



**MENTAL HEALTH PSYCHOSOCIAL
AND CHILD PROTECTION FOR SYRIAN
ADOLESCENT REFUGEES
IN JORDAN**





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DECEMBER 2014 REPORT

Table of Contents

1. ACRONYMS

2. EXECUTIVE SUMMARY

3. INTRODUCTION

3.1 Background

3.2 Past MHPSS Assessments and Concerns for MHPSS in the Non-camp setting

4. GOALS

5. METHODS

5.1 Target population

5.2 Information sources

5.3 Timeline

5.4 Methodology

5.5 Assessment Tools

5.6 Procedures

5.7 Data analysis

6. RESULTS

6.1 Participants

6.2 Locally defined mental health problems

6.3 Strengths and difficulties of adolescents

6.4 Resilience and protective factors

6.5 Coping strategies by adolescents

6.6 Sources of distress and at-risk adolescents

6.7 Problems and challenges among displaced Syrian adolescents

6.8 MHPSS and protection focused problems

6.9 Adolescent protection: perceived safety

6.10 Discrimination: Adolescent and parent perspectives

6.11 Suggestions for interventions/actions to increase safety in camp

7. RESULTS

7.1 Limitations

7.2 Recommendations

Mental health

a. Mental health difficulties

b. Top mental health and psychosocial concerns for adolescents

c. Resilience and protective supports

Psychosocial

a. Non-camp settings

b. School concerns

c. Family concerns

d. Humanitarian aid in non-camp settings

Protection

a- Identification of at-risk adolescents and parents

b- Perceived safety of adolescents and parents

c- General discrimination in the non-camp setting

d- Discrimination and violence during school

6.3 Conclusions

APPENDIX: Assessment Tools



ACRONYMS

1. ACRONYMS

CBO	Community based organization
DSM	Diagnostic and Statistical Manual
IASC	International Standing Committee Agency
IMC	International Medical Corps
MHPSS	Mental health and psychosocial support
NGO	Non-governmental organization
SPSS	IBM SPSS Statistical Software
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

2. EXECUTIVE SUMMARY

The conflict in Syria has resulted in over 2,975,448 Syrians, including 1.1 million Syrian children, registered with the United Nations High Commissioner for Refugees (UNHCR)¹. This has left neighboring countries, like Jordan, the task of assisting these vulnerable groups. Jordan is one of the largest recipients of displaced Syrians, with more than 600,000 Syrian refugees representing roughly 10% of the Jordanian population. There are two main refugee camps in Jordan (Za'atari and Azraq) which have been constructed to manage the overwhelming influx of Syrians into Jordan.

As the number of Syrians in Jordan has steadily increased over the last three years, tensions between the Syrian refugee and Jordanian communities have emerged, particularly among adults who are struggling with limited resources to manage the increase in housing rents coupled with a lack of income driven opportunities².

However, few studies have examined the experience of adolescent Syrian refugees in Jordan. As of August 2014, about 52% of the Syrian population in Jordan is aged 0-17 years old, with about 14% between 12-17 years old, making Syrian adolescents a significant demographic group parwithin the community³.

A study from July 2013 on the mental health and psychosocial strengths and challenges of Syrian refugee adolescents living in the Za'atari refugee camp showed adolescents struggled with grief, fear, and sadness, in addition to witnessed and perceived violence within the camp⁴. Displacement and abrupt changes in family, school, and lifestyle are major reasons for adolescents having to cope with stressful environments.

In order to ensure effective and appropriate interventions, International Medical Corps (IMC), with support from UNICEF, undertook detailed studies to understand the mental health and psychosocial (MHPSS) needs of Syrian refugee adolescents both in the camp and non-camp communities

in Jordan. The purpose of the assessment is to assist in informing services that optimally encourage adolescent development, safety, and well-being. This report calls critical attention to Syrian adolescents' mental health and psychosocial priorities, as identified by adolescents themselves.

This report provides an overview of the study, which used mixed qualitative and quantitative methods with 2,028 Syrian adolescent refugees in five areas (Irbid, Mafrqa, Ramtha, Za'atari, and Zarqa). Additional data was collected to better understand adolescent experiences from more comprehensive secondary sources. These included key informant interviews from non-camp settings with service providers in the areas of mental health, protection, and education; 16 focus groups with Syrian mothers and fathers, and Jordanian mothers and fathers; and 505 individual interviews with Syrian parents.

Services in 2012 initially targeted the Za'atari refugee camp, since the camp was the primary site of arrival for most. One year later, when comparing the 402 adolescents in Za'atari of this current study to the 255 adolescents from the July 2013 study in Za'atari, shows that adolescents now living in Za'atari are less depressed, shouldering less grief and fear, but exhibiting more tension and nervousness. Adolescents in Za'atari feel their parents can take care of children more, get along and can care for themselves better. Moreover, they now feel more supported by siblings and friends. They report feeling more at ease knowing their neighbors, having access to various types of support, and feel freer to leave their homes, than adolescents in non-camp settings.

Syrian adolescent refugees who have left Za'atari Camp to live and be integrated into the non-camp community are experiencing more emotional stress. Mental health findings reveal that Syrian refugee adolescents living in non-camp settings have more emotional distress, feel less supported, less safe, and have more perceived discrimination when compared to Za'atari refugee camp

¹ UNHCR, Syrian Regional Refugee Response. Inter-agency Information Sharing Portal. Available online at: <http://data.unhcr.org/syrianrefugees/regional.php>

² Mercy Corps. Mapping of host community-refugee tensions in Mafrqa and Ramtha, Jordan. May 2013.

³ UNHCR, Registered Syrians in Jordan. 19 Aug 2014. Available online at: <http://data.unhcr.org/syrianrefugees/country.php?id=107>

⁴ IMC, UNICEF. Mental health/psychosocial and child protection assessment for Syrian adolescents refugees in Za'atari refugee camp, Jordan. July 2013. Available online at: [http://reliefweb.int/sites/reliefweb.int/files/resources/IMC%20MHPSS%20and%20CP%20Assessment%20Za'atari%20July%202013%20final%20\(1\).pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/IMC%20MHPSS%20and%20CP%20Assessment%20Za'atari%20July%202013%20final%20(1).pdf)

adolescents. They are also more scared to walk alone and to be away from parents.

Syrian adolescents' main concerns which often triggered mental health or psychosocial disorders were:

1. Feelings of loss and longing for their homes (in Syria)
2. Perceptions of being discriminated against by host populations
3. Cases of bullying and intimidation
4. Anger
5. Nightmares
6. Victims of child abuse, or witnessing child abuse
7. Constant worry and nervousness.

Some used positive coping strategies to manage with these concerns, such as seeking companionship/resources and distraction (listening to music, drawing). Other employed less positive techniques and adopted withdrawal and isolation. Many Syrian adolescents report not wanting to disclose emotional difficulties to their parents, so as not to overburden them, leaving these adolescents with limited emotional support.

Syrian families are reported to have endured multiple stresses since coming to Jordan. Adolescents report concerns with financial stress and the effects on their families, stating parents are hitting their children more, and noting an increase in domestic abuse. Some of these violent reactions are the result of rising tensions regarding the lack of livelihood opportunities and income, triggering abuse in the family.

Syrian female adolescents showed particular needs, with more emotional distress (depressed, tense, nervous, grieving, fear) than Syrian male adolescents, who reflect

more difficulties. Females also feel less safe away from their parents, and are more scared of being abducted or walking alone than males. Male adolescents reported more cases of physical abuse and bullying. Female adolescents often feel that they are not as free as male adolescents, to leave the house; therefore they feel more isolated and confined.

War-related concerns (fear of airplanes, bombs, sadness about family in Syria, nightmares, fears of war) and education concerns were listed as high priorities. In addition to these mental health and safety concerns, Syrian adolescent refugees report their number one problem in life was "poor treatment from Jordanians". The primary concerns of harassment and discrimination were reported overwhelmingly by Syrian adolescents in non-camp settings. From verbal harassment (insults about being Syrian or being a refugee) to physical abuse (threatened with knives, headscarves torn off), Syrian adolescent refugees in non-camp settings did not feel safe or welcome, particularly in school settings. Syrian adolescent boys report feeling as though they were treated with less respect, and thought others believe they are dishonest. The apparent peak time for harassment occurs during the transition periods in school, when the Jordanian adolescents leave in the morning and the Syrian adolescents arrive for the afternoon session. Syrian parents confirm that discrimination is a problem for their children, and some report feeling unfairly treated.

Growing tensions between Syrian refugee and Jordanian adolescents is shown to be a priority, impeding the mental health and well-being of Syrian adolescent refugees.

This report hopes to highlight Syrian adolescent concerns, and express alternatives & solutions in providing a safe community to live and an optimal school environment where learning and positive social interactions can take place.



INTRODUCTION

3. INTRODUCTION

3.1 Background

On 4 May 2014, UNHCR “recognized Syria as the largest crisis of “forcible displacement in the world.” As of September 2014, there were a total of 618,000 active registered Syrians in Jordan (out of a population of about six million). The majority of Syrian refugees, roughly 84%, live in or around urban areas while the rest are situated in camps in the North of Jordan⁵.

Approximately 28% of registered Syrian refugees live in Amman, 23% in Irbid, 14% in refugee camps, 12% in Mafrqa, 9% in Zarqa. There are around 19 humanitarian organizations working to provide MHPSS for Syrian refugees in Jordan non-camp setting⁶ Of the total 319,000 Syrians refugee adolescents under 18 years of age in Jordan, approximately 14% are aged 12-17 years old⁷.

The stress of displacement from livelihoods, family, social support structures, and abrupt changes in jobs can create immense tension that has potential to overwhelm one’s normal coping ability. The circumstances under which adolescents have to leave their home country cause major disruptions in daily life during a time when they are developmentally forming their identities and roles in their families and communities. Moreover, some adolescents may have witnessed or experienced traumas associated with conflicts in their home country. The crisis in Syria has reported to be different than other humanitarian crises, as it appears to be running a chronic course with no immediate end in sight, making this a protracted development crisis for adolescents.⁸

3.2 Past MHPSS assessments and protection concerns in non-camp settings

Media coverage focused on Jordan’s

refugee camps during the early years of the conflict, with multiple agencies providing assessments on those in refugee camps with more accessible program implementation amongst a concentrated refugee population⁹. However by late 2013, about four out of five Syrian refugees in Jordan were living in the non-camp setting¹⁰ and a shift occurred in the humanitarian response towards addressing needs of Syrians in non-camp settings¹¹. A study evaluating the effect of the Syrian refugee crisis on Jordanian communities in January 2014 found tensions due to competition for income, struggles to find housing, and educational concerns of access and quality¹² as well as water. Mafrqa and Ramtha have had high host-refugee tensions reported¹³. The causes of tension were reportedly issues prior to the Syrian conflict, and were considered part of wider structural problems in Jordan, such as the economy of the Jordanian non-camp setting prior to the crisis and pre-war relations between Syrians and Jordanians.

Past assessments of Syrian youth show the vulnerabilities of refugee children and adolescents living in Jordan. In June 2013, a UNICEF report on Syrian women and children in Jordan found that boys, girls, and women were struggling with anxiety, aggression, depression, and stress¹⁴. In July 2013, IMC (supported by UNICEF), conducted a mental health/psychosocial and child protection assessment for Syrian adolescent refugees living in the Za’atari camp. Adolescents’ main MHPSS concerns were: feeling sad, fear of attack in the camp, worries, family violence, witnessing child abuse, and managing their own aggression, with grief, fear, and poor family relations being primary concerns. Many stressors during that time (July 2013) were byproducts of the camp’s organization.

With the growing population of Syrian refugees living in non-camp communities

⁵ Associated Press. Syrian civil war death toll rises to more than 191,300, according to UN. The Guardian, 22 Aug 2014. Available at: <http://www.theguardian.com/world/2014/aug/22/syria-civil-war-death-toll-191300-un>

⁶ “Registered Refugees in Jordan.” Syria Regional Refugee Response – Inter-Agency Portal.UNHCR, 12 July 2014.

⁷ UNHCR, Syrian Refugee Response. Jordan Interagency Update 27Apr- 10 May 2014

⁸ Mercy Corps. Charting a new course: re-thinking the Syrian refugee response. December 2013

⁹ UNHCR, UNFPA, IMC-Jordan. Population-based health access assessment for Syrian refugees in non-camp settings throughout Jordan: with sub-investigation on non-communicable disease management. A qualitative cross-sectional cluster survey.

¹⁰ United Nations’ High Commissioner for Refugees, and International Relief and Development.Syrian Refugees Living Outside of Camps in Jordan: Home Visit Data Findings, 2013, <http://reliefweb.int/report/jordan/syrian-refugees-living-outside-camps-jordan>.

¹¹ British Embassy Amman, UNHCR, UNICEF. Evaluating the effect of the Syrian refugee crisis on stability and resilience in Jordanian host communities: Preliminary impact assessment. Jan 2014.

¹² REACH. Evaluating the effect of the Syrian refugee crisis on stability and resilience in Jordanian host communities: Preliminary impact assessment. Jan 2014.

¹³

¹⁴ Shattered Lives: Challenges and Priorities of Syrian Children and Women in Jordan. UNICEF, Amman, Jordan, June 2013.

in Jordan, documented tensions between Syrian refugees and Jordanian citizens, and reported mental health struggles that Syrian children refugees face, IMC sought to evaluate the mental health and protection

concerns of Syrian refugee adolescents in non-camp communities. Assessments thus far have not focused on the host-refugee non-camp setting as it pertains to the adolescent population.

4. GOALS OF THIS REPORT

1. To ascertain the scope and prevalence of violence experienced by Syrian adolescents in Jordan
2. To gain an understanding of the perceived discrimination felt by Syrian refugees in Jordan through the perspectives of adolescents and their parents
3. To assess mental health and psychosocial needs of Syrian refugee adolescents in camp and non-camp settings
4. To gain an understanding of current coping strategies, resilience traits and protective strategies that adolescents adopt, to inform MHPSS interventions

This assessment focused on identifying

MHPSS strengths and difficulties, in addition to addressing adolescent-focused protection interventions and violence prevention with the integration of refugees in the non-camp setting, and concludes with inter-sectoral recommendations based on the findings. Strengths such as current coping strategies and resilient traits are also assessed, to build upon naturally occurring strengths that adolescents can use during times of distress. This information is intended to guide mental health, psychosocial, and adolescent protection activities implemented by IMC or other humanitarian actors responding to the needs and resources of Syrian adolescent refugees and their parents, consistent with best guidelines and participatory approaches.



METHODS

5. METHODS

5.1. Target population

The population of interest for this assessment consisted of displaced Syrian adolescent boys and girls, aged 12-17 years old in five sites, chosen due to the high concentration of Syrian refugees: Irbid, Mafraq, Ramtha, Zarqa, and Za'atari. Since more than 50% of the population of Ramtha consists of Syrian refugees, it was considered a separate, unique site from Irbid. To provide triangulation of data for validity, Syrian and Jordanian parents and adolescents were also interviewed in focus groups, and key informant interviews were conducted with workers from mental health, protection, and education sectors.

5.2. Information sources

In order to ascertain the most critical mental health and psychosocial (MHPSS) needs of Syrian adolescents in the

non-camp and refugee camp settings, the IMC implemented an MHPSS assessment comprising of:

Desk Review of Available Documents

A desk review of available documents, reports, assessments, and studies from different implementing agencies (including UN site reports, past IMC assessments, and others), has been on-going. The most relevant and recent data was included in this assessment.

Coordinated Information sharing

In July 2013, the IMC completed a MHPSS and protection assessment for adolescent refugees in the Za'atari camp¹⁵. The IMC also coordinates closely with UNHCR, UNICEF, members of the MHPSS Working Group, and Child Protection and GBV Working Groups. Current organizations providing MHPSS and protection support specific to adolescents in the non--camp setting are listed in the table below.

Table 5.2. Organizations providing MHPSS and protection support for Syrian adolescents¹⁶

Sector	Organization
Mental health and Psychosocial Support	CVT (Center for Victims of Torture)
	IMC (International Medical Corps)
	JRS (Jordan Relief Services)
	NHF (Noor Al Hussein Foundation)
Child Protection	FCA (Finn Church Aid)
	IFH/NHF (Institute for Family Health/NHF)
	IMC (International Medical Corps)
	IRC (International Rescue Committee)
	IRD (International Relief and Development)
	Mercy Corps
	NHF (Nour al Hussein Foundation)
	JWU (Jordanian Women's Union)
	SCI (Save the Children)
	SCJ (Save the Children)
	UPP (Un Ponte Per)
	HI (Handicap International)
	TdH (Terre des Hommes- Lausanne)
	UNFPA (United Nations Population Fund)
UNHCR (UN High Commissioner for Refugees)	
UNICEF (United Nations Children's Fund)	

¹⁵

¹⁶ Syria Regional Refugee Response – Inter-Agency Portal.UNHCR, 3 Aug 2014. Available online at: <http://data.unhcr.org/syrianrefugees/country.php?id=107>

5.3. Methodology

Site Visits and Key Informant Interviews
<ul style="list-style-type: none"> • Non-camp setting members • Mental health sector • Education sector • Protection planning staff
Focus Group Discussions
<ul style="list-style-type: none"> • Syrian parents in non-camp settings • Jordanian parents • Syrian adolescents in non-camp settings aged 12-17 years old • Jordanian adolescents aged 12-17 years old
Individual interviews
<ul style="list-style-type: none"> • Adolescents aged 12-17 years old • Parents of adolescents aged 12-17 years old

Qualitative Semi-Structured Key Informant Interviews

Snowball sampling was used for inter-sectoral key informant interviews (N=10). Interviews were held by one or two staff members from various sectors who provide services and activities in the non-camp setting. The interview used WHO Toolkit #11 to identify the sources of distress and high-risk groups (refer to Appendix for assessment instruments). All instruments were pilot tested and used previously in a similar setting (July 2013) in Za’atari. Instruments were translated and back-translated in Arabic by the local IMC mental health team.

Adolescents and Parent Focus Groups from Non-camp settings

Convenience sampling was used for adolescents and parent focus groups from the non-camp setting. Jordanian parents, Syrian parents, Jordanian adolescents, and Syrian adolescents, were divided by gender, to discuss MHPSS and the protection needs, concerns, and resilience factors. Each IMC site was responsible for choosing participants from the IMC services, who were willing to join in the focus groups discussions. There was no discrimination in choosing participants – any participant willing to engage in the focus groups was welcomed to join. Parents were allowed to participate if they have an adolescent offspring. Adolescents subjects were allowed to participate in the assessment regardless if

their parent participated or not. Siblings were allowed to join in focus groups discussions. Focus groups discussions were only held in non-camp settings as the discussions were around perceived discrimination. Though residents of Za’atari camp may perceive discrimination, the sample size was not large enough to make meaningful comparisons, and the focus was on the adolescent experience in non-camp settings.

Adolescents and Parents Individual Interviews

Convenience sampling was used for qualitative and quantitative individual interviews with adolescents and parents in the non-camp setting, schools, and IMC clinic. Syrian adolescents and parents had individual qualitative and quantitative interviews to assess the mental health, coping, perceived support, safety, and discrimination. Interviews also used the WHO Toolkit #10 to identify the mental health problems and coping mechanisms among adolescents (refer to Appendix for assessment instruments).

Ethical Considerations

The entire assessment, from design, data collection, analysis and feedback, used input from the local IMC Jordanian staff and Syrian volunteers. All interviewers were trained on ethical codes of conduct for research, and any adolescents found to have serious mental health or protection needs were referred to IMC for follow up.

5.4 Timeline

The MPHSS and protection assessment took place between 25 May and 31 July 2014. The assessment design was finalized by June and the activity's logistics were arranged. IMC's data collection team received a two-day training on the interview skills, ethics, and tool administration. This assessment was similar to the previous one that was done in May 2013 for Za'atari. The IMC assessment team conducted interviews in five sites from 25 May to 7 June 2014. Focus groups discussions and key informant interviews were held for triangulation of data. Each site comprised of approximately 5-8 pairs of interviewers (a Jordanian case worker and Syrian volunteer). Details are below in the procedures section. Transcription, translation, and analysis began immediately, thus due to the large sample size of qualitative data, it took approximately one month to complete (in early July 2014). The data analysis and coding took approximately two weeks (in mid-July 2014), and writing the report took another two weeks (in early August 2014). Feedback and review required an additional two months.

5.5. Assessment Tools

All surveys were reviewed by the mental health team at the IMC for face validity. The instruments were pre-tested for three days and focus group discussions were held to ensure face validity. These tools were used for the prior MPHSS and protection assessment of adolescents in the Za'atari refugee camp.

Tools 10 and 11 were used from the WHO "Assessing mental health and psychosocial needs and resources: Toolkit for Major Humanitarian Crises" (2012)¹⁷. Both tools were modified according to this specific context through pilot-testing, and based on prior literature and assessment reviews. Tool 10 was used for individual adolescent interviews, and was modified to include additional questions (developed from focus groups). All tools were pilot tested and used in a prior study on Syrian adolescent refugees

in Za'atari. Reliability was shown through Cronbach's alpha, with >0.9 excellent, 0.7-0.9 good, 0.6-0.7 acceptable, and 0.5-0.6 poor. Additional questions used a 5-point scale on:

- **Perceived Safety** (15 items, total of 30 or above were feeling a lot or always safe), reliability score of 0.715.
- **Perceived Support** (6 items, total of 18 or above were feeling a lot or always safe), reliability score of 0.796.
- **Perceived Resilience** (7 items, total of above 21 were feeling a lot or always resilient traits), reliability score of 0.631.
- **Local Mental Health Syndromes** (*ekte'ab, tawattor, asabi, mashkalji, hozzon, and khof*)¹⁹. Additional questions were included: "What ideas do you have to increase the safety of the non-camp setting" and "If you could have any three wishes, what would they be?" reliability of 0.659.
- **Tool 11** was used for key informant interviews to identify sources of distress and at-risk groups. Additional questions were asked on how to improve the safety of the non-camp setting.
- **Discrimination Scale** of the National Latino & Asian American Study (NLAAS)¹⁸ (12 items, with a 6-point Likert scale, from 1- almost everyday to 6 – never). Our sample had an excellent reliability alpha of 0.968.

Since many surveys have not been validated in this context, using measures that are structured around the Diagnostic and Statistical Manual (DSM) may not be appropriate. In order to gain a more in-depth dimensional assessment of the strengths and difficulties of adolescents, the Strengths and Difficulties (SDQ) questionnaire was given to adolescents aged 12-17 years old. The SDQ is a brief behavioral screening questionnaire that has been translated in a range of languages

¹⁷ WHO TOOLKIT In: Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Crises. Geneva: WHO, 2011.

¹⁸ Refer to the Appendix for Tool #10 Interview with Adolescents for details.

¹⁹ Heeringa, S., Wagner, J., Torres, M., Duan, N., Adams, T., & Berglund, P. (2004). Sample designs and sampling methods for the Collaborative Psychiatric Epidemiology Studies (CPES) International Journal of Methods in Psychiatric Research, 13(4), 221-240.

and found to have reliable cross-cultural psychometric properties²¹. There are five subscales; each with five items covering four problem areas (emotional, conduct, hyperactivity, and peer problems) and a fifth subscale of positive pro-social behavior. The reliability was 0.659.

5.6. Procedures

Individual Syrian adolescent and parent interviews were conducted by an IMC-led team, and each location had approximately five teams. Participants were selected through convenience sampling in each location. All instruments and interviews were conducted by a Jordanian case worker from the IMC and a Syrian refugee volunteer in the local language. At the end of the day, all teams re-grouped to discuss findings and any logistical or methodological concerns. The external consultant conducted key informant interviews and focus groups with an IMC Jordanian case worker/translator. There was frequent contact with the external consultant to monitor quality of the research.

5.7. Data analysis

Data was entered into Microsoft Excel software. Qualitative data underwent thematic analysis, and quantitative data was analyzed in SPSS software using descriptive statistics, alpha reliability calculations, and independent sample t-tests to compare girls versus boys, and non-camp versus camp settings. Findings between Syrian adolescents currently living in Za'atari were compared with the results from the July 2013 assessment.

5.8. Limitations

This assessment has some limitations to be taken into consideration when reviewing

the results and recommendations:

- **Limitations of tools:** The tools selected for this assessment from the WHO/UNHCR 2012 MHPSS toolkit were designed to obtain focused, rapid information with participants; thereby preventing longer in-depth interviews on needs and resources. However, teams were encouraged to note observations. There are few tools validated for this context and culture, so we adapted them when needed. Tools had moderate to high reliability in our sample. We also triangulated data with qualitative interviews and focus groups.
- **Participant sampling:** The sampling methodology used snowball sampling (key informant interviews), convenience sampling (focus groups and individual interviews). This could result in under-representing participants who were not present or available during that particular day.
- **Participant interviews:** Securing private space for interviews was quite difficult due to Syrian adolescents who wanted to avoid being labeled as a refugee participating in a study, which raised security implications. At times, adolescents or parents were interviewed with another person observing. This could have resulted in reporter error, though triangulation of the data was used for cross-comparison.
- **Sample of Jordanians:** For purposes of triangulation of data, Jordanian parents and adolescents were recruited to participate in focus groups. However, we had great difficulty in securing enough numbers of Jordanians who were interested in participating. Therefore qualitative remarks by Jordanians are based on a very limited random sample from the five sites, and may not be generalizable as to the Jordanian population at-large.

²⁰ Achenbach et al., (2008). Strengths and Difficulties Questionnaire. Available in Arabic at: <http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Arabic>. Last accessed on August 7, 2013.



RESULTS

6. RESULTS

6.1. Participants

Our sample of 2,028 adolescents in the non-camp and camp settings had an average age of 14 years, with a near even split between males and females. Participants were evenly sampled from each of the five locations. Similar to other reports, about 61% of our sample was originally from Dara'a, 19% from Homs, and 11% from Damascus. The majority

(75%) initially lived in Za'atari refugee camp, and participants spent an average of 14 months living in the Jordanian non-camp setting. Most adolescents were in school (75%), with the highest grade obtained being 7th grade. Of the adolescents' parents, the most was living together (74%), though many were widowed (14%) or physically separated from their partners (12%). Approximately 35% of our adolescents' sample lived in female-headed households.

MENTAL HEALTH

6.2. Locally defined mental health problems

To identify culturally appropriate mental health symptoms for Syrian adolescent refugees, a survey was developed during a prior assessment using free-listing and focus groups. The survey inquired, “How often do you feel [local mental health syndrome].” Responses were ranked on a 5-point scale (0 never, 4 always)²². Female adolescents showed more emotional distress (“depression, tense, nervous, grieve, and fear”) than males, who showed more

“trouble making” behaviors (as explained in the below table). When comparing Syrian adolescents refugees in the non-camp setting versus those in Za’atari, adolescents in the non-camp setting reported more emotional difficulties, except for “trouble making” difficulties, which were higher in the refugee camp. When comparing these 402 Za’atari adolescents to the 255 Za’atari adolescents from the July 2013 study, one year later, Za’atari adolescents are less depressed, more tense, more nervous, more “trouble making”, but have less grief and fear.

Table 6.2. Local terms for displaced Syrian adolescents

Local term	Description	Male N=948	Female N=1080
Ekte’ab	Depression: sad, cries, no friends, doesn’t talk much	1.6 (1.2)	1.9 (1.2)
Tawattor	Tense: doesn’t accept others’ words, hard to sleep, concentrate, does not eating well	1.4 (1.3)	1.6 (1.2)
Asabi	Nervous: fires up so quickly, gets upset about little things, mad at small things.	1.5 (1.4)	1.7 (1.4)
Mashkalji	Troublemaker: getting into problems, neighbors or friends complain about him/her.	0.6 (1.0)	0.5 (0.9)
Hozzon	Grieve: feeling sad and depressed over the loss of friends in Syria, remembering them often, cry most of the time, withdrawal.	2.3 (1.4)	2.5 (1.3)
Khof	Fear: get nightmares, scared about military action that would reach the camp	1.9 (1.5)	2.3 (1.5)

Scale: 0=never, 1=a little, 2=sometimes, 3=a lot, 4=always, * Comm = non-camp setting

In focus groups, Syrian fathers identified emotional problems in their children (mainly being scared, urinating in bed, crying, and isolating), and some mothers reported concern that their daughters are engaging in self-mutilation behavior to deal with the emotional stress of living in the non-camp setting. The few mothers that reported their daughters were engaged in self-mutilation stated they were doing so since they felt the

stress of being discriminated against at school.

6.3. Adolescents Strengths and Difficulties

Results from the SDQ showed that girls expressed more pro-social behavior (strengths) than boys, but also they had more emotional and overall difficulties. This scale also showed that overall Syrian adolescents

²² Refer to the Methods section and to the Appendix for assessment instrument.

living in the non-camp setting had more emotional, conduct, peer, and hyperactive problems than those in Za’atari refugee camp.

Table 6.3. Adolescent strengths and difficulties per range by gender N(%) .

	Male N=948	Female N=1080	Total non-camp setting N=1626	Total Zaatari N=402
Pro-social	12.9 (1.9)	13.2 (1.7)	13.0 (1.8)	13.4 (1.8)
Emotional	8.8 (2.4)	9.8 (2.2)	9.6 (2.3)	8.3 (2.2)
Conduct	7.2 (1.8)	7.3 (1.8)	7.3 (1.8)	6.9 (1.7)
Peer	8.3 (1.8)	8.2 (1.8)	8.4 (1.8)	7.7 (1.7)
Hyper	8.9 (2.0)	8.9 (1.9)	9.0 (2.0)	8.4 (1.8)
Total	46.2 (5.3)	47.3 (5.3)	47.3 (5.3)	44.7 (5.2)

6.4. Resilience and protective factors

Based on the past IMC MHPSS assessment in the Za’atari refugee camp in July 2013, a scale of personal strengths and supportive contexts was developed. The survey inquired each adolescent on his/her perceived identification with resilience traits on individual (personal strength, coping), family (parenting and supportive relations), peer (friends), and community levels (supportive community members²³). Responses were on a 5 point scale (from 0=never, to 4= always). Female adolescents overall felt more support, thinking their parents can care for them and themselves,

and felt more helped by friends than their male adolescent counterparts. Syrian adolescents from Za’atari reported feeling more supported by parents, siblings, and friends as compared to those in the non-camp setting. Syrian adolescents in Za’atari camp exhibited more resilience traits than in the non-camp setting.

When compared to Za’atari adolescents from July 2013, the current Za’atari adolescents feel their parents can take care of children more, are getting along better and can care for themselves better. Moreover, one year later, Za’atari adolescents feel more helped by siblings and friends.

²³ Refer to the Appendix for the Assessment Tool in the Adolescent Interview

Table 6.4a. Perceived adolescents support

Do you...	Boys N=948	Girls N=1080
Feel that you can get along well with you parents?	3.1 (1.2)	3.1 (1.2)
Feel that your parents can take care of you?	2.9 (1.2)	3.2 (1.1)
Feel that your parents can take care for themselves?	2.9 (1.2)	3.2 (1.1)
Feel that you get help from your siblings?	2.4 (1.3)	2.5 (1.3)
Feel that you get help from your friends?	1.9 (1.3)	2.2 (1.3)

Scale: 0=never, 1=little, 2=sometimes, 3=a lot, 4=always * Comm= non-camp setting

Table 6.4b. Perceived adolescents resilience

How much do you agree?	Boys N=948	Girls N=1080
I have good relations with my parents	3.2 (1.0)	3.2 (1.0)
I like who I am	2.5 (1.3)	2.8 (1.3)
I have good relations with friends	2.6 (1.2)	2.7 (1.2)
I am funny	2.6 (1.1)	2.5 (1.2)
I play well with siblings	2.5 (1.2)	2.4 (1.2)
I am optimistic	2.5 (1.3)	2.4 (1.3)
I often compare life in Syria to here	1.2 (1.4)	0.9 (1.3)

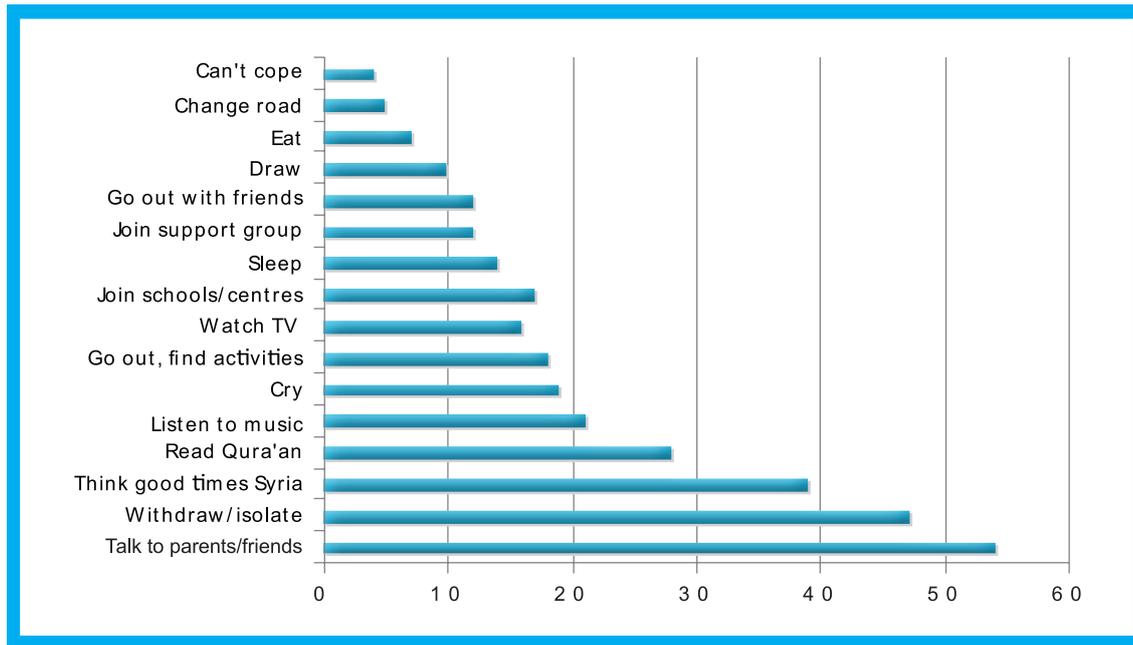
Scale: 0=never, 1=little, 2=sometimes, 3=a lot, 4=always * Comm= non-camp setting

6.5. Coping strategies for dealing with problems

To assess how adolescents manage

problems, participants were asked, “*What kind of things do adolescents do to deal with these problems?*” and reported the following ways to cope with problems:

Figure 6.5. Adolescents means of coping



Adolescents mainly sought companionship through their parents/family while they also may withdraw and isolate themselves. Many of the coping strategies are individual (thinking of good times in Syria, reading the Qura’an, listening to music,

watching TV, sleeping, drawing, eating), and others draw upon external resources (going out, joining schools, centers, and support groups). There is a small group of those who do not feel safe going home (5%) and those who feel they cannot cope (4%).

PSYCHOSOCIAL

6.6 Sources of distress and at-risk groups

Using Toolkit #11, Key informant interviews

were conducted with ten adult participants from the community, mental health, protection, and education sectors (refer to Methodology table).

Table 6.6. Results from qualitative key informant interviews

<p>The biggest problem that face adolescents in non-camp setting since war is?</p>	<ul style="list-style-type: none"> • Discrimination between Jordanians and Syrians • Violence among peers • Boredom • Child protection issues (early marriage, sexual abuse) • Challenging environment for unaccompanied minors (appropriate accommodation, livelihoods, education and health care in host communities are all challenges to access without a caregiver). • Families scared of letting children outside • Chronic diseases (centers can't meet demand, run out of medications while on waiting list).
<p>How has resettlement affected your daily life?</p>	<ul style="list-style-type: none"> • Children work illegally • Adults working long hours, illegally and are scared of deportation
<p>Biggest problems between the host-refugee communities?</p>	<ul style="list-style-type: none"> • Jordanians lost jobs after refugees came • Syrians are willing to work for less • Jordanians are blaming Syrians for lack of work
<p>Which groups need the most help</p>	<ul style="list-style-type: none"> • 12-16 year old adolescents since some have many emotional problems • Adolescents with pressures to work • Unaccompanied minors • Girls subjected to early marriage (higher risk of early pregnancy which requires emotional and social support) • Child abuse cases where parents hit their children out of stress • Adolescents of female-headed households

Observations in the research process: while conducting key informant interviews and focus groups, the unmet emotional needs of service providers and participants were noted. During two key informant interviews, participants began to cry about the dire situation for Syrians, and one focus group of Syrian female refugees also ended in tears. Four out of ten CBO workers noted how tired/overwhelmed the participants felt, without much space to care for themselves.

Interviewers reported that Syrian adolescents were scared to tell the truth since they did not trust Jordanian adults giving

the survey. However, by setting up the teams to consist of a Jordanian staff and a Syrian volunteer, the assessment team was able to build trust with displaced Syrian families to obtain more valid answers from adolescents.

One team had families of Syrian volunteers in the non-camp setting spend time with adolescents, thereby gaining trust of Syrian adolescents. This model didn't only help with the survey process, but the participants also reported that it was helpful in building non-camp setting trust. After the survey, some participants reported that the process was helpful in thinking about emotional issues, discrimination, and

how to improve their communities.

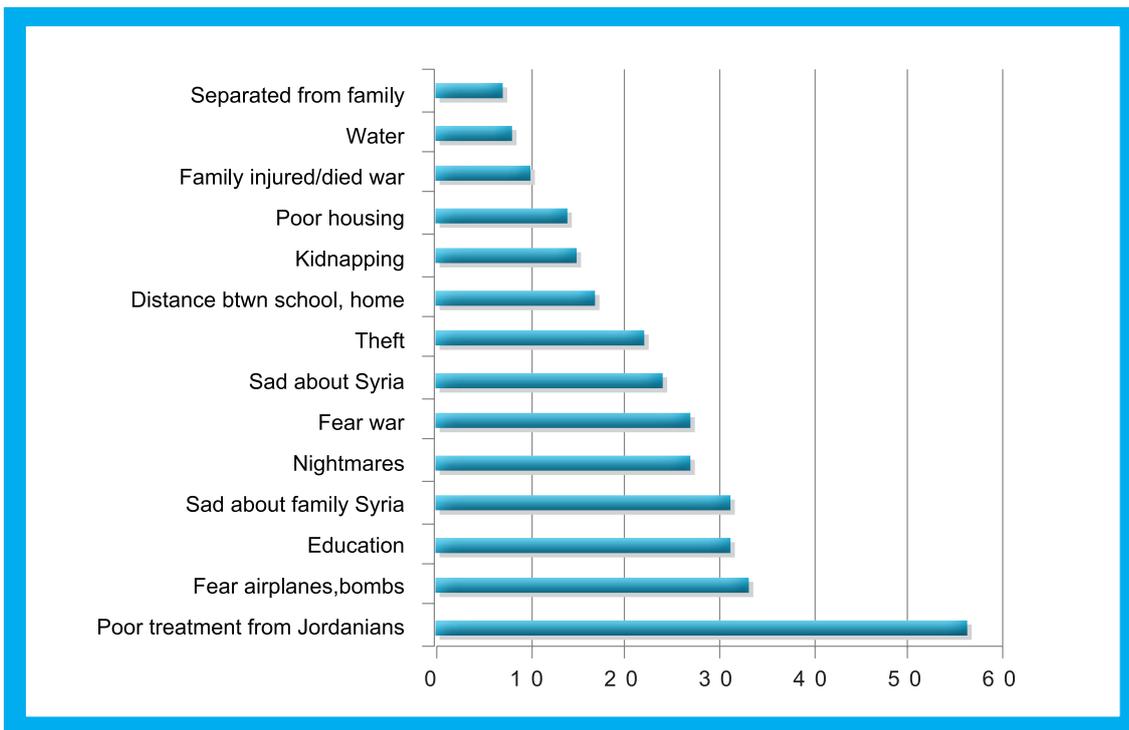
In reference to table 5.6, one of the biggest problems facing adolescents in the host communities as mentioned in the key informant interviews was the challenging environment in which unaccompanied minors are living. The focus was on the fact that being unaccompanied makes children more vulnerable to challenges in areas like access to education, access to appropriate accommodation, livelihoods and access to health care.

Girls subjected to early marriage were reported as a vulnerable population during key informant interviews. Participants were very aware of emotional and physical vulnerability of pregnant adolescents and how it can trigger many loaded thoughts and feelings. Pregnancy as a concern may vary among adolescents as their psychosocial development differs, but addressing the ongoing emotional status, coping skills, social support and safety issues is very vital for all girls subjected to early marriage as they are at high risk of early pregnancy.

6.7. Problems and challenges among displaced Syrian adolescents

Adolescents were asked: “What kinds of problems do adolescents have because of the war or living in Jordan?”. Figure 6.7 lists the most common responses.

Figure 6.7. General Problems for displaced Syrian adolescents



6.8. MHPSS and protection-focused problems

Adolescents identified feeling sad in general; having fear of losing one's family; fear of exposure to bombs; hearing and seeing

conflict-related airplanes; witnessing and experiencing peer and family violence, and general anxiety/worries about life:

Figure 6.8a. Mental health/psychosocial and child-protection focused problems

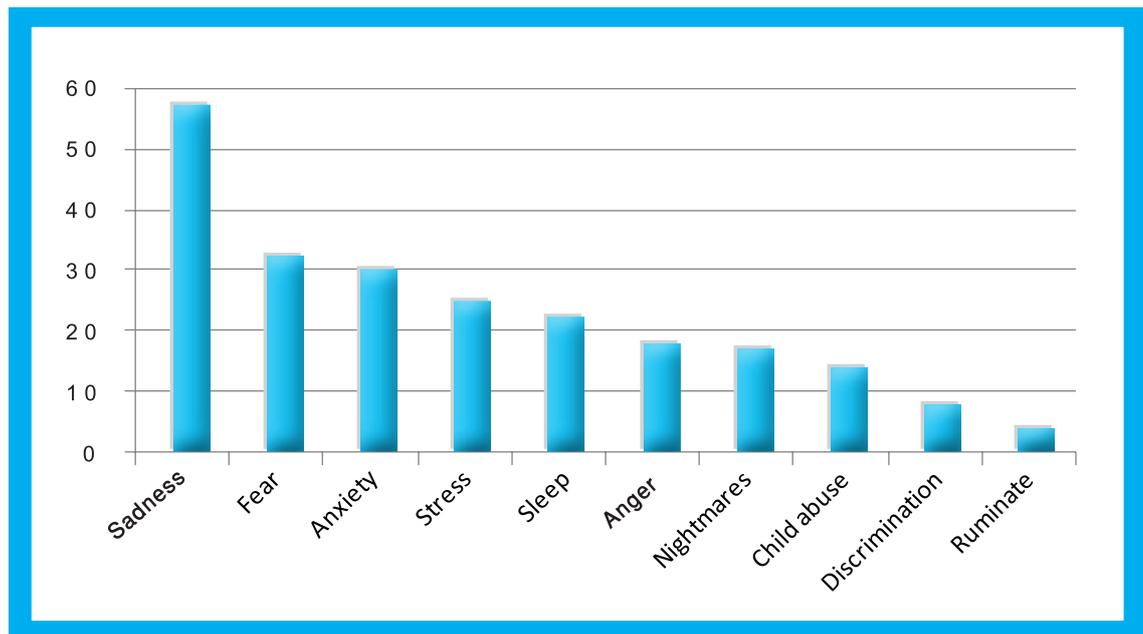
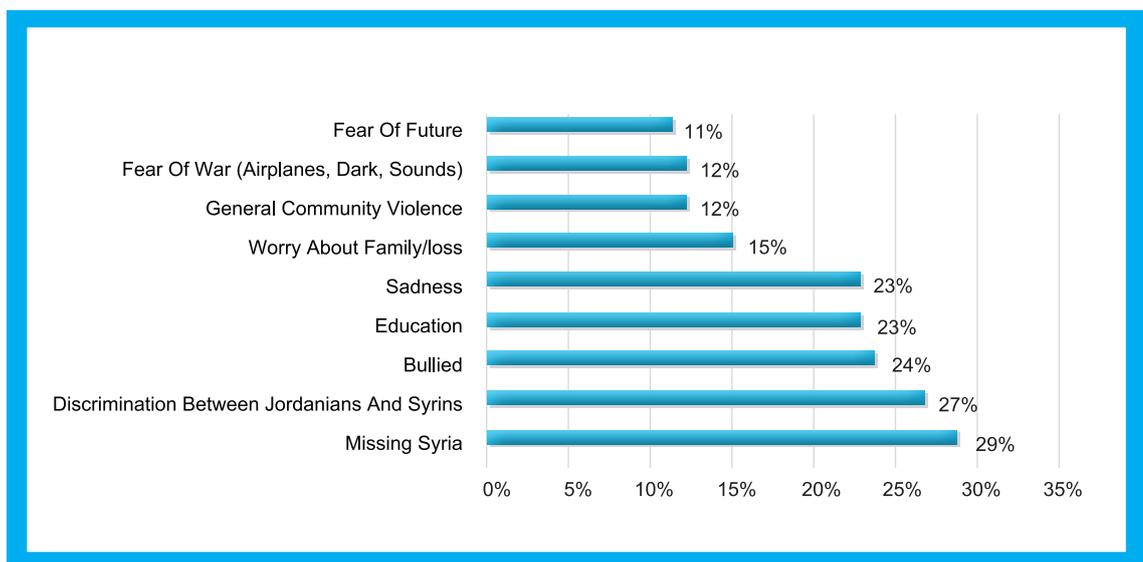
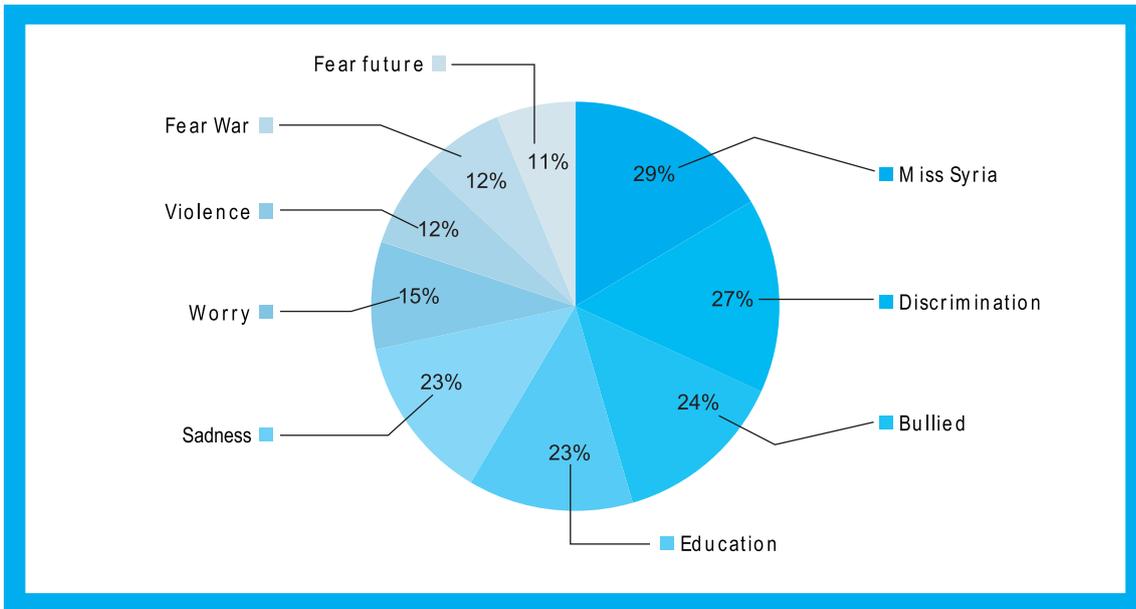


Figure 6.8b. Top Mental health, psychosocial and protection concern for displaced Syrian adolescents



Adolescents’ main mental health and psychosocial concerns captured by the quantitative data showed that: sadness about leaving their homeland and family in Syria, discrimination

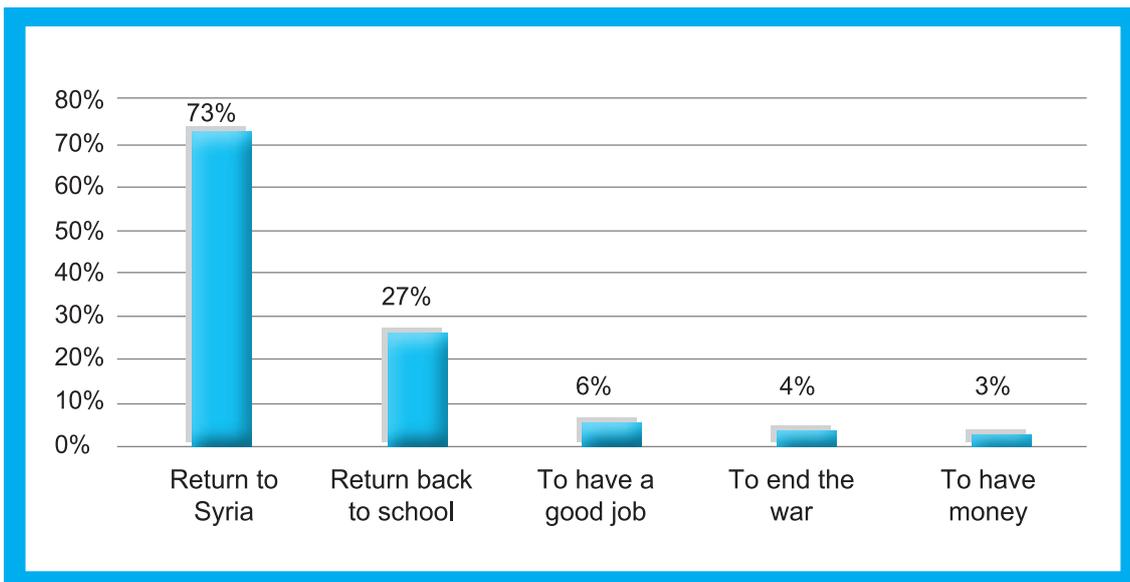
between host and local communities, and war-related fears/concerns were prominent issues that Syrian adolescents refugees are struggling with in the non-camp setting.



Wishes of displaced Syrian adolescents (N=2,025)

Adolescents were also asked: “If you could have any three wishes, what would they be?” to gain a better sense of the adolescents’ needs and desires.

Table 6.8c. Wishes of displaced Syrian adolescents



The majority of adolescents surveyed wished to return to Syria and back to school. The desire to reunite with friends and family may be related to the grieving and sadness found in the quantitative

mental health findings. As well, the desire to end the war, have money, and stability of a job may be related to the anxiety, “tenseness” and fear found in the quantitative responses.

Qualitative findings:

Education

Adolescents discussed the multiple difficulties they faced while living in the non-camp setting. The main issues were around school-life. Schools are reportedly dirty, littered with garbage, and have abusive words written on the walls. Syrian adolescents mentioned their grades are lower than expected, and they do not have access to chemistry and physics labs. Most adolescents attend double-shifted schools – Jordanians attend in the morning (divided by gender), and Syrians attend for 2.5 hours in the afternoon (reportedly without a break for lunch/snacks). Syrian adolescents reported that they are responsible for cleaning up the school at the end of each day, and they are upset about this. Adolescents are desperate for more outings away from school and reported that they have to stay inside their homes due to safety concerns.

Health

Syrian adolescents also reported facing difficulty in obtaining medical care in the schools. They stated that Jordanian adolescents have medical check ups at the beginning of the year, but these vaccines are not available for Syrians. Moreover, they reported that teachers force the Syrians students to wear face masks to prevent transmission of sickness to others. Syrian adolescents also reported that they are worried about the health of their caregivers. In the focus groups, Syrian parents report feeling ashamed or humiliated, and frustrated with schools. They reported that they feel sad to notice the psychological problems that their children are suffering, such as: fear, bedwetting, crying, and withdrawing from people.

Family dynamics

Family dynamics have also changed since settling in Jordan. One Syrian female adolescent said, *“our parents are trying to manage us the same here as in Syria, but things have changed – we were in villages, now we’re in a city, a new country.”* Adolescents report their parents appear angrier and stressed because of the overcrowding in

their homes. They also report more frequent verbal arguments between their parents, and seeing their fathers physically hitting their mothers. One girl reports, *“My father gets angry after watching the news, then starts hitting us.”* Adolescents are concerned about their parents working long hours and having financial stress. *“I feel like all of a sudden I had to grow up – now I think like an adult, share their problems, worry about my parents, rent, financial situations, food, everything. In Syria, those weren’t issues,”* says one female Syrian adolescent. *Adolescents do not feel they can talk with their parents, “I don’t want to make them feel bad, so I’d rather talk to a mirror or write out my thoughts to not bother anyone”* says one female Syrian adolescent. Syrian adolescent boys also report not feeling supported by parents, though more Syrian boys report parental support to attend school than the girls. One Syrian boy reported his parents told him not to attend school since he and his siblings are frequently harassed without a mechanism to report violations. Some boys instead leave school to work and avoid fights. Moreover, adolescents report feeling concerned about other adolescents who are still in Syria, and feeling guilty that they are in Jordan and not in the middle of the conflict in Syria like their peers.

Financial problems

Financial problems are also of major concern for Syrian adolescents. Participants reported sadness about fathers incarcerated for working illegally without a work permit. They also discussed how expensive work permits are and how sad they are that their parents can’t work due to chronic illnesses. Having a sick caretaker was particularly problematic for young girls because it meant walking to school unaccompanied and thus being vulnerable to harassment. One girl in the focus group

“I feel like all of a sudden I had to grow up – now I think like an adult, share their problems, worry about my parents, rent, financial situations, food, everything. In Syria, those weren’t issues,” - female Syrian adolescent.

discussed stated, *“we have to decide between food or housing – so we sell our food vouchers. We’re blessed to have enough to eat and feel bad when we think of our family in Syria.”* At this point in the interview, the majority of the girls in the focus group began to cry. The majority of one Syrian male group discussion reported selling food vouchers to earn money for the family, and needing to pay more for taxis since drivers charge Syrians more. Moreover, all Syrian adolescents and parents report stress over high rent, and sadness that Jordanians blame them for taking their jobs and increasing rent and food prices.

not have work permits and that they are afraid of police when trying to earn money. local CBD and NGO staff agreed, stating that the camp has a wider range of activities that are easier to implement due to accessibility of Syrian adolescents. Programming in the non-camp setting is reportedly more difficult since adolescents stay in their homes, and become more isolated with limited resources and more fear. If Syrian adolescents want to play in the non-camp setting, *“it’s in the streets, between cars, so it’s unsafe.”*

Syrian adolescents refugees who joined the non-camp setting from Za’atari camp reported how life was easier in them at the refugee camp since they knew neighbors and had various types of support from organizations instead of only financial support (as in the non-camp setting). However, refugees from Za’atari reported that they do

“we have to decide between food or housing – so we sell our food vouchers. We’re blessed to have enough to eat and feel bad when we think of our family in Syria.”

- Family Syria Adolescent.



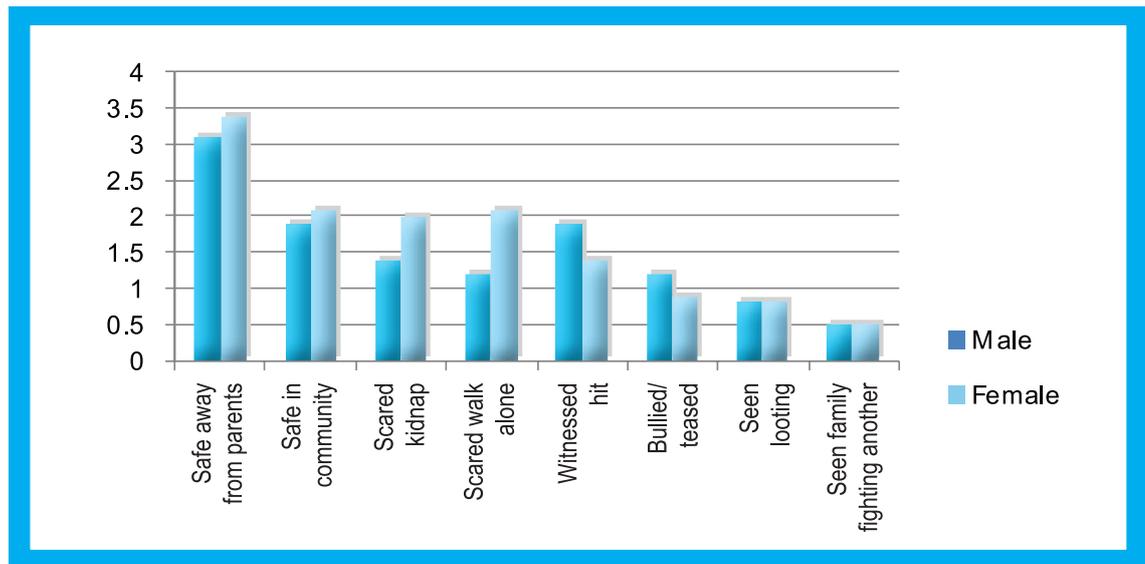
PROTECTION

6.9. Adolescents' protection: Perceived safety from adolescents and parent perspectives

Adolescents reported feeling unsafe in the non-camp setting. More girls felt less safe

being away from their parents and the non-camp setting in general as compared to boys, and more scared of being kidnapped or walking alone. Boys reported higher levels than girls of experiencing physical violence and bullying/teasing.

Figure 6.9a. Adolescents perceived safety in the non-camp setting

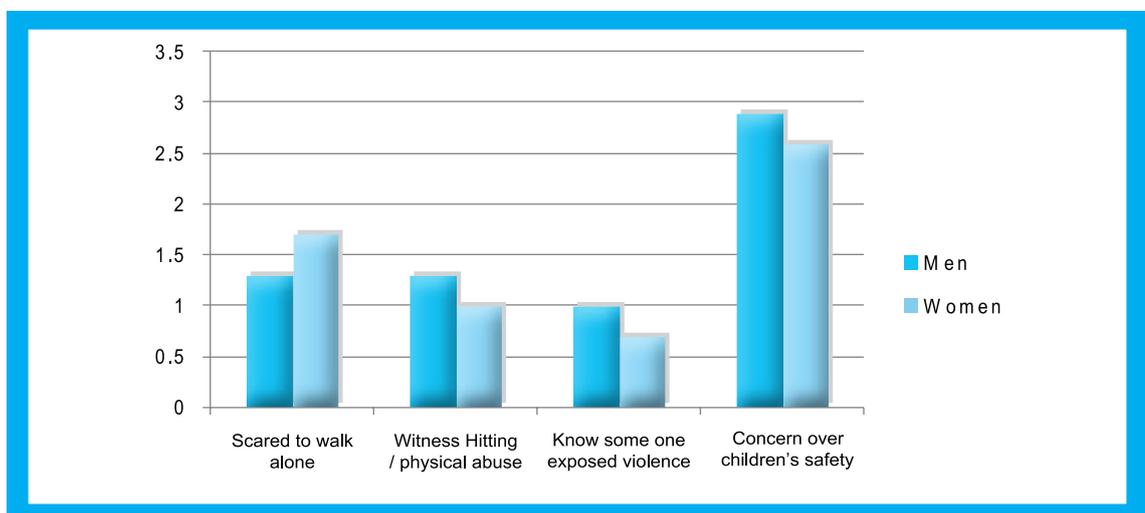


* Safety away from parents and in the community are reverse coded, so higher scores mean feeling less safe. The remaining variables are based on a scale of 0= never to 4= always, with higher scores indicating less perceived safety.

Parents varied on perceived safety based on gender (N=225 male; N=280 female). From the Parent Questionnaire on Safety (refer to Appendix for tool), parents were asked about their own personal safety in the non-camp setting. Women felt more scared to walk alone. Men were more likely to have witnessed

someone hit, more likely to know someone exposed to assault, and felt more likely to protect their children than women. When disaggregated for female-headed households, these women felt less able to protect their children and were more scared to walk alone as compared to their female counterparts in two-parent households.

Figure 6.9b. Parent perceived safety in the non-camp setting



6.10 Discrimination: Parent and Adolescents Perspectives

Syrians think they own the country – when there’s a group of Syrians around, they exclude us Jordanians, as if we’re guests in our own country! They’re naming the neighborhood with Syrian names and streets, and now there are only 1-2 Jordanian families left in this neighborhood!” – Jordanian father focus group participant

Perceived discrimination was quantitatively evaluated through a Discrimination Scale of the NLAA study, and there was no statistically significant difference between genders (male adolescents mean 4.5 (2.4) and females mean 4.4 (2.3), p-value 0.37. Higher scores mean more perceived discrimination using a 6-point Likert scale. Adolescents averaged 3.0 (a few times a month) when asked “How often are you disliked because you are Syrian; How often are you treated unfairly because you’re Syrian; and How often have you seen friends unfairly treated because you are Syrian.” In total, 56.8% (N=1151) of adolescents believe they are discriminated against due to being Syrian, 4.5% (n=92) due to gender, and 2.1% (n=43) due to age. There was no significant difference in responses between male and female adolescents.

Syrian parents had a prominent difference between genders, with fathers

feeling more perceived discrimination than mothers. Perceived discrimination by parents was a subjective feeling of being disliked, versus having discriminatory behaviors (being called names or harassed). When compared to Syrian mothers, Syrian fathers in non-camp settings reported being treated with less respect, receiving poorer service, believed others did not think they were as smart or good, that others were more afraid of them, and thought them more dishonest.

When asked what the major problems between Syrians and Jordanians were, Syrian parents responded: Discrimination (28%), Problems between adolescents (19%), lack of jobs for Syrians (12%) and rising prices/cost of living (10%). Parents believed they were mainly discriminated against due to ethnicity (70%) or income/educational level (2%) and most believe they are sometimes (40%) or often (19%) disliked, sometimes (33%) or often (27%) treated unfairly, and have friends who are sometimes (30%) and often (29%) treated unfairly because they are Syrian.

Syrian male adolescents believed they were treated with less respect and thought others think they are dishonest more than female adolescents. The majority of adolescents (56%) believed they were discriminated against due to being Syrian.

“They [Jordanian adolescents] write ‘We love Bashar’ on the chalkboard or say, ‘Smelly Syrians, get out of our country/school... You live off organizations, you can’t provide for yourself – you’re just a beggar off the street.” - Syrian male adolescent refugee focus group participants.

Table 6.10b Non-camp setting Adolescents’ Perceived Discrimination

	Male N=750	Female N=876	P value
Treated w less respect	4.3 (2.5)	4.2 (2.5)	0.04
Get poorer service	4.5 (2.5)	4.4 (2.6)	0.25
People think you aren’t smart	4.5 (2.6)	4.4 (2.6)	0.35
People are afraid of you	4.7 (2.6)	4.5 (2.6)	0.19
People think you’re dishonest	4.7 (2.6)	4.6 (2.6)	0.03
People think you aren’t as good	4.3 (2.6)	4.3 (2.6)	0.65
You’re called names/insulted	4.3 (2.6)	4.3 (2.5)	0.74
You’re threatened/harassed	4.5 (2.6)	4.4 (2.6)	0.10

“They think we live off organizations and get everything for free – rent, food, cash assistance, thinking Syrians are on vacation and they don’t understand how much we suffered.”

- displaced Syrian female adolescents focus group participant

Tensions between Syrian and Jordanian adolescents predominated all qualitative interviews and focus groups.

Due to discrimination, some Syrian adolescents report feeling an affinity to Palestinian adolescents who suffered similar tension. Syrian females and males report being targeted for being different, both at school and in the non-camp setting. One female said that on the way to the study site a Jordanian girl made fun of her: “Look – she’s going to be part of a study because she’s a refugee... we don’t need you here bringing attention to our school,” and all Syrian adolescents reported that they felt shame at being called a “refugee.” One CBO worker reported that most Jordanians believe Syrian female adolescents are not well behaved or respected since they think Syrians “will marry for cheap”. All Syrian adolescents report that verbal harassment was more frequent than physical abuse. They reported being called ethnic slurs, blamed for Jordan’s economic problems, insulted, seen as abusers of the system, and called ‘beggars’ and ‘refugees’ (which they report to be a highly shaming term).

Discrimination

Discrimination at school was the predominant concern for all Syrian adolescents in focus groups. The majority of reported violence occurs during the change of shifts between Jordanians and Syrians and after school. Syrian students are now arriving at 2pm instead of 1pm due to the violence. Syrian females state they have to use a different door than the Jordanians to enter a school, and that Jordanian adolescents will wait with sticks to scare Syrians leaving school. Adolescents stated they have all known someone or have been threatened or

had their headscarves pulled off at or outside of school. Syrian males report being verbally harassed and threatened, and feel bad that Syrian females are being bullied (a few males report anger at seeing Jordanians throwing large rocks at Syrian females’ heads, or pulling off their headscarves). Syrian fathers and mothers reported their concerns about sending male adolescents out to run errands, due to bullying. Overall, females report harassment, although they are treated well by teachers, but do not have as much freedom of movement compared to their male counterparts. Males reported more frequent and severe physical harassment, are insulted, and teased/hit by teachers, and have more freedom but still feel restricted. Most Syrian males and Jordanian parents did not want integration of Syrians and Jordanians in schools, but Syrian girls and parents did. Syrian mothers reported their concerns about their daughters being harassed, “they’re told they’re nothing and to return to Syria”, which they state causes females to be angry and thus some girls self-injure by cutting themselves. Syrian mothers also reported their children are angrier than back in Syria, now hitting siblings and no longer wanting to attend school which they used to love.

Syrian adolescents stated their teachers and principals are at best apologetic but unable to take disciplinary action. They also report feeling that some teachers deny that Jordanian adolescents would threaten with weapons. Some adolescents feel their teachers are helpful and sympathetic, others feel they are insulted and teased by teachers. Syrian males report they are not treated fairly by teachers: they are given less rest time than Jordanians, have to clean more, return home for a meal unlike Jordanians, and are deceived and told that course material will not be on an exam when it actually is. Syrian mothers state some teachers hit students from Halab (Aleppo), making fun of their accents and hitting them every morning if they continue with their accent.

One principal reported telling students that he installed a surveillance camera since Jordanian girls were bringing nail clippers to fight with Syrian girls. Though he did not install the cameras, the kids behaved better in the classroom as per the principal’s report.

Violence outside of school

Violence outside of school is also reportedly a problem, with Syrian males saying people pretending to be “police” ask to see their I.D.s and take their money. Moreover, they report Jordanians take their clothes, threaten with knives, and are bullied while playing soccer or spending time with friends.

Jordanian concerns

Jordanian male adolescents worry about pressure to use easily-accessible drugs brought by Syrians, and about Syrians stealing their belongings. Jordanian females and parents reported their main concern was about Syrian hygiene and health, with one female reporting, “My Mom said not to touch them [Syrians] or become friends, because they’re dirty.” Jordanian females were worried about water availability, and Jordanian parents were concerned about perceived Syrian traditions influencing their families, particularly early marriage and school refusal. Some Jordanian

mothers in particular did not want integration of Syrians and Jordanian adolescents, stating Syrians are “immoral” and unclean. Jordanian fathers report concern that Syrians are making their children fall behind academically since the “classes are overcrowded so students can’t ask questions and teachers don’t have enough time for all the kids.” They also report concern about Syrians negatively influencing Jordanian kids (dropping out of school, drugs, early marriage). This is in contrast to a Jordanian teacher who reported a problem with violence among Jordanian adolescents (on each other, not Syrians), with a search of backpacks every 2 weeks revealing knives, chains, and brass knuckles. This teacher and a principal reported Syrians were “better behaved but learning bad behaviors from Jordanians”)

“Syrian girls don’t respect us, so they deserve what they get.” - Jordanian female adolescents.



6.11. Suggestions for Interventions and Activities to Decrease Discrimination

Adolescents and parents were asked, “What ideas do you have to improve non-camp setting-refugee relations?” Adolescents and parents

believed that having Syrians and Jordanians participating in activities together and learning about Syrian predicaments would be helpful.

Figure 6.11a. Adolescent and parent ideas to decrease discrimination

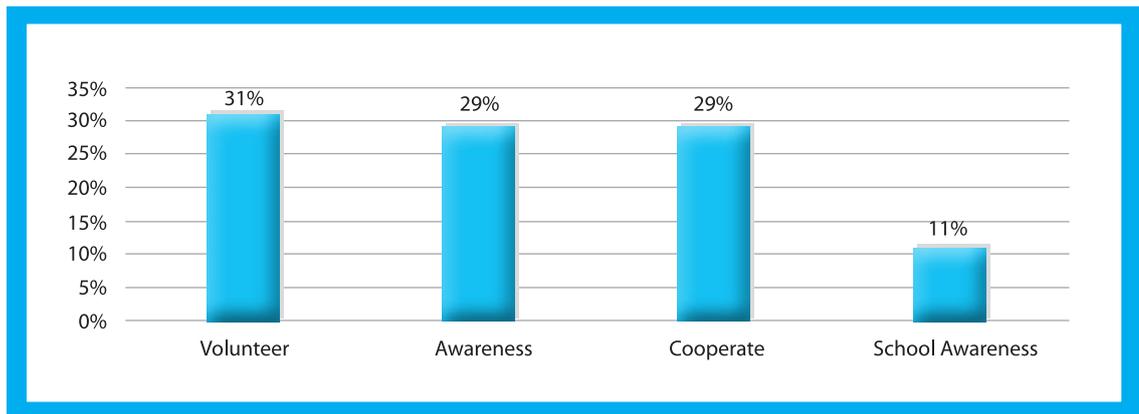
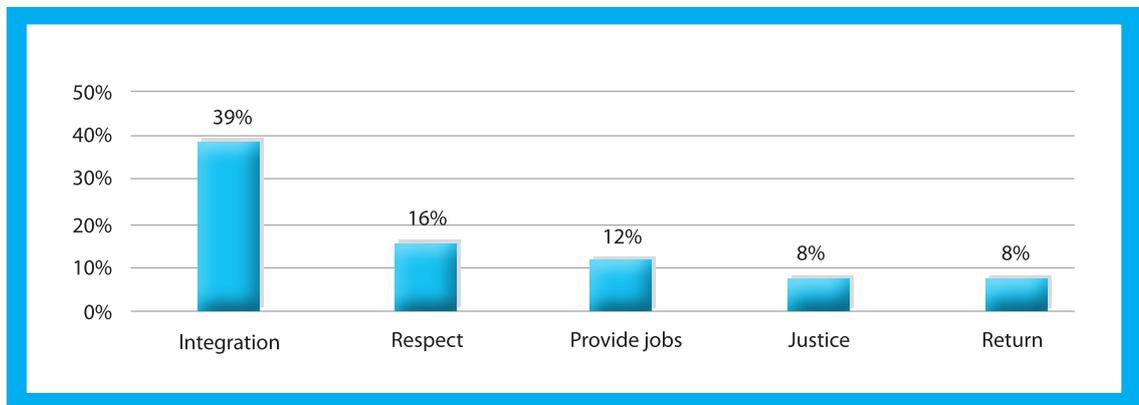


Figure 6.11b. Parents' ideas to decrease discrimination





SUMMARY and RECOMMENDATIONS

SUMMARY and RECOMMENDATIONS

7.1. Recommendations

The overall theoretical framework behind these recommendations includes the ecological framework of a child – which stipulates that mental health protection

aspects are in part influenced by the interaction of four levels (the individual, relationships, non-camp setting and society), and by the IASC Guidelines on MHPSS in Emergency Setting and Psychological first aid: Guide for field workers.

MENTAL HEALTH KEY FINDINGS AND RECOMMENDATIONS

Mental health difficulties

- Syrian female adolescents showed more emotional distress (local terms for: depression, tense, nervous, grieving, fear) than boys.
- Boys showed more “troublemaking” difficulties on the local mental health scale.
- Syrian adolescents in the non-camp setting showed more emotional distress than those in the refugee camp on the local mental health and SDQ scales.
- Za’atari adolescents reported more “troublemaking” difficulties on the local scale as well as on the SDQ (conduct) scale
- Some Syrian mothers in the focus groups reported that their daughters are engaged in self-cutting behavior.
- Service providers reported an easier provision of MHPSS services in camp versus non-camp setting.
- Syrian adolescents reported feeling guilty for being able to leave the war in Syria.
- Syrian adolescents also reported being angry, having nightmares, witnessed and experienced child abuse, discrimination, and constant worrying as concerns.
- Adolescents’ primary MHPSS concerns captured by quantitative data were congruent with focus group qualitative data-- that sadness, anxiety/fear, discrimination and war-related concerns were most prominent.
- Their main wishes were to return to Syria (73%) and to return back to school (27%).

Recommendations

Top mental health and psychosocial concerns for adolescents

- Encourage collaboration and referral systems to other organizations in the non-camp setting that have trained mental health professionals.
- Aid organizations may provide more gender-specific programs as girls showed more “mental distress” and boys more “troublemaking” problems²⁴.
- Further assessment of self-inflicted injury behavior should be conducted.
- There are few rigorous scientific studies on mental health interventions for children in war-affected countries; however, a systematic review (2009) showed that interventions might have hope in this context²⁵. In particular, school-based trauma/grief-focused group psychotherapy has been researched with Bosnian adolescents²⁶ and
- Top general MHPSS concerns for Syrian adolescents were: missing Syria, discrimination, and being bullied. Moreover, Syrian adolescents identified sadness, fear, anxiety, stress, and sleep problems as main concerns.

²⁴ However, it should be taken into consideration that male adolescents may be not open to express their emotional distress as their female counterparts due to their developmental and cultural trends.

²⁵ Jordans, M., Tol, W., Komproe, I., & deJong, J. (2009). Systematic review of evidence and treatment approaches: Psychosocial and mental health care for children in war. *Child and Adolescent Mental Health*, 14(1), 2-14.

²⁶ Layne, CM, Pynoos, R., Saltzman, W., Arslanagic, B., Black, M., Savjak, N., et al. (2001). Trauma/grief-focused group psychotherapy: School-based postwar intervention with traumatized Bosnian adolescents. *Group Dynamics: Theory, Research, and Practice*, 5, 277-290.

may be adapted to be used in the Syrian-Jordanian setting and there are promising psychosocial intervention training material and manuals²⁷ developed by UNICEF, Save the Children, and IFRC Reference Center for children in crisis.

Resilience and coping supports

- Female adolescents felt that they get more perceived support from parents and friends than males.
- Za'atari adolescents felt that they get more support from parents, siblings, and friends than those in the non-camp settings.
- Za'atari adolescents reported that they have more perceived resilient traits than those in the non-camp setting.
- Syrian adolescents adapted to the new situation by seeking companionship through parents and family as well as isolation and withdrawal.
- Many of the coping strategies are individual behaviors (such as: thinking of the past in Syria, praying, music, TV, sleeping, drawing, eating) and others draw on external resources (going out, joining activities and groups).
- There is a small vulnerable population of those who do not feel safe walking home, and those who feel they cannot cope.

Recommendations

- Service providers working with Syrian adolescents in the non-camp setting can assist with programs that incorporating families of adolescents into current services.
- A mentorship or Big Sibling program may help Syrian adolescents in the non-camp setting to feel that they have someone outside their family whom they can trust .
- Vulnerable populations of adolescents who feel unsafe walking alone outside, or have a limited coping repertoire should be identified for additional assistance to problem-solve a feasible solution for individuals (to have an adult escort, be equipped with a flashlight or whistle, walk in groups, etc)
- Adolescents who cope through seeking community support may benefit from psychosocial group workshops. Further evaluation of a promising program, “Comfort for Kids” is based on narrative therapy and sponsored by Mercy Corps may be a model²⁸.

²⁷ <http://pscentre.org>

²⁸ (<http://www.ryot.org/syrian-artist-using-picture-books-change-help-child-refugees/720625>).

PSYCHOSOCIAL KEY FINDINGS AND RECOMENDATIONS

Non-camp setting

- Syrian adolescents reported that they suffered from verbal harassment, including ethnic slurs, being blamed for Jordan's economic problems, being insulted, and seen as abusers of the systems.
- Some adolescents avoided aid because of shame for being labeled as refugeeed or being bullied on their way to the aiding organization.
- Syrian adolescents reported that Jordanians purposely create disheveled classrooms, so that Syrian students clean up after them.
- Financial problems are the main concern for Syrian adolescents, who are aware of the financial struggles of their parents.
- Syrian adolescents sell food vouchers in order to help their family financially.
- Syrian adolescents are concerned about not being able to pay high rent.
- Syrian adolescents and parents are concerned about being caught while working without a work permit. Syrians from Za'atari do not have work permits though they want to work.
- Za'atari is reported to be an easier setting to implement programs than in non-camp communities, where adolescents feel isolated and fearful to leave their homes.
- Za'atari adolescents feel more ease with knowing their neighbors and having access to various types of support, whereas those in the non-camp setting mainly receive financial support only.
- Syrians requested awareness programs at schools about the refugee experience. Currently, the Ministry of Education, UNESCO, and USAID provide psychosocial training for teachers. This could be strengthened with sensitization and education programs (perhaps one hour/week) to educate students about the adolescents refugees experience and how much they need support for inclusion and empathy. Such a program may include pairs of Syrian and Jordanian students to exercise together and learn more about each others lives, thereby promoting empathy.
- Adolescents centers and safe-spaces that are open to Syrians and Jordanians could incorporate psycho-educational sessions on acceptance and tolerance.
- Neighborhood watch programs or volunteer groups could accompany adolescents to and from school.
- Involve families as volunteers and audiences at non-camp setting events to support adolescents. With the assistance of the Ministry of Education, families could be invited to serve as school aides, tutors, coaches, or mentors. This will give adults the feeling of self-worth.
- Syrian and Jordanian adolescents could have a "Non-camp setting Improvement Team", where they join in associations/groups to work together to identify a non-camp setting problem then work to solve it. Perhaps the school could open up after school hours for such meetings and activities. Principals who are currently implementing these programs can collaborate with others principals to gain experience and guidance.
- Advocacy strategies should be developed to support the development of job opportunities for Syrians as lack of livelihood opportunities leads to high stress. The Jordanian Ministry of Labor published a list of professions and industries in which only Jordanian citizens are allowed to work, including medical, engineering, administrative, accounting and clerical professions; telephone and warehouse employment; sales; education;

Recommendations

Non-camp setting partnerships can improve school climates, provide family support, increase parents' skills, and connect families in the non-camp setting. True partnerships would therefore include an ecological approach that incorporates schools, families in the non-camp setting:

hairdressing; decorating; fuel sales; electrical and mechanical occupations; guards; drivers; and construction workers²⁹.

mass chaos, and that teachers do not engage in discriminatory practices such as requiring only Syrian children to wear masks to school.

School concerns

- Schools were reportedly dirty and Syrian adolescents reported that they do not have access to science labs for learning purposes.
- Syrian students reported that there is shortage in school session without breaks for snacks, limited activities (picnics, outings, etc), and mandated cleaning at the end of their school day.
- Syrian adolescents reported difficulty obtaining routine medical check-ups normally provided at school for Jordanian adolescents.

Recommendations

- Adolescents (Syrians and Jordanians) should have equal time for breaks and access to snacks to prevent resentment, marginalization, and violence.
- Adolescents should also have equal access to educational opportunities, such as access to labs and supplies, which will provide a suitable learning environment. There are reports that the Ministry of Education has assisted in this process, and should be followed up to ensure that Syrian adolescents have access to educational opportunities.
- Collaborating with aid organizations may be identified as a mechanism to allow Syrian adolescents to have routine medical check-ups at school, similar to Jordanian students.
- Aid organizations may consider home visits for dental care and medical check-ups, though care should be taken to prevent the over-identification of “extra help” for “refugees”, which may add to host-refugee tensions.
- A special care needs to be taken to avoid

Family concerns

- Syrian adolescents felt that their parents are more angry and stressed, and reported that their parents are hitting their children more, and adolescents witnessed domestic violence more.
- While Syrian adolescents reported that referring to parents and family is one way to cope, in qualitative interviews, they reported that they do not want to disclose their emotional difficulties because they don’t want to burden their parents. Some adolescents reported that the focus groups were emotionally helpful.
- Jordanian parents and adolescents reported their concerns about Syrians’ hygiene, finding living resources (jobs, education, and housing), and other external influences (drugs, early marriage, and school refusal).

Recommendations

- Further evaluation of domestic violence should be conducted. A recent scale has been validated in Arabic to assess the prevalence of domestic violence³⁰.
- Parent support groups, forums, and workshops could be channels to discuss parenting, adolescent issues, and appropriate ways to deal with stress, as well as the effects of domestic abuse. Trainings could be used as a developmental approach that helps parents to know how to speak with their adolescents about the situation in Syria and resettlement life. Parental training programs could help parents understand what their adolescents are going through to increase empathy and advocacy on behalf of their children.
- Parenting tip sheets and newsletter articles

²⁹ List of Professions Not Allowed to Foreign Workers, Ministry of Labor, <http://www.mol.gov.jo/Portals/0/Decisions/closed.pdf>

³⁰ Haddad, L., Shotar, A., Younger, J., Alzyoud, S., & Bouhaidar, C. (2011). Screening for domestic violence in Jordan: validation of an Arabic version of a domestic violence against women questionnaire. *Int J Women's Health*, 3, 79-86.

could highlight how to identify adolescents with mental health stress and provide tips on how to deal with children about emotional issues.

- Organizing parent discussions, with a primary topic of children, could provide an entry into discussions about how to handle stress/violence.
- Fathers may benefit from gatherings to unite over outdoor activities (eg. Chess games), and mothers may benefit from group clusters in their neighborhoods to gather and discuss relevant family/parenting issues with each other.
- Non-camp setting psycho-education about the effects of war and migration on adolescents, along with programs that help empower parents through a strength-based approach may strengthen the parent-adolescent relationship.
- While there are programs geared toward entertaining and decreasing the stress of children, more programs should be created to help in creating healthy and unified families.
- Activities that emphasize family time, such as the creation of a family tree, or creating of family books, and art, may be useful in reducing the isolation of children and adults. Further specific programs such as art, jewelry making, crocheting, craft, hairdressing and photography could be sponsored.
- Some adolescents mentioned writing down problems. This technique can be used in sessions. Adolescents can write their problems, read them out loud to each other (if they wish) and it will ritually be discarded or burn them. The centers can institute a wishing well where adolescents can write down their wishes for the day or install a chalkboard (as they did in Mafraq) where adolescents can write out their concerns and wishes.
- Syrian adolescents identified extended family they could talk to. Family programs could target extended family besides the nuclear family.
- Adolescent support groups divided by

gender may set up a forum for adolescents to share experiences and positive coping strategies.

- Jordanian parents could be included in psycho-educational programs around early marriage and drug abuse.

Humanitarian aid in non-camp settings

Pairing a Jordanian caseworker and Syrian volunteer was a useful model that other aid organizations could implement. Participants and interviewers reported how the model was helpful in obtaining more robust responses, and also enhanced non-camp setting relations.

- Participants, translators, and service providers were tearful during interviews and focus groups.
- Four out of ten service providers reported how tired and overwhelmed they felt
- Service providers reported that there are more resources in the refugee camp than non-camp setting, where adolescents feel isolated, less safe, and it is more difficult to organize activities with fewer safe spaces.

Recommendations

- Regular supervision and support is needed for service providers. Check-in support groups or more frequent encounters with supervisors may help staff in maintaining healthy emotional wellbeing to promote personal development.
- Sensitivity and cultural awareness training may be beneficial for aid personnel.
- Service providers involved in advocacy could address not only short term emergency needs, but also addresses more sustainable nation- and community-building and enterprises. For example, advocating to support regulations over discriminatory housing practices would benefit both Syrians and Jordanians, as would joint educational programs. With the rapid influx of Syrians into Jordan, greater emphasis needs to be put to the creation of affordable housing and improvement of waste management programs.

PROTECTION KEY FINDINGS AND RECOMENDATIONS

Identification of at-risk adolescents

- Female-headed households were reported to be at high-risk due to financial difficulties. Survey results showed that 35% of the parent sample, the female heads the households felt less able to protect their children and more scared to walk alone.
- Violence and discrimination were reported to be the major problems among adolescents.
- Parents reported that they feel shamed/humiliated by Jordanian adults in front of their children in public for being refugees without livelihood means.

Recommendations

- Syrian adolescents, widows, and orphans may benefit from divided-gender safety groups, to get educated about how to ensure personal safety.
- Though the health care is free for refugees, the research has indicated that in Mafraq most refugees are using NGOs for health care, and the support is limited for chronic conditions. Since Syrian adolescents reported that they have burden for taking caring of their elderly or disabled caretakers, it should be identified that adolescents should be referred to organizations that provide services for the elderly and disabled Syrians³¹.
- Temporary day programs/centers for elderly or disabled relatives may give Syrian adolescents a break from caretaking, and be more able to attend school.
- If it is not currently part of routine practice, service providers should inquire about female-headed households and monitor the vulnerable members (such as providing safety and financial support).
- Mosques can also play a role in providing a safe haven for adolescents and vulnerable adults, and can target widows and orphans.

- To mitigate boredom and violence, Syrians requested non-vocational centers and clubs for handicrafts, and adolescents centers for both Syrians and Jordanians; public play spaces near homes (not in abandoned areas that could be environments for selling drugs; games for adolescents in CBOs/NGOs ³².
- Adolescents are asking for shared activities (religious, educational games, sports) between Syrians and Jordanians. They have asked for more painting/drawing, volunteer work like cleaning streets, and having joint picnics with Jordanians
- Shaded adolescent safe spaces built by the community (adolescents and parents) to feel more ownership. Since many Syrian parents cannot work, they could gain self-esteem by building community spaces. The spaces could include benches so parents can sit together; could be decorated by adolescents; have a climbing wall and space large enough for group games.
- Community gardens have the potential to strengthen ties to a non-camp setting, improve relations between neighbors, and perhaps increase health through healthier food choices.³³ If appropriate, a non-camp setting garden may help Syrian and Jordanian adolescents and adults work together to plant food and flowers.³⁴ Further evaluations on discrimination should include questioning about whether Syrian and Jordanian parents have felt shamed or humiliated.

Perceived safety of adolescents and parents

- Syrian adolescents report feeling unsafe in the non-camp setting.
- Female adolescents feel less safe away from parents and more scared of being kidnapped or walking alone than males.
- Male adolescents reported that they witnessed more hitting and experienced more bullying and teasing.

³¹ <http://reliefweb.int/report/syrian-arab-republic/hidden-victims-syrian-crisis-disabled-injured-and-older-refugees>

³² as examples: <http://www.greatgroupgames.com/adolescents-group-games.htm>

³³ http://www.98.griffith.edu.au/dspace/bitstream/handle/10072/24602/51995_1.pdf;jsessionid=9062963AC7D8CE99A318A678FCDC01D7?sequence=1.

³⁴ similar to one by the IRC: <http://www.rescue.org/us-program/us-salt-lake-city-ut/non-camp-setting-gardening-helps-local-refugees-set-roots-salt-lake>

- Mothers felt more scared to walk alone than men.
- Fathers were more likely to have witnessed someone hit, know someone exposed to assault, and felt more likely to protect their children than women.
- Syrian adolescents reported that their #1 general problem in life is “poor treatment from Jordanians”, with war-related issues (fear of airplanes, bombs, sadness about family in Syria, nightmares, fears of war) and education priorities
- Adolescents in Za’atari felt safer being away from their parents, though have seen more looting, as compared to adolescents living in the non-camp setting.
- Adolescents living in the non-camp setting are more scared to walk alone than those living in Za’atari.

Recommendations

- Safety trainings could be offered, where adolescents learn self-defense skills.
- Teams within each city should be formed, to be responsible for coordinating a “neighborhood watch” to send a strong message that violence is not tolerated. There should be a balance of roles, with 10-12 members including Jordanians and Syrians. The group could meet regularly and be led by a committed chairperson with the ability to facilitate discussion and problem solving
- The social climate in schools and communities should be regularly assessed and monitored for all adolescents. This would at least raise awareness to all adolescents that safety is of primary concern and is taken seriously.
- Adolescents are asking for more friendly spaces, adolescent centers in walking distance, activities, and areas to play.

General discrimination in the non-camp setting

- Parents reported that the main problems

between Syrians and Jordanians are: discrimination, problems among adolescents, lack of jobs for Syrians, and the high cost of living.

- Syrian parents and adolescents believed that they are discriminated against mainly due to ethnicity (being from Syria).
- Quantitative scales showed that Syrian parents believed they and their friends are often treated unfairly since they are Syrians.
- Surveys showed that Syrian male adolescent believed that they were treated with less respect and thought others think they are dishonest more than female adolescents. The majority of adolescents (56%) believed that they feel discriminated for being Syrians.
- Mothers reported the discrimination of Syrian adolescents is causing their daughters to cut themselves to cope, and their sons to refuse to attend school.
- Syrian male adolescents reported that Jordanian adolescents pose as “police” and ask for their IDs and take their money.
- Syrian adolescents reported for being threatened with knives and are bullied while with friends, and observe others being bullied.
- Jordanian male adolescents reported that they feel pressured to use drugs.
- Jordanian girls and parents report their concerns about “immoral” Syrian traditions (early marriage), being “unclean,” and dropping out of school influencing Jordanian adolescents.

Recommendations

- Organizations may consider training Jordanian adults to be “safety trainers”. These identified adults could receive training to help them better understand the nature, dynamics, and impact of discrimination, how to respond when they observe bullying or when it is reported to them, and how to work with others in the non-camp setting. These “trainers” could have follow-up meetings

with adolescents who are discriminated against, and separately, with those who bully. Parents of affected students should also be involved.

- “Together centers” could be created where mixed programs could take place. A “Big Brother/Big Sister” program could have Syrian and Jordanian adults partnering Syrian/Jordanian adolescents (of the same gender). This program has reduced school absences and reduced the usage of alcohol and drug, as well as the decrease the incidents of violence in the school.
- Syrians need a mechanism to report discrimination without fear of retaliation.
- Support groups of Syrians, Jordanians, and Palestinians maybe considered to learn from and support each other’.
- Further assessments should evaluate self-injurious behavior by female adolescents and dropout school by male adolescents.
- Adolescents can be taught effective ways of intervening, such as finding an ally, or using distraction. Additionally, teachers and caregivers should be aware of the cumulative toll of indirectly experiencing community violence.
- Organizations and religious institutions can encourage more positive ethnic identity that is not necessarily in opposition to another identity. Adolescents and adults should be proud of being Syrian, which does not have to be seen as threatening to the Jordanian identity. Discussions could be held on having an Arab unity.
- Substance abuse should be highlighted, with assessments to understand the reasons behind it (for example: peer pressure, availability, cost, or as a mean of coping from the war, a way to stay focused in school) and psycho-education about health and social consequences of this.

Discrimination and violence during school

- The violence associated with discrimination against Syrian adolescents in school and

en route to/from school was reported as a primary concern for adolescents and parents. Families reported their minimum ability to manage or mitigate the violence, and resorted to dropping out of school to avoid the discrimination. If this continues unmanaged, even larger amounts of adolescents will miss on their academic and social learning that occurs in school settings.

- Syrians reported the time between schools shifts is particularly difficult, as they reported to face bullying by groups of Jordanian adolescents threatening Syrians, waiting for them outside with sticks and knives, or asking Syrians for phones, money, and clothes. The majority of focus groups reported knowing someone threatened, assaulted with a weapon, or having their headscarves pulled off, and felt little support from teachers or principals. Social cohesion is a component that can be considered in education programs.
- Syrian adolescents reported extensive frequent verbal abuse, being called “refugees”, “beggar”, and being blamed for economic and social problems in Jordan.
- Adolescents reported that the response of their teachers and principals is variable with some teachers scolding Syrians with specific accents, and others who take disciplinary action against students who harass Syrians.
- Syrian parents reported their concerns about the effects of discrimination and bullying on their children, who look sad when they come home, thus get angry and hit their siblings more, and refuse to go to school though they loved school in Syria.
- Syrian adolescents and parents reported that the majority of violence and discrimination occurred in the school setting or en route to school.
- Although corporeal punishment is no longer allowed in schools, some Syrian male adolescents reported a high amount of violence in their schools (in contrast to Jordanian boys and even Syrian girls who reported really liking their teachers). Syrian boys may be at most risk for physical assault from teachers.

Recommendations

- Bullying prevention must be an integral and permanent component of the school environment with anti-bullying messages and rituals set aside (20-30 minutes per week) to discuss discrimination and peer relations with students). These meetings will allow teachers to have an updated understanding of students' concerns, and provide tools for students to address bullying.
- Establish and enforce school policies related to discrimination and violence. Schools should make it clear that it is expected from students to be good citizens and have zero tolerance for witnessing violence as well. Simple, clear rules about bullying and discrimination can help students be aware of expectations and consequences.
- Provide on-going training for school staff, and increase adult supervision in "hot spots" (empty classrooms, bathrooms) and "hot times" (between school shifts)
- Bystander training programs should be instituted to reduce bullying.³⁵
- Parent advisory committees could address violence, and hold a school safety forum (for additional resources).³⁶
- One principal reported the advantages of checking students' bags for chains, nail clippers, brass knuckles, and knives and installing a school camera.
- Most teachers, principals, and Syrian parents request integrated classes of Jordanians and Syrians. Jordanian parents and adolescents are opposed this suggestion. One teacher requested integrated classes for only those adolescents under 14 years old. One could implement integration over stages with safeguards – 1 to 2 periods or assignments where adolescents work together on projects.³⁷
- Collaborate with USAID's Non-camp setting Engagement Project, which brings together Syrians and Jordanians to support their communities.
- Consider incorporating Syrian and Jordanian adult volunteers in the schools, who can help with classroom management, cleaning of the classrooms, and providing extra assistance. At least, Syrian adolescents should not be pulled out of school early to clean their classrooms.
- Since violence is on the way from and to school, adult safety monitors could be placed along with well-lit, well-trafficked paths to home.
- Appropriate documentation of perpetrators of violence should be managed at school. It is likely that there are a few adolescents instigating most of the violence, and those bullies should be identified and assisted.
- Teacher training regarding alternative forms of discipline may be of use, perhaps having dyads of Jordanian teacher and Syrian volunteers and periodic observation of classes. Teachers also need to be held accountable for hitting students.

7.2. Conclusions

Based on this assessment, it is recommended that the inter-agency collaboration should be strengthened, to assist the mental health and psychosocial risk factors that can add to the growing host-refugee tensions and violence in the communities. In order to develop stronger protocols and interventions, governments and donors would benefit from providing additional funding to evaluate and address the strong host-refugee tensions that have grown to the current violent levels in schools and the non-camp setting. Considerations in MHPSS programs should include:

- **Macro- and micro-level coordinated**

³⁵ Some examples of the types of activities that have been used are listed in this document: <http://endabusewi.org/sites/default/files/resources/Bystander%20Intervention%20Strategies%20Exercise.pdf>

³⁶ Examples of program activities are listed in this document: http://www.npc.org/resources/files/pdf/school-safety/bsstoolkit_complete.pdf

³⁷ The American Psychological Association has written a Task Force Document on reducing discrimination that may be of some help: <http://www.apa.org/pubs/info/reports/promoting-diversity.aspx>

approach: The protection of adolescents, and identification of MHPSS risk factors will require securing livelihood with income-generating opportunities, affordable housing, and access to quality education. These systemic difficulties create the foundation on which discrimination and violence are growing and will require high-level advocacy for policy changes.

- **Integration of Syrians into Jordanian communities.** UNHCR defines integration as “the process by which the refugee is assimilated into the social and economic life of a new national non-camp setting³⁸. To help with this process, concerted care should be given to help Syrians with the pre-migration process (leading up to the move), arriving and settling (post arrival with high settlement-focused activities or in refugee camps), and the re-settled phase, where ideally newcomers would have access to all mainstream services without a need for targeted services. The goal is for Syrians to understand their rights and have equal access to opportunities, choices, and social connections. Service providers can target each of these phases based on their resources and expertise.
- **Integration of schools, activities, and services for Syrians and Jordanian citizens:** While the majority of Syrians were in favor of integration, most of the Jordanians in our sample were not. Integration could follow a step-wise process, but would need to incorporate both cultural and structural dimensions.
- **School-centered partnerships with the non-camp setting:** A scaling up of existing initiatives can strengthen the partnership

in the non-camp setting between citizens, service providers, and schools. Such a partnership can be a defining characteristic of successful prevention and intervention strategies. Time and energy should be invested into outreach, communication, and partnership-building for a discrimination prevention initiative. A working group sub-cluster may aid in the collaboration among partnerships.

- **Parent-adolescent centered programs:** Adolescents are reporting strained family relations and an increase in witnessed domestic violence and experienced child abuse. Since most adolescents are feeling discriminated against at school and unsupported in the non-camp setting, family becomes the most proximal, natural resource. Interventions should build upon parents’ natural strengths and enhance coping strategies that may have been altered by the stress of war and resettlement.
- **Outreach to vulnerable populations:** By pairing Syrian refugee volunteers with Jordanian aid personnel, trust in the non-camp setting can be strengthened, and collaboration fostered. Careful attention should be made to at-risk populations (children caring for sick/elderly, female-headed households, and girls at risk for early marriage)
- **Support to aid personnel:** Interviews with key informants of various sectors showed the emotional toll their work is taking. Some of the personnel had difficulty processing the traumas discussed by adolescents and required follow-up care/support. Staff should be monitored for their own well-being and supported with self-care skills, to limit vicarious traumatization as much as possible.

³⁸ UNHCR The Integration of Refugees, Geneva (undated). See also Article 34 of the Geneva Convention and Sections 2 (e) and 8(c) of the Statute of the Office of the UNHCR which state that State Parties shall promote and facilitate assimilation and naturalisation of refugees.

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APPENDIX: Assessment Tools

Tool 11: Key Informant Interviews

Date: Interviewer Name:
 Gender: Organization: Role: MH, Protection, Education,
 Camp, etc

A. Source of distress

- How have the resettlement conditions affected daily life for teens?
- What are the biggest problems with adolescents in the community?
- What are the biggest sources of tension between Syrian refugees and the host Jordanian community?
- How has the attitude of Jordanians towards Syrian refugees changed over time?

B. Risk groups

- Which groups of adolescents are suffering the most? Other adolescents groups?
- Who are the most vulnerable adolescents and why?
- What could help them?

C. Nature of distress and support *I'd like to ask a number of questions about adolescents being distressed (12-17 yrs old)*

	How did/do parents/family help adolescents in distress?	How did/does the community help adolescents in distress?
Before war	1. 2.	1. 2.
Now	1. 2.	1. 2.

- What more could be done to help adolescents who are distressed?

D. Family/parent stress

- What problems do you see for parents that have kids aged 12-17?
- What could help these parents and families take care of their adolescents?

Tool 10: Free-listing of adolescent problems For adolescents 12-17 yrs old

الأداة 10: تعداد حر لمشكلات الشباب 12-17 سنة (ملاحظة: يجب أن يكون الشاب/الفتاة بمفردها بدون أفراد آخرين)

Date: _____ IMC worker: _____ ID# _____
التاريخ: _____ أسم المقابل: _____ رقم الهوية: _____

Age: F M Gender City: Ramtha, Mafraqa, Irbid, Zarqa, Zaatari
العمر الجنس: ذكر أنثى في مدينة: الزعتري، الزرقاء، اربيد، المفرق، الرمثا

Village in Syria: Dar'a Homs Damascus Other

المدينة الأصلية في سوريا: أخرى، دمشق، حمص، درعا

How many months have you lived in the community (after Za'atari)?

منذ كم شهر وانت مقيم خارج الزعتري

Did you come straight from Syria / Za'atari?

هل قدمت مباشرة من سوريا الى الزعتري؟

Are you currently in school? Yes/no

هل تذهب الى المدرسة؟ نعم / لا

How far in school did you go?

ما هي مرحلتك الدراسية الأعلى؟

Parents: Married/ Separated/ Widowed

متزوج / منفصل / ارملة

Is this a female-headed household? Yes No

هل المسئول عن المنزل أنثى

Do you live in an apartment / house?

هل تعيشون في شقة؟ ام بيت ارضي؟

Does your family pay rent / free housing? who pay?

هل أسرته تدفع الإيجار أم هو بدون مقابل؟ من يدفع؟

Informed consent: Hello, my name is _____ and I work for the IMC. We have been working in Za'atari in psychosocial and mental health care for years. Currently, we're talking to people who live here. Our aim is to know what kinds of problems teens have in this area and to decide how we can offer support. I cannot promise to give you support in exchange for this interview. We are here only to ask questions and learn from your experiences. You are free to take part or not. If you do choose to be interviewed, I can assure you that your information will remain anonymous so no one will know what you have told us. We cannot give you anything for taking part, but we would greatly value our time and responses. Would you like to be interviewed? Yes/No? Any questions?

الموافقة المستنيرة: مرحبا، انا اسمي: ----- واعمل لدى الهيئة الطبية الدولية. نحن نعمل بمخيم الزعتري في مجال الدعم النفسي والاجتماعي منذ فترة. هدفنا التعرف على انواع المشاكل التي يواجهها المراهقين في هذه المنطقة وبناءا على ذلك نستطيع ان نقرر كيف نقدم الدعم المطلوب. نحن لا نقدم الوعد بان نقوم بتقديم الدعم لك بالمقابل لاجراء هذه المقابلة. نحن هنا فقط من اجل السؤال والاستفادة من خبراتك. انت حر باجراء هذه المقابلة او لا. اذا اخترت المقابلة. انا اؤكد لك ان المعلومات التي ادليت بها ستبقى مجهولة ولن يعرف اي شخص عن المعلومات التي اخبرتنا بها. نحن لا نقدم لك اي شيء مقابل المشاركة، لكننا نقدر بشكل كبير وقتك واستجابتك لنا. هل ترغب باجراء المقابلة نعم / لا

“What kinds of problems do adolescents have because of the war or living in Jordan? Please list as many problems that you can think of” Ask for short description of each

ما هي انواع المشاكل التي تعرضت لها بسبب الحرب او بسبب العيش داخل الأردن؟ الرجاء ذكر المشاكل التي تستطيع ان تفكر بها ” اسأل عن وصف مختصر لكل واحدة

Table 1. List of Problems (Any Kind)

الجدول 1. قائمة المشاكل (اي نوع)

Problem المشكلة	Description الوصف
1.1.1	
1.1.2	
1.1.3	
1.1.4	
1.1.5.	
1.1.6	
1.1.7	
1.1.8	
1.1.9	
1.1.10	

Probe for mental health and psychosocial problems (social relationships like domestic and community violence, child abuse, family separation), and problems related to feeling (sad or fearful), thinking (worrying) or behavior (name-calling, stone throwing, etc). Put those 10 in this

مشاكل خاصة بالصحة العقلية والمشاكل الخاصة بالصحة النفسية الاجتماعية (العلاقات الاجتماعية مثل العنف المنزلي والعنف الاجتماعي ، الاساءة للاطفال ، الانفصال الاسري) ، مشاكل ذات علاقة بالمشاعر (الحزن او الخوف) ، التفكير (القلق او السلوك) تسمية الالقاب ، رمي الحجارةالخ) ضع table: عشرة منها في هذا الجدول

Table 1.2 List of Mental Health/Psychosocial Problems

الجدول 1.2 قائمة الصحة العقلية / مشاكل الصحة النفسية الاجتماعية

1.2.1
1.2.2
1.2.3
1.2.4
1.2.5
1.2.6
1.2.7
1.2.8
1.2.9
1.2.10

RANKING:

“You mentioned a number of problems including [read MH ones above]. Of these, which is the most important problem and why?” Second most imp? Third most imp?

التصنيف

لقد قمت بذكر عدد من المشاكل وتشمل (قم بقراءة الخاصة بالصحة العقلية بالا على) من هذه ، ما هي الاكثر اهمية بالنسبة لك ولماذا ، الثانية بالاهمية ، الثالثة بالاهمية

Table 2.1 Top Three Priority Problems

اذكر ثلاثة مشاكل رئيسية

2.1.1	Problem المشكلة
	Explanation التفسير
2.1.2	Problem التفسير
	Explanation المشكلة
2.1.3	Problem التفسير
	Explanation المشكلة

COPING: “What kind of things do adolescents do to deal w these problems? Ex. Things they do by themselves, things they can do with families or communities? Does doing that help the problem?”

ماهي الأمور التي يقوم بها الشباب للتعامل مع هذه المشاكل ؟ مثال: أمور يقومون بها بنفسم ، أمور يقومون بها مع عائلاتهم او مجتمعهم ؟ هل تساعد هذه الامور في حل المشكلة

Table 3.2 Coping for each mental health problem reported in 1.2

التأقلم مع كل مشكلة نفسية تم ذكرها في 1.2

Mental health/psychosocial problem (listed in 1.2) الصحة النفسية / المشكلة النفسية الاجتماعية	Coping التأقلم	Can you still do that in the community? هل ما زلت تستطيع القيام بذلك في المجتمع؟
1.2.1		
1.2.2		
1.2.3		
1.2.4		
1.2.5		
1.2.6		
1.2.7		
1.2.8		
1.2.9		
1.2.10		

	0	1	2	3	4
Safety الأمان في المخيم	Never أبدا	A Little قليلا	Sometime بعض الأوقات	A Lot كثيرا	Always دائما
1. I feel safe in the community أشعر بالأمان في مجتمعي المحيط					
2. I feel safe to be away from my parents in the community. أشعر بالأمان بالبقاء بعيدا عن أهلي في مجتمعي المحيط					
3. I have witnessed someone being hit in the community. شاهدت أحدهم يضرب في المجتمع المحيط	0	1	2	3	4
4. I have been bullied or teased by others. تم التسلط او تمت اخافتي من الاخرين					
5. I am scared to walk alone. أخاف أن أمشي وحيدا					
6. I have seen looting in the community. شاهدت سلب في المجتمع المحيط					
7. I have seen my family fight another family. رأيت عائلتي تتشاجر مع عائلة اخرى					
8. I am scared of being kidnapped. انا خائف ان يتم اختطافي					
9. I have nightmares عندي كوابيس					
10. I urinate in bed. انا ابلل فراشي					
11. I have difficulty sleeping. عندي مشاكل بالنوم					
12. I am scared of airplanes. اخاف من الطائرات					
SCHOOL/BULLYING					
1. I am pushed/shoved or someone has pulled off my scarf at school. هناك من يعتدي على في المدرسة يدفعني بشدة او يقوم بخلع حجابي رغما عني					
2. I have been threatened at school. يتم تهديدي في المدرسة					
3. I am teased at school because I am Syrian اضطهد او اعاقب في المدرسة لأنني سوري					

What ideas do you have to increase the safety community?

ما هي الافكار التي لديك لزيادة الامن في المجتمع المحيط ؟

DISCRIMINATION

التمييز

*In your day-to-day life, how often have any of the following things happened to you?
في الحياة اليومية ، أي من الأمور التالية حدثت لك؟

	Almost everyday (1)	At least once a week (2)	A few times a month (3)	A few times a year (4)	Less than once a year (5)	Never (6)
DS1a. You are treated with less respect than other people. يتم التعامل معك باحترام أقل من احترام الآخرين.	1	2	3	4	5	6
DS1b. You receive poorer service than other people at restaurants or stores. تتلقى خدمة أسوأ من الناس الآخرين في المطاعم أو المحلات.	1	2	3	4	5	6
DS1c. People act as if they think you are not smart. الناس تتصرف كما لو أنهم يعتقدون أنك لست ذكياً.	1	2	3	4	5	6
DS1d. People act as if they are afraid of you. الناس يتصرفون كما لو أنهم يخافون منك.	1	2	3	4	5	6
DS1e. People act as if they think you are dishonest. الناس تتصرف كما لو أنها تعتقد انك غير شريف.	1	2	3	4	5	6
DS1f. People act as if you are not as good as they are. الناس تتصرف كما لو كنت لست جيد كما هم جيدون.	1	2	3	4	5	6
DS1g. You are called names or insulted. يسمونك أسماء أو يقومون باهانتك	1	2	3	4	5	6
DS1h. You are threatened or harassed. يتم تهديدك او التحرش بك	1	2	3	4	5	6

DS3. What do you think was the main reason for these experiences? Would you say...

حسب رأيك ما هو السبب الرئيسي لهذه الخبرات؟

Your ancestry or national origin or ethnicity
Your gender or sex
Your age...
Your height
Your income or educational level
Other...Specify
Don't know
Refused

بسبب أصولك؟ او بسبب عرقك؟
بسبب الجنس أو الجندر؟
عمرك
طولك
دخلك أو المستوى التعليمي
حدد
لا أعرف
أرفض

DS4. How often do people dislike you because you are Syrian?

الى أي مدى تعتقد أن الناس لا يحبوك بسبب انك سوري؟

- Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

DS5. How often do people treat you unfairly because you are Syrian?

الى اي مدى يتعامل معك الناس بظلم لأنك سوري

- Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

DS6. How often have you seen friends treated unfairly because they are Syrian?

كم مرة رأيت أصدقاء يتم معاملتهم معاملة غير عادلة لأنهم سوريين؟

- Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

What ideas do you have to improve relationships between Syrians and the Jordanian community?

ماذا تقترح لتحسين العلاقة بين السوريين والأردنيين في المجتمع الاردني

PERCEIVED SUPPORT

الدعم المدرك

Do you feel... هل تشعر	الدعم المدرك				
	0	1	2	3	4
	Never ابدا	A Little قليلا	Sometimes غالبا	A Lot كثيرا	Always دائما
1. Your parent is able to take care of you? هل والديك لديهما القدرة بالاعتناء بك؟					
2. Your parents can take care of themselves (clean, have routine?) ان والديك يستطيعون الاعتناء بانفسهم (النظافة، القيام بالامور الاعتيادية)					
3. Helped by your siblings? ان اخوانك \ اخواتك يساعدونك؟					
4. Helped by your friends? ان اصدقائك يساعدونك؟					
5. Helped by your community? ان المجتمع يساعدك؟					
6. That your parents get along well? ان والديك متفاهمين مع بعضهم؟					

LOCAL SYMPTOMS

الاعراض الظاهرة

	0	1	2	3	4
How often do you feel... كيف تشعر...	Never ابدا	A Little قليلًا	Sometime غالبًا	A Lot كثيرًا	Always دائمًا
1. ekte'ab (depressed: sad, cries, no friends, doesn't talk much) (اكتئاب: الحزن، البكاء، ليس لدي اصدقاء، لا اتكلم كثيرا)					
2. Tawattor (tense: doesn't accept others' words, hard to sleep, concentrate, not eating well) (توتر: لا اتقبل كلام الاخرين، مشاكل في النوم، مشاكل في التركيز، لا أكل جيدا)					
3. Asabi (Nervous: fires up so quickly, get upset for little things, mad at little things) عصبي بنزعج بسرعة، بعصب على أشياء بسيطة					
4. Mashkalji (trouble maker, getting into the problems, neighbors or friends complain about him) مشكلجي بحب المشاكل، الجيران أو الأصدقاء بشكوا منه	0	1	2	3	4
5. Grieving (Hozzon) because of the loss they had for their relatives in Syria, feeling sad and depressed, remembering them, crying most of the time and withdrawal. الحزن (اشعر بالحزن لفقدان احد الاقارب او المعارف، اشعر بالحزن او الاكتئاب، ا تذكر اقاربي ومعارفي، ابكي في معظم الاوقات، احب ان ابعد عن الاخرين)					
6. Fear (Khof) :Adolescents are concerned of military actions in Syria that would reach, having nightmares. الخوف: اخاف من هجمات النظام السوري والخوف ان الهجوم يصل الى مخيم الزعتري، عندي كوابيس					

	0	1	2	3	4
RESILIENCE مرونة	Never ابدا	A Little قليلا	Sometime غالباً	A Lot كثيراً	Always دائماً
I am funny. انا مرح.					
1. I play well with my siblings. العب مع اخواني					
2. I have good relations with my friends. علاقتي جيدة مع اصدقائي					
3. I have good relations with my parents. علاقتي جيدة مع والدي					
4. I am optimistic. انا متفائل					
5. I often compare my life in Syria to life here. غالباً ما اقارن حياتي هنا بسوريا					
6. I like who I am. احب نفسي كما انا					

If you could have any 3 wishes, what would they be?

اذا كان لديك 3 امنيات، ما هم؟

1-

2-

3-

Please check that all answers are completeP

الرجاء التأكد من أن جميع الأسئلة تم الإجابة عنها

Parent Individual Interview

Date:

التاريخ

IMC Worker: ID# _____

اسم المقابل

رقم الهوية

Gender: F / M

الجنس: ذكر / أنثى

Age:

العمر

City: Mafraq, Irbid, Zarqa, Za'atari Ramtha

المدينة: الزعتري الزرقاء اربد المفرق الرمثا

Village in Syria: Dar'a Homs Damascus Other

قادم من سوريا من درعا حمص دمشق أخرى

Average Household here#:

عدد أفراد العائلة

How many months have you lived in the community (after Za'atari)?

منذ كم شهر غادرت الزعتري؟

Do You live in a apartment or house:

هل تعيش في شقة أم منزل ارضي؟

Do you rent or is it free housing?

هل تدفع الايجار ام أنك لا تدفع مقابل

Married/ Separated/ Widowed

متزوج منفصل ارملة

Is this a female-headed household? Yes No

هل المسئول عن المنزل أنثى

Level of education none elementary high school more

أكثر ثانوية ابتدائي غير متعلم مستوى التعليم

Informed consent: Hello, my name is _____ and I work for the IMC. We have been working in Za'atari in psychosocial and mental health care for years. Currently, we're talking to people who live here. Our aim is to know what kinds of problems teens have in this area and to decide how we can offer support. We cannot promise to give you support in exchange for this interview. We are here only to ask questions and learn from your experiences. You are free to take part or not. If you do choose to be interviewed, I can assure you that your information will remain anonymous so no one will know what you have told us. We cannot give you anything for taking part, but we would greatly value our time and responses. Would you like to be interviewed? Yes/No?

الموافقة المستنيرة : مرحبا ، انا اسمي :----- واعمل لدى الهيئة الطبية الدولية . نحن نعمل بمخيم الزعتري في مجال الدعم النفسي والاجتماعي منذ فترة . هدفنا التعرف على انواع المشاكل التي يواجهها المراهقين في هذه المنطقة وبناءا على ذلك نستطيع ان نقرر كيف نقدم الدعم المطلوب . نحن لا نقدم الوعد بان نقوم بتقديم الدعم لك بالمقابل لاجراء هذه المقابلة . نحن هنا فقط من اجل السؤال والاستفادة من خبراتك . انت حر باجراء هذه المقابلة او لا . اذا اخترت المقابلة . انا اؤكد لك ان المعلومات التي ادليت بها ستبقى مجهولة ولن يعرف اي شخص عن المعلومات التي اخبرتنا بها . نحن لا نقدم لك اي شيء مقابل المشاركة ، لكننا نقدر بشكل كبير وقتك واستجابتك لنا . هل ترغب باجراء المقابلة نعم / لا

	0	1	2	3	4
Safety in the community الأمان في المجتمع	Never أبداً	A Little قليلاً	Sometime بعض الأوقات	Often غالباً	Always دائماً
1. I feel safe in the community. أشعر بالأمان في المجتمع					
13. I feel safe to send my children out alone. أشعر بالأمان لخروج أطفالي من البيت					
14. I have witnessed someone being hit in the community. شهدت ضرب أحدهم في المجتمع					
15. I am worried for my safety in the community. أشعر بالقلق على سلامتي في المجتمع					
16. I am scared to walk alone. أخاف من المشي وحدي					
17. I know someone that has exposed to assault in the community. أعرف أحداً تعرض للاعتداء علي في المجتمع					
18. We can control our children. نستطيع السيطرة على اطفالنا					
19. We can protect our children. نستطيع حماية اطفالنا					
20. We can work and provide for our children. نستطيع العمل لتلبية احتياجات اطفالنا					

Do you think your living conditions are acceptable? Yes No

هل تعتقد ان ظروف العيش مقبولة؟ نعم لا

Is your water quality adequate? Yes No

هل نوعية المياه مقبولة؟ نعم لا

Are your sanitation conditions adequate? Yes No

هل نوعية نظام الصرف مقبول؟ نعم لا

If in the community: Does most of your income come from:

ان كنت تعيش في المجتمع.....هل اغلب الدخل يأتي من

Work Humanitarian assistance/Charity Family/friends

العمل؟ المساعدات الأسرة والأصدقاء

What ideas do you have to increase the safety community?

ما هي الافكار التي لديك لزيادة الامن في المجتمع المحيط؟

DISCRIMINATION

التمييز

*In your day-to-day life, how often have any of the following things happened to you?

في الحياة اليومية ، أي من الأمور التالية حدثت لك؟

	Almost everyday (1)	At least once a week (2)	A few times a month (3)	A few times a year (4)	Less than once a year (5)	Never (6)
DS1a. You are treated with less respect than other people. يتم التعامل معك باحترام أقل من احترام الآخرين	1	2	3	4	5	6
DS1b. You receive poorer service than other people at restaurants or stores. تتلقى خدمة أسوأ من الناس الآخرين في المطاعم أو المحلات.	1	2	3	4	5	6
DS1c. People act as if they think you are not smart. الناس تتصرف كما لو أنهم يعتقدون أنك لست ذكياً.	1	2	3	4	5	6
DS1d. People act as if they are afraid of you. الناس يتصرفون كما لو أنهم يخافونك.	1	2	3	4	5	6
DS1e. People act as if they think you are dishonest. الناس تتصرف كما لو أنها تعتقد أنك غير شريف.	1	2	3	4	5	6
DS1f. People act as if you are not as good as they are. الناس تتصرف كما لو كنت لست جيداً كما هم جيدون.	1	2	3	4	5	6
DS1g. You are called names or insulted. يسمونك أسماء أو يقومون باهانتك	1	2	3	4	5	6
DS1h. You are threatened or harassed. يتم تهديدك أو التحرش بك	1	2	3	4	5	6

DS3. What do you think was the main reason for these experiences? Would you say...

...حسب رأيك ما هو السبب الرئيسي لهذه الخبرات؟

- Your ancestry or national origin or ethnicity
- Your gender or sex
- Your age...
- Your height
- Your income or educational level
- Other...Specify آخر...حدد
- Don't know لا أعرف
- Refused أرفض

- بسبب أصولك؟ أو بسبب عرقك؟
- بسبب الجنس أو الجندر؟
- عمرك
- طولك
- دخلك أو المستوى التعليمي
- حدد
- لا أعرف
- أرفض

DS4. How often do people dislike you because you are Syrian?

الى أي مدى تعتقد أن الناس لا يحبوك بسبب انك سوري؟

Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

DS5. How often do people treat you unfairly because you are Syrian?

الى أي مدى يتعامل معك الناس بظلم لأنك سوري

Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

DS6. How often have you seen friends treated unfairly because they are Syrian?

كم مرة رأيت أصدقاء يتم معاملتهم معاملة غير عادلة لأنهم سوريين؟

Neverأبدا
Rarelyنادرا
Sometimes.....أحيانا
Often.....كثيرا ما

What are some problems between Syrian refugees and Jordanians in your community?

ماهي المشاكل بين السوريين والاردنيين في المجتمع؟

What ideas do you have to improve the relationship between Syrians and Jordanians in Jordan?

ماذا تعتقد يمكن أن يحسن علاقة السوريين بالاردنيين

Please check that all answers are complete!

الرجاء التأكد من أن جميع الأسئلة تمت إجابتها

This report was prepared by Suzan Song, MD, MPH, PhD(c) (Global Mental Health and Psychosocial Consultant), with programmatic support from IMC Jordan. Funding was provided by UNICEF.

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International Medical Corps – Jordan
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Phone: +962 2 65622429

Table 6.2. Local terms for displaced Syrian adolescents

Local term	Description	Male N=948	Female N=1080	p-value	Total Comm* N=1626	Total Za'atari N=402	p-value
Ekte'ab	Depression: sad, cries, no friends, doesn't talk much	1.6 (1.2)	1.9 (1.2)	0.00	1.8 (1.2)	1.7 (1.1)	0.01
Tawattor	Tense: doesn't accept others' words, hard to sleep, concentrate, does not eating well	1.4 (1.3)	1.6 (1.2)	0.00	1.6 (1.3)	1.0 (1.0)	0.00
Asabi	Nervous: fires up so quickly, gets upset about little things, mad at small things.	1.5 (1.4)	1.7 (1.4)	0.00	1.6 (1.4)	1.1 (1.2)	0.00
Mashkalji	Troublemaker: getting into problems, neighbors or friends complain about him/her.	0.6 (1.0)	0.5 (0.9)	0.00	0.5 (0.9)	0.8 (1.0)	0.00
Hozzon	Grieve: feeling sad and depressed over the loss of friends in Syria, remembering them often, cry most of the time, withdrawal.	2.3 (1.4)	2.5 (1.3)	0.00	2.5 (1.4)	1.9 (1.2)	0.00
Khof	Fear: get nightmares, scared about military action that would reach the camp	1.9 (1.5)	2.3 (1.5)	0.00	2.1 (1.5)	2.0 (1.4)	0.00

Scale: 0=never, 1=a little, 2=sometimes, 3=a lot, 4=always, * Comm = non-camp setting

Table 6.3. Adolescent strengths and difficulties per range by gender N(%) .

	Male N=948	Female N=1080	P-value	Total non- camp setting N=1626	Total Zaatari N=402	p-value
Pro-social	12.9 (1.9)	13.2 (1.7)	0.00	13.0 (1.8)	13.4 (1.8)	0.00
Emotional	8.8 (2.4)	9.8 (2.2)	0.00	9.6 (2.3)	8.3 (2.2)	0.00
Conduct	7.2 (1.8)	7.3 (1.8)	0.70	7.3 (1.8)	6.9 (1.7)	0.00
Peer	8.3 (1.8)	8.2 (1.8)	0.34	8.4 (1.8)	7.7 (1.7)	0.00
Hyper	8.9 (2.0)	8.9 (1.9)	0.85	9.0 (2.0)	8.4 (1.8)	0.00
Total	46.2 (5.3)	47.3 (5.3)	0.00	47.3 (5.3)	44.7 (5.2)	0.00

Table 6.4a. Perceived adolescents support

Do you...	Boys N=948	Girls N=1080	P value	Total comm* N=1626	Total Zaatari N=402	P value
Feel that you can get along well with you parents?	3.1 (1.2)	3.1 (1.2)	0.54	3.1 (1.2)	3.2 (1.1)	0.39
Feel that your parents can take care of you?	2.9 (1.2)	3.2 (1.1)	0.00	3.0 (1.2)	3.2 (1.0)	0.00
Feel that your parents can take care for themselves?	2.9 (1.2)	3.2 (1.1)	0.00	3.0 (1.2)	3.4 (0.9)	0.00
Feel that you get help from your siblings?	2.4 (1.3)	2.5 (1.3)	0.47	2.3 (1.3)	3.0 (1.1)	0.00
Feel that you get help from your friends?	1.9 (1.3)	2.2 (1.3)	0.00	1.9 (1.3)	2.7 (1.2)	0.00

Scale: 0=never, 1=little, 2=sometimes, 3=a lot, 4=always * Comm

Table 6.4b. Perceived adolescents resilience

How much do you agree?	Boys N=948	Girls N=1080	P value	Total Comm* N=1626	Total Za'atari N=402	P value
I have good relations with my parents	3.2 (1.0)	3.2 (1.0)	0.10	3.2 (1.0)	3.2 (1.0)	0.61
I like who I am	2.5 (1.3)	2.8 (1.3)	0.00	2.7 (1.4)	2.9 (1.2)	0.01
I have good relations with friends	2.6 (1.2)	2.7 (1.2)	0.01	2.5 (1.2)	3.0 (1.0)	0.00
I am funny	2.6 (1.1)	2.5 (1.2)	0.93	2.5 (1.2)	2.9 (1.0)	0.00
I play well with siblings	2.5 (1.2)	2.4 (1.2)	0.04	2.3 (1.2)	2.8 (1.1)	0.00
I am optimistic	2.5 (1.3)	2.4 (1.3)	0.02	2.4 (1.3)	2.6 (1.3)	0.01
I often compare life in Syria to here	1.2 (1.4)	0.9 (1.3)	0.00	3.0 (1.4)	2.8 (1.2)	0.03

Scale: 0=never, 1=little, 2=sometimes, 3=a lot, 4=always * Comm=

Table 6.1 Demographics of Adolescents from Quantitative Interviews (N=2028 adolescents and N=505 Parents).

	Mean (SD) or N(%)
Adolescent Age	13.8 (1.4) range 12-17
Gender	
Male	948 (46.7)
Female	1080 (53.3)
Jordanian resettled city	
Mafraq	402 (19.8)
Irbid	396 (19.5)
Zarqa	399 (19.7)
Za'atari	402 (19.8)
Ramtha	429 (21.2)
Syrian city of origin	
Dara'a	1241 (61.2)
Homs	384 (18.9)
Damascus	226 (11.1)
Other	177 (8.7)
Months in the camp or non-camp setting	14.3 (7.1) range 1-121
Resettled to the city from refugee camp	(out of N=1,626 non-camp setting participants)
Yes	1133 (69.7%)
No	493 (30.3%)
Currently in school?	
Yes	1516 (74.8)
No	512 (25.2)
Last grade attended	7.0 (1.9) range 0-12
Parents' Age	39.4 (10.6)
Parents' marital status	
Married and living together	1497 (73.8)
Widowed	288 (14)
Married and living apart	243 (12)
Female-headed household ²²	
Yes	711 (35.1)
No	1317 (64.9)
Housing situation	
Apartment	1225 (60.4)
House	369 (18.2)
Caravan	313 (15.4)
Tent	121 (6)
Parental Source of income	
Humanitarian organizations	312 (61.8%)
Work	103 (20.4%)
Friends and family	90 (17.8%)
Household number	6.6 (3.2)
Parent's educational level	
None	66 (13.1%)
Elementary	241 (47.7%)
High school	153 (30.3%)
More than high school	45 (8.9%)

²² Parents self-identified as married, and self-identified as being in female-headed households.

