

The effect of decades of conflict on Colombian children and young

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Foreword:

The purpose of this thesis is to raise the awareness of the adverse effects a violent conflict might have on the mental health of children and young. Colombia is attempting to end its own, one of the world's longest internal armed conflicts, at the same time increasing its focus to aid the ones affected. The agreement to end the 52-year longstanding conflict in 2016 was a step towards ending the violence, but civilians continue to suffer serious abuses and threats from armed groups, and mental health care is still lacking in large parts of the country. Children, who are the future of the country, are most vulnerable and seriously affected. Children and young are victims of war and conflict, even if they take part themselves. They are not fully able to know the consequences of their choices and should not be in a position where they can be exposed to or be a part of any violent conflict.

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Summary:

The main aspect of this thesis is to examine the relationship between living in a continuing armed and violent conflict and the psychological health of children and young. The Colombian conflict has lasted for several decades and there is as a result widespread violence throughout the country. Armed conflict can lead to both physical and psychological trauma and poor health in people of all ages. Children and young are most vulnerable, and their mental health is negatively affected by the armed conflict, both directly and indirectly. Behavioural changes, generally more aggressive and violent behaviour, cognitive changes and diagnostic psychiatric disease can be linked to conflict related violence. The information and literature used in this thesis was found mainly through PubMed and references of relevant articles. All relevant articles were studied, and most were used as there were few studies assessing the mental health of children or youth in Colombia.

List of abbreviations used:

FARC – Revolutionary Armed Forces of Colombia (Fuerzas Armadas Revolucionarias de Colombia)

ELN – National Liberation Army (Ejército de Liberación Nacional)

UN – United Nations

IDPs – Internally Displaced Persons

PTSD – Post Traumatic Stress Disorder

Introduction:

The main aspect of this thesis is to examine and judge the literature and the relationship between living in a continuing armed and violent conflict and the psychological health of children and young. The Colombian conflict has resulted in widespread violence, fear, increasing differences between people and regions and forced displacement of a big part of the population. Armed conflict can lead to both physical and psychological trauma and poor health. There are many types of stressors in an armed conflict that can lead to psychological harm: feelings of fear and insecurity, forced displacements, losing family and close ones, being a victim of violent abuses, seeing violence first hand. Children and young are extra vulnerable to the effects of violence and other chronic stressors of armed conflicts. Physical and mental health and wellbeing through childhood and adolescence is important for optimal development and hence health and wellbeing later in life. In recent years there has been increased attention concerning the psychological consequences of conflict and war on children and youth.

The Colombian conflict:

The Colombian conflict is an internal, political armed conflict. The present conflict started in 1964, after a period of extreme violence, La Violencia (1948-58), but there have been political and violent conflicts between liberals and conservatives in Colombia ever since the country became independent in the beginning of the 19th century (1). Fighting between Liberals and Conservatives during La Violencia killed an estimated 2-300 000 people and over 2 million were displaced. A leftist rural movement grew after this, wanting to fight for oppressed Colombians (2). The current conflict was essentially between that leftist guerrilla group, called FARC (Revolutionary Armed Forces of Colombia), and the government. Several guerrilla groups have appeared through the decades since, and some disappeared again. The second biggest is called ELN (the National Liberation Army). Farmers had for decades used private self-defence armies to protect their lands, but in the 70-80's, with increasing support from drug traffickers and the government, the groups strengthened and formed right-wing paramilitary groups fighting the guerrilla groups themselves (2, 3).

Drug trafficking has bloomed with the internal conflicts, as most of the illegal armed groups rely on drug trafficking to pay for military expenses (3) (4). FARC got its income mainly from drug-production and trafficking, and extortion and kidnappings, while ELN rely mainly on money from kidnappings (2). Paramilitary groups have been heavily involved in drug trafficking since the late 90's, controlling approximately 40 % of Colombia's drug-trafficking in early 2000 (2). In the same period, they were responsible for the majority of the violence in the country (70 % of

non-combat homicides, 84 % of forced disappearances, 62 % of all acts of torture, estimated by UNDP) (2). From 2003 to 2006 the government tried to demobilize the main paramilitary groups. Though about 30 000 adults disarmed, the government were unable to dismantle the groups networks and support systems and many groups never demobilized while other re-armed and formed new groups (3). They also failed enforcing the handover of children who voluntary or forcefully had joined the groups, making thousands of children unprotected and unaccounted for. Many joined the paramilitary successor groups. The emergence of successor groups and the unwillingness of the government to admit the presence of these new groups, made it hard to separate political violence from general, criminal violence, which also is abundant in the country (3). The government has also failed to see the national army as one of the contributors to the conflict and a perpetrator of human rights abuses (2, 3).

The direct result of the conflict has been widespread, collective violence, mistrust and insecurity. The violence from the conflict has indirectly, along with poverty, high levels of inequality and social exclusion, contributed to a violent culture with a high rate of crime and domestic violence (5, 6). UN verified the demobilization of FARC in June 2017, after the peace-agreement in 2016 between them and the government (1). A minority of the group rejected the terms and had still not disarmed in October 2017 (7). Civilians still suffer human rights abuses by them, the ELN and paramilitary successor groups. Law-enforcement is still lacking and there is a high level of impunity in the Colombia. Perpetrators of abuses are rarely held accountable for their violations (1-3).

Materials and Method:

PubMed NCBI was searched for literature with different combination of the words: conflict, violence, children, young, Colombia, mental health. Literature was also found through references of relevant articles. Selected articles were the ones relevant for the study, the ones concerning mental health in children and young living in conflict/war and violence, mental health of children in Colombia and general mental health associated with the Colombian conflict. Information about the Colombian conflict was found through some of the articles and through search on google, choosing organizations known to work with conflict, war and/or health. Some articles were also found by chance through my medical studies. The gathering of information was started in June 2017 and ended 21 of May 2018. The study population was children and young up to 18 years of age. When relevant, research of populations of older age was used. Only English and Norwegian texts were used.

Definitions used in the text:

- Violence: WHO defines violence as: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." This includes all physical, sexual and psychological abuse, neglect and self-abusive acts, whether it is directed publicly or private. Violence can be self-directed, interpersonal or collective. In interpersonal lies family- and intimate partner violence and community violence. Collective violence is by larger groups of individuals or states, which can be economic, political or social. (8) (9).
- Mental health: WHO defines mental health as the "state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." It is a part of our general health which is the "state of complete physical, mental and social wellbeing" (10)

Results:

Children in the armed conflict

Colombians have been exposed to widespread violence and abuses for several decades because of the conflict. They have been, and still are, exposed to killings, disappearances, torture, sexual violence and rape, forced displacement, recruitment to armed groups and extortion. They are also exposed to antipersonnel landmines, were for some time exposed to bombings (1) (3) (8). Both paramilitary and guerrilla abuses against civilians are well documented: “killing of civilians; torture; mutilation of corpses; execution of patients in hospitals, homes and on public buses; indiscriminate use of landmines; attacks with explosives, such as bombs rigged to dogs, mules, cars and bicycles ridden by children; forced displacement; arbitrary detention; systematic sexual violence; hostage-taking; looting; threats; harassment; intimidation; attacks on non-military targets, such as ambulances; and other violations” (2). Abuses by the national army and police forces are less documented, though they are accused of serious human right abuses against civilians, especially in rural areas lacking civilian authority (2, 3). These are abuses directly related to the conflict. Over time the conflict has created a violent society affecting people throughout the country and indirectly increased the rate of interpersonal violence (4).

Abuses of conflict

In 2016 there were 7,6 million people registered as victims of the conflict in the National data of Colombia. 2,5 million of them, 1 in 3, children. (11) UN Committee of the Rights of the Child in 2006 expressed concern with the still high incidence of child victims to extra judicial killings (unlawful killings), homicides and massacres, the high recruitment of children to non-state armed groups and the army’s use of children as informants (5). Between 2013 and 2016, an estimated 1000 children and youth were recruited to armed groups, but the number may be much higher as it is difficult to register illegal recruitment (11). In an armed group children can have a lot of different responsibilities, they might do domestic chores, be informants or messengers, make, plant or detect landmines, guide, relief the sexual needs of others in the group or participate in hostilities and abductions (11). Sexual violence and rape is believed to be an extensive and extremely underreported problem. National Institute for Legal Medicine and Forensic Sciences recorded data from 2010, registered over 20 000 victims of sexual violence in Colombia that year. 86 % of the cases concerned children. The recorded cases are only the reported cases and where medical examination has been done (3) (11). Most do not report these abuses because of fear of retaliation and stigmatization. Rape and sexual violence against women and girls is used by armed groups as a tactic to destabilize the population (2). Girls

recruited by armed groups are at an increased risk of rape, forced abortion and forced use of contraceptive methods. They are often recruited to armed groups to be sexual partners (3). Child recruits in armed groups around the world are often given drugs or alcohol to make them fight (8), but there is little evidence of how extensive this problem is in Colombia. Those who try to escape or refuse to join groups are in risk of torture, mutilation and death (3). The conflict has been so extensive and continued for so long the country has the world's largest populations of internally displaced people (IDPs) because of conflict related violence. Over 7,7 million in the end of 2017 have been displaced since 1985 (1). Watchlist estimated in 2011 that half of the displaced were children (3).

Geographical differences

There is generally more violence in rural areas, and lack of law enforcement. Rural areas are left with less governmental control and have less access to education, healthcare, law-enforcement and other types of governmental provision. Some of the areas are completely controlled by armed groups and are out of reach for the government (3, 5). The poverty, lack of education and opportunities and conflict related threats in these areas make young people susceptible to being recruited by armed groups or joining violent or illegal actions (like drug production and trafficking). Displacement, fear of violence and anti-personnel landmines keeps kids from going to school and getting an education (1). The national army has repeatedly used or occupied schools, which has led to attacks of schools by guerrilla groups (3).

The government of Colombia has focused little on the psychological effects of the long, violent conflict. Consequently, there is a lack of mental health care in the country (5) (12). The last years the government has been in peace talks with some of the armed groups, but people of Colombia are still suffering serious abuses, by armed groups and increasingly at home (1, 3).

Violence and the young brain

Violence can harm an individual physically and psychologically. The psychological effects on the brain might be adverse and especially harmful for a young, still developing brain. An increasing number of studies show short- and long-term psychological effects after trauma and this is increasingly recognized as an important determinant for future outcomes of the individual when happening at a young age (6, 13, 14). The brain develops and matures through childhood and adolescence, and the process is affected by input from the surrounding environment of the child. Prolonged distress during these periods can diminish cognitive development and maturation and lead to different types of mental illnesses and other adverse psychological effects.

“During brain maturation, stress and elevated levels of stress hormones and neurotransmitters may lead to adverse brain development through apoptosis, delays in myelination, abnormalities in developmentally appropriate pruning, the inhibition of neurogenesis, or stress induced decreases in brain growth factors” (14). Through childhood and adolescence there is an increase in synapses and neuron connections, and at the same time selective elimination of neurons not needed, which is affected by the environment and experience. Glucocorticoid hormone, a stress hormone, is needed for this maturation, and both increased and decreased levels of glucocorticoids are associated with impaired brain development and consequently brain function (14). High levels of stress during childhood, and hence elevated glucocorticoid levels during this period, can disrupt development and cause disease. Cortisol is a glucocorticoid responsible for fetal maturation during pregnancy and high levels of stress during pregnancy increases cortisol levels in the mother, leading to excess cortisol for the fetus. This is associated with impaired development of the brain and spinal cord and resulting lower levels of mental skills (13). Pre-existing vulnerabilities may be exacerbated or triggered to cause diagnostic disease (6).

Trauma

Experiencing excessively stressful or overwhelming events where there is no escape and not possible for the individual to fight his/her way out, can lead to psychological or emotional trauma (15). Childhood trauma is associated with psychiatric diseases like PTSD, anxiety, depression and antisocial behaviour and dissociation. It also impairs cognitive development (14). Children exposed to traumatizing events like maltreatment, neglect, emotional abuse, domestic violence in general have lower IQ, more language deficits and lower academic achievements later in life (13, 14). Witnessing violence specifically is associated with lower academic achievements, lower IQ, attention and neurocognitive functioning (14). Lower cognitive abilities are also seen in individuals without any diagnostic psychiatric disorder. Childhood trauma and maltreatment is also associated with executive and control deficits (13, 14). Deficiency in these circuits of the brain can be linked to attention problems, impulsiveness, low IQ and low educational achievements (8, 14). Hyperactivity, impulsiveness, poor behaviour control and attention problems are personality traits and behavioural factors that may predict later youth violence. Youth violence is also associated with low intelligence and low achievements in school (8).

Violence effect on Colombian children

All the abuses the Colombian population are at risk of experiencing can be extremely stressful, especially for children. Colombian children and young are at a high risk of experiencing violent

abuses towards themselves and towards others and are thus at a higher risk of adverse psychological effects. The traumatic events most often reported by children in Colombia were displacement, family violence, witnessing murder and physical violence and being separated from family (12).

The importance of caregivers

Children do not have the same possibility to understand the world around them and take care of themselves as grownups. They do not possess the same capability to process their emotions and reactions to excessively stressful events. Exposure to such events might therefore lead to trauma, particularly if they do not have a parent or caregiver to help regulate feelings and reactions. Both in and after the traumatizing event and through childhood in general, support to regulate activation of brain regions is important for optimal brain development. If a child or adolescent lacks a caregiver's support to regulate the resulting distress (feelings of loss of control, helplessness and isolation) from traumatizing events, it can lead to adverse psychological effects, like problems regulating emotions, attention, behaviour and regulations of bodily conditions (15). Because of the conflict, Colombian children and young are at an increased risk of losing their parents or caregivers, for example through displacement, kidnapping, death by violence or recruitment to armed groups (child or parent) (11). Several studies provide evidence abuse and neglect increase the risk of behavioural and emotional problems and substance abuse (6, 14). Additionally, neglected children have more problems with complex visual attention, visual memory, language and verbal memory, planning and problem solving. As a result they might have lower performance in reading and mathematics, and therefore also in learning other subjects and in social skills (14). Just a prolonged period of maternal separation is associated with memory deficits and learned helplessness behaviour. On the cellular level, parental deprivation increases death/elimination of neurons in the brain (14). Even when children do have their parents, the parents might not have the resources to support and regulate the child through traumatic experiences.

Increased use of violence

Fear, because of the prevalent violence, can lead to increased use of violence to defend or protect one selves, close ones and manage everyday activities. As farmers took to arms to protect themselves and their lands in Colombia (3). This might increase the acceptance of violence and eventually result in increased use of violence in the community and inside the home (interpersonal violence) (8). Observing or being a victim of community violence directly affects the child, but violence also affects the child's caregivers. Hence the violence could also affect children through its effects on families (6). Community violence is positively associated with

parental distress (13). If the parents do not have recourses to overcome the stressors or do not see the violence as a problem, they might bring this into parenting and intimate relations. A high rate of violence in the community is associated with more frequent physical and psychological aggression through parenting and a lower rate of active stimulation and personal care of the child (6, 13). It might also interact with the attachment between mother and child, an attachment that is important for growth and development of the brain (13). Children growing up with violence around them in daily life, ether in society or at home, tend to accept violence being used by others to a greater degree than children not exposed to violence. They accordingly use more violence themselves as well. Corporal punishment (hitting, kicking, beating), poor monitoring and supervision of children by caregivers is associated with later youth violence in the children exposed. It is also associated with use of violence and crimes in adulthood, also towards own children, transferring the violence to the third generation (8).

Youth violence is related to commitment of other crimes, dropping out of school and substance abuse (8) and homicide is the main cause of death in children/young aged 10-19 years in Colombia (5). The study of the mental health of urban youth in Cali found violence to be a general part of everyday life for many young, ether as perpetrators, observers or victims: “25 % had hit a child with a hard object the past month, 20 % had been hit by a family member the last month, 23 % had hit someone the last year and 63 % of the participant knew someone who had been murdered the past year” (16). Focus groups with the study-participants later suggested an underreporting. In the young urban population in Cali, Colombia, being exposed to violence either in the home or in the community was related to poor mental health (16). Analyzation of data from mental health consultations in adults (16 years and older) in active conflict zones, found associations between violence directly related to the conflict and anxiety symptoms, fear, sleep disorders, low mood and depression and suicidal thoughts and attempts. Other types of violence, not directly related to the Colombian conflict, were related to aggression, alcohol and substance abuse, suicidal ideation and attempts, low mood, eating disorders, fear and hyperactivity (17). Violence indirectly related to the conflict were more related to outcomes of depression, suicide and aggression than direct conflict related violence.

Displacement and exposure to violence

Displacement puts people in greater risk of violations. Forced displacement takes people away from their home, community, jobs and possessions. Food, shelter and safety is not certain. This is an extremely stressful situation, especially for children. IDPs are often already victims of violence or threats, as it is often the reason for forced migration. The losses and distress related to the migration, in combination with the often traumatizing events leading to it, can

synergistically lead to psychopathology (18). A study of mental health in Colombian children aged 7-12 in 2015 found the rate of anxiety was 4,7 % higher in the displaced children than in non-displaced children. More than half of the displaced children because of conflict reported one or more problems in the survey which possibly were related to the displacement. 33 % of them had experienced at least one traumatic situation, which resulted in 13,2 % of them scoring high for post-traumatic stress (19). The rate of affection disorders was low in both displaced and non-displaced.

Excessive or prolonged trauma exposure

The distress leading to trauma can be excessive in the single traumatic event or in length of exposure. A younger age at onset of trauma and longer period of exposure to trauma was correlated with increasing adverse effects. Hence continued violence increases the risk for trauma and adverse psychological effects (14). The adverse psychiatric consequences of violence vary between individuals, and depend on age at onset, severity of abuse, relation of the perpetrator to the child, length of exposure and the child's environmental factors (8, 20) Long duration distress related to forced migration is an example, where the often traumatizing events leading to it synergistically adds to the resulting adverse effects (18). Conflict and violence in the community also enhances feelings of distrust and insecurity in daily life and limits social networks, another form of chronic stress (6). A study examining the mental health consultations of civilians coming to clinics in active conflict zones in the rural south of Colombia found that factors indirectly related to conflict, like personal violence and general hardship, are equally important in determining mental health as the factors directly related to the conflict (abuse, violence) (17).

Discussion:

Children and young in Colombia are in risk of being exposed to several acute and chronic stressors related, directly or indirectly, to the armed conflict in the country (2, 3, 11). An increasing amount of research demonstrates adverse psychological effects of living in distressed and violent environments (14). There is at time of writing still little research assessing mental health in relation to armed conflicts in South America, and even less concerning the mental health of children. Based on general research concerning violence, trauma and development of the young brain, the consequences of the conflict might be more adverse than what is found in the literature used here concerning Colombia. The documentation, monitoring and reporting of the extent of abuses and their effects on mental health in Colombian children is deficient and focuses little on behavioural effects. Trauma exposure or exposure to chronic stress does not need to result in diagnostic psychiatric illness. It can also result in lower cognitive skills or behavioural alteration which may be harder to trace back to any single cause (14). Because of a lack of research assessing such effects on children in Colombia, one can only assume the extent of the problem in Colombian children and young. The rate of youth violence in the country might support a higher rate of cognitive and behavioural problems, as use of violence in youth is related to executive and control deficits in the brain (8). This is again associated with childhood trauma or maltreatment (13, 14).

Consequences of conflict on mental health

The consequences of armed conflict psychologically are many. Psychological harm, deprivation, maldevelopment, social problems, reduction in cognitive skills. There is a higher prevalence of many common mental health problems and a higher rate of alcohol and illicit drug use (5,6,7,8). Consequences of these effects might be lower educational level, higher rate of violence used in daily life, an increased need for mental healthcare and a slower development in the country. What is special about the Colombian conflict is the length of the conflict, the massive population displacement, the involvement of drug production and trafficking and the unclear lines between conflict related violence and general violence and crime (2, 7). The conflict puts children and young in a big risk of experiencing early trauma and a long duration of trauma-exposure because of its length and its extensive impact on the culture (3). Both factors increase the risk of adverse effects on the brain.

Direct and indirect exposure

The conflict might affect them directly through violence, abuses or threats, or indirectly contributing to shaping a violent society and increasing differences between people and regions.

Adverse mental health effects cannot easily be said to be caused by one or the other. Some of the highest risks of outcomes like depression, suicide and aggression, were linked to factors indirectly related to the conflict (17), presenting the importance of not only focusing on the direct exposure to conflict-related abuses. The complex concoction of the direct and indirect exposure to conflict can give a more potent systemic effect on the individual, affecting the daily life. The brain is developing through or whole life, with periods of great plasticity during childhood and adolescence, affected by the often changing and complex environment of the individual. The great plasticity of children and youth make them more susceptible to the harmful effects of an armed conflict. Armed conflicts are associated with feelings of fear, insecurity and mistrust, feelings that are chronically stressing over time. The not always clear motivations of the armed groups, the use of human rights abuses by all parties of the conflict and the impunity of the justice system increase feelings of mistrust and insecurity. Such feelings add to the distress caused by exposure to actual violence and abuses.

Children and young exposed to violence are in extra need a safe and good environment with parents or caregivers who can help regulate the child and compensate for distress. Because of the length and extension of the Colombian conflict several generations have been affected, making the caregivers of children susceptible to poorer mental health and consequently increasing the likelihood of poor parenting practises. Poor parenting, like harsh discipline and neglect, might increase the risk of violence and adverse psychiatric effects in the child, possibly transferring the effects to the next generation (6, 8, 13). Displacement enhanced the risk of anxiety and post-traumatic stress in Colombian children (16) Deprivation of care from a parent is likely increased during and after displacement, as there are new and unsure situations with an increased risk of violence or abuse. Thus, increasing the likelihood of ill mental health in the child.

The use of drugs by children and young in Colombia is not well reported. The drug abundance in the country and the armed groups use of drug production and trafficking to pay their expenses, increases the likelihood of use by children in armed groups especially. Possible consequences for the children might be addiction, increased risk of abuse, overdose and adverse psychological effects (2).

Other effects

In Colombia the government has focused little on the psychological effects of the long conflict and there is accordingly a lack of mental health care, especially in rural parts of the country. Furthermore, many rural areas are not accessible for health care providers because of the

violent conflict and control of areas by armed groups. The restricted access to healthcare reduce the potential to do research on the mental health effects of the conflict and provide little help for the ones affected. Child recruitment by various armed groups, displacement and mental health problems also prevents children from going to school (9), reducing the educational level, which might slow development in the country.

Limitations of the study

The population of the study was children and youth in Colombia exposed to violence associated with the conflict. This excludes the population over 18 years old and there were some difficulties related to this. Most research divide between children and adults. Adulscents were seldom chosen as the population of study, though sometimes included in studies of young adults.

Children were often chosen from different age groups. The population of study was also adverse and large, making it hard to related findings to the whole group.

To draw a line between violence associated with- and not associated with the conflict was difficult, as the Colombian conflict is so intertwined in and affecting the Colombian culture. Though, there is also a strength in focusing on the systemic effect of the conflict and not only the direct exposure. People are rarely affected by an armed conflict solitarily through direct abuses. Most research was cross-sectional (4, 5), providing estimations, but not causal effects. I only used literature in English, while there was an approximately equal amount of Spanish literature. Despite the limitations of the study, it provides an overview of the harmful effects of the armed conflict on the mental health of young Colombians. It also draws associations from what we already know about the effect of violence on the brain, helping to describe the findings of research on Colombian children. Protective factors, like social network, meaningful work, religiosity, an individual's resilience, are not focused on in this study, as the aim of the study is to examine the effects of the conflict. These factors are nevertheless important for the outcome of the mental health of the population and further research should focus on these aspects as well when considering possible actions to improve and recover mental health in the population.

Conclusion

Despite the lack of research and the limitations of the study, the findings indicate that living in an armed conflict negatively affects young Colombian's mental health. Both violence directly related to the conflict and the indirectly associated violence are important for mental health outcomes. To improve child and youth health in Colombia there is a need for more focus on mental health effects, and further prevention of factors causing them. To develop programs to prevent and address conflict related violations and to know what type and length of care victims are in need of, there is a need for more and better documentation concerning the violations children and young are exposed to and the effects they suffer. The psychological effects of the violence are important aspects in building a peaceful future in Colombia. Further actions should be done to reduce the harm.

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GRADE

1 Title: Mental health in displaced children by armed conflict -National Mental Health Survey Colombia 2015. Cross-sectional survey. GRADE-evaluation: Low (++) The study aims to determine the prevalence of the most frequent mental health problems in Colombian children affected by armed conflict. Research was made in Colombia with data from the National Mental Health Survey from 2015 for children aged 7-11, in whom RQC, PCL and DISC-IV-P were used. Computer-assisted DISC-IV-P interview with caregivers instead of the children themselves, thus subjected to response bias. Of mental illnesses the last 12 months, 6,5 % had anxiety disorder in the displaced population compared to 1,8 % in the non-displaced, high post-traumatic stress score was found in 13,2 % of the displaced and 6,6 % in non-displaced. Conclusion: Children affected by the Colombian conflict have a higher prevalence of some mental illnesses, like anxiety disorder and post-traumatic stress.

2 Title: The association of violence with young children's physical health in Colombia. Study design: Cross-sectional. GRADE evaluation: Low (++) The aim of the study was exploring the associations between parental harsh discipline and intimate partner violence with child health, and the associations of community violence with child health, parental harsh discipline, intimate partner violence, and the relations between them. Conclusion: violence, both community and intimate partner violence is negatively related to physical health in young Colombian children. Summary of results: In family models, children subjected to parental harsh discipline had approximately 8 % more symptoms of poor health, and those subjected to intimate partner violence 20 % more symptoms, than children not experiencing such violence. In multilevel models, community violence and intimate partner violence predicted poor child health (respectively 16 % and 18 % more symptoms of poor health), while parental harsh discipline failed to predict it. Research was made in Colombia, using data from 2005-6. Important M&M: Population of study were children under five years of age. Variables were derived exclusively from the report of the mothers and is therefore subjected to response bias. The focus of the study was the physical health outcomes, not mental health.

3 Title: Characteristics of the Colombian armed conflict and the mental health of civilians living in active conflict zones. GRADE evaluation: Low (++) . A cross-sectional study, using data from 2010-11 in Colombia, aiming to find which characteristics of the Colombian conflict are most associated with specific symptoms of poor mental health. Clinical data from mental health consultations in active conflict zones for people aged 16+ was used. Hierarchical cluster analysing was used to group risk factors, then included in logistic regression as predictors to show what groups best predicted symptoms. Summary of outcomes/results: Direct conflict related violence was more related to anxiety disorders than personal violence (not directly

conflict related) and general hardship, while the other two settings were more related to aggression and substance abuse. Risk of depression and suicide was equally represented. Conclusion: The study shows the conflict has a clear impact on mental health, and factors indirectly related to the conflict are equally or more important in determining some mental health outcomes

4 Title: Common mental disorders in young urban population in Colombia. GRADE evaluation: Low (++) A cross-sectional study, assessing to measure the prevalence of common mental disorders among young, low-income citizens of Cali to examine associations with violence and social capital. Self-Reporting Questionnaire was administered, and social capital, violence, alcoholism and sociodemographic variables measured in 1057 young (15-25) in Cali, Colombia, in 2005. Conclusion: A high level of mental illness among young in Cali. 24 % were found to have common mental illnesses. Female sex, limited education and high levels of violence emerged as the most potent risk factors.

5 Title: Internally displaced “Victims of Armed Conflict” in Colombia: The Trajectory and Trauma Signature of Forced Migration. A cross-sectional study using trauma signature analysis to identify psychological risk factors and potentially traumatic events experienced by displaced in Colombia through the phases of displacement. Done in Colombia, 2013. GRADE evaluation: Low (++) At each stage of displacement individuals are exposed to change demanding adaption, and hazards are related to severe and irreversible loss. The exposures synergistically lead to a high incidence and prevalence of psychological effects and psychiatric illness. The study gives a framework for understanding the psychological consequences of displacement through its different phases.

Summary:

Number of studies	5
Study design	Cross-sectional
Risk of bias	No serious restrictions
Consistency	No unexplained heterogeneity
Directness	Serious age-differences Outcomes are measured indirectly (through parent)
Precision	Not lack of precision
Other factors	No
Quality	Very low (+)

