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FEATURE

**Creative Arts Psychosocial Interventions for
Conflict-Affected Children of the Marawi
Siege in Southern Philippines**

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Abstract. *Marawi City was besieged by ISIS-affiliated militants, reducing the city into rubble. Studies show that children exposed to armed conflict are at high risk of mental health problems and that creative arts psychosocial intervention is effective in promoting mental health. This arts-based research aimed to generate deep insights into the stressful experiences of children during the 5-month long battle of Marawi and to ignite the community to work together for community resilience. The study revealed that the children suffered greatly from mental stress and that through creative arts psychosocial interventions, the harmful effects of the siege were reduced. The study also revealed that the siege brought about psychological, social, economic, health, education, physical, security, and cultural impacts on children. To provide support for their children, the community organized themselves into “Lombay Ka Marawi” meaning, “rise up Marawi” to work collectively for community resilience and sustainability. The researchers recommend the active involvement of the people of Mindanao in the peace-building process and a sustainable strategy to promote mental health in a climate of peace and understanding.*

Keywords: Marawi City, conflict-affected children, mental health, arts-based research (ABR), creative arts psychosocial interventions (CAPI), interpretative phenomenological analysis (IPA)

Introduction

The Islamic City of Marawi, the capital of Lanao del Sur in the Autonomous Region of Muslim Mindanao, Philippines, was besieged in 2017 by militants who attempted to turn the city into an Islamic State of Iraq and Syria (ISIS) caliphate for East Asia (Banlaoi, 2017). The 5-month long Battle of Marawi (also known as the Marawi Siege) is considered Southeast Asia's most significant terrorist event in the last 15 years (Morallo, 2015). During the siege, thousands of civilians were trapped in the crossfire for weeks or months, and others were taken as hostages (Amnesty International, 2017). The battle reduced the city into rubble, claimed more than a thousand lives, and displaced around 300,000 people (Ronda, 2017).

The United Nations Children's Educational Fund (UNICEF) expressed concern for the safety and well-being of more than 50,000 children survivors of the Marawi Siege (UNICEF Annual Report 2017 Philippines). Some of these children were used by terrorists as combatants, informants, or human shields (Ronda, 2017). Scholars observed that children exposed to armed conflict are at high risk of developing mental health problems (Betancourt et al., 2013; Catani, 2018; Slone & Shosani, 2017; Wessells, 2017). The World Health Organization (2004) defines mental health as a state of well-being in which every person can cope with the normal stresses of life and work productively for the common good.

Problem Statement

This community-based disaster intervention study aimed at addressing the mental health problems of conflict-affected children by the Marawi Siege. It also determined the effectiveness of Creative Arts Psychosocial Intervention (CAPI) as an innovative approach in the use of arts within the context of health care. Further, it aimed at involving the community in supporting the children by providing a caring environment and in working for community resilience.

Purpose of the Study

The purpose of this study is to address the mental health problems of conflict-affected children of the Marawi Siege through creative arts psychosocial interventions. It answered the following research questions:

1. What are the mental health problems of conflict-affected children of the Marawi Siege?
2. How did the children respond to creative arts psychosocial interventions in mitigating their mental health problems?
3. What are the impacts of the siege on the community?
4. What is the efficacy and effectiveness of creative arts psychosocial interventions on the children?
5. What plans does the community have in providing a supportive environment for the children and in promoting community resilience?

Theoretical Framework

Arts-based research (ABR) and Creative Arts Interventions (CAPI) form the theoretical basis of this study. Pentassuglia and Boylan (2017); Van der Vaart, van Hoven, and Huigen (2018); and Wang, Coemans, Siegesmund, and Hannes (2017), proponents of ABR, define ABR as a research practice that uses artistic processes as a way of investigating and understanding people's lived experiences of traumatic events. These scholars described ABR as participatory, community-centered, and developmental. Malchiodi (2005); Jensen and Bonde (2018); Van Westrhenen and Fritz (2014); Zuch (2015); Martin et al. (2018); Development Services Group, Inc. (2016); Ugurlu, Akca, and Acarturk (2016); Van Westrhenen, Fritz, Vermeer, Boelen, and Kleber (2018); Quinlan, Schweitzer et al. (2015); and Gurle (2018), proponents of CAPI, describe CAPI as an innovative approach in the use of arts within the context of health care, counseling, psychotherapy, rehabilitation, and resilience. After reviewing several studies, they concluded that Creative Arts Psychosocial Interventions is found to be effective in improving mental health issues and reducing the physical symptoms of trauma. Betancourt et al. (2013); Jordans, Pigott, and Tol (2016); Wessells (2017), Catani (2018); and Kadir, Shenoda, and Goldhagen (2019) argued that children and families living in or fleeing from war zones have a high probability of suffering from mental health problems and that there is an urgent need for intervention. Moved by the urgency of conducting psychosocial interventions for conflict-affected children of the Marawi Siege, the researchers of this present study who are interested in community resilience have been guided in adapting ABR and CAPI.

Review of the Literature

This review provides a discussion of previous researches on the effects of war on children and creative arts psychosocial interventions as a therapy for mental health problems. The following aspects are reviewed: a) effects of armed conflict on children; b) creative arts therapy definitions; c) qualitative assessments on creative arts psychosocial interventions; d) quantitative assessments on creative arts psychosocial interventions; and (e) Arts-Based Research. The discussions are found below:

Effects of Armed Conflict on Children

Three studies discussed the effects of armed conflict on children. Kadar et al. (2019) reviewed literature published from 1945 to 2017 to find out current and past knowledge on the effects of armed conflict on children's health and development. Among the 155 literature they reviewed, a vast majority (131) were quantitative studies on case reports, registry reviews, and cross-sectional studies. Only 18 were qualitative, and 6 were mixed-method studies. These studies described mortality, injuries, illnesses, environmental exposures, limitations in access to health care and education, and experiences of violence, including torture and sexual violence. The

authors recommend that developmental studies must be done on the long-term effects of war and violence and protective and mitigating factors against the harmful effects of war and violence among children. Wessells (2017), in his study entitled “Children and Armed Conflict: Interventions for Supporting War-Affected Children,” argued that war-affected children are in deep need of mental health, psychosocial, and peace-building supports. He outlined three pillars of support: comprehensiveness, sustainability, and Do No Harm. Catani (2018), in his study on “Mental Health of Children Living in WarZones: Risk and Protection Perspective,” argued that to understand a child’s development in a war or post-war environment, the researchers have to apply a socio-ecological perspective, which takes into account not only the direct consequences of the war for the individual child but also the variables in the proximal and distal environments, including the family and the community. The above literature emphasized the importance and urgency in giving psychosocial interventions to conflict-affected children of the Marawi Siege to help them recover from stress.

Creative Arts Psychosocial Interventions—Definitions

Creative Arts Psychosocial Interventions (CAPI), also known as Creative Arts Therapies, Arts-based Interventions, or Expressive Therapies is defined by Malchiodi (2005) as the use of arts (drawing, painting, music, dance, and puppetry, play, poetry, etc.) within the context of health care, counseling, psychotherapy, and rehabilitation. Martin et al. (2018) define Creative Arts Therapies as an innovative way to prevent stress and improve stress management. The Development Services Group, Inc. (2016) explained that arts therapies could take many forms, including visual arts, dance, crafts, literature, music, poetry, theatre, play, and creative writing. The next section discusses the effectiveness of Creative Arts Therapies.

Qualitative Assessments of Creative Arts Psychosocial Interventions

Six studies reviewed papers on the use of creative arts interventions to reduce the physical symptoms of trauma and improve mental health issues. All six studies were in unison as to the efficacy and effectiveness of CAPI; however, two of the studies questioned the validity of findings because of some methodological deficiencies found in the studies that they reviewed. Jensen and Bonde (2018) reviewed 20 studies to find out if participation in arts activities and clinical arts interventions can be beneficial for people with mental and physical health problems. Results showed that engagement in creative arts therapies can reduce physical symptoms of trauma and improve mental health issues. Van Westrhenen and Fritz (2014) reviewed 38 papers on arts interventions used by creative arts therapists, psychologists, and counselors. Findings revealed that the majority of articles reported their findings narratively, with much emphasis placed on the process

followed, with positive findings that arts-based interventions are effective in reducing trauma and in promoting mental health. The authors suggested that therapists and researchers must work closely together to understand better how creative arts therapies help traumatized children. Martin et al. (2018) conducted a systematic review of creative arts interventions for stress management and prevention. Findings revealed that 81.1% of the 37 studies reviewed reported a significant reduction of stress in the participants due to interventions of any of the four arts modalities (art, dance, drama, and music). Zuch (2015) conducted a literature review on the effectiveness of arts in trauma intervention. From the literature review, Zuch concluded that using the arts is effective among populations with post-traumatic stress disorder (PTSD), and as an enhancer of regular therapy.

Gurle (2018) explored the use of drama and art as tools for helping Syrian refugee children identify their emotions. Stressors identified were separation from friends, family, and neighbors; the loss of loved ones; and the absence of resources to meet basic needs. Findings revealed that art and drama can have an impact on children. Art and drama provide the child with tools that they can use to build resilience. The gap identified by the author was that the study could not be generalized because the sample size was only 10 children. Further, there was no assessment done on the psychological well-being of children to help them develop the necessary capacity to identify their emotions and deal with these. The Development Services Group, Inc. (2016) conducted a literature review on arts-based therapies and programs. The review focused on three populations: (a) at-risk youths, (b) justice-involved youths, and (c) traumatized youths. Generally, literature has identified positive relationships between arts participation and social-emotional skills among children and youth. The Developmental Services Group recommends that more studies should be done to clarify the potential impacts of arts interventions for children and youth. The authors pointed out that available researches suffered from methodological deficiencies such as small samples, lack of comparison groups, short follow-up periods, and reliance on self-report measures.

Quantitative Assessments of Creative Arts Psychosocial Interventions

Three studies evaluated the effectiveness of creative arts interventions or arts-based therapy using experimental and quasi-experimental designs (quantitative). Van Westrhenen et al. (2019) evaluated the effect of 10-session creative arts in a psychotherapy group program. It evaluated the post-traumatic stress symptoms, post-traumatic growth, and behavioral problems of children who have experienced traumatic events. Of the 125 children aged 7 to 13 years that started the program, only 63.4% or a total of 47 children completed it. Twenty-three of the children were placed in the treatment group and 24 in the control group. ANCOVA was used in analyzing adjusted mean differences. Results showed that both hyperarousal symptoms ($d = 0.61$) and avoidance symptoms ($d = 0.41$) decreased more in the treatment group than in the control group. There was no significant effect of the

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intervention found for reported levels of behavioral problems and post-traumatic growth. It was found that creative arts psychotherapy interventions reduced hyperarousal and avoidance symptoms, but not for other symptoms. Valuable lessons were learned on the feasibility of implementing creative arts intervention for psychotherapy in a developing context. Quinlan et al. (2015) evaluated a school-based creative arts therapy program for adolescent student refugees. Forty-two students participated in a therapy trial study. Twenty-one of the students were placed in the creative arts group, while 21 students were placed in a control group. The Hopkins Symptoms Checklist-25 (HSCL-25) and the Strengths and Difficulties Questionnaire (SDQ) were used as pretest and post-test instruments in assessing the mental health and behavioral difficulties of students. Findings revealed that the school-based creative arts therapy program has a positive effect on reducing behavioral difficulties and emotional symptoms of adolescent refugee students. Ugurlu et al. (2016) conducted a case study to examine the prevalence of psychological symptoms among 64 Syrian refugee children and assess the effect of an art therapy intervention on post-traumatic stress, depression, and anxiety symptoms. The Stressful Life Events (SLE) Questionnaire was used to measure stressful and traumatic experiences. The main outcome measures were the UCLA PTSD Parent version, and the Child Depression Inventory, and the State-Trait Anxiety Scale. After the assessment, a 5-day art therapy intervention, which is based on Skills for Psychological Recovery, was conducted. Findings of the study indicated that 60.3% ($N = 35$) of Syrian children were found to be at high risk to develop PTSD; 23.4% of the children had PTSD symptoms, while 17.6% of the children showed severe depression symptoms. Moreover, 14.4% of the children showed severe levels of state anxiety symptoms, and 31.1% showed severe levels of trait anxiety symptoms. After the arts-based interventions, findings indicated that trauma, depression, and trait anxiety symptoms of children were significantly reduced at the post-assessment. However, for state anxiety scores, significant differences between pre- and post-assessments did not appear. Therefore, it could be said that art therapy is an effective method in reducing symptoms of PTSD, depression, and trait anxiety among refugee children.

Studies on the efficacy and effectiveness of creative arts interventions, whether qualitative or quantitative, have unanimously found that creative arts interventions are effective in reducing post-traumatic stress disorder, depression, and anxiety. Having known these facts, the researchers decided to adapt this creative arts psychosocial intervention approach in the present study. Further, the researchers used a concurrent triangulation mixed-method to measure the mental health problems of children of the Marawi Siege and the efficacy and effectiveness of CAPI quantitatively and qualitatively.

Arts-Based Research

Three studies expounded on Arts-Based Research (ABR). Pentassuglia and Boylan (2017) explained how ABR, as a research practice, uses artistic processes as

a way of investigation and knowing. Van der Vaart et al. (2018) illustrated how ABR could be useful to researchers who are interested in community resilience. The authors further explained that ABR can generate deep insights in understanding the lived experiences of people who have traumatic experiences and ignite interest among community members to work together and contribute to their community's resilience. Wang et al. (2017) reviewed the literature on ABR. Three major categories for classifying arts-based research were found in the literature: (a) research about art, (b) art as research, and (c) art in research. They further identified five main forms of arts-based research: visual arts, performing art, sound art, literary art, and new media. The authors gave examples of socially engaged research that were found in the literature review to illustrate how different artistic methods were used within the forms identified. This classification framework helps provide researchers and artists a general introduction to ABR have provided valuable insights on how to go about a community-based research project where arts activities are used in the promotion of mental health and on how to spark interest among community members in supporting conflict-affected children, and in working together towards community resilience, in an atmosphere of peace, and understanding among people. We adopted ABR to be the main methodology of this research project for the reasons stated above.

Methodology

This community-based disaster intervention study adopted the following research designs: Arts-Based design, Self Reporting Questionnaire of the World Health Organization, Creative Psychosocial Interventions, and the Interpretative Phenomenological Analysis. The ABR was used as an approach that involves researchers and community members in working together in understanding a problematic situation and change it for the better. The community was involved throughout the research process, from establishing the research questions, data gathering, data analysis, dissemination of findings, and planning for community resilience.

Arts-Based Research Design

In using ABR as a methodology, the researchers involved 20 members of the Marawi community who were survivors of the Marawi Siege to volunteer their services to help their children. They were given stress debriefing with the use of puppetry, and they were trained in the use of creative arts as psychosocial intervention, on how to ask questions, and on how to counsel and comfort the children when they get so emotional. They were free to use their traditional arts and their way of counseling children to make them recover from stress. They used their language (Maranao) in debriefing the children from stress. Some clinicians also volunteered to help facilitate and to provide training to the Maranao facilitators and the researchers. In the use of arts, this research study applied an integrated or intermodal approach wherein children were free to choose two or more art activities

they like, to provide venues for rich and varied responses. The open-ended interview format was used to elicit responses to the core research question. “what are your experiences of the Marawi Siege?” Instead of interviewing the children, with the use of a set of predetermined questions in a top-down approach, the bottom-up approach was used, wherein children were free to talk about anything about their experiences. Follow-up questions were given only when necessary. Multimedia tools were used in recording responses.

Self-Reporting Questionnaire

In assessing the mental health problems of children and, at the same time, determining the efficacy and effectivity of CAPI, the Self Reporting Questionnaire was used as a pretest and post-test. The Self Reporting Questionnaire (SRQ) of Beusenberg et al. (1994) served as a diagnostic criterion in the detection of mental health problems of children in emergencies. The SRQ has been written for health professionals and for those who are conducting research which includes the use of a screening instrument for mental disorders.

Creative Arts Psychosocial Interventions

In addressing the mental health problems of children, the CAPI approach was used. The art forms used were visual arts, music, dance, puppetry, and theatre. On the use of artworks, Malchiodi (2005) explained that therapists do not seek to interpret artworks, but use these art activities to facilitate rapport with their clients and to put them at ease as they try to discover personal meaning and understand their lives. This research study applied an integrated arts, or intermodal approach wherein children were free to choose two or more art activities they like.

Interpretative Phenomenological Analysis

In analyzing the impacts of the siege on the community, the Interpretative Phenomenological Analysis (IPA) of Pietkiewicz and Smith (2014) was used. IPA is an integrative hermeneutic phenomenology that emphasizes the convergence and divergence of experiences. The results of the IPA provided the basis for igniting the community to plan and implement strategies in providing a sustainable, loving, and caring environment for the children and in creating community resilience. Lith et al. (2007), who advocated the developmental approach, stated that most children can cope with the atrocities of war through the support of family and the community without developing psychopathological problems on a large scale.

Research Setting

The setting of this study is a “home-based” evacuation center in Iligan City. The term *home-based* refers to homes of Maranaos living in Iligan City that served as evacuation centers. A vast majority of the 300,000 evacuees coming from Marawi

City and neighboring places in Lanao del Sur evacuated in Iligan City. Maranao homes and public schools served as evacuation centers for these people. Iligan City is a highly urbanized city in Northern Mindanao, Philippines. Iligan City is 34 kilometers from Marawi City.

The Islamic City of Marawi, where the participants of this study come from, is the capital of Lanao del Sur. It is located on the northernmost shores of Lake Lanao. It is bounded to the north by the municipalities of Kapai and Saguiaran, Lanao del Sur; to the south by Lake Lanao; to the east by the Municipalities of Bubong and Ditsaan-Ramain, Lanao del Sur; and to the west by the municipalities of Marantao and Saguiaran, Lanao del Sur. The city of Marawi has a total population of 201,785 (census of 2015) living in a land area of 8,755 hectares (Marawi City-Lanao del Sur, n.d.).

Sampling

The sampling size of the study is 25 children, ages 12 to 16, living in one of the evacuation centers in Iligan City. The sample size is following Creswell's (1998) suggestion for sampling size for phenomenological researches. Coincidentally, 25 happened to be the total number of children ages 12 to 16 living in the chosen site of the study. They were purposively sampled, using the criteria for selection. The inclusion criteria are as follows: children from 12 to 16 years old regardless of sex who were living in "Ground Zero" during the battle of Marawi, and whose homes were either burned down or bombed and are living in the evacuation center chosen as the site of the study. The exclusion criteria are as follows: children who are not from this particular evacuation center chosen for this study and children who are younger than 12 or older than 16. This age group was chosen because they are mature enough to inform the researchers about the data needed for the study.

Data Collection

ABR is a participatory approach involving all stakeholders in the research process. The stakeholders, which include the Maranao community, the local government officials, the academe, partners from national and international organizations, and the researchers participated in drawing out the research questions and in specifying what data were needed to answer these research questions. The data-gatherers were given training by experts coming from the academe and partners. The data-gatherers coming from the Maranao community who were survivors of the siege were given first-hand experiences in creative-arts psychosocial interventions, by letting them undergo the process with experts from the academe and the researchers. After undergoing the art sessions, they saw the necessity of administrating the same to the children participants, and they were enlightened on how to do it.

Data Analysis

In identifying the mental health problems of children, the results from the SRQ were analyzed using descriptive statistics in analyzing and interpreting the results quantitatively. On the other hand, the thematic analysis model of Braun and Clarke (2018) was used in analyzing and interpreting the results qualitatively. Textual data that were recorded in voice recorders were transcribed verbatim, and translated into English, using “meaning translation.” These were read and re-read in identifying themes and sub-themes. To further understand the impact of the siege on the community, the IPA of Smith and Osborn (2012) was used. Results of data based on the responses of children on the different art activities were interpreted and re-interpreted through a two-stage interpretation process (double hermeneutic) wherein the researchers empathized with the children and acted as “insiders’ in understanding what it was like to experience the siege. Findings were disseminated to the entire community for validation, and a consensus judgment among the community and the researchers was arrived at.

Ethical Considerations

Ethical Clearance was obtained from the Ethics Review Committee of Iligan Medical Center College. The participants voluntarily consented to be part of this study by signing the Informed Consent document. The Informed Consent document was translated into the Maranao language, and the community facilitators explained the contents to the children-participants and their parents. They were made to understand that participation was voluntary and that, should they wish to withdraw from participating in the study, they were free to do so. Further, the researchers made them understand that anonymity, data privacy and confidentiality will strictly be observed. The researchers also asked permission from the participants and their parents to allow them to record sessions through tape, videos, and photography. As part of the social responsibility of the researchers and their partners, food, medicine, relief goods, and clothing were given, not only to the children participants but also to all the evacuees living in that particular center. This was sustained for one year. Follow-up care for the children participants was provided.

Researcher’s Reflexivity

We, the researchers of this study, worked as involved investigators. Having been born in Lanao, we know the culture and the language of the place. While it was our first time to engage in creative arts psychosocial interventions for war-affected children, our prior knowledge and experiences on community work, disaster risk reduction management, counseling, and creative arts, and with the help of experts from the community and the academe, plus the readings we got from literature influenced the processes, analyses, and results of this study.

Results and Discussion

The significant findings of this research are presented and discussed in this section. It answered the following questions: (a) What are the mental health problems of conflict-affected children of the Marawi Siege? (b) How did the children respond to creative arts psychosocial interventions in mitigating their mental health problems? (c) What are the impacts of the siege on the community? (d) What is the efficacy and effectiveness of creative arts psychosocial interventions on the children? and (e) What plans does the community have in providing a supportive environment for the children and in promoting community resilience? In answering the first research question on the mental health problems of conflict-affected children of the Marawi Siege, the SRQ 20 of Beusenberget al. (1994) was used. The SRQ-20 is an instrument with 20 items that asked participants about symptoms and problems on mental health that they feel. The instrument was translated to Maranao, and with the help of the Maranao community facilitators, the children were able to answer the Self-Reporting Questionnaire. Below is Table 1 showing the results of the SRQ.

Table 1
Results of the Self-Reporting Questionnaire Used as Pretest

Question	Yes		No	
	No.	%	No.	%
1. Do you often have headaches?	20	80%	5	20%
2. Is your appetite poor?	19	76%	6	24%
3. Do you sleep badly?	21	84%	4	16%
4. Are you easily frightened?	22	88%	3	12%
5. Do your hands shake?	14	56%	11	44%
6. Do you feel nervous, tense, or worried?	22	88%	3	12%
7. Is your digestion poor?	11	44%	14	56%
8. Do you have trouble thinking clearly?	17	68%	8	32%
9. Do you feel unhappy?	18	72%	7	28%
10. Do you cry more than usual?	14	56%	11	44%
11. Do you find it difficult to enjoy your daily activities?	15	60%	10	40%
12. Do you find it difficult to make decisions?	19	76%	6	24%
13. Is your daily work suffering?	12	48%	13	52%
14. Are you unable to play a useful part in life?	11	44%	14	56%
15. Have you lost interest in things?	12	48%	13	52%
16. Do you feel that you are a worthless person?	5	20%	20	80%
17. Has the thought of ending your life been on your mind?	5	20%	20	80%
18. Do you feel tired all the time?	20	80%	5	20%

19. Do you have uncomfortable feelings in your stomach?	12	48%	13	52%
20. Are you easily tired?	21	84%	4	16%

Based on results of the SRQ, it was revealed that out of the 25 participants, 20 to 22 of the conflict-affected children of the Marawi Siege or 80 to 88% of them often had headaches; slept badly; were easily frightened; felt nervous, tense, or worried; and easily get tired; 17 to 19 of them or 72 to 76% felt unhappy, had a poor appetite, and found it difficult to make decisions; 15 of them or 60% found it difficult to enjoy their daily activities; 11 to 12 children or 44 to 48% had poor digestion, found their daily work suffering, had lost interest in things and had uncomfortable feelings in their stomach; and 5 of them or 20% felt that they were worthless persons and had thoughts of ending their lives.

Creative Arts Psychosocial Interventions

In understanding the impact of the siege on the mental health of children, the following art forms were used: visual arts, music, dance, puppetry, and theatre. Integrated art or intermodal approach was used, wherein children were allowed to join more than one art activity of their choice. The outputs of the art activities were not interpreted; instead, the art activities were used to establish rapport and to put the children at ease as they try to understand their experiences of the siege. Data were thematized according to main themes and sub-themes.

Visual Arts. Twelve children joined the visual arts session. The facilitators asked them to draw what happened to them during the siege and to express their thoughts and feelings through visual arts. The children were asked about their drawings and what they meant. Responses were recorded in multimedia devices, transcribed, translated, arranged by themes and sub-themes, coded and marked with letter A (Art participant) followed by a number. Table 2 shows the results for visual arts.

Exemplar. A7 shared his experiences of the siege. Below is part of his story:

I am here hiding in the bushes watching my school burn. It was getting dark, and the bombing got worse, and so I ran home and hid. I did not know what was happening, and so I cried, and my mother comforted me. She told me that it was going to be okay. People were fighting, and we were not part of the conflict. This fighting will soon be over.

Table 2

Visual Arts Themes and Sub-Themes

Main Themes	Significant indicators from visual arts products and narratives (sub-themes)
Terrifying	A1- airstrikes; A2- buildings bombed; A6- shooting each other; A7- Hid in the bushes watching buildings burn
Mental Agony	A3- Scared; A8- Afraid to be hit; A9 Worried about people inside the building; A4- Afraid of terrorists; A11-Sad to watch the school burn; A12- I often cry at night.
Survival episodes	A4- Fled to Saguwaran; A5- Hid under the bed when the bomb exploded; A10- Crossed mountains on foot to escape the siege.

Music. Twelve children joined the music session. The facilitator taught these children the song entitled: “Marawi,” composed by Vehnee Saturno, and sung by Esang de Torres, a 10-year-old girl. This song was popularized on YouTube. The lyrics of the song expressed that war is not the answer to Marawi’s problem. All people, whether Christians or Muslims, are God’s people living under one flag. After singing the song, the facilitator asked the children to share their experiences of the siege, including their thoughts and feelings, following the guide questions: (a) What happened to you and your family during the siege? (b) How would you describe the siege? (c) How did you survive the siege? The responses of children were recorded on multimedia devices, transcribed, translated, arranged by themes and sub-themes, coded and marked with letter M (Music participant) followed by a number. Table 3 shows the themes and sub-themes in Music.

Exemplar. M12 shared her thoughts and feelings:

As I sing the song, “Marawi,” I feel so sad because the siege made us poor. We lost our home and all our properties. My parents suddenly became jobless and I am out of school. We don’t have enough money to buy our basic needs, and we are now living in an overcrowded evacuation center.

Dance. Ten girls joined the dance session. The facilitator asked the children to do any dance moves to release their tensions. Traditional music using the *kolintang* (eight gongs in a row) ensemble accompanied the dances. As soon as the music was played, the children released their tension doing any movement they liked. After some time, when the girls felt relaxed, the facilitator asked them to fall

Table 3

Music Themes and Sub-Themes

Themes	Significant indicators from narratives
Extreme Fear	M1-I fainted when I heard a blast; M2- I saw a militant in a black shirt carrying a black flag; M8- The bombing was scary; M9- My sick father died of fear when the siege was going on.
Sad and Lonely	M3- I am sad because my brother is still missing; M6 I am homesick; M 11-I am lonely;
Fleeing the Siege	M4-We fled to the place of our relatives in Pantar, then we went to Iligan; M5- We evacuated to Baloi, then we went to Iligan; M10 We hid in our home, but we were rescued by the soldiers and brought to Iligan.
Feeling of uncertainty	M8 I don't know what to think; M6- I am worried about what will happen to me; M7-I cannot sleep well, I am afraid to be alone; M12- the Siege made us poor.

in line and imitate the movement of women doing the “royal walk.” This particular movement is known as *ksadoratan*. All the girls imitated the facilitator, moving their hands to and fro as they walked in small, graceful steps. After the dance, the facilitators asked them to share their thoughts and feelings about the siege. The responses of children were recorded in multimedia devices, transcribed, translated, arranged by themes and sub-themes, coded and marked with the letter D (Dance participant), followed by a number. Table 4 shows the themes and sub-themes in dance.

Exemplar. D5 shared her coping behavior as she joined in a dance:

Dancing made me forget my fearful experiences of the siege. I want to be happy because to us Maranaos, dancing is for merry-making. There are many Maranao dances that I am fond of like the singkil and the kasadoratan, but I have not danced for a long time. As I dance the kasadoratan, I dream that I am walking in the streets of Marawi performing a royal walk. I want to be free from sadness. I feel sad and nervous when I think of the war.

Table 4

Dance Themes and Sub-Themes

Themes	Significant Indicators expressed in dance and narratives (subthemes)
Nostalgic feelings	D1- Good to hear the kulintang play; D2 Bonding together in dance feels good; D5- Dancing made me forget my fearful experiences of the siege; D6- I miss our friends and relatives, and our home; D7- I want to go back to Marawi; D10- I miss my schoolmates and my school; D8 -Its good to be alive.
Nervous and Worried	D3-I am worried because our house was burned; D4-I feel nervous every time I see armed men; D9-I tremble with fear when I think of the war in Marawi.

Puppetry. Fifteen children joined puppetry. There were two sessions for puppetry. One session was for puppet-making, and the other session was for a puppet play. During the puppet-making activity, the facilitator asked the children to make puppets out of used stockings and used clothing. They were to portray a character that they have seen during the siege, such as soldiers, terrorist, a close friend, or themselves. Everyone enjoyed making puppets. The second session was to use the puppets to tell stories about the siege. The participants were taught how to make puppets out of old socks, yarn, and old clothing. When everyone finished making their puppets, the facilitators asked them to join in pairs, and converse with each other, using their puppets. They were asked by the facilitator to share their experiences of the siege, their thoughts and feelings about the siege, and their plans for the future with their puppets in monologues and dialogues. The responses of children were coded and marked with the letter P (Puppet participants), followed by a number. Table 5 shows the themes and sub-themes in *puppetry*.

Exemplar. P10 shares her thoughts and feelings while conversing with her puppet in a monologue.

Do you want to go to school? No, I 'don't want to go to school anymore. I don't want to go to school in Iligan. Our school in Marawi is closed because it is dangerous to go back there. I am afraid to go there (sob). The soldiers will not allow us to go back to Marawi. I am tired of living in the evacuation center. I want to play with my classmates there, but our school is no more.

Table 5

Puppetry Themes and Sub-Themes

Main Themes	Significant Indicators expressed in puppet play monologues and dialogues
Extreme fear	P1- the ground shook when Marawi was bombed; P5- I trembled in fear when we were held up by militants at a checkpoint; P6 – airstrikes; P13- No place to hide for safety; P14 - I thought I will die.
Physical agony	P2 – I was extremely hungry and thirsty; P7 - I have a stomach ache all the time; P15- I don't have the appetite to eat; P12- my asthma has gone worse.
Helpless	P3- I feel helpless with no more family to go home to; P4-I cannot sleep; P8- I feel unsafe;
Hopeless	P9- I feel hopeless; P10- I don't want to go to school anymore; P11- I want to die, I am sad and lonely;

Theatre. There were 12 participants in the theatre session. The participants were asked to connect with any object, which was significant to them. The facilitators provided them with some objects they could connect with. Some of these objects were *tubao* (headdress for men), *kombong* (headdress for women), *malong* (tubular skirt), *insi* (flute), *kobing* (jews harp), *babendir* (small drum), *saronay* (percussion instrument), *pansom* (pencil), *karatas* (paper), *tuladan* (picture), and *gita* (toy). The children took hold of the objects of their choice, and they expressed their thoughts and feelings about the impact of the siege in their lives. Some of them chanted, some told their stories orally, and some played musical instruments, some walked around, and some meditated as they hold and look at the objects of their choice. The responses of the children were recorded in multimedia devices, transcribed, translated, arranged by themes and sub-themes, coded and marked with letter T (Theatre participants), followed by a number. Table 6 shows the themes and sub-themes in Theatre.

Exemplar

T12 Longing to be home

This tubao reminds me of my friend and me, walking together with tubao in our heads, and roaming the streets of Marawi. As I hold this tubao (headdress) and wear it on my head, I long to be home. I dream that I am back in our community, playing with all my friends, and enjoying our lives together.

Table 6

Theatre Themes and Sub-Themes

Main Themes	Significant Indicators on Theatre
Physical discomfort	T1-I was sick with asthma while hiding in the basement for seven days; T2- I had skin allergies. T3-I was hungry and thirsty; T7 -I hurt my foot while hiding in the mountains; T9- I had foot sores while hiking to Iligan.
Longing to be home	T4-I long to go back to Marawi with my friends and family; T5 - As I hold this pencil, I long to go back to school; T6- I pray to Allah to stop siege (chant); T10 - I long to pray in the Mosque, and I am proud to be a Muslim; T11-I want my home back; T12 I long to be in our community, where I enjoy playing with friends.

Results of the Interpretative Phenomenological Analysis

The IPA was used to re-interpret the children’s experiences of the siege, and to understand the impact of the siege on various aspects of human experience. They understand the impact of the siege on the community, responses of children were regrouped and re-interpreted. The following impacts emerged:

Psychological impact. Significant indicators taken from responses of children during various activities in visual arts, music, dance/creative movements, puppetry, and theatre revealed that the children felt that the siege was terrifying. They were scared, nervous, afraid, suffered from mental agony, and extreme fear. They were scared of bombs, of being hit by crossfire, and of being separated from their families. They felt nervous when they see armed men around, or when they hear bombs. They were afraid of terrorists or soldiers. They suffered mental agony by worrying about family members who were not yet home during and after the siege. Some of the themes experienced extreme fear by fainting or by having sleepless nights by having feelings of uncertainty for the future. Results of the SRQ revealed that a vast majority of the children often had headaches, slept badly, were easily frightened, felt nervous, tense or worried, and were easily tired; the majority of them felt unhappy, had a poor appetite, and found it difficult to make decisions; they also found it difficult to enjoy their daily activities; less than half of them had poor digestion, found their daily work suffering, had lost interest in things and had uncomfortable feelings in their stomach; and about a fifth of them felt that they were worthless persons, and had thoughts of ending their lives.

Social impact. Significant indicators taken from responses of children during various art activities revealed that during the siege, many children were separated from their families, relatives, friends, and neighbors. Some of them experienced the

loss of family members, relatives, and friends. They worried when they saw their school burned, and they miss their teachers and classmates. Results of the SRQ revealed that some of the children found it difficult to enjoy their daily activities, found their daily work suffering, felt that they were worthless persons, and had thoughts of ending their lives.

Economic impact. The siege reduced Marawi into rubble. The children lost their homes and everything they had. They experienced poverty, hunger, and homelessness. The absence of resources to meet basic needs was among the stressors they suffered from. They did not have money to buy basic needs, and they were constantly hungry and thirsty. They did not have enough clothes to wear.

Health impact. Many of the children suffered from hunger and thirst. Some of them got sick with asthma, colds and skin allergies, headache, and stomach aches. Those among them who hiked from Marawi to Iligan got foot sores, and they suffered from body pains, exhaustion, and body injuries. Results of the SRQ revealed that all the children or 100% of them suffered from mental health problems.

Educational impact. All of the children have not returned to school, and many of them lost interest in going back to school. Their schools were either burned or bombed, and the children were displaced. They did not like to go to school in Iligan, because they felt that they don't belong.

Security impact. The children were exposed to all kinds of danger, such as violence, abuse, and being recruited as child soldiers. They felt so helpless and frightened. They did not feel safe in the evacuation Center, because they did not have privacy. They were sleeping in temporary shelters. Results of the SRQ revealed that the children had feelings of insecurity. They slept badly, were easily frightened, felt nervous, tense, or worried. Some of them had thoughts of ending their lives.

Cultural impact. The Marawi Siege greatly affected the social organization, economy, arts, and social institutions of the Maranao. They were displaced when the siege turned their city into rubble. Their mosques, ancestral homes, and cultural libraries were lost to the siege. Their art products such as heirlooms, musical instruments, brassware, earthen jars, woven clothing, and *darangan* epic scripts were gone. During the art sessions, the children had nostalgic feelings. They wanted to go back to their homeland, and they dream of living in a peaceful, beautiful place where people understand each other. They missed their families, relatives, friends, and neighbors, and they wanted to bond together with the people who used to live in Marawi. They wanted to go back to school there and be with their classmates and their teachers. They wanted to worship in the mosques. They wanted to sing their songs, play their musical instruments, dance their traditional dances, and create art products.

Effect of Creative Arts Psychosocial Intervention

To find out the effect of the creative arts psychosocial interventions on the children, the SRQ was administered again as a post-test. The same questions were asked for consistency to show the difference in the mental state of the participants before and after the arts interventions were given. The results of the post-test are shown in Table 7 below.

Results of the SRQ post-test revealed that six of the conflict-affected children of the Marawi Siege (24%) found it difficult to make decisions; five of the children (20%) were easily frightened, felt nervous, tense, or worried; three of the children

Table 7
Results of the Self-Reporting Questionnaire Used as Post-Test

Question	Yes		No	
	No.	%	No.	%
1. Do you often have headaches?	2	8%	23	92%
2. Is your appetite poor?	2	8%	23	92%
3. Do you sleep badly?	2	8%	23	92%
4. Are you easily frightened?	5	20%	20	80%
5. Do your hands shake?	1	4%	24	96%
6. Do you feel nervous, tense, or worried?	5	20%	20	80%
7. Is your digestion poor?	1	4%	24	96%
8. Do you have trouble thinking clearly?	3	12%	22	88%
9. Do you feel unhappy?	1	4%	24	96%
10. Do you cry more than usual?	0	0%	25	100%
11. Do you find it difficult to enjoy your daily activities?	1	4%	24	96%
12. Do you find it difficult to make decisions?	6	24%	19	76%
13. Is your daily work suffering?	0	0%	25	100%
14. Are you unable to play a useful part in life?	0	0%	25	100%
15. Have you lost interest in things?	0	0%	25	100%
16. Do you feel that you are a worthless person?	0	0%	25	100%
17. Has the thought of ending your life been on your mind?	0	0%	25	100%
18. Do you feel tired all the time?	2	8%	23	92%
19. Do you have uncomfortable feelings in your stomach?	1	4%	24	96%
20. Are you easily tired?	2	8%	23	92%

(12%) had trouble thinking clearly; two of the children (8%) often had headaches, had a poor appetite, slept badly, felt tired all the time, and were easily tired; one of the children (4%) found his or her hand shaking, had poor digestion, felt unhappy, found it difficult to enjoy his or her daily activities, and had uncomfortable feelings in his/her stomach. It was revealed that none of the children (0%) cried more than usual, found their daily work suffering, unable to play a useful part in life, lost interest in things, felt that he/she was a worthless person, and had thought of ending his/her life.

The four-factor structure of the SRQ was used to show the result of the intervention. The four-factor structure was as follows, Factor I—Decreased Energy, Factor II—Somatic Symptoms, Factor III—Depressive Mood, Factor IV—Depressive Thoughts. Table 8 shows the results of the four-factor structure test.

Table 8

Results of the Four Factor Structure of the SRQ-20

FOUR FACTOR STRUCTURE

Item No.	Item	Percentage	
		Pretest	Post-test
Factor I – Decreased Energy			
20	Are you easily tired?	84%	8%
18	Do you feel tired all the time?	80%	8%
12	Do you find it difficult to make decisions?	76%	24%
13	Is your daily work suffering?	48%	0%
8	Do you have trouble thinking clearly?	68%	12%
11	Do you find it difficult to enjoy your daily activities?	60%	4%
AVERAGE		69.33%	9.33%
Factor II – Somatic Symptoms			
19	Do you have uncomfortable feelings in your stomach?	48%	4%
7	Is your digestion poor?	44%	4%
2	Is your appetite poor?	76%	8%
1	Do you often have headaches?	80%	8%
AVERAGE		62%	6%
Factor III – Depressive Mood			
10	Do you cry more than usual?	56%	0%

9	Do you feel unhappy?	72%	4%
6	Do you feel nervous, tense, or worried?	88%	20%
AVERAGE		72%	8%
Factor IV – Depressive Thoughts			
16	Do you feel that you are a worthless person?	20%	0%
14	Are you unable to play a useful part in life?	44%	0%
17	Has the thought of ending your life been on your mind?	20%	0%
15	Have you lost interest in things?	48%	0%
AVERAGE		33%	0%

Results showed a great difference between the mental state of the respondents before and after the arts-based interventions were given. Factor I showed that 69.33% of the participants suffered from *decreased energy* before the intervention was given. After the intervention was given, only 9.33% of the participants remained with *decreased energy*. Factor II showed that 62% of the participants suffered from somatic symptoms before the intervention was given. After the intervention, only 6% of the participants remained with somatic symptoms, showing a difference of 56%. Factor III showed that 72% of the participants experienced a *depressive mood* before the intervention was given. After the intervention, only 8% of the participants remained with a *depressive mood*, showing a difference of 64%. Factor IV showed that 33% of the participants experienced *depressive thoughts* before the intervention was given. After the intervention, no one among them was found to have *depressive thoughts*. Table 4 shows the results of the four-factor structure of the SRQ.

Based on the results of the four-factor structure of SRQ 20, it can be seen that CAPI has greatly reduced the physical symptoms of the trauma of the children participants. The children who have not yet recovered from trauma were referred to, counselors and psychiatrists. Because this is a developmental study, the parents were asked to support their children, by providing them with love and care. Through parental and community support, it is believed that all these children will fully recover in time.

Crafting a Community Resilience Plan

Realizing the gravity of the impacts of the siege that emerged from the responses of their children, the community committed to sustaining their children’s recovery from trauma through a supportive community, and for them to rise up from the rubble and start a new way of life of peace and development. They organized themselves into *Lombay Ka Marawi* meaning, *Rise up Marawi*, and crafted a long-range developmental peace-building and resiliency plan with the vision stated below:

Marawi, an Islamic City, where Islam is a way of life, where every child grows up to be peace-loving, where every

community member provides a loving and caring community for the children, and where everyone actively participates in peace-building and in deterring violent extremism.

Conclusion

This community-based disaster intervention study aimed at addressing the mental health problems of conflict-affected children of the Marawi Siege. The siege was a five-month-long battle between forces of the Philippine government and ISIS-affiliated groups that reduced the city into rubble. Creative arts psychosocial interventions (CAPI) was administered to 25 children ages 12-16, who stayed at one evacuation center in Iligan City. Qualitative and quantitative findings, both confirmed that the children suffered from mental health problems and that through creative arts psychosocial interventions, the harmful effects of the siege on the mental health of children was greatly reduced. The psychological, social, economic, health, education, security, and cultural impacts of the siege that were identified through interpretative phenomenological analysis (IPA) moved the community to “rise from the rubble” by working collectively for the promotion of mental health, community resilience, and peace and development. In summary, the researchers conclude that creative arts psychosocial interventions are highly useful in reducing mental health problems of children.

Recommendations

This study found that creative arts psychosocial interventions (CAPI) as an approach to stress debriefing can be highly useful in reducing mental health problems; therefore, the authors recommend its use. To promote community resilience among the people of Marawi, and mental health among the people of Mindanao, the authors further recommend the following: (a) active involvement of the people of Mindanao in peace-building and reconciliation and in deterring violent extremism; and (b) the development of a sustainable strategy in the promotion of mental health among children. It is further recommended that more researches on CAPI, peace and sustainable development, the promotion of mental health among people in armed-conflict zones, and deterring violent extremism be pursued.

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