeries are needed, they are either not affordable, or not feasible at the health facilities in Iraq, resulting in recommendations to seek care outside of Iraq (for e.g., in countries like Turkey and India) and necessitating expenses that are beyond the reach of the caregivers and families included in the study. Children also echoed the sentiments of their caregivers regarding their lack of access of treatments, and a 13-year-old girl with compromised vision from Mount Sinjar made the following illustration in her journal to express her distress on account of not being able to afford an available treatment to correct her vision impairment (the quote below describes the illustration in her own words).

"I drew this picture because we went to an ophthalmologist in Mosul for an eye operation and my father did not have enough money for it. I drew the picture of a doctor because I dream of becoming a doctor when I grow up." ***– 13-year-old girl, living with vision disability, Mount Sinjar***

Discussions with caregivers also revealed that access to school can vary depending upon the type and extent of disability experienced by their children[11]. While public schools are present in Sinjar, they are not designed or equipped to include children with disabilities, and some caregivers included in the study reported that their child was either denied admission at a public school or that admission was only possible after securing a special approval from the relevant education authority. Access to school is particularly challenging for: (a) children who need specialised support (e.g., children with intellectual disabilities and highly restricted functioning); (b) children with behaviour that is perceived as disruptive or challenging (e.g., physical aggression towards other children); and (c) children who are likely to experience health emergencies during school (e.g., such as loss of consciousness and seizures), as schools are not equipped to offer the relevant support or make the necessary referrals for these groups. Consequently, children are deprived of learning opportunities, as private schooling is not a viable option (i.e., it is either not available or unaffordable) and other alternatives such as child-friendly spaces or specialized centres are missing as well.

It was reported that, of those children who have returned after being displaced, some have joined schools, but others have had to discontinue schooling— although they were able to attend a school in a camp before, they have been denied admission to a public school post their return. For those who remain displaced in Mount Sinjar, schools are available, but located far away and reliable public transport is not available. Consequently, only those families who can afford private transportation are able to send their children to school. The environment at schools is also not conducive to learning, for instance, the school buildings are too cold during winters and too hot during summers. Also, the route to the schools is considered "dangerous" (e.g., with stray dogs and busy street crossings), because of which children with disabilities can only attend school when a caregiver is available to accompany them. Across the three data collection sites, there were reports of children with disabilities experiencing bullying at school, and in some cases, this prevented them from going to school altogether (the issue of bullying at school is discussed in greater depth in section 2.3.1). Despite all these challenges, many children across age groups and data collection sites expressed strong interest in going to school. When asked about what could have made her day better or happier, a 12-year-girl from Sinoni with a physical disability drew the following image in her journal that shows children going to school and shared her dream of going to school like other children.

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[11] Note that even within the same disability diagnosis, there can be variations in the extent to which a child's functioning is affected, and this in turn can affect their access to services and inclusion within their families, peer groups, and the wider community.

> *"I am unhappy when I cannot visit my friends and play with them, and I cannot go to school when the other kids go."* **– 12-year-old girl, living with physical disability, Sinoni**
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> *"He [a child with physical disability] spends his life inside the house and with friends. If they do not bully him, he may go to school as well."* **– 14-year-old boy, living with physical disability, Sinjar centre**

Aside from schools, there are very limited opportunities for children with disabilities to spend time outside of their homes. For instance, caregivers from Sinjar centre and Sinoni reported that they visit parks with their children, but they are inconvenient to visit regularly and expose their children to bullying from other children. Given that spaces out of home can be hostile and unfriendly to children with disabilities, in many cases, caregivers tend to either discourage their children from leaving home altogether or accompany them where possible. These challenges keep children with disabilities isolated from their peers and limit the social connections and opportunities available to them. For children with disabilities living in camps, it is almost impossible to not venture outside the camps, and doing so exposes them to risks of harm. All these challenges are compounded by poor economic conditions that are pervasive in the Sinjar region and limited job opportunities that can provide a regular income source for the families of Yazidi children with disabilities, particularly in the aftermath of the 2014 attack and the widespread destruction it caused to the region.

2.2 Impact of the 2014 attack on the Yazidi community in Sinjar

> *"All of our lives, we lived in wars, crises, and migration, and we have not seen anything more difficult than ISIS attacking us. They killed men and children, took women and girls, raped, and enslaved them. Thousands of women and girls are still in their possession, and humanitarian organizations and international community have not asked about their condition. It is true that they are not from my family, but they are from Sinjar, and they were innocent."* **– Female caregiver of a child living with disability, Sinjar centre (FGD 7)**

2.2.1 Loss of life, property, and livelihoods

The 2014 ISIS attack led to widespread destruction of property and possessions, with many people fleeing their homes in search of safety. Caregivers in Mount Sinjar – who remain displaced more than eight years after the attack – shared their challenges of living in camps, being away from home, living with harsh environmental conditions, lacking access to essential medications and specialists, and lacking a reliable source of income. Some children included in the study also reported dropping out of school immediately after the attack.

> *"Our lives are difficult in the mountain, services are not available, and the environment is not friendly. Living in the camps is very difficult in the winters when it is cold and in the summers when it is hot."* **– Male caregiver of a child living with disability, Mount Sinjar (FGD 1)**

On the other hand, those who have since returned from camps feel that their circumstances during displacement– despite being very challenging – were relatively better, as humanitarian organizations were actively supporting displaced populations living in camps, including children with disabilities. Despite losing their homes and means of livelihood during the 2014 attack, resettlement and reintegration support from both the public authorities and aid organizations has been underwhelming. They shared that they have not received any compensation from the government upon their return, public services have gone from bad to worse, and job opportunities that can provide a stable income are few and far between. Rising cost of living and increasing needs of the family (with children growing up and/or the family size increasing over time) has further compounded their challenges. In some families, the breadwinners have died, have been arrested or gone missing since the 2014 attack, leaving the family without any source of income. Financial support from the extended family, especially from those who have emigrated out of Iraq, has been crucial in the survival of these families. Discussions with the caregivers included in the study revealed that many in the community are working for daily wages under precarious conditions and lacking a stable income source. However, there are some who are in a relatively better financial position, on account of jobs with humanitarian organizations and the local government.

> *“In my family, five individuals are unemployed, there are no job opportunities. My husband has been imprisoned since the beginning of the events and we do not know anything about him.”* ***– Female caregiver of a child living with disability, Sinjar centre***
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> *“You feel that their [children with disabilities] condition is worse than before. They were in the camp, they went to organizations and got support there. Many times, they say when we would return to the camp.”* ***– Female caregiver of a child living with disability, Sinjar centre***
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> *“[Before the 2014 attack] people used to work and build houses for themselves instead of the old mud houses and people depended on trade within the district and agriculture in the Rabia district and Iraqi Kurdistan”* ***– Caregiver of a child living with disability, Mount Sinjar***

While financial insecurity is a huge burden for any family, it is even more challenging for families with children with disabilities, who have ongoing healthcare and support needs over and above those experienced by other children. Some children included in the study also had caregivers with disabilities and/or siblings with disabilities, further compounding the challenges for their family in a context bereft of accommodations to make public services and livelihood opportunities accessible to people with disabilities. Challenges faced in meeting the basic needs are a source of distress for children with disabilities as well as their caregivers. It also forces children to join the workforce or feel the burden of meeting the needs of their family, alongside other competing priorities such as education as well as challenges of navigating the many environmental barriers to their inclusion. For instance, a 14-year-old boy with physical disability (from Sinjar centre) reported both working and studying to meet the financial needs of his family.

2.2.2 Loss of social connections and ways of living

The 2014 attack not only led to the loss and destruction of physical infrastructure and services, but also undermined aspects of the social and cultural lives of the Yazidi community in Sinjar. Discussions with the caregivers of Yazidi children with disabilities revealed that the attack has led to a fragmentation of their families, whereby larger family units sharing the same home have now split into smaller units that are scattered geographically because of displacement. Some families also have members that are now dead or missing, and this has resulted in the loss of primary sources of material, social, and psychological support. The loss of the principal income source, most frequently the male head of the household, seemed to not only compound the financial challenges, but also alter the dynamic of the household and affect the well-being of the remaining caregivers and their children. In some cases, members of the extended family, that once played an important role in supporting the needs of children with disabilities, are now either lost, or staying far away. Also, both displacement and resettlement were seen to have caused isolation for children with disabilities. While displacement led to the loss of connections with the extended family and neighbours, the crowded camps – where everyone lived in close physical proximity – helped some children in developing connections with other children, and these were lost upon resettlement.

> *"With the loss of my husband, our life has changed completely, and the situation has become very difficult. The problems are many. Many times, my psychological condition makes me tired, and I hope to get rid of this life because of the poor condition of the family, not only from the financial side, but also because of social problems."* ***– Female caregiver of a child living with disability, Sinjar centre***
>
> *"He [child with disability] says he loves his friends in displacement camps more and asks us to go back to Kurdistan because he is not comfortable here."* ***– Male caregiver of a child living with disability, Mount Sinjar***
>
> *"When the head of the family controls the house, it is certain that individuals deal with each other well."* ***– Female caregiver of a child living with disability, Sinjar centre***

Both caregivers and children[12] described the period before the 2014 ISIS attack relatively calm and simple, with well-defined roles for each family member, and living in close proximity with the clan. Interestingly, the experience of displacement/emigration has also led to exposure of the Yazidi community to cultures beyond their own, which is seen to have an impact on the traditional child rearing practices. It was felt that children currently are not as accepting of parental authority as before and are *"out of control"*, *"not listening to"*, and *"neglecting"* their caregivers. Women, who were previously home bound, have started working out of home and earning an income to meet the needs of their families.

> *"Because of emigration and getting to know the West and going outside the boundaries of the house, we also began to deal with them [children] in a more urban manner than before."* ***– Caregiver of a child living with disability, Sinoni***
>
> *"Our life was simple, my husband went to the store, children went to school, and I did the housework. After the 2014 displacement to Kurdistan, we lost everything, and my husband*

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[12] This includes children in the older age group (13 to 17 years) who remembered the period before the 2014 attack. Note that children in younger age group (7 to 12 years) were not asked about the period before the attack, and many children from the older group (13 to 17 years) could not recall the period before the 2014 attack.

> *suffered a psychological condition.”* – ***Female caregiver of a child living with disability, Mount Sinjar***

2.2.3 Breakdown of trust in the community and government

From the discussion with the caregivers participating in the study, it was found that given the widescale displacement, the composition of the Yazidi communities in Sinjar is now different, as many people from the community have left and are reluctant to return, and there are many others who are new to the community/displaced from other locations. These changes have particularly affected children with disabilities, who have lost friends and are now in the company of children not known to them.

Yazidi families from the same clan tend to live clustered together in the same village or compound, but after the ISIS attack, members of the same clan have been geographically dispersed. This has led to loss of social support not just for caregivers, but also children with disabilities who were known by their neighbours and clan members. It was also felt that there was breakdown in solidarity amongst the clan members, and they were less likely offer support to those who were financially struggling. It was believed that earlier, people made greater efforts to keep in touch with their relatives and friends, but this has become less frequent because of preoccupation with their challenging living conditions. Caregivers also described increased levels of mistrust in their communities, as members from within the community had been involved in the ISIS attack.

> *“People do not trust each other like before because everyone is from a place of displacement. For example, Sinoni now has families from all the Sinjar complexes, and before 2014, there were only the original residents of Sinoni.”* – ***Caregiver of a child living with disability, Sinoni***
>
> *“After the events, no one feels safe. People are afraid even of people of their region because many of them were with ISIS and participated in the genocide.”* – ***Caregiver of a child living with disability, Sinoni***
>
> *“[Earlier] the neighbours were relatives and the clan, and they loved him [child with disability] and dealt with him kindly because they were his father’s friends.”* – ***Female caregiver of a child living with disability, Sinjar centre***

It was felt that political conflicts in the Sinjar region are likely to continue, keeping people in a state of unrest and ever on the brink of yet another displacement. There was also a growing mistrust of the local government and concerned authorities, as Sinjar was believed to be a neglected region of Iraq, with its minorities considered worse off than other groups. As such, for some of them, emigration out of Iraq was seen as the only effective route towards a better life.

> *“We lost a lot of family, relatives, and neighbours because of the events and the Iraqi state does not protect its citizens and minorities are always the victims.”* – ***Female caregiver of a child living with disability, Sinjar centre***

> *"Trust between people and trust in the security forces existed before 2014. Before 2014, people did not think of leaving Sinjar."* – ***Caregiver of a child living with disability, Mount Sinjar***
>
> *"I want to travel outside Iraq and live in a place that cares for people who suffer from various problems. This will help them [children and adolescents with disabilities] live a better and find someone to help and encourage them to live their lives."* ***– 17-year-old boy, living with physical disability, Sinjar centre***

2.2.4 Suffering caused by violence and displacement

Caregivers[13] consulted in this study shared their grief of losing family, friends, and neighbours because of the violence against the Yazidi community in 2014. It was found that in some cases, people have gone missing or have been arrested, and those left behind are still awaiting news of the whereabouts of their loved ones. Separation from and loss of caregivers has been particularly hard for children, as illustrated by the following quote from a child living with a psychosocial disability and epilepsy:

> *"I do not feel happy when I am in the shrine and I have not gone for a while because my father's grave is there and they cry over it, so I feel sad with them and miss my father very much."* ***– 12-year-old girl, living with psychosocial disability & epilepsy, Mount Sinjar***

There was also a sense of grave injustice stemming from the *"killing of innocent people"* and other rights violations such as the *"captivity and rape of women"*. Widescale displacement has exposed Yazidi children with disabilities and their caregivers to the harsh realities of living in crowded camp sites, lacking in both basic facilities and specialised support needed by some children with disabilities. Some families have suffered multiple displacements, which has led to instability and loss of social connections and support. To date, many Yazidis are uncertain about returning to their homes and communities, and those who have returned continue to live in the fear of more conflict, bombing, and persecution. The complexity and unpredictability of the security situation, living with the risk of more violence and displacement, combined with the experience of feeling abandoned by both the government as well as humanitarian organizations have led to circumstances unsuitable for healing and recovering from the events that took place in 2014.

> *"Life is difficult, diseases are many, and fear has spread everywhere. We do not know where we will be tomorrow."* ***– Male caregiver of a child living with disability, Mount Sinjar***
>
> *"Life would be good if it were not for the security situation, instability, and people's fear of the coming days because of the many security forces in the area and the aerial bombardment from time to time."* ***– Caregiver of a child living with disability, Sinoni***

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[13] Note that while children in the older age group (13-17 years) were asked about their perspectives on the impact of the 2014 attack, most of them did not recall the period during and immediately after the attack.

> *"We have no life after the barbaric ISIS attack. They killed our children, our men, our families, and raped our daughters, and thousands of women and girls are still in their hands." –* ***Caregiver of a child living with disability, Mount Sinjar***

Psychological distress caused by exposure to violence and displacement and the difficult day-to-day circumstances is believed to have affected the mental health of Yazidi families, particularly women and children. Caregivers expressed grave concerns about the future and mentioned noticing behavioural changes in their children post displacement (i.e., they were perceived to be less cooperative as a result of experiencing difficulties in the camp life), reduced inclination to continue school, and affected motivation and performance at school. Another caregiver shared that her child is visibly affected by the 2014 events and tends to recall experiences during the flight and subsequent displacement to Mount Sinjar. A 12-year-old girl (psychosocial disability and epilepsy) from Mount Sinjar reported having nightmares and being afraid of loud voices. Unfortunately, some caregivers also perceived an increasing risk of suicide amongst their children and associated it with the experiences of violence and displacement post 2014.

> *"I am unhappy and afraid of loud voices. When I sleep, I see difficult dreams in which I am alone. I do not see anyone from my family near me. I remember when my father was with us, I was not afraid of loud voices, and I was not witnessing terrifying and difficult dreams." –* ***12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***
>
> *"Children are currently threatening their parents with suicide. My child's condition worsened when we were confined to the mountain and until now, he has not become like before."* ***– Female caregivers of children living with disability, Sinjar centre***
>
> *"After displacement and difficult circumstances, he is also uncomfortable and affected by what happened in 2014. He always talks about 2014 and you feel that he is living the previous situation when we were living in the mount at the time of ISIS."* ***– Caregiver of a child living with disability, Sinoni***

2.3 Inclusion and well-being of Yazidi children with disabilities

2.3.1 Inclusion of Yazidi children with disabilities

In this study, children with disabilities were asked about how included they felt in different social groups as well as the different physical spaces in their community. Overall, it was found that stigmatization, discrimination, and exclusion of children with disabilities is pervasive within peer groups as well as shared spaces in the community. This includes the use of stigmatising labels (i.e., local language terminology that translates to "sick", "crazy", and "disabled"), physical aggression and violence, and inaccessibility of learning, play, and other community spaces.

> *"I hope no one calls me crazy because I am not crazy. I know how to play ball and beat my friends in sprints as well."* ***– 9-year-old boy, living with physical disability and epilepsy, Sinjar centre***

The immediate family, including both caregivers and siblings, serve as the primary source of support, both generally and in meeting the disability-specific needs. Given the lack of accessibility of community spaces, the contact and engagement of a child with disability with the outside world is heavily dependent upon the availability of and support from their caregivers and siblings. Most children included in the study reported supportive and fulfilling relationships with their primary caregivers[14], but there were some differences in the family dynamic based on the type of disability experienced by the child. A 12-year-old boy from Sinoni with physical disability shared that he identified with and resonated with the experience of the child in the illustration below, as he *"felt the same feelings as this child at home"* as *"the child is among his family, reads with his brother, and is cared for by his family"*. On the other hand, it was found that children with hearing, communication, and intellectual disabilities have greater difficulty in connecting with their family members and in developing friendships because of challenges in understanding others and being understood by others.

> *"I am happy when I am with my mom because she helps me a lot, always loves me, and never breaks my heart."* **– 12-year-old girl, living with psychosocial disability & epilepsy, Mount Sinjar**
>
> *"I wish I could hear like others because I get sad and angry when I do not understand my family and friends and they do not understand me. I feel lonely when others do not understand me. I am the hero of my father, and he loves me very much because he takes me outside the house with him."* **– 10-year-old boy, living with hearing disability, Sinjar centre**

Children also expressed feeling a strong sense of connection with extended family members such as uncles, aunts, and cousins, and they expressed a strong desire to live closer to them, be able to visit them more often, and spend more time with them. For some children, their uncles, aunts, and grandparents were their confidantes and occupied a similar position in their lives as their immediate family members. Cousins were seen as friends and playmates, but unfortunately, some children reported being bullied

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[14] Please note that challenges within the family were not specifically probed, since children were included in the study through home-visits and a caregiver/another family member was always present during the data collection activities (in accordance with the child safeguarding protocol).

and beaten by their cousins. There was a strong desire amongst children included in the study to feel a sense of belonging and *"be like"* their siblings and cousins, and for children who had dropped out of school/never joined school, it was disheartening to not be able to join and share in the experiences of their cousins/peers when they were studying or going to school.

> *"I feel happy when I am with my uncle. For me, he is not only my uncle, but I consider him as my big brother. I really feel comfortable when I am with him. When I get annoyed with someone or something, I tell him and when I need something, I tell him, and he is happy about it."* ***– 12-year-old girl, living with psychosocial disability & epilepsy, Mount Sinjar***
>
> *"I am happy when my cousins are at home. I feel bored when they are at school and studying together and I don't share this with them. I get sad when I am alone."* ***– 12-year-old girl, living with physical disability, Sinoni***

From the discussions with both caregivers and their children, it was apparent that shared spaces in the community had no specific provisions or reasonable accommodations to ensure accessibility, and this meant that children with disabilities either remained isolated at home, or where possible and appropriate, depended on their family and friends to spend time out of home. They had a strong inclination to spend time with and feel a sense of belonging within their peer group, and for children in both age groups, play/sports were integral to having shared experiences and feeling included. Unfortunately, depending upon the type and extent of disability, children were often unable to participate in the games played by their peers. For instance, football – an important sport for the Yazidi community – does not allow for the inclusion of many children, making them feel isolated and left out. A 12-year-old boy (physical disability) from Sinoni used the following illustration to express his sadness about not being included in the games played by his peers. Likewise, a 13-year-old boy (physical disability and communication disability) selected the illustration showing exclusion from play for the older age group and expressed that he is unhappy when he cannot play with other children. Stigma and bullying from peers seemed pervasive, and children across disabilities reported being referred to with stigmatizing labels, mocked, bullied, and beaten. Children with intellectual and developmental disabilities seemed to be the most stigmatized of all groups, and in some cases, had no friendships or contact with people outside their family. Also, a caregiver from Sinjar centre shared perceiving that girls with disabilities experience more stigma and discrimination, as *"the society does not shame a boy like a girl"*.

“I am happy when I play outside with friends, but I am sad when they play football, and I can’t play with them because of my feet. When I stay indoors a lot, I don’t feel comfortable. I hope they can play with toys that I can also play with, like dice. Because I cannot play with the ball, and I just watch them and get sad.” ***– 11-year-old boy, living with physical disability, Mount Sinjar***

“People do not make friends with him because he is mentally retarded, and people do not like to approach him.” ***– Caregiver of a child living with an intellectual disability, Mount Sinjar***

Children included in the study had a strong desire to go to school, as school provided access to life out of home, a sense of belongingness, an opportunity to share in the experiences of others, as well as a sense of direction and progression towards dreams. According to some caregivers, attending school also helps their children cope with their day-to-day difficulties. A 12-year-old boy (physical disability) from Sinoni selected the following illustration and reported that it made him happy to see a child with disability in a classroom with other children. This needs to be understood in the context of the boy’s own circumstances, and the data collection team was informed during their visit that it was challenging for him to go to school, as he tends to experience frequent falls and is need of a suitable wheelchair.

Discussions with both children and caregivers across the three sites did not reveal any accessibility measures or reasonable accommodations adopted by the school to promote the inclusion of children with disabilities. Some caregivers shared their concern about the negative impact of the inaccessibility of instruction methods on their child's performance and overall experience in the school. For instance, children with vision disability were not able to see the blackboard, and children with hearing and communication disability had difficulty in understanding what was taught or in asking for support if they were being bullied by their peers. In a few cases, children shared that they have had positive experiences with their peers or teachers, and this involved teachers not getting angry at students or screaming at them and being supportive when students asked questions and needed help.

Many children included in the study either could not go to school at all or missed school frequently because it was hard to reach, uncomfortable (i.e., too cold in winters or too hot in summers), and unpleasant (e.g., being bullied by children). A few caregivers from Mount Sinjar were also reluctant to send their children to school or anywhere out of home without being accompanied, as the environment was not considered friendly and inclusive, or they were concerned about the risk of disruptive behaviour from their child. A 16-year-old boy (physical disability) from Sinoni selected an illustration showing an inclusive learning environment to express his joy about seeing a child with disability learn along with others. He himself lacked access to a wheelchair, did not go to school, and spent most of his time watching television at home.

"I suffer from a motor disability and do not go to school because my father is afraid that I will get hurt amongst other kids." ***– 11-year-old boy, living with physical disability, Mount Sinjar***

"I am sometimes uncomfortable at school because my friends don't leave me alone and beat me." ***– 8-year-old boy, living with physical disability, Sinoni***

"I am sad because I can't see the board well even though I'm sitting in the first row in my class. My brothers and sisters also do not see well." ***– 13-year-old girl, living with vision disability, Mount Sinjar***

"I feel happy when I am with my friends at school, they treat me kindly and we smile together. [If I could change something] I would change the location of the school instead of its current

> *location in the camp."* **– 12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar**

In general, children's engagement with the community spaces was hampered by many challenges of physical inaccessibility, for e.g., distance, road conditions, availability of transportation and support persons, as well as other features of accessibility, such as crowding, noise, etc. For instance, some children expressed the desire to visit the market, but also felt exhausted and stressed when they did so. In addition to the physical and material dimensions of accessibility, the social environment was also found to be crucial in determining whether or not children with disability participated in a community space and felt welcomed. Children who participated in the study asked for their participation in community meetings and gatherings to be more meaningful than merely being present. Children across the study sites expressed a strong desire to be treated like other children and to participate in activities on an equal basis with others. A 13-year-old boy (vision disability) from Mount Sinjar shared his desire to leave school because *"they do not treat me like others"* and expressed feeling very upset on receiving "*special treatment at school, even though I need it*". Another child mentioned not feeling heard and cared for during a visit to the hospital, and also feeling upset that people around him were afraid and distressed.

> *"I think he [a child with a vision disability] participates sometimes [in community gatherings] with the help of the family, but he still feels lonely during the participation because he only watches the gathering from far."* **– 13-year-old boy, living with vision disability, Mount Sinjar**
>
> *"I was angry when I went with my father to the hospital, and no one cared for us."* **– 7-year-old boy, living with vision difficulty, Mount Sinjar**

2.3.2 Mental health and well-being of Yazidi children with disabilities

Children across the two age groups and across the three study sites stressed the importance of being out of home for their well-being. Children as young as 8 years shared their experience of loneliness and unhappiness on account of staying indoors for extended periods, children staying in camps found it extremely difficult to not venture out, and when they did so, the inaccessibility of the outdoor environment made them vulnerable to harm. To answer the journal question "what makes me unhappy?", a 12-year-old boy with physical disability from Sinoni selected the following illustration that shows exclusion of children with disabilities from their community.

For children from both age groups, spending time with friends and family, as well as feeling accepted, welcomed, and understood was critical for well-being. There was a strong reliance on caregivers and siblings for support, and their absence for extended periods caused significant distress. Some children mentioned feeling sadness if there was any conflict between family members, or if their caregivers were feeling distressed because of financial hardships or the disability experienced by their child. Children also mentioned being anxious about any conflict or disturbance in their relationship with their caregivers and about receiving corporal punishment from the caregivers. For instance, a 9-year-old girl with physical disability from Sinjar centre mentioned feeling afraid that her mother *"will upset"* her and *"beat"* her. A 10-year-old boy with hearing disability from Sinjar centre mentioned being worried about upsetting his father, and consequently, not being able to accompany him outside home.

> *"I am happy when there are no hassles or quarrels in the house. I feel sad when one of my parents is sad because of their poverty. Sad that I cannot go to physical therapy and my parents cannot afford the treatment cost and other house items as well. This makes me very sad."* **– *14-year-old boy, living with physical disability, Sinjar centre***

On the other hand, children also expressed anger and displayed aggression when their needs were not understood or met by their family. Some caregivers also reported that the psychological state of their child has worsened over time. In a few cases, caregivers shared that their children may be experiencing extreme levels of distress and an increased risk of suicide. Caregivers also shared their own distress due to the challenges they face in relation to understanding and supporting their children and witnessing their suffering.

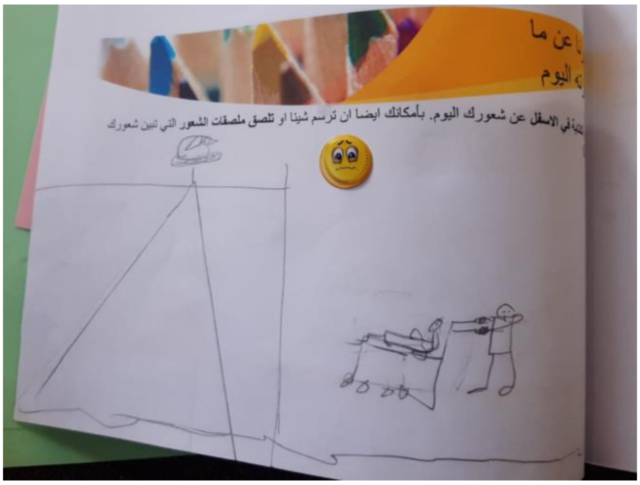
> *"Children with disabilities have special needs and most of them need operations. The young ones ask for toys and special food. Sometimes they are thinking about suicide because they are not feeling mentally okay. Sometimes when he feels sick, he cries and says I will die." –* ***Male caregiver of a child living with disability, Sinjar centre***

> *"They feel that they have grown up and think a lot about their situation, and this thing bothers me because I cannot do anything for them."* ***– Male caregiver of a child living with disability, Sinoni***

The lack of accessible community spaces, rampant bullying amongst peer groups, as well as stigma from the wider community, were also considered as the dominant drivers of distress among children with disabilities, and in some cases, forced them to withdraw into isolation, which further impacted their well-being. Some children shared their anxiety of navigating crowded roads with vehicles and encountering stray dogs. Experiences of bullying not only made children feel sad, but also angry and fearful of being around their peers. Where children with disabilities had access to fulfilling peer relationships, they were a significant source of comfort and joy. Caregivers acknowledged that it is important for their children's well-being to spend time with their peers and be out of home, but the lack of inclusive spaces combined with the challenges imposed by the disability itself, meant that children were largely dependent upon the support of their family members to maintain contact with the outside world. Caregivers expressed concerns about letting their children be out of home by themselves, and some acknowledged restricting their child's mobility and contact with the outside world, as a means to protecting them from harm (physical and psychological). For some children, this also meant that they could not be enrolled into school or that they missed school when there was no one to accompany them. From the perspective of the children, not being able to go about their lives as other children and not being allowed to do things that everybody else could take for granted, created a deep sense of loneliness and resentment.

> *"Their [children with hearing and communication disability] lives are difficult because they cannot go on with their lives, they cannot go to school, and no one understands them."* ***– 14-year-old boy, living with hearing and communication disability, Sinoni***
>
> *"The kids don't let him play with them, and even his brothers don't let him play with them. That's why he cries a lot."* ***– Caregiver of a child living with disability, Sinoni***
>
> *"My daughter suffers from a mental disability and her treatment is very expensive. We encourage her to get out of the house so she can see people and learn about life outside home, but some people bully her, and her condition worsens."* ***– Caregiver of a child living with disability, Sinoni***

Some children – particularly those with hearing, communication, and intellectual disabilities – also struggled with the frustrations of understanding and being understood by their friends and families. Many caregivers also reported that their children experience shame and feelings of inferiority, which shaped their inclination to engage with others. Children themselves shared feelings of self-consciousness in relation to their disability. A 12-year-old boy with physical disability from Sinoni made the following drawing in his daily journal to describe his feelings of sadness because of falling off his wheelchair and getting his clothes dirty in the school on that day.



> *"He [a child with physical disability] is sad when he is alone and does not see his family around him. He feels sad because he is not like other children, he cannot play with them."* – ***16-year-old boy, living with physical disability, Sinoni***
>
> *"They feel that they are less [than others], they see themselves as incomplete."* – ***Male caregiver of a child living with disability, Sinoni***

It was also apparent from the data received from both children and their caregivers that children with disabilities – particularly those in the older age group – feel anxiety about their future, especially since they need to depend on others to meet their day-to-day needs. When children experienced moments of self-reliance and are provided opportunities to do things on their own, they reported feeling joy and confidence. Especially for the children in the older age group (13 to 17 years), having agency in matters that affected them was considered central to well-being. Doing well in school – which was reliant on having access to a school that is willing to admit a child with disability and having a supportive environment – also led to confidence and hopefulness about the future.

> *"I feel that his condition is getting more difficult as he gets older because he understands life and sometimes says how I will live my life like this as I always depend on others, and I cannot depend on myself."* – ***Female caregiver of a child living with disability, Sinjar centre***
>
> *"I trust myself when I do things like others. I do not get angry, and I am calm when I play with my friends."* – ***10-year-old boy, living with hearing disability, Sinjar centre***
>
> *"I am confident of myself when my mother or father ask me for something from home, and I bring it for them."* – ***10-year-old boy, living with hearing disability, Sinjar centre***

2.4 Strengths and aspirations of Yazidi children with disabilities

2.4.1 Strengths and resilience of Yazidi children with disabilities

Despite the many challenges faced by children with disabilities in having their most basic needs addressed, their strength and fortitude to persevere was evident in the data gathered during this study. Children included in the study showed resilience in different ways, for instance, some children continue to go to school despite the challenges mentioned before in relation to the inaccessibility of schools in the three data collection sites. Others regularly make challenging trips to doctors and healthcare centres to manage their healthcare needs, even when the healthcare services are inadequate to fully meet their needs. In spite of facing stigma and bullying from peers, some children continue to pursue social connections and succeed in developing friendships that are supportive and fulfilling. Patience and tolerance were highlighted by children as values important for coping with challenges.

> *"I feel self-confidence because, like other students, I go to school and get higher grades than those who do not suffer from anything."* – ***12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***
>
> *"When he [a child with a vision disability] is feeling low, it is better for him to not become intolerant."* – ***14-year-old boy, living with physical disability, Sinjar centre***
>
> *"He says that he is comfortable in school despite other children sometimes bothering him, but unfortunately he is not very affected by their words. He says that I will heal and become like them."* – ***Female caregiver of a child living with disability, Sinjar centre***

Some children mentioned taking pride in the tasks that they could do by themselves, without having to depend on other people for support. Others mentioned that when they feel distressed, they proactively seek support from their caregivers or use other ways of self-soothing, such as playing with friends or spending time with their caregiver or an extended family member. There were many glimmers of hope amongst children about a better future and a desire to develop themselves, so that they can improve the lives of other children with disabilities. Amongst the older age group, there was also a sense of responsibility towards providing support to caregivers in meeting the financial needs of the household. Some children aged 13 to 17 years old expressed eagerness for job opportunities in the interest of supporting themselves and their families financially. Also, a 14-year-old boy from Sinjar centre with a physical disability mentioned both studying and working to meet the financial needs of his family. Despite bearing burdens that no child should have to, he also shared his passion and ambition of being an artist.

> *"I feel happy when I am with my family and there are no hassles or quarrels in the house. I want to recover and earn money and help my family."* – ***14-year-old boy, living with physical disability, Sinjar centre***
>
> *"I rejoice when I think about being healthy and when I feel I can help my family."* – ***13-year-old boy, living with vision disability, Mount Sinjar***

2.4.2 Dreams and aspirations of Yazidi children with disabilities

When children were asked about their dreams and aspirations, the most common theme highlighted across many interviews was that children with disabilities want to live their lives on an equal basis with other children and not be dependent on others for fulfilling their day-to-day needs. There was also an understanding that education is critical for living a good life, and children currently not enrolled in schools shared their dream of going to school and learning how to read and write. On the other hand, children currently going to school aspired to finish schooling alongside their peers, something that many other children can take for granted. Children included in the study also shared aspirations of a better quality of life, for instance, a child living in a camp desired to move out and live a life devoid of the hardships imposed by camp conditions. Some children in the older age group (13 to 17 years) also have an ambition to emigrate out of Iraq, in order to meet their needs and be treated on an equal basis with other children.

> *"[I will be happy] when my eyes are completely healed, and I can go to school by myself without anyone helping me. I want to complete my studies, heal my eyes, have a life like others, and not feel like I am different from others."* ***– 13-year-old boy, living with vision disability, Mount Sinjar***
>
> *"My dream is that I walk like other children and when I go to school, no one pushes my wheelchair. My brother is a little boy, and he gets tired when he pushes the chair."* ***– 12-year-old boy, living with physical disability, Sinoni***
>
> *"I dream of being an employee. I dream of going with my father when he goes to work. I dream to hear like others, and I dream that others understand me. I dream of owning and buying all the things I love, such as toys and sweets. I hope to be a teacher when I grow up."* ***– 10-year-old boy, living with hearing disability, Sinjar centre***

Interestingly, data shared by Yazidi children on their future career preferences showed that traditional occupations of the Yazidi community – agriculture and animal husbandry – had fallen out of favour, and children dreamed about becoming doctors, teachers, lawyers, and engineers. Particularly amongst the older age group (13 to 17 years), there was a strong desire to have a source of livelihood and support the family financially. The aspirations of Yazidi children with disabilities also held a mirror to the failures of their society in providing them an environment that upholds their rights and supports their well-being. Children shared their ambition to support marginalized populations and provide inclusive services and community spaces for children with disabilities[15]. For instance, a 12-year-old boy with a physical disability from Sinoni expressed his desire to open a zoo that is accessible to children with disabilities, highlighting his desire for inclusive community spaces. A 13-year-old girl with vision disability from Mount Sinjar shared that she wants to become an ophthalmologist, in order to provide treatment to others with a visual disability.

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[15] It is possible that these aspirations are also a reflection of the representations of "success" that children saw in their immediate environment, particularly in response to the influx of humanitarian aid organizations in their communities.

> *"I dream of being a doctor and treating people who have difficulty walking. I always dream that I play with other children, I am not afraid of anything, and I am happy like them."* ***– 11-year-old boy, living with physical disability, Mount Sinjar***
>
> *"I dream of becoming a lawyer as my father wished and helping vulnerable people. I know that through reading and writing we can achieve our dreams."* ***– 12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***

2.5 Supports needed to promote the well-being of Yazidi children with disabilities

2.5.1 Existing supports and resources

As discussed in section 2.3, children across age groups and study sites mentioned personal relationships as their main source of support when they felt distressed. This first and foremost includes support received from caregivers, followed by support from siblings and the extended family. In some cases, particularly in the older age group (13 to 17 years), friends are also seen as a source of support. For both age groups, play was a source of comfort in times of distress and provided a sense of belongingness. A 13-year-old girl with a vision disability from Mount Sinjar also mentioned that she could seek support from her teacher when she felt distressed. However, not all children had access to play and learning opportunities, and some children –particularly those with hearing and communication disabilities – also face the challenge of not being understood and not understanding their family members.

To cope with loneliness and exclusion, children relied heavily on technology. This involved watching television for long hours, or using cellular devices to play, pursue social connections, and in a few cases, learn. For instance, a 17-year-old boy from Sinjar centre with a physical disability shared that access to internet works as a distraction (*"I don't think much when I am on social media, which helps me a lot"*) and helps him feel connected with the world. Caregivers acknowledged the role of technology as a distraction for their children and a source of social connections, but there were also a few concerns about their excessive preoccupation with mobile phones at the cost of the time spent with family members and time spent on schoolwork.

> *"I felt angry all day because my friends told me that you have only one eye and you cannot see like us. I came home and told my father, and he told me not to go to them. After that, I felt calm, but I like to go to my friends always, and I get annoyed when I stay at home."* ***– 7-year-old boy, living with vision disability, Mount Sinjar***
>
> *"He cannot play football with other children, so he feels sad and angry and spends most of his time with the mobile phone inside the house."* ***– Female caregiver of a child living with disability, Sinjar centre***

Caregivers were also asked about the supports they could access when distressed, and across the three data collection sites, they mentioned informal support networks, which comprise immediate family members (significant other and siblings) as well as relatives and neighbours, on whom they rely for psychological and financial support. From the responses of both children and their caregivers, the role of spirituality in providing hope and managing distress was also apparent. However, organised and formal supports available at the community level seemed scanty, and across the three project sites, there were no mentions of existence of youth groups, religious groups, women groups, community leaders, and traditional healers. A female caregiver from Sinjar centre reported going for counselling sessions "if they are available", however, it was unclear if this service was community-led or provided directly by the government/aid organizations.

> *"I go to my neighbour, and we argue with each other and complain about our concerns with other. Sometimes, I go for psychological sessions as well if they are available, because I have nervousness and a psychological condition due to my financial situation and difficult life." –* ***Female caregiver of a child living with disability, Sinjar centre***
>
> *"We ask for support from my brothers and brothers-in-law, they stand with us, and it feels good to know that you are not alone."* ***– Caregiver of a child living with disability, Sinoni***
>
> *"I believe that God will answer my prayers, I will be healed, and I will be able to walk like other children. I always pray and thank God"* ***– 11-year-old boy, living with physical disability, Mount Sinjar***

2.5.2 Need for resettlement and reintegration support

Caregivers included in the study reported that public services in the Sinjar region have deteriorated over time, creating dependence on aid. Support from humanitarian organizations is also perceived to have simultaneously declined, and even when available, the funding is time-bound and insufficient to sustainably meet the ongoing needs of children with disabilities.

Many Yazidi families continue to remain displaced to date, and this study included both families that are living in camps in Mount Sinjar as well as those that have returned from camps and are living in Sinjar centre and Sinoni. Amongst those who have returned, a few caregivers mentioned unsuccessfully applying for compensation to the relevant authorities for the injustices and damages suffered by them during the 2014 genocide. They reported receiving some support from humanitarian organizations during their time in the camps, but also mentioned that the support upon their return has diminished, forcing them to fend for themselves and their children in a context with high inflation as well as lack of well-functioning public services and reliable job opportunities. Where support was available, it was considered basic, insufficient, and not tailored to the specific needs of their child. Some also reported being disappointed after proactively approaching humanitarian organizations to seek support for their child with disability. There were a few mentions of help sought and received from individuals after dissemination through social media.

> *"There are 8 people in my family. I am the head of the family, and I am unemployed. There are no opportunities for work, and life is very difficult because prices are high, services are very few, and the government does not provide any support to the returnees." –* ***Female caregiver of a child with living with disability, Sinoni***

> *"You feel that things are better than the past years, and people return with the passage of time, but the government does not support the affected and the returnees and the support from organizations is also little currently." –* ***Caregiver of a child living with disability, Sinoni***
>
> *"We asked for help from families, relatives, and [support from] humanitarian organizations was better than now. They say that we are not working on this thing and that the program does not exist." –* ***Female caregiver of a child living with disability, Sinoni***

Overall, many caregivers of children with disabilities felt abandoned by all parties, mistrusted the government authorities, and asked for an increase in support from humanitarian organizations. However, a caregiver from Mount Sinjar also felt that support from aid organizations is meant to be temporary and the primary responsibility for aid and reconstruction rests on the relevant government authorities. In general, families consulted from Mount Sinjar felt that it was the most neglected area, and the living conditions in the mountainous region were very challenging for children with disabilities (i.e., the area lacked safe out of home spaces, was far from facilities, etc.).

> *"No one is comfortable with the fluctuations in the situation, the bombing, and the conflicts. Nevertheless, there are no services or anything. You feel that Sinjar is an area that does not belong to any party." –* ***Female caregiver of a child living with disability, Sinoni***
>
> *"People with disabilities in general need continuous support and attention from the government because temporary assistance from the society or humanitarian organizations does not continue, and it is non-permanent. If there is a monthly salary from the government, it can help a child to live permanently." –* ***Male caregiver of a child living with disability, Mount Sinjar***

While there were reports of some men being employed by humanitarian organizations, employment opportunities for girls and women were considered relatively worse, and there were recommendations made for livelihood programming for girls and women that could include sewing, hairdressing, etc. Caregivers also mentioned that many people with disabilities in the Sinjar region have not been registered with social services and do not receive any support. They requested support in making job opportunities available for people with disabilities. Both caregivers and children (older age group) believed that children with disabilities should receive a care stipend or fixed monthly financial support to enable them to meet their day-to-day expenditures, as well as financial support for surgical and palliative treatment needed for managing/treating the disability.

> *"My husband works for daily wages and his younger brother is currently working with an organization. He will work for 40 days inside Sinjar. We hope to provide for such opportunities for women and girls as well and open projects for them, such as sewing shops, hairdressers, etc." –* ***Female caregiver of a child living with disability, Sinjar centre***
>
> *"We call on humanitarian organizations to help people with disabilities, register their cases, and decide to help them according to their needs because government's support for people*

> *with disabilities exists only in name.”* **– *Caregiver of a child living with disability, Mount Sinjar***
>
> *“The government does not provide them with a liveable environment, such as private centres, gardens, and schools, and they do not spend money on them. Most of the disabled in Iraq until now do not have a care stipend.”* **– *Female caregiver of a child living with disability, Sinjar centre***

2.5.3 Need to address stigma and discrimination faced by Yazidi children with disabilities

As seen in section 2.3, access of children with disabilities to schooling, healthcare, play, and their general participation within their communities was not only limited by the physical barriers in their environment, but also by the barriers in the social environment, wherein stigma and discrimination of children with disabilities was pervasive. Children across the three sites shared feelings of loneliness and isolation and mentioned that they need acceptance from their peer groups and community in order to be more socially active and meet their needs. From the descriptions of both children and caregivers, it appeared that stigma was experienced within the community through unfriendly glances, avoidance behaviour, neglect of the needs of children with disabilities within the community spaces, use of pejorative labels (for e.g., “sick”, “disabled”, “crazy”), mocking, and physical violence from peers. Stigma was also considered worse for girls with disabilities, compared to boys with disabilities.

> *“Life is difficult [for children with disabilities] because they suffer from many problems, they feel lonely, the society does not care about them, and they do not get the necessary support, either from the society or from the state, especially the poor.”* **– *13-year-old girl, living with vision disability, Mount Sinjar***
>
> *“[In meetings and gatherings in the community] sometimes he cannot participate because of his disability, and he also does not feel comfortable because people look at him in a bad way. Government’s support for people with disabilities can increase their participation”* **– *14-year-old boy, living with physical disability, Sinjar centre***
>
> *“If he [child with disability] is provided with support, not only financial support, but also a suitable environment and participation in gatherings and social activities, he can learn about many things in life and live his life better.”* **– *Male caregiver of a child living with disability, Mount Sinjar***

2.5.4 Need for disability-inclusive public infrastructure and services

As discussed in sections 2.1 and 2.3, access of children with disabilities to basic services was limited by inaccessibility of community spaces and pervasive stigma and discrimination. As seen in section 2.3, inclusive education, healthcare, play, and community spaces is critical to the mental health and well-being of children with disabilities, and also crucial for their safety and dignity. To make this possible, caregivers included in the study recommended identification and registration of all children with disabilities to facilitate their access to support. There is also an apparent need to strengthen public services and improve their accessibility, as private services (e.g., private schools and healthcare centres)

– believed to be relatively more equipped to cater to the needs of children with disabilities – were considered expensive and out of reach by caregivers across all data collection sites.

> *"[A child with vision disability] needs help in getting access to school and homework. Treat my eyes when the money for the operation is available. May my eyes be healed, [I hope] others treat me well, [and I] complete school and get a job. This will help children to live in safety and dignity like people who do not have any problems."* ***– 13-year-old boy, living with vision disability, Mount Sinjar***
>
> *"Their [children with disabilities] lives are very difficult because people bully them and provoke them and they suffer from many problems other than their disability, because of the treatment of society. No one provides them the support that suits their situation."* ***– 17-year-old boy living with a physical disability, Sinjar centre***

2.5.5 Need for access to MHPSS for Yazidi children with disabilities and their caregivers

As seen in sections 2.2.4 and 2.3.2, the mental health and well-being of children with disabilities is not only affected by the tragic events that took place during and immediately after attack in 2014, but also by day-to-day challenges and exclusion experienced by children within families, peer groups, and community spaces. As such, children with disabilities require holistic MHPSS services that improve their access to basic services in a dignified and inclusive manner, strengthen family and community supports, and offer specialised services for children who need professional psychological interventions. Also, as seen before, the well-being of children with disabilities is interconnected with the well-being of their caregivers, who face a myriad of challenges including managing the difficulties of living in displacement/resettling and reintegrating in their original locations, coping with the socio-economic devastation caused by the conflict, and meeting the ongoing needs of their children. Caregivers also shared challenges of not being able to understand and meet the needs of their children, as well as coping with the separation from family members, and loss of social connections and ways of life. This suggests that MHPSS services should also be available for caregivers to help them meet their own needs as well as strengthen the support available for children with disabilities within their families.

> *"She needs psychological sessions in specialized centres, support from organizations and government [to ensure that] her needs are met."* ***– Caregiver of a child living with disability, Mount Sinjar***
>
> *"I feel not feel comfortable as long as my children are in this condition."* ***– Female caregiver of a child living with disability, Sinjar centre***
>
> *"I do not have a life because of our difficult situation. My child suffers from a motor disability, cannot walk, and needs an operation. No one helps me, neither the government, nor the organizations, not even my relatives. The doctor says he must perform an operation, it is not possible in Iraq, and when you are abroad, you need a large sum of money."* ***– Female caregiver of a child living with disability, Sinoni***

3. Feedback on the research study and tools

3.1 Overall experience of participation

When asked about their feedback on the research study and tools, a common theme in the responses of children across age groups and study sites was that they felt encouraged and supported by the interest of the data collection team/Save the Children Iraq office in understanding their experiences and living conditions. It was also found that children felt engaged and interested in the activities, and when asked if they would like to participate in a similar study again, the response was positive across the board (note that this feedback may be biased as it has not been investigated by an independent third party).

> *"When you arrived at my house today and asked about my condition, I felt happy and I am happy with your presence."* ***– 13-year-old boy, living with vision disability, Mount Sinjar***
>
> *"I hope that we will continue these activities because I like to write my diary and you will see them."* ***– 10-year-old girl, living with vision and developmental disability, Mount Sinjar***
>
> *"She [a doll who participated like the child] will feel joy because she will love these activities, especially drawing and posters."* ***– 12-year-old girl, living with physical disability, Sinoni***
>
> *"She [a doll who participated like the child] will feel the desire to complete the activities with the help of the family and will be happy when she receives attention."* ***– 9-year-old girl, living with physical disability, Sinjar centre***

When caregivers were asked to provide their perspective on their child's experience of participating in the study, they confirmed the feedback shared by children, and mentioned that their children were enthused about the visits made by the data collection team and felt engaged in the data collection activities. Also, given the loneliness and exclusion experienced by children with disabilities, it was also felt that participating in the activities helped children feel better.

> *"I am happy when my son is happy, and praise be to God, he was happy with the participation, and he was as interested in it as he was in school."* ***– Caregiver of a 7-year-old boy living with vision disability, Mount Sinjar***
>
> *"We are happy with this participation, and it can help people who suffer from various problems, to improve their psyche and have more self-confidence."* ***– Caregiver of a 17-year-old boy, living with physical disability, Sinjar centre***

3.2 Accessibility of the research tools

Children appreciated having access to a variety of tools to express themselves. For instance, a 7-year-old child with vision disability from Mount Sinjar shared his enthusiasm about using voice recorder to answer questions. The availability of sign language interpretation was greatly appreciated by children with hearing and communication disability, not only because it enabled them to answer the research questions, but also because of the lack of people in their own environment who could communicate with them and understand them. Children across the board appreciated the option of using visual tools such as emoticon stickers and illustrations. It was also found that the availability of sketch pens and coloured pencils created enthusiasm amongst children, especially those in the younger age group (7 to 12 years).

Although some children were the most engaged with journalling compared to other activities, children who could not read and write and children in the younger age group found it relatively more difficult (i.e., they reported needing more support in completing it, compared to those in the older age group). Nevertheless, the colouring activities in the journals were well liked by children, especially those in the younger age group. The appeal of the journal was also stronger amongst girls compared to boys, and one 9-year-old boy with physical disability from Sinjar centre mentioned that the journal was lengthy and possibly repetitive (as he desired to do different activities each day). The mapping exercises were not mentioned by children as often as the journal – a few children found it difficult to draw the map, but a 12-year-old girl reported enjoying the relational map, because it gave her the opportunity to talk about the people she loved. There were no comprehension issues recorded in relation to the two-world activity, but not all children remembered their lives before the 2014 attack (recall was particularly low for children who were younger and children who had multiple disabilities).

> *"I am happy with your presence and the presence of the sign language interpreter who understands me and communicates with me."* ***– 14-year-old boy, living with hearing and speaking disability, Sinoni***
>
> *"The presence of the sign language expert was suitable for him [child with hearing disability] because he likes to contact people and rejoices when friends visit him. He was happy with your visits as well."* ***– 10-year-old boy, living with hearing disability, Sinjar centre***
>
> *"[No activity was difficult to do] because I recorded my voice when I could not write and my father always helped me."* ***– 7-year-old boy, living with vision disability, Mount Sinjar***
>
> *"She [a doll who participated like the child] would have felt joy like me when she got this attention. I only had a diary in which I used to write, but now I write in this beautiful journal and all the tools are available."* ***– 12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***

Interestingly, responses from a few children, from both girls and boys, suggested that their participation in the study had unintended positive effects. A 16-year-old boy with physical disability from Sinoni mentioned that he *"felt relieved"* during the week of data collection. Some children reported that recording the daily experiences in the journal was cathartic. For instance, a 12-year-old girl with a psychosocial disability and epilepsy from Mount Sinjar mentioned feeling relieved of anxiety about exams after speaking with her family members and writing about it in the journal. She expressed great enthusiasm about using the journal, and also showed it to her cousins. A 13-year-old girl with a vision disability was preparing to buy a new diary to continue journaling after the data collection was over.

> *"I was calm and a bit afraid because of my exam. I didn't know how my answer was. I felt relieved when I got home and told my mother and sisters about my day and wrote in my diary."* ***– 12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***
>
> *"I am sad because it is the last day I will write in my diary and I wrote it from the bottom of my heart, but I am happy because my father will buy me a new notebook in which I will write my diary. I feel that I will heal and be comfortable when I grow up."* ***– 13-year-old girl, living with vision disability, Mount Sinjar***

3.3 Recommendations for change

Interestingly, when asked about their recommendations for changes in research activities and tools, many caregivers asked that similar activities are continued at designated centres near their homes, suggesting that they felt that the activities were beneficial for their children. While most children did not make any recommendations for changing the research tools, some who could not read and write suggested adding more visual tools like emoticon stickers and doing away with the written components. Also, given the nature of the study, the data collection activities invited children to reflect on their circumstances, which was harder for some children, depending upon the nature of their disability and specific circumstances. For instance, a 12-year-old girl with psychosocial disability from Mount Sinjar mentioned experiencing distress during the activities about the death of her father. Her caregiver also confirmed that some activities may have reminded her of her father.

> *"I wish that you would receive them in centres and continue activities with them, so that they would be preoccupied with them and not think much."* ***– Caregiver of a 11-year-old boy living with a physical disability, Mount Sinjar***
>
> *"I felt joy because you asked me about my condition. At some point, I also felt sad that my father is not by my side."****- 12-year-old girl, living with psychosocial disability and epilepsy, Mount Sinjar***
>
> *"Nothing [about the study made her uncomfortable] but perhaps she remembered her dead father more than before. Perhaps some activities reminded her of her father."* ***– Caregiver of a 12-year-old girl living with psychosocial disability and epilepsy, Mount Sinjar***
>
> *"I feel happy because there are people who ask about our condition, even if it is in an emotional way."* ***– 13-year-old, living with vision disability, Mount Sinjar***

4 Learnings and recommendations for programming, advocacy, and research

4.1 Key learnings and recommendations for programming and advocacy

- Based on the type of disability and the level of disruption in functioning, children with disabilities have different levels of access and inclusion within their families, peer groups, and communities. Programming with children with disabilities should therefore be inclusive of a diverse set of needs and preferences, based on the degree of functioning of children included in the programming (this can be assessed through the Washington Group/UNICEF Module on Child Functioning[16]). Programming should also consider that specific subgroups of children with disabilities may have more intensive support needs, such as children with intellectual disability, children with multiple disabilities, children with caregivers and siblings with disabilities, and girls with disabilities.

- Efforts focused on disability inclusion within communities should move beyond increasing the physical presence of children with disabilities in community spaces and also focus on enhancing social and interpersonal relationships and promoting meaningful participation through, for instance, activating peer support groups. Efforts towards inclusion should also include community-wide campaigns against stigma and discrimination and promote meaningful participation of children with disabilities.
- The 2014 attack has led to a fragmentation of Yazidi families and communities and loss of trust between members of the community. Efforts towards recovery and peacebuilding should be focused on revitalising lost social connections and reintegrating families, clans, and communities.
- Spirituality and religion are sources of resilience for Yazidi children with disabilities and their caregivers in Sinjar, and MHPSS programming with them should include faith-sensitive approaches to support them in developing a sense of purpose and meaning through difficult circumstances and strengthening connections with their heritage and community. This may, for instance, involve the engagement of local faith actors/leaders in MHPSS processes and efforts towards peacebuilding and social cohesion.
- Prepare and equip schools in Sinjar to safely and inclusively admit children with different kinds of disabilities. Conduct disability inclusive MHPSS training of teachers and other school staff, as they are well positioned to influence and support the well-being of children and youth with disabilities and can also be instrumental in promoting their inclusion within the community as well as responding to stigma and bullying faced by children with disabilities within their peer groups.
- Programming for children with disabilities should include caregivers and strengthen existing social supports for caregivers, through for instance, the activation of community-wide caregiver support groups. Caregivers should also be offered support in advocating for their children's needs at schools and other facilities in the community.
- Following the deactivation of an official "cluster system", which allows aid groups working on the same type of aid to collaborate and to jointly address policy needs for the Iraqi Response[17], it is more important now than ever to advocate with urgency for the need to strengthen disability-inclusive public services in Iraq and facilitate the return of displaced people back to their communities. All youth-based and child-based advocacy efforts should consider disability-inclusion as a priority, in order to bring the voices and needs of youth and children with disabilities front and centre of the rebuilding and developmental efforts in Sinjar. Children and

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[16] The Washington Group/UNICEF Module on Child Functioning covers children between 2 and 17 years of age and assesses functional difficulty in different domains including hearing, vision, communication/comprehension, learning, mobility, and emotions. To better reflect the degree of functional difficulty, each area is assessed against a rating scale. https://data.unicef.org/resources/module-child-functioning/

[17] https://www.thenewhumanitarian.org/news-feature/2023/03/20/un-united-nations-shift-away-emergency-aid-iraq?utm_content=buffered9fb&utm_medium=social&utm_source=linkedin.com&utm_campaign=buffer and https://migrationhealthresearch.iom.int/sites/g/files/tmzbdl256/files/publications/community-based_approaches_to_mhpss_programmes_a_guidance_note_1.pdf

youth with disabilities should be supported with resources and skills training for advocating for their own needs within the community as well.

4.2 Key learnings and recommendations for conducting research with children with disabilities

- Secure sufficient time and resources to conduct the research collaboratively with an OPD from the earliest stages, including conceptualisation of research questions and objectives.
- Secure sufficient time and resources to conduct research collaboratively with children with disabilities and their caregivers throughout the research process and consider engaging them meaningfully across the different stages of the research process, including the development of research objectives, conceptualisation of research questions, preparation of inclusive research tools, analysis of data, and validation of findings.
- Use a mix of methods and planning for research processes, tools, and analysis approaches that flexibly accommodate many different styles of expressions (i.e., written, oral, visual, and auditory), depending upon the strengths, comfort, and preferences of the children included in the study. Consider the literacy levels of the participants while designing the tools, and where relevant, include tools that rely solely on verbal language and images.
- If feasible and safe, and depending upon the objectives, more active methods (e.g., community walkalongs) may be used to understand the specific accessibility facilitators and barriers for different community spaces.
- Plan for an intensive training for facilitators, including training on disability-inclusion (use of inclusive language, understanding of stigma and discrimination faced by people with disabilities, disability rights awareness, etc,), training on tools, and training on reporting on protection and safeguarding concerns.

5 Annexures

Annex 1: Research Tool - Icebreaker and journal introduction (with all children included in the study)

General instructions to the facilitator: When communicating with the children participating in the study, please keep the following points in mind:

- Keep in mind the child's age, level of understanding and preferred communication method:
    - If the child has difficulty communicating or hearing, and is not comfortable using sign language, remember to seek help from a trusted family member or friend who can appropriately communicate with the child.
    - If the child prefers to draw, encourage him/her to do so. If there are any drawings, please label them with the unique code assigned to the child and take a picture. Ensure that no personal details of the child (including his/her name) are mentioned on any drawings or other material produced by the child.
    - If the child has difficulty seeing, do not use any visual prompts.
- Start any activity only after building rapport through small talk and introductions.
- Be observant, supportive, and understanding. Use a friendly tone of voice, and appropriate volume and pace. Allow the child to take his/her time. If the child is taking longer than you expect, don't panic. Slow down and wait.
- Remember to use simple language, ask open-ended questions (unless close ended questions are more appropriate for the child), ask one question at a time, and observe and check that the child understands you.

- Be willing to repeat your questions and instructions and remember to look at the child instead of any interpreter or support person who might be present.
- Lots of communication can happen without talking.
    - Position yourself at the same level as the child – this might require kneeling down. Be at an appropriate distance from the child. Respect the child's personal space but do not be too far way.
    - Maintain an open posture and appropriate eye contact. If a child is not comfortable making eye contact, avoid looking at him/her in a way that makes him/her uncomfortable.
    - Show expressions of engagement and enthusiasm, e.g., smiling, clapping, nodding, and utterances (such as uh huh).
- Observe your surroundings. If there are too many people around or there is too much noise, check for the child's comfort level and make appropriate changes.
- Ensure that the child understands the activity and their role in it.
- Be vigilant for any verbal or non-verbal signs of distress shown by the child during data collection activities. **Remember that the child comes first and the data collection comes second.** If the child experiences an emotional reaction during the activity, please acknowledge it, be supportive, and **ask the child if he/she needs a break or to stop the activity completely**. Use your learnings from the psychological first aid training to respond appropriately and refer for further support where necessary.

Instructions about the first activity: This is the first activity that should be done when the facilitator meets the child for the first time. It is a way for the facilitator and the child to spend some time together so that the child can get comfortable with the facilitator and the facilitator can learn more about the child, his/her life, and preferred way of communicating. It is also a way to introduce the journal activity to the child and do the first four pages of the journal with the child, so that they are confident in completing the remaining journal/recordings by themselves. Remember to mention to the child in the beginning of the journal activity that you will have a look at their journal/recordings together in your second visit, so that they understand the journal/recordings are not private. For those using the physical journal, remember to mention that you will take photos of the journal on your second visit for writing the report. After taking photos at the end of second visit, please let the child know that he/she can decide if they want to keep the journal and posters (and any other drawings that they may have made). If they do not want to keep it, you can take it along with you. **Remember to let the child decide.**

For children who will use audio recorder and not the physical journal, please make it clear that you will need to collect the audio recorder from them at the end to use the recordings for report writing. Also, the journal should be filled/recordings should be done towards the end of every day for the five days that you will leave the journal/audio recorder with them.

Note: In this and the other data collection tools, scripts to guide what the facilitator will say have been provided in "quotes" and all further instructions to the facilitator are in *italics*. All the questions that need to be asked are in bullet points.

Expected time: The time allotted to this activity is 45 minutes to 1 hour, but the actual time spent can vary based on each child's pace and comfort.

Material required: Physical journals, a full set of sketch pens, a full set of crayons, pencil, pen, audio recorder for the child to use for journaling, emoticon stickers, printed illustrations cut and ready to be used by the child, a glue stick for the child to stick the illustrations in the journal, and 2 posters (on "who am I" and "dreams"). An audio recorder to record all interactions with the child. A camera to click pictures of the completed journal on the second visit or anything additional that the child does or shows (e.g., a drawing or an object that is not a part of the journaling activity).

Script: "Hello, my name is ___________, and I am here today to get to know you and spend some time with you."

- Would you like to tell me a little about yourself? What is your name?

Only ask younger children:

- What is your favourite game? Would you like to play with me for some time? *If the child agrees, play the child's favourite game or with their favourite toy for 10-15 minutes. The idea is to get comfortable with the child and get the child interested and engaged.*

Only ask older children:

- How do you spend your days?
- Do you have any questions for me about the study?

"Okay, now I would like to tell you about some activities that we will do together."

If there is any support person that was nominated by the child during the assent procedure, please include them at this stage so that they know how to support the child for journaling.

Only for children who can use the physical diary: "First, I want to show you this diary that I got for you. I also have some other materials like pens, pencil, crayons, sketch pens, and some pictures and stickers for you to use. You can think of this diary as a storybook about yourself. See, on the first page, it asks you to say something about yourself. You can do this by writing about yourself. If you do not want to write, you don't have to. You can also draw something that describes you or you can use this poster to write or draw about yourself. When I come to visit you again after 5 days, we will see your journal and the posters together, I will take some photos of it, and then you can keep the journal with you if you want to. Let's start." *Support the child as much as needed, wait for the child to finish the first page before proceeding to the next. Complete the first four pages of the journal with the child. For the second and the third page ("what makes happy?" and "what makes me unhappy?"), the child can paste illustrations if they want, and for the fourth page ("what are my dreams for the future?"), they can use the poster on dreams if they want.*

"Great, now I am going to show you the other pages in this diary that have some small activities you could do every day for the next five days and that you will hopefully enjoy doing. There are three pages for each of the next five days. Please fill them towards the end of each day for the next five days." *Please tell them and the support person that for the third page for each day ("what could have made your day better or happier?"), they can paste illustrations if they want. Show them the three pages for day 1 and read out the questions and explain what needs to be done for each. Tell them that they can keep the diary with them in the end if they want to.*

- Do you have any questions for me regarding this activity? *If not, thank the child and any support persons, tell them that you will visit them after five days and will go through their diary/recordings with them, and close the activity.*

Only for children who cannot use the physical diary: "First, I have some questions for you. And I have this device that I got for you in which you can record your thoughts and feelings. Now let me tell you the first question. I will say it out aloud, and after you have heard me, you can answer the question, and I will record it here in this device. It's not necessary that you only talk, if you like to sing, you can also sing a song that can tell us about your feelings. So, let's see the first one".

- Who are you?

"You can say anything about yourself that can help us get to know you. If you think there is a song that can tell us who you are, you can sing the song."

Similarly read the other three questions and record the answers for them. If feasible, show the child how to record, and if the child likes to/is able to record himself/herself, then give the recorder to the child.

Include the support person nominated by the child in this activity, so that they understand how they can support the child in journaling for the next 5 days.

"Now I am going to leave this recorder with you, and you can, along with ___________ *(mention the name of the support person)* answer 3 questions that ______ *(mention the name of the support person)* will ask you every day for the next five days. This can be done whenever you feel like during the day. We will meet again on the last day, and we can talk a bit more about this". *Show the three questions for each day to the support person.*

- Do you have any questions for me regarding this activity? *If yes, answer all the questions before ending, and if no, thank the child and the support person and close the activity.*

On the sixth day:

"Hello again, we met last time a few days ago when I left a diary/audio recorder with you. It is nice to meet you again, and today we are going to see the diary/hear the recordings you did together. After that, we will also do another activity, but let's first take a look at your diary/what you have recorded." *Go through the diary/audio recording for each day one by one, and then ask the following questions:*

- Could you tell me a bit more about how you were feeling on this day?
  - What happened that made you feel this way?
  - If I had a magic wand and could have done one thing to make your day better or happier, what would that be?
- If the child has drawn something, respond to the picture in an encouraging way, and ask them to describe what they have made and what does the drawing say about their day.
- If the child has used pictures or emoticon stickers, ask them to describe what the pictures/emoticon stickers say about their day.

Thank the child and support person(s) for participating.

Annex 2: Research Tool - Community mapping activity (with children aged 7 to 12 years)

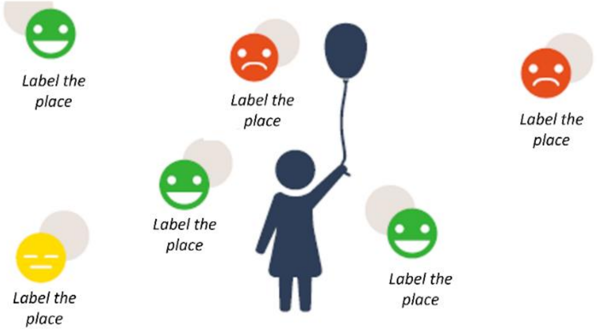
Important note about this activity: This activity should be done on your second visit to the child, when you are visiting to pick up the journal/audio recorder. Conduct this activity after you have finished discussing the journal/recordings. Conduct this activity only with children aged 7 to 12 years.

General instructions for the facilitator: When communicating with the children participating in the study, please keep the following points in mind:

- Keep in mind the child's age, level of understanding and preferred communication method:
    - If the child has difficulty communicating or hearing, and is not comfortable using sign language, remember to seek help from a trusted family member or friend who can communicate appropriately with the child.
    - If the child has difficulty seeing, draw for them based on their descriptions or use wooden alphabet blocks instead of drawing, depending upon the child's preference.
    - If the child has difficulty drawing, remember to assist them in drawing or draw for them based on their descriptions.
- Start any activity only after building rapport through small talk and introductions.
- Be observant, supportive, and understanding. Use a friendly tone of voice, and appropriate volume and pace. Allow the child to take his/her time. If the child is taking longer than you expect, don't panic. Slow down and wait.
- Remember to use simple language, ask open-ended questions (unless close ended questions are more appropriate for the child), ask one question at a time, and observe and check that the child understands you.
- Be willing to repeat your questions and instructions and remember to look at the child instead of any interpreter or support person who might be present.
- Lots of communication can happen without talking.
    - Position yourself at the same level as the child – this might require kneeling down. Respect the child's personal space but do not be too far way.
    - Maintain an open posture and appropriate eye contact. If a child is not comfortable making eye contact, avoid looking at him/her in a way that makes him/her uncomfortable.
    - Show expressions of engagement and enthusiasm, e.g., smiling, clapping, nodding, and utterances (such as uh huh).
- Observe your surroundings. If there are too many people around or there is too much noise, check for the child's comfort level and make appropriate changes.
- Ensure that the child understands the activity and their role in it.
- Be vigilant for any verbal or non-verbal signs of distress shown by the child during data collection activities. **Remember that the child comes first and the data collection comes second.** If the child experiences an emotional reaction during the activity, please acknowledge it, be supportive, and **ask the child if he/she needs a break or to stop the activity completely**. Use your learnings from the psychological first aid training to respond appropriately and refer for further support where necessary.

Estimated time: 30 minutes (actual time spent can vary based on each child's pace)

Material required: A3 size sheet paper, extra A4 size papers and a pen for the facilitator to write, sketch pens and crayons (ensure that you have red, green, & yellow colours), a doll that preferably resembles the dolls used in the child's culture and is of the same sex as the child, and a sheet of emoticon stickers. Audio recorder to record the entire activity and the follow-up questions. Wooden alphabet blocks for children with difficulty seeing. A camera to click a photograph of the community map (please see a sample picture of the map below).



Step-by-step instructions for the community map:

- Take out a blank A3 size sheet and place it within the child's reach. Make enough space for the child to be able to draw on the sheet. Remember to sit at the same level as the child.
- Ask the child to draw a picture of himself/herself at the centre of the blank sheet. Support the child to the extent that is needed.
- Next, ask the child to think about all the places that they visit in the community. Try to make the child think about different places, such as a friend's house, play area, a school/learning centre, community centre/meeting area, etc. Mention that these could be places that they visit very often, sometimes, or even very rarely.
- Make a list of all the places the child mentions on a separate A4 sheet.
- Now, take the name of each place one by one and ask the child to tell you how often they visit it.
- Note down how often the child visits each place on the A4 sheet.
- Now, pick the place that they visit most often and tell them that they should draw a circle for it closest to their own figure in the centre.
- Repeat this for all the places one by one, with the understanding that the place they visit least often should be a circle that is farthest from their own figure at the centre.
- Label each circle for the child if the child cannot do it himself/herself.
- For the next step, first explain what it means to feel included with the help of a doll. *Explain that feeling included means feeling that they can do the same things as other children of their age when they visit those places, and they are not treated in a way that makes them feel different from or less than other children of their own age. You can use a stuffed doll to explain this as a story to the child:*
    - *"This is _______ (use a common Yazidi name appropriate for the child's expressed social identity). He/she faces difficulty in _____ (mention the difficulty that the child you're talking to faces) Imagine he/she goes to ______ (pick one of the areas on the map drawn by the child). There are many other children of ______'s age here, they invite him/her to play with them. He/she plays as much as the other children, feels like she is like them, and looks forward to meeting them again. She feels included."*
- Bring out the colours and pick red, yellow, and green. Ask the child to:
    - Use green colour for places that he/she feels the most comfortable and included in.
    - Use yellow colour for places that he/she feels the somewhat comfortable and included in.

    - Use red colour for places that he/she feels the least comfortable and included in.
- Now take out the emoticon stickers and tell the child that he or she can put stickers next to each circle. Mention that they should choose the stickers based on how they feel when they visit these places. Mention that it does not need to be one sticker for each place (the child can use multiple stickers for each place if he/she wants).
- Once emoticon stickers have been used for each circle, label the map with the unique code assigned to the child. Remember to not write the child's name or any other personal information on the map.
- Take a picture of the map and leave the map with the child.

Throughout the activity, keep asking the following questions to understand how the child feels about the different spaces that he/she visits. If it is not possible to ask these questions while making the map, ask later for each/most places on the map.

- What do you do at this place? Are there any people around you? Who are they and what are they doing?
- How are you feeling when you are there?
    - What makes you choose this particular colour (*mention the name of the colour*) for this place?
    - I see you have used these emoticon stickers *(point to the emoticon stickers used for the place)*, what do they tell us about how you feel when you are there?
- If you had a magic wand that you can use to make your wishes come true, and you could change one thing about this place, what would it be? *(you can also use the doll here and say that the doll has a magical wand)*
  OR
- If this doll (point to the doll) was you, what do you think he/she wishes to change in this place?

Thank the child and the support person(s) and proceed to the relational mapping activity.

Annex 3: Research Tool - Relational mapping activity (with children aged 7 to 12 years)

Important note about this activity: This activity should be done on your second visit to the child, when you visit for picking up the journal/audio recorder. Conduct this activity after you have finished discussing the journal/recordings and completed the community mapping activity. Conduct this activity only with children aged 7 to 12 years.

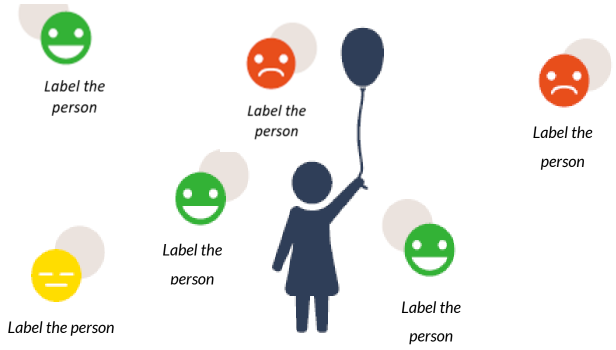
General instructions for the facilitator: When communicating with the children participating in the study, please keep the following points in mind:

- Keep in mind the child's age, level of understanding and preferred communication method:
    - If the child has difficulty communicating or hearing, and is not comfortable using sign language, remember to seek help from a trusted family member or friend who can communicate appropriately with the child.
    - If the child has difficulty seeing, draw for them based on their descriptions or use wooden alphabet blocks instead of drawing, depending upon the child's preference.
    - If the child has difficulty drawing, remember to assist them in drawing or draw for them based on their descriptions.
- Start any activity only after building rapport through small talk and introductions.

- Be observant, supportive, and understanding. Use a friendly tone of voice, and appropriate volume and pace. Allow the child to take his/her time. If the child is taking longer than you expect, don't panic. Slow down and wait.
- Remember to use simple language, ask open-ended questions (unless close ended questions are more appropriate for the child), ask one question at a time, and observe and check that the child understands you.
- Be willing to repeat your questions and instructions and remember to look at the child instead of any interpreter or support person who might be present.
- Lots of communication can happen without talking.
    - Position yourself at the same level as the child – this might require kneeling down. Be at an appropriate distance from the child. Respect the child's personal space but do not be too far way.
    - Maintain an open posture and appropriate eye contact. If a child is not comfortable making eye contact, avoid looking at him/her in a way that makes him/her uncomfortable.
    - Show expressions of engagement and enthusiasm, e.g., smiling, clapping, nodding, and utterances (such as uh huh).
- Observe your surroundings. If there are too many people around or there is too much noise, check for the child's comfort level and make appropriate changes.
- Ensure that the child understands the activity and their role in it.
- Be vigilant for any verbal or non-verbal signs of distress shown by the child during data collection activities. **Remember that the child comes first and the data collection comes second.** If the child experiences an emotional reaction during the activity, please acknowledge it, be supportive, and **ask the child if he/she needs a break or to stop the activity completely**. Use your learnings from the psychological first aid training to respond appropriately and refer for further support where necessary.

Estimated time: 30-45 minutes (actual time spent can vary based on each child's pace)

Material required: A3 size sheet paper, extra A4 size papers and a pen for the facilitator to write, sketch pens and crayons (ensure that you have red, green, and yellow colours), a doll that preferably resembles the dolls used in the child's culture and is of the same sex as the child, and a sheet of emoticon stickers. Audio recorder to record the entire activity and the follow-up questions. Wooden alphabet blocks for children with difficulty seeing. A camera to click a photograph of the relational map (please see a sample picture of the map below).



Step-by-step instructions for the relational map:

- Take out a blank A3 size sheet and place it within the child's reach. Make enough space for the child to be able to draw on the sheet. Remember to sit at the same level as the child.
- Ask the child to draw a picture of himself/herself at the centre of the blank sheet. Support the child to the extent that is needed.
- Next, ask the child to think about all the different people he/she meets in his/her daily life <u>outside of family (remember not to include people from the family in the relational map)</u>. Try to make the child think about different people who he/she might be meeting outside the family, such as a friend, a friend's parents, teacher, NGO worker, etc. Mention that these could be people that he/she meets very often, sometimes, or even very rarely.
- Make a list of all the people the child mentions on a separate A4 sheet.
- Now, take the name of each person one by one and ask the child to think about and tell you how often he/she meets that person.
- Note down how often the child meets each person on the A4 sheet.
- Now, pick the person they meet most often and tell them that they should draw a circle for this person closest to their own figure in the centre.
- Repeat this for all the people on the list one by one, with the understanding that the person they meet least often should be represented by a circle that is farthest from their figure in the centre.
- Label each circle for the child if the child cannot do it himself/herself. <u>The label should be the identify of the person (e.g., NGO worker, teacher) and not their name.</u>
- Bring out the colours and pick red, yellow, and green. Ask the child to:
    - Use green colour for people that he/she feels happiest with.
    - Use yellow colour for people that he/she feels somewhat happy with.
    - Use red colour for people that he/she feels the least happy with.
- Now take out the emoticon stickers and tell the child that he or she can put stickers next to each circle. Mention that they should choose the stickers based on how they feel when they are around each person on the map. Mention that it does not need to be one sticker for each person (the child can use multiple stickers for each person if he/she wants).
- Once emoticon stickers have been used for each circle, label the map with the unique code assigned to the child. Remember to not write the child's name or any other personal information on the map.
- Take a picture of the map and leave the map with the child.

Throughout the activity, keep asking the following questions to understand how the child feels about the different people in his/her life. If it is not possible to ask these questions while making the map, ask later for each/most persons on the map.

- How do you feel when you are around this person?
    - What makes you choose this particular colour (*mention the name of the colour*) for this person?
    - I see you have used these emoticon stickers *(point to the emoticon stickers used for the person)*, what do they tell us about how you feel with this person?
- What can you share with this person?
- Is there anything that makes you uncomfortable with this person?
- If this doll (point to the doll) was you, what do you think he/she would wish is different when he/she is with this person?

Annex 4: Research Tool - Semi-structured interview (with children aged 13-17 years)

General instructions for the facilitator: When communicating with the children participating in the study, please keep the following points in mind:

- Keep in mind the child's age, level of understanding and preferred communication method:
    - If the child has difficulty communicating or hearing, and is not comfortable using sign language, remember to seek help from a trusted family member or friend who can appropriately communicate with the child.
    - If the child prefers to draw, encourage him/her to do so. If there are any drawings, please label them with the unique code assigned to the child and take a picture. Ensure that no personal details of the child (including his/her name) are mentioned on any drawings or other material produced by the child.
    - If the child has difficulty seeing, do not use any visual prompts.
- Be observant, supportive, and understanding. Use a friendly tone of voice, and appropriate volume and pace. Allow the child to take his/her time. If the child is taking longer than you expect, don't panic. Slow down and wait.
- Remember to use simple language, ask open-ended questions (unless close ended questions are more appropriate for the child), ask one question at a time, and observe and check that the child understands you.
- Be willing to repeat your questions and instructions and remember to look at the child instead of any interpreter or support person who might be present.
- Lots of communication can happen without talking.
    - Position yourself at the same level as the child – this might require kneeling down. Be at an appropriate distance from the child. Respect the child's personal space but do not be too far way.
    - Maintain an open posture and appropriate eye contact. If a child is not comfortable making eye contact, avoid looking at him/her in a way that makes him/her uncomfortable.
    - Show expressions of engagement and enthusiasm, e.g., smiling, clapping, nodding, and utterances (such as uh huh).
- Observe your surroundings. If there are too many people around or there is too much noise, check for the child's comfort level and make appropriate changes.
- Ensure that the child understands the activity and their role in it.
- Be vigilant for any verbal or non-verbal signs of distress shown by the child during data collection activities. **Remember that the child comes first and the data collection comes second.** If the child experiences an emotional reaction during the activity, please acknowledge it, be supportive, and **ask the child if he/she needs a break or to stop the activity completely**. Use your learnings from the psychological first aid training to respond appropriately and refer for further support where necessary.

Expected duration: 60 minutes with breaks as and when necessary. At the minimum, please offer a five-minute break 30 minutes into the discussion. The exact duration of the interview can vary based on each child's pace.

Material required: Material for the child to use during the discussion, which includes an A3 sheet, A4 sheets, sketch pens, ballpoint pens/pencils, and emoticon stickers. Audio recorder to record the discussion. Camera to take pictures of any drawings that the child makes and a picture of the A3 paper on which "two worlds activity" is done. Label the drawings/A3 sheet with the unique code assigned to the child and not with any of the child's personal details, including his/her name.

Script: "Thanks again for finishing the diary, now we are going have a discussion for some time about the living conditions and experiences of young people like you in this community. I am very grateful that you took time out for all the activities so far and are willing to participate in the discussion today. As I mentioned earlier, all these activities are a part of a study that is being conducted by Save the Children Iraq to understand the experiences of children and young people like you in this community and understand their needs and priorities for support. This information will be used to create awareness about the challenges and strengths of children and young people here and to inform future programs that can support them. The discussion will last about an hour, and we can take breaks in between whenever you like. At any point, if you want to stop the interview, please feel free to tell me that. You do not need to tell me the reason for stopping the interview. If a question is uncomfortable to answer, you are free to remain silent. If a question that I am asking is not clear, please do not hesitate to ask me to repeat and I will try to explain the question better. Remember that I am very interested in your opinions and there are no right or wrong answers. We will audio record the entire discussion, and this is only so that we do not miss out on anything that you say. At this point, do you have any questions for me?"

Note: All further instructions to the facilitator are in *italics*, and all the questions to be asked are in bullet points.

Facilitator can begin the discussion if the participant is okay to proceed.

At any point, if the child finds it difficult to verbally respond to questions, facilitator should ask if he/she would like to draw on a sheet of paper. If there is a translator/support person explaining what the child wants, make sure these explanations are audio recorded as well. For children with intellectual and learning difficulties, or children with hearing difficulties who cannot use sign language, please make use of the visual aids provided to you.

Questions:

1. Let me start by asking you how is life right now for children and adolescents in your community who have different kinds of problems, like difficulty in walking, speaking, hearing, seeing, or other problems like difficulty learning or focusing for too long, or experiencing sadness for prolonged periods?

2. Let's imagine that there is an adolescent named _____ *(use a name that is common in the Yazidi community for the expressed social identity of the child)* in your community. He/she has a difficulty in ________ *(use the impairment that the child that you're talking to experiences).*

   Can you tell me a bit about what life is like for him/her? (*Use the expressed social identity of the child you're talking to*).

   First let the child talk spontaneously, and after he/she finishes, <u>probe with all the following questions</u>:

- How does he/she spend their time? *Probe to understand what kind of activities are accessible.*
- What is important to him/her?

- What are the difficulties that he/she faces in his/her daily life?
- Where can he/she go somewhere to learn and study? How does he/she feel there?
- When he/she is feeling sick, where can he/she go for help? How does he/she feel there?
- Doe he/she have friends? How do you think he/she feels being around her friends?
- What can be done to increase his/her involvement and participation with his/her friends?
- What about the meetings and gatherings in the community? Does he/she take part? How do you think he/she feels about participating in them?
- What can be done to increase his/her involvement and participation in community activities and gatherings?

If this technique does not work, then simply ask:

How do children and adolescents in this community with difficulty in _______ *(mention the specific difficulty that the child has)* spend their time? *Follow the same line of questioning for all the other probes above and all the questions below.*

3. **Two-worlds activity:** Thank you, now let's imagine two worlds. The first world is ______'s life before the 2014 attack by ISIS. The second world is _______'s life now, many years after the 2014 attack by ISIS. We do not need to discuss the time during and immediately after the ISIS attack but only the time before the attack and the current time.

At this point, for activities with children who can see, the facilitator should take out an A3 sheet paper and draw two circles. Mention that the first circle represents _______'s world before the 2014 ISIS attack, and the second circle represents ________'s world now. Do the activity in the same way with children who cannot see as well, but without referring to the visual tool (A3 sheet). Simply ask the questions below.

Let's try to first imagine ________'s world before the 2014 ISIS attack. *Facilitator should ask the following questions about the first world and then keep writing the child's responses inside the circle.*

- You can close your eyes if you like and imagine this world…tell me what do you see… what's happening in this world?
- Who all are there in ____'s family? How are they feeling?
- What about life outside ______'s family? What are people doing? How are they behaving with each other?
- How are people in ________'s family behaving with him/her?
- How are ______'s friends behaving with him/her?
- How are other people outside ________'s family behaving with him/her?
- How is ________ feeling?

Thanks a lot for all those wonderful inputs. Now's let's imagine ________'s world right now, many years after the 2014 ISIS attack. *Facilitator should repeat the above questions for the second world as well and write the child's responses inside the circle.*

For children who can see, and use stickers, ask them to look at the two worlds and paste different emoticons that are applicable to the two worlds. Take a picture of the A3 sheet after the two worlds are made. Don't label the sheet with anyone's name or other personal details. Label it with the unique code assigned to the child before clicking the picture.

After the questions have been answered for both the world's, compare the two worlds with the following questions:

- So, now we have the two worlds …one before the ISIS attack and the current world, many years after the ISIS attack. How are these two worlds different?
- What are the things present in the world before the ISIS attack but are missing in the current world?
- Are there things that are present in the current world that were not there in the world before the attack?
- Have there been any changes in ______'s family from that time to now? How do you think this has affected him/her?
- Have there been any changes in ______'s relationship with his/her parents from that time to now? How do you think that has affected him/her?
- Have there been changes in ________'s friendships? How do you think that has affected him/her?
- Have there been any changes how other people outside _________'s family behave with him/her (this could be a neighbour, health worker, NGO worker, etc.)? How do you think this has affected him/her?

If the two-worlds technique does not work, then simply ask:

What was his/her life like before the 2014 attack by ISIS? How is his/her life different now compared to that time? *Facilitator should first allow spontaneous response and then probe with the following questions:*

- What are the things that were present in _____'s life before the attack but are missing now?
- Are there things that are present in _____'s life now that were not there in ______'s life before the attack?
- Have there been any changes in ______'s family from that time to now? How do you think this has affected him/her?
- Have there been any changes in ______'s relationship with his/her parents from that time to now? How do you think that has affected him/her?
- Have there been changes in your _____'s friendships? How do you think that has affected him/her?
- Have there been any changes how other people outside ______'s family behave with him/her (this could be a neighbour, health worker, NGO worker, etc.)? How do you think this has affected him/her?

If the child does not remember anything about the time before the 2014 ISIS attack, ask the child to only imagine the current world/current life of ___________ and ask the following questions. Skip the questions comparing the two periods.

- Who all are there in ____'s family? How are they feeling?
- How are people in ________'s family behaving with him/her?
- What about life outside ______'s family? What are people doing? How are they behaving with each other?
- How are other people outside ________'s family behaving with him/her?
- How are ______'s friends behaving with him/her?
- How is ________ feeling?

4. We discussed so many challenges that children and adolescents in this community face. Let's stick with the example of ________ *(again take the name of the person discussed in the previous question)*. What do you think he or she does to face all these issues? *Facilitator should first allow spontaneous response, and then probe:*
   - If he/she is feeling very low, what does he/she do to feel better? How do you think he/feels after doing this?
   - Of all the things he/she does to feel better, what is helpful? What is unhelpful?
   - Are there people around him/her who know when he/she is struggling with something? Who are they and how do they respond?
   - Can he/she go somewhere in the community to seek more support? If yes, how would he/she be helped there? How does he/she feel after seeking support from this place?

5. All of us have some strengths and then there are areas in our lives where we need support from others.
   - What do you think are ________'s strengths that help in dealing with all the difficulties in his/her life right now?
   - What are some areas where he/she needs more help?

6. **Magic wand activity:** Imagine that you had a magic wand with which you can solve at least three of the main issues that children and adolescents like you face in this community.
   - What are the three things that you will chose to solve?
   - How will these changes help the children and adolescents and others around them?

7. **Magic bag activity:** Imagine that I have magical bag from which we can add or remove anything you want…
   - If you could take out from this magic bag anything in your life that you no longer want, or that makes you feel sad, what would it be?
   - If you could put anything into this magic bag that would make you feel happier, what would it be?

   Thank you very much for your time.

Annex 5: Research Tool - FGDs with caregivers

General instructions for the facilitator: Before starting, please ensure that all the participants have consented to participate in the discussion. Please do not proceed if the venue, or the way to the venue is not safe from physical dangers or otherwise unsuitable for open dialogue and sharing. If possible, allow a break of about 5 minutes after the first 30 minutes of discussion. Prompt as required but never ask leading questions. As much as possible, please encourage everyone to participate in the discussion. Where it is observed that few individuals dominate the discussion, please note down why this might be happening. All notes to the facilitator are in *italics*.

Expected duration: Approximately 90 minutes.

Materials needed: Audio recorder to record the discussion. Camera to take a picture of the "two worlds" activity. A3 sheet and pen to conduct the "two worlds" activity. Small pieces of paper and a pen to do the coping behaviours activity.

Script: Thank you very much for joining us here today, my name is ___________ and I am working this study with Save the Children Iraq. As mentioned earlier, this study is being conducted to understand the living conditions and experiences of children in this community who experience challenges in seeing, walking, hearing, speaking, thinking, concentrating, etc. Our aim is to understand their experiences better so that future programs that are done to support them are suitable for their needs. There are no right or wrong answers to the questions that we ask, and everyone's perspective is important to us. The discussion will be recorded, and this is only so that we do not miss out on anything that you share with us. All data will only be utilized for the purpose of this project, will be stored without identifying you, and will not be passed on to anyone outside the project. Please note that you are free to withdraw your participation at any time by simply communicating your desire to leave without giving any explanations. If a question is uncomfortable to answer, you are free to remain silent. We expect the discussion to last for about an hour. I strongly encourage you to express yourself in ways that best represent how you think and not what you think we might want to hear. Before we proceed, I want to present some ground rules for the discussion and check if you are willing to go ahead with them:

a) there are no right or wrong answers, you are welcome to both agree or disagree with each other in respectful ways,

b) you are encouraged to not only interact with me, but also with each other,

c) as much as possible, please try to not speak over each other and allow everyone time to participate in the discussion,

d) you do not need to raise your hand if you wish to say something.

e) To create a safe and open forum and ensure confidentiality, whatever we discuss today cannot be shared by anyone outside of this group. You should also not share the names of anyone who is participating today with people outside the group.

At this point, do you have any questions? If not, do I have your permission to begin the discussion?" *Facilitator can begin the discussion if everyone in the group is okay to proceed. If yes, please do a quick round of introductions and then ask the questions. Do not record the introductions as they might contain personal/personally identifiable information.*

Note: All further instructions to the facilitator are in *italics*, and all the questions to be asked are in bullet points.

Questions:

Q1. Let me start by asking you to tell me a little about your life right now. *Facilitator should first let the participants provide spontaneous responses and then use the following probes:*

- How is your life like right now? If you had to describe your life in one word, what will that be? What makes you say that?

Q2. How do you think life is currently like for your children who experience difficulties such as difficulty seeing, walking, hearing, communicating, etc.?

- How does your child spend their time?
- What are some of the challenges that he/she experiences on a day-to-day basis?
- Does he/she go somewhere to learn and study? If yes, how has your experience been of taking your child to school/place of study?
- If he/she is sick, can he/she go somewhere to get help? How has your experience been of seeking support for your child during sickness?
- Does your child have friends? How often is he/she able to spend time with his/her friends?
- Does your child go for any gatherings, meetings, or activities that take place in the community? What can be done to increase his/her involvement and participation in the different events that happen in the community?

Q3. **Two worlds activity:** Thank you, now let's do an activity together.

At this point, the facilitator should take out an A3 sheet paper and draw two circles. Make sure the sheet is placed in a way that it is visible to everyone in the group.

Imagine that there are two worlds, each represented by a circle. The first world is your life before the 2014 attack by ISIS. The second world is your life after the 2014 attack by ISIS. We do not need to discuss the time during and immediately after the ISIS attack but only the time before the attack and the current time.

Let's first talk about your world before the 2014 ISIS attack. This will need you to go back in time and think of your life before the ISIS attack happened. *Facilitator should ask the following questions about the first world and then keep writing the responses briefly inside the circle.*

- You can close your eyes if you like and think about your life at that time…tell me what do you see… what's happening in this world?
- Who all are there in your family? What are they doing?
- What about life outside your family? What are people doing? How are they behaving with each other?
- How are people in your family behaving with your child?
- How are your child's friends behaving with him/her?
- How are other people outside your family behaving with your child?
- How is your child feeling?

Thanks a lot for all those inputs. Now's let's talk about your world right now, many years after the 2014 ISIS attack. *Facilitator should repeat the above questions for the second world as well and write all the responses inside the second circle. Take a picture of the A3 sheet after the two worlds are made. Don't label the sheet with anyone's name or other personal details. Label it with the group code (e.g., FGD01) before clicking the picture.*

After the questions have been answered for both the world's, compare the two worlds with the following questions:

- So, now we have the two worlds …one before the ISIS attack and the current world, many years after the ISIS attack. How are these two worlds different?
- What are the things present in the world before the ISIS attack but are missing in the current world?
- Are there things that are present in the current world that were not there in the world before the attack?
- Have there been any changes in your family from that time to now? How do you think this has affected your child?
- Have there been any changes in your relationship with your child from that time to now? How do you think that has affected your child?
- Have there been changes in your child's friendships? How do you think that has affected your child?
- Have there been any changes how other people outside your family behave with your child (this could be a neighbour, health worker, NGO worker, etc.)? How do you think this has affected your child?

If the two-worlds technique does not work, then simply ask:

What was your life like before the 2014 attack by ISIS? How is your life different now compared to that time? *Facilitator should first allow spontaneous response and then probe with the following questions:*

- What are the things that were present in your life before the attack but are missing now?
- Are there things that are present in your life now that were not there in your life before the attack?
- Have there been any changes in your family from that time to now? How do you think this has affected your child?
- Have there been any changes in your relationship with your child from that time to now? How do you think that has affected your child?
- Have there been changes in your child's friendships? How do you think that has affected your child?
- Have there been any changes how other people outside your family behave with your child (this could be a neighbour, health worker, NGO worker, etc.)? How do you think this has affected your child?

Q4. We discussed some challenges that people in this community face. We all have some ways of managing our problems, for example, sometimes when I feel upset, I sleep for some time or talk to someone close to me. What are the things that you do to handle your problems?

- If you feel low or distressed, is there anywhere you can go for support? How has it been for you to seek support in this manner?
- In your community, is there anything available that helps you to deal with challenges? What is it? How has been for you to seek support in this manner?

Q5. **Coping behaviours activity:** Let's now talk about some of the challenges that your children face. Now tell me, what are all the different things that they do to deal with their challenges? *Facilitator should take all small pieces of paper and write down all the different ways of coping that are mentioned (each on one small piece) and keep these pieces in front of the caregivers where they can see them.*

Now, let's do a quick activity, have a look at all these different things that your children do to deal with their problems. Now, tell me, according to you:

- Which of these behaviours help your child?
- Which of these behaviours do not help your child?
- Which of these behaviours are harmful to your child?
- Can they go somewhere in the community to seek more support? If yes, how would he/she be helped there? How does he/she feel after seeking support from this place?

Q6. All of us have some strengths and then there are areas in our lives where we need support from others.

- What do you think are your child's strengths that help him/her in dealing with all the difficulties in his/her life right now?
- What are some areas where he/she needs more help?

Q7. **Magic wand activity:** Imagine that you had a magic wand with which you can solve at least three of the main issues that your child faces.

- What are the three things that you will chose to solve? How will this help your child?

Thank you very much for your participation.

Annex 6: Research Tool - Feedback interviews with children and caregivers

Important note: This tool includes a short set of questions/activities that will be used with children and their caregivers after they have completed all the data collection activities. This means that:

- For children aged 7-12 years, this tool will be used after the relational mapping activity.
- For children aged 13-17 years, this tool will be used after the interview.
- For caregivers, this tool will be used after the FGD is over (through a home visit).

To the extent possible, please organise the feedback session on a separate visit (third visit) to children and their caregivers. If a third visit is not possible, it can be done at the end of second visit, but please make sure that you allow as much break time as possible between the last activity and the feedback session. Note that the discussion will take place separately with the child and his/her caregiver.

Estimated time: 15-20 minutes each for the child and his/her caregiver

Materials needed: Stuffed doll for children aged 7-12 years, pens and papers for children to write/draw and express themselves if they want, and audio recorders to record the discussion.

Activity and script for children aged 7-12 years:

Thank you so much for taking part in this study. Now we have one last activity that we want to do with you.

The facilitator should take out the doll used in previous activities and use it to conduct this activity.

Imagine that instead of you, __________took part in this study. _________did all the activities that you did.

- Tell me now, how was he/she feeling when he/she was taking part?
- If he/she had a magic wand, what is the one thing he/she will change about this study?
- Did he/she find any activity difficult to do? Which was it?
  - What made her feel that?
  - What should be changed to make the activity easier for her to do?
- Did he/she find anything easy to do? What was it?
- Did he/she understand what he/she needed to do? If not, what did he/she not understand?
- *For the journal activity, ask specifically:* What does he/she think about the pictures? *(Facilitator can take out the diary and show the illustrations to the child and get feedback)*
- Will he/she like to take part again?

Questions and script for children aged 13-17 years:

Thank you very much your participation in this study. We really appreciate and value your time and effort. At this stage, we want to have a brief discussion with you to understand what you feel about your participation in the study. Please remember that there are no right or wrong answers. We want to learn what you found useful and liked, but we are also very keen to understand how we can improve research with children like you in future.

- To start with, could you tell me overall how you felt about taking part in this study?
- Imagine that you and other young people like you were designing this study instead of us, what are the top three things you would have changed? *(if it's difficult to find out three things, just ask for one*). What would you have kept the same?
- Were there any activities that were easy to do? Which ones?
- Were there any activities that were difficult to do? Which ones?
  - How could we have done them differently to make them easier for you?
- Which activities did you find easy to understand? Which activities did you find difficult to understand? What makes you say that?
- *For the journal activity, ask specifically:* What does he/she think about the pictures? *(Facilitator can take out the diary and show the illustrations to the child and get feedback)*
- Throughout your participation, was there anything that made you uncomfortable? What was it?
  - What could we have done to avoid this?

Questions for the caregivers:

- To start with, could you tell me overall how you and your child felt about taking part in this study?
- Imagine that you had designed this study instead of us, what would you have kept the same? What would you have done differently?
- Were the activities appropriate for the skills and abilities of your child?
  - If yes, what makes you say that?
  - If no, what makes you say that? What should we have done differently to make them more appropriate for your child?
- Were there things that were easy to understand for your child? What were they?
- Were there things that were not easy to understand for your child? What were they?
- Throughout your participation, was there anything that made you or your child uncomfortable? What was it?

- What could we have done to avoid this?

Annex 7: Original sample design

	Activities planned with children with disabilities				**Total**
	7-12 years, female	*7-12 years, male*	*13-17 years, female*	*13-17 years, male*	
Sinjar centre	1 journal 1 relational map 1 community map	2 journals 2 relational maps 2 community maps	2 journals 2 interviews	1 journal 1 interview	6 journals 3 relational maps 3 community maps 3 interviews
Sinoni	2 journals 2 relational maps 2 community maps	1 journal 1 relational map 1 community maps	1 journal 1 interview	2 journals 2 interviews	6 journals 3 relational maps 3 community maps 3 interviews
Mount Sinjar	1 journal 1 relational map 1 community map	2 journals 2 relational maps 2 community maps	2 journals 2 interviews	1 journal 1 interview	6 journals 3 relational maps 3 community maps 3 interviews

Total	4 journals 4 relational maps 4 community maps	5 journals 5 relational maps 5 community maps	5 journals 5 interviews	4 journals 4 interviews	**18 journals** **9 relational maps** **9 community maps** **9 interviews**

	Activities planned with the caregivers of children with disabilities				**Total**
	Male caregiver	*Female caregiver*	*Male caregiver*	*Female caregiver*	
	7-12 years (age of the child)	7-12 years (age of the child)	13-17 years (age of the child)	13-17 years (age of the child)	
Sinjar centre	1 FGD	1 FGD	1 FGD	1 FGD	3 FGDs
Sinoni	1 FGD	1 FGD	1 FGD	1 FGD	3 FGDs
Mount Sinjar	1 FGD	1 FGD	1 FGD	1 FGD	3 FGDs
Total	3 FGDs	3 FGDs	3 FGDs	3 FGDs	**12 FGDs**

Annex 8: List of documents available upon request

To request the following documents, please write to the MHPSS Collaborative at info@mhpsscollaborative.org.

- Journal copies for the two age groups (7 to 12 years and 13 to 17 years)
- A separate set of nine illustrations (for the two age groups) showing inclusive and non-inclusive family, peer, and community spaces
- Participant information sheets and consent forms used with caregivers to seek approval on their and their child’s participation in the study
- Separate versions of child-friendly participant information sheets and assent forms used with children aged 7 to 12 years and children aged 13 to 17 years
- Research protocol used to seek ethics approval from Save the Children Ethics Review Committee
- Disability-inclusive risk assessment
- Reporting and response plan
- Data protection plan

6 References

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