

THE EDUCATIONAL AND MENTAL HEALTH NEEDS OF SYRIAN REFUGEE CHILDREN



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Executive Summary

The Syrian conflict began in March 2011 with a brutal military crackdown on antigovernment protestors, and (as of October 1, 2015) has displaced nearly 12 million people. Many Syrians have fled to neighboring countries in the region: as of October 1, 2015 the United Nations High Commissioner for Refugees (UNHCR) had registered more than 4 million refugees living in Turkey, Lebanon, Jordan, Iraq, and Egypt. Approximately half of the Syrian refugees are under the age of 18, and around 40 percent are under the age of 12. This report examines the experiences and resulting educational and mental health needs of Syrian children currently living as refugees.

Before the conflict, Syria reported universal enrollment in primary schools, and near-universal enrollment in secondary schools. During the 2014-15 academic school year, half of all Syrian children did not attend school—a figure reaching up to three-quarters in the hardest-hit areas—and Syria's primary school enrollment rate is now one of the lowest in the world.

Upon arrival in countries of first asylum, Syrian children have encountered various disruptions and barriers to receiving an adequate education. The United Nations estimates that approximately half of Syrian refugee children were not enrolled in school in mid-2015. Recent studies suggest that the enrollment rates of school-age Syrian children are an estimated 20 percent in Lebanon, 30 percent in Turkey, and 68 percent in Jordan. Enrollment rates vary significantly across settings (in Turkey, Syrian refugee children in camps were far more likely to attend school than those in urban settings) and by gender (girls are far less likely to attend school than boys).

Approximately half of the Syrian refugees are under the age of 18, and around 40 percent are under the age of 12.

Even when they do enroll, Syrian refugee children are more likely than their nonrefugee peers to receive poor or failing grades, or to drop out altogether. The costs of attending school (including for transportation and books) may be prohibitive for some families, and parents may need children to work to help make ends meet. Children may struggle to bridge gaps in their learning after substantial educational disruptions, particularly when contending with language barriers or new curricula. In Lebanon, for example, refugee children are taught in French or English as well as in Arabic. Turkey does not allow children to enroll until they can demonstrate proficiency in Turkish. These host countries have generally not allowed Syrians to teach, although employing them could help provide instruction in Arabic and ease classroom overcrowding. Refugees may encounter discrimination and verbal or physical abuse in schools, which further deters parents from enrolling their children and can seriously affect academic outcomes.

Syrian refugee children are also at risk for a range of mental health issues resulting from their traumatic experiences. This report draws on the results of a study on Syrian refugee children, conducted in Islahiye camp in southeast Turkey, which assessed children's levels of trauma and mental health distress. These children had experienced very high levels of trauma: 79 percent had experienced a death in the family; 60 percent had seen someone get kicked, shot at, or physically hurt; and 30 percent had themselves been kicked, shot at, or physically hurt. Almost half (45 percent) displayed symptoms of posttraumatic stress disorder (PTSD)—ten times the prevalence among children around the world—and 44 percent reported symptoms of depression. Approximately one-quarter reported daily psychosomatic pains in their limbs, with one in five suffering from daily headaches.

Meeting the educational and mental health needs of Syrian refugee children will require a substantial international commitment of resources for countries of first asylum like Jordan, Lebanon, and Turkey, and ongoing support for the small percentage of children who are resettled. Studies suggest stressors associated with resettlement—such as economic hardship, language barriers, social isolation, and discrimina-



tion—can have further negative ramifications for academic and mental health outcomes.

Community-based programs developed for refugee populations show promise for addressing Syrian refugee children’s mental health needs. The organization Syria Bright Future offers tailored education and mental health support services for Syrian refugee children in Jordan, and employs mental health professionals, community workers, and—in line with Syrian cultural norms—spiritual healers. Interventions include providing children with coping strategies for PTSD symptoms, helping them build school-related skills through games and creative activities, and providing counseling and support services for families. In the United States, the New England region’s Supporting the Health of Immigrant Families and Adolescents (SHIFA) program for Somali refugees found that combining traditional individual mental health counseling with community and school-based interventions led to a greater reduction in mental health symptoms than did individual-based interventions alone. A study of refugee children in Denmark found that children experiencing conflict among family and friends or in school were at greater risk for mental health symptoms. A review of studies in Europe and the United States found that positive social supports like family support and friendships promoted refugee resilience, while discrimination and other daily stressors reduced resilience.

Syrian refugee children will likely need ongoing, targeted support to bridge the gaps in their education, attain fluency in the host-country language, and deal with trauma and other mental health symptoms. Policymakers can take a number of steps to ensure these children access quality, tailored education and mental health services. These steps include: (1) providing culturally appropriate treatments (in consultation with Syrian professionals where possible) in a variety of settings like schools and health centers, (2) providing training to those working with Syrian refugee children to recognize and treat symptoms of trauma, and (3) helping children to embrace their new home and learn the host-country language without losing their ties to Syrian culture.

I. Introduction

The Syrian civil war began with a brutal military crackdown on antigovernment protesters in March 2011, and has subsequently displaced nearly 12 million people.¹ As of October 1, 2015 the United Nations (UN) estimated there were more than 4 million Syrian refugees living abroad, comprising the second-largest refugee population in the world.² As the conflict continues with no political solution in sight, these numbers spiral upwards. Children under the age of 18 represent about half of the Syrian refugee population, with approximately 40 percent under the age of 12.³ As the Syrian refugee crisis unfolds, this report takes stock of what is happening to these displaced children.

In order to set the current refugee crisis in context, the report starts by briefly outlining the historical events leading to the conflict and the international responses to the ensuing refugee outflows. Syrian refugee children face an array of educational and mental health risks, both in refugee camps and after resettling in new countries. Many have experienced prolonged disruptions to their education, and significant trauma; adequate interventions are needed to counter the very serious consequences for their long-term developmental outcomes.

Because the conflict began only recently, the literature on Syrian refugee children and their outcomes remains very limited. In 2012 one of this report’s authors joined a team of researchers to assess the levels of trauma and mental health distress experienced by Syrian children in the Islahiye refugee camp in southeast Turkey. The report builds on these findings, while reviewing the broader literature on refugee children, to uncover the challenges facing Syrian refugee children in host and resettlement countries. It

1 European Commission, Humanitarian Aid and Civil Protection (ECHO), “Syria Crisis” (ECHO Factsheet, ECHO, Brussels, September 2015), http://ec.europa.eu/echo/files/aid/countries/factsheets/syria_en.pdf.

2 Data as of October 1, 2015. United Nations High Commissioner for Refugees (UNHCR), “Syria Regional Refugee Response, Inter-agency Information Sharing Portal,” accessed October 2, 2015, <http://data.unhcr.org/syrianrefugees/regional.php>.

3 Ibid.



concludes with a review of intervention programs in the Middle East, Europe, and the United States, and provides recommendations for best practices to address the mental health of Syrian refugee children.

II. The Syrian Conflict in Context

Understanding the Syrian conflict's historical roots helps to put the war—and the experiences of Syrian children—in perspective. Like most of the Middle East, Syria emerged from foreign rule relatively recently, passing from Ottoman to French rule after World War I, and only gaining independence from France in 1946. Thus, modern Syria is a very young and diverse country, home to various religious sects and cultures like those of Sunnis, Alawites, the Druze, Christians, and Kurds. Historically, these subcultures coexisted peacefully—albeit in relative isolation from one another—within what is now modern Syria.⁴

More recently, the advent of French colonialism and its divide-and-rule tactics magnified tensions between ethnic and religious groups.⁵ These tensions were exacerbated further when French rule ended and various groups fought for control of the newly independent Syria. Several years of political infighting ended in 1971, when Hafez al-Assad took power. Although elected for a seven-year term, he shifted his presidency into a dictatorship and remained in power until his death in 2000, when he was succeeded by his son. Bashar al-Assad at times indicated a willingness to ease the crackdown on the opposition, but his stance never shifted in a meaningful way.

Antigovernment protests began in Daraa (a town in southwest Syria) on March 15, 2011, and soon spread across the country, fanned by the government's use of force against demonstrators. (These events have been subsequently described as part of the "Arab Spring" antigovernment movements that began in the Middle East and North Africa in December 2010.) By April 2011 as many as 5,000 civilians had fled to Lebanon to escape the growing violence, marking the start of the Syrian refugee crisis.⁶ In June al-Assad ordered the army to enter Jisr al-Shughour, a northwestern town near the Turkish border, to crack down on antigovernment activists. More than 10,000 Syrian refugees subsequently fled Jisr al-Shughour into Turkey.⁷ Rather than suppressing the street protests, the military response prompted hundreds of thousands of people to participate in them in July 2011.⁸

As violence escalated, refugees continued to flee in large numbers. By March 2012 the United Nations High Commissioner for Refugees (UNHCR) had registered 26,628 Syrian refugees (a much larger, unregistered, population lives outside camps).⁹ In December 2012 the United States, Britain, France, and the Gulf states formally recognized the newly formed National Coalition—composed of several Syrian opposition forces and excluding militant Islamist groups such as Al-Nusra and Al-Tawhid—as the legitimate representatives of the Syrian people.¹⁰ Fighting continued during this period of coalition building, and by the end of 2012 there were nearly 500,000 registered Syrian refugees.¹¹

4 William R. Polk, "Understanding Syria: From Pre-civil War to Post-Assad," *The Atlantic*, December 10, 2013, www.theatlantic.com/international/archive/2013/12/understanding-syria-from-pre-civil-war-to-post-assad/281989/.

5 Ibid.

6 European University Institute, Robert Schuman Centre for Advanced Studies, and Migration Policy Centre, "Timeline: The Syrian refugee crisis begins: Up to 5000 refugees flee to Lebanon," accessed October 8, 2015, http://syrianrefugees.eu/?page_id=163.

7 UNHCR estimates, cited in United Nations Radio, "10,000 Syrians flee into Turkey," June 21, 2011, www.unmultimedia.org/radio/english/2011/06/10000-syrians-flee-into-turkey/.

8 Lucy Rodgers, David Gritten, James Offer, and Patrick Asare, "Syria: The story of the conflict," BBC News, last updated March 15, 2015, www.bbc.com/news/world-middle-east-26116868.

9 UNHCR, "Syria Regional Refugee Response," see for example, unofficial estimates of unregistered vs. registered refugees in Turkey in ECHO, "Turkey: Syria crisis" (ECHO Factsheet, ECHO, Brussels, June 2015), http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf.

10 Polk, "Understanding Syria."

11 UNHCR, "Syria Regional Refugee Response."



Al-Assad's aerial bombing campaign against the town of Raqqa in March 2013 prompted the United States and Britain to pledge nonmilitary aid to the rebels, and in May 2013 the European Union (EU) lifted its two-year embargo on supplying arms to Syria. The lifting of the embargo and other forms of outside support allowed the rebels to take many of the government's strongholds, but resulted in civilians being caught in intensified fighting. By the end of 2013, UNHCR recorded 2.3 million registered Syrian refugees.¹²

As the civil war rages on, Syrian citizens—and, in particular, Syrian children—continue to suffer greatly.

The National Coalition started losing ground in December 2013, as militant Islamists began attacking and taking control of rebel-controlled bases, and support from Hezbollah (in Lebanon), Russia, and China enabled government forces to retake much of the country by March 2014.¹³ By August the Islamic State of Iraq and Syria (ISIS)—an extremist Sunni group seeking to control the region and violently impose its fundamentalist vision of Islam—had captured the northern province of Raqqa. By the end of 2014, there were more than 3.7 million registered Syrian refugees.¹⁴ Kurdish forces have fought the ISIS forces in Kobane (in northern Syria), and the United States, Russia, Turkey, and five Arab countries have carried out air strikes primarily in northern Syria around Raqqa, Aleppo, and Hassakeh.¹⁵ Fighting continues between government forces, ISIS, and an array of diverse (and sometimes opposed) secular and Islamist rebel groups, with little prospect of a ceasefire or political solution. As of October 1, 2015, more than 4 million Syrians were registered as refugees abroad, and at least 7.6 million were displaced inside the country.¹⁶

III. The Plight of Syrian Refugees

According to a UN inquiry, around 1,000 groups may be fighting in Syria.¹⁷ As of August 2014, there had been nearly 200,000 documented conflict-related killings; the real toll may be far higher.¹⁸ Syrian civilians are caught between the fighting factions, with devastating results. Today, moderate Islamic groups and secular groups are being overwhelmed by militant Islamic groups. All parties in this multilayered conflict have committed war crimes, including torture, disappearances, rape, and murder. Civilians have been massacred, both by default and design. ISIS is known to have engaged in the mass murder of religious minorities.¹⁹

As the civil war rages on, Syrian citizens—and, in particular, Syrian children—continue to suffer greatly. Some 12.2 million Syrians—including 5.6 million children—inside Syria were in need of humanitarian

12 Ibid.

13 Rodgers, Gritten, Offer, and Asare, "Syria: The story of the conflict."

14 UNHCR, "Syria Regional Refugee Response."

15 BBC News, "Battle for Iraq and Syria in maps," September 30, 2015, www.bbc.com/news/world-middle-east-27838034; Tim Wallace, Sergio Peçanha, K.K. Rebecca Lai, Karen Yourish, and Sarah Almukhtar, "The Russian Air Campaign in Syria," *The New York Times*, October 2, 2015, www.nytimes.com/interactive/2015/09/30/world/middleeast/syria-control-map-isis-rebels-airstrikes.html.

16 United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), "Syrian Arab Republic: Key Figures," accessed October 8, 2015, www.unocha.org/syria.

17 Thomas Reuters Foundation, "Syria's Civil War," last updated September 24, 2014, www.trust.org/spotlight/Syrias-civil-war/?tab=briefing.

18 Megan Price, Anita Gohdes, and Patrick Ball, *Updated Statistical Analysis of Documentation of Killings in the Syrian Arab Republic*, Report Commissioned by the Office of the UN High Commissioner for Human Rights (San Francisco: Human Rights Data Analysis Group, 2014), www.ohchr.org/Documents/Countries/SY/HRDAGUpdatedReportAug2014.pdf.

19 Polk, "Understanding Syria;" Rodgers, Gritten, Offer, and Asare, "Syria: The story of the conflict;" Price, Gohdes, and Ball, *Updated Statistical Analysis of Documentation of Killings*.



assistance.²⁰ The United Nations Children’s Fund (UNICEF) estimated in early 2014 that approximately 323,000 children under the age of 5 remained in besieged areas.²¹ UNICEF estimates from September 2015 suggest 82 percent of Syria’s population live in poverty; malnutrition among children and pregnant women is rife.²²

There are more refugees coming out of Syria than any other nation.²³ Estimates from September 2015 suggest that just over 2 million children have fled Syria and are living as refugees in neighboring countries in the Middle East, or North Africa; nearly 11,000 children crossed the Syrian border on their own, and more than 140,000 were born as refugees.²⁴

Most of these refugees have fled to the nearby countries of Turkey, Lebanon, Iraq, Egypt, and Jordan, all of which are struggling to handle the scale of the humanitarian crisis.²⁵ Many of the refugees in these neighboring countries reside in refugee camps; others reside in informal settlements, with relatives, or in rented accommodation in urban areas.²⁶ In 2014, two-thirds of Syrian refugees in Jordan, and half of Syrian refugees in Lebanon, lived below the national poverty line.²⁷ By July 2015, this share had risen to 70 percent in Lebanon.²⁸ The United Nations and a number of charity organizations provide humanitarian assistance in the form of food, shelter, and medical aid, but the sheer numbers of refugees and funding shortfalls make it difficult to meet even their most urgent needs. Amid deteriorating conditions in countries of first asylum, growing numbers of Syrians have sought protection outside the region. Though many countries have increased the number of refugees they will accept through resettlement, family reunification, emergency scholarship, and humanitarian admission programs, demand far outstrips supply. As of October 2, 2015, 130,408 resettlement places had been made available to Syrians worldwide, leaving hundreds of thousands waiting for safe resettlement.²⁹ Some Syrian refugees are instead choosing to take dangerous, illicit routes to reach Europe, where they can apply for asylum. UNHCR data suggest around a quarter of a million Syrians arrived by sea in Europe between January and the start of October 2015.³⁰ Many have then travelled onward to wealthier northern European states such as Germany and Sweden, which received half of all first-time asylum applications by Syrian nationals in the first half of 2015.³¹

In light of these recent events, the United States has been under public and political pressure to increase the number of Syrians accepted for permanent resettlement through its refugee resettlement program. On September 10, 2015, the White House announced plans to admit at least 10,000 Syrian refugees dur-

20 UNOCHA, “Syrian Arab Republic: Key Figures,” UNOCHA, “About the Crisis,” accessed October 2, 2015, www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis.

21 United Nations Children’s Fund (UNICEF), *Under Siege: The Devastating Impact on Children of Three Years of Conflict in Syria* (Amman: UNICEF, 2014), 3–5, www.unicefusa.org/sites/default/files/assets/pdf/UN01137.pdf.

22 UNICEF Connect, “The Syrian conflict and Europe’s refugee crisis in numbers,” September 30, 2015, <https://blogs.unicef.org/blog/the-syrian-conflict-and-europes-refugee-crisis-in-numbers/>.

23 Amnesty International, *Left Out in the Cold: Syrian Refugees Abandoned by the International Community* (London: Amnesty International Ltd., 2014), www.amnesty.org/download/Documents/208000/mde240472014en.pdf.

24 UNICEF, “#ChildrenofSyria,” accessed October 2, 2015, <http://childrenofsyria.info/>; UNICEF Connect, “The Syrian conflict and Europe’s refugee crisis in numbers.”

25 ECHO, “Turkey: Syria crisis.”

26 Note that Lebanon—unlike Jordan, Iraq, and Turkey—does not have refugee camps. See European University Institute, Robert Schuman Centre for Advanced Studies, and Migration Policy Centre, “Syrian Refugees.”

27 UNHCR, *Living in the Shadows: Jordan Home Visit Report 2014* (Geneva: UNHCR, 2015), 22, <http://unhcr.org/jordan2014urbanreport/home-visit-report.pdf>; United Nations, *Regional Refugee & Resilience Plan 2015-16 – Lebanon* (New York: United Nations, 2014), 5, www.3rpsyriacrisis.org/wp-content/uploads/2014/12/3RP-Report-Lebanon-formatted.pdf.

28 World Food Program, “Lebanon: Syria Crisis Response,” July 2015, http://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Lebanon%20Situation%20Report_July%202015.pdf.

29 UNHCR, “Resettlement and Other Forms of Admission for Syrian Refugees,” last updated June 29, 2015, www.unhcr.org/52b2febafc5.pdf.

30 As of October 2, 2015, there were 549,682 arrivals by sea in 2015, 55 percent of whom were Syrian nationals; UNHCR, “Refugees/Migrants Emergency Response – Mediterranean,” accessed October 5, 2015, <http://data.unhcr.org/mediterranean/regional.php>.

31 Eurostat, “Asylum and first time asylum applicants by citizenship, age, and sex. Monthly data (rounded), [migr_asyappctzm],” accessed October 5, 2015, http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=migr_asyappctzm&lang=en.



ing the next fiscal year (October 2015-September 2016).³² While the United States is currently reviewing thousands of Syrian applications, as of October 1 2015 it had only admitted 1,494 Syrian refugees since the war began in 2011,³³ facing criticism for its slow response. Part of the problem is the very slow vetting process, which takes 18 to 24 months.³⁴ Although the United States is the largest supplier of aid to Syria,³⁵ current stringent security clearance requirements for refugee applications make it particularly difficult for Muslim Arabs to be approved.³⁶ If an applicant has had any interaction with a militant group, including through activities like selling products or providing services, the application will be rejected. The Departments of State and Homeland Security coordinate security checks on each application, with biometric and biographic information screened or vetted against databases operated by Homeland Security agencies, the Department of Defense, the Federal Bureau of Investigation (FBI), and the intelligence community.³⁷ The Obama administration has attempted to address security-related problems by allowing Syrian refugee applications to be reviewed on a case-by-case basis and by approving cases that otherwise would have been rejected.³⁸

Syrian refugees are at very high risk for mental illness and poor access to education.

While neighboring countries of asylum, distant (and wealthy) nations such as the United States and Britain, and international organizations such as the World Health Organization (WHO) have donated resources and funds to address the Syrian refugee crisis, the sheer magnitude of the problem has resulted in the underfunding of both refugee camps and resettlement programs.³⁹ Before resettlement, most refugees will have lived in camps for at least a year.⁴⁰ Between the suffering and trauma experienced before fleeing, and the scarce resources and services within refugee camps, Syrian refugees are at very high risk for mental illness and poor access to education. While more research is needed to assess the unique challenges and needs of Syrian refugee children, a summary of what is known in the areas of education and mental health is provided below.

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- 32 Gardiner Harris, David E. Sanger, and David M. Herszenhorn, "Obama Increases Number of Syrian Refugees for U.S. Resettlement to 10,000," *New York Times*, September 10, 2015, www.nytimes.com/2015/09/11/world/middleeast/obama-directs-administration-to-accept-10000-syrian-refugees.html.
- 33 Associated Press, "US to resettle more Syrian refugees in the near future," Yahoo! News, April 2, 2015, <http://news.yahoo.com/us-resettle-more-syrian-refugees-near-future-142513509.html>.
- 34 Paul Richter, "U.S. to Accept Syrian Refugees in Greater Numbers after Slow Start," *Los Angeles Times*, September 10, 2014, www.latimes.com/world/middleeast/la-fg-syria-refugees-20141211-story.html.
- 35 *New York Times*, "Still Failing Syria's Refugees," *The New York Times*, December 13, 2014, www.nytimes.com/2014/12/14/opinion/sunday/still-failing-syrias-refugees.html.
- 36 Elizabeth Acer, "America has Resettled 121 of Syria's 2m Refugees: We Must do Better—Now," *The Guardian*, April 2, 2014, www.theguardian.com/commentisfree/2014/apr/02/america-syria-refugee-resettlement-do-better-now.
- 37 Written testimony of U.S. Citizenship and Immigration Services (USCIS), Refugee, Asylum, and International Operations Directorate, Refugee Affairs Division Chief Barbara Strack before the House Committee on Homeland Security, Subcommittee on Counterterrorism and Intelligence, "Terrorist Exploitation of Refugee Programs," 112th Cong., 2nd sess., December 4, 2012, www.dhs.gov/news/2012/12/04/written-testimony-uscis-house-homeland-security-subcommittee-counterterrorism-and.
- 38 The new rule, listed in the *Federal Register* on February 5, 2014, allows authorities to exercise discretion and admit those who provided insignificant material support to members of a designated terrorist organization. See Department of Homeland Security (DHS) and State Department, "Exercise of Authority under Section 212(d)(3)(B)(i) of the Immigration and Nationality Act," *Federal Register*, February 5, 2014, 79 FR 6913: 6913–6914, www.federalregister.gov/articles/2014/02/05/2014-02353/exercise-of-authority-under-section-212d3bi-of-the-immigration-and-nationality-act.
- 39 Judith Cochran, "The Education of Syrian Refugee Children," Middle East Institute, August 20, 2014, www.mei.edu/content/at/education-syrian-refugee-children.
- 40 Anne Gearan, "U.S. to Greatly Expand Resettlement for Syrian Refugees," *Washington Post*, September 30, 2014, www.washingtonpost.com/world/national-security/us-to-greatly-expand-resettlement-for-syrian-refugees/2014/09/30/8adaf1e4-48ef-11e4-b72e-d60a9229cc10_story.html.



IV. Educational Needs of Syrian Refugee Children

The educational environment in Syria deteriorated quickly after the war started. Previously, Syria was an education success story, reporting universal enrollment in primary school and near-universal enrollment in secondary school.⁴¹ During the 2014-15 school year, 51 percent of all Syrian children did not attend school, and in the hardest-hit areas up to 74 percent of children were not enrolled.⁴² As of 2014 Syria's net primary education enrollment rate was the second-lowest in the world.⁴³ One in four schools have been destroyed, damaged, or converted into shelters; and as of September 2015, an estimated 2.7 million Syrian children did not attend school.⁴⁴

Life as a refugee can often compound the problem of a disrupted education, as children struggle to access schooling in countries of first asylum.

The deterioration of Syria's education system means that many children arrive in refugee camps already at an educational disadvantage. If there has been a disruption in their schooling, refugee children will be behind in all subjects and will need to catch up while simultaneously learning a new language and adjusting to an entirely new cultural and social environment.⁴⁵ The acquisition of a second language is particularly challenging for children who have fallen behind in academic skills due to interruptions in their schooling.⁴⁶ Additionally, the emotional trauma experienced by many refugee children may affect their cognitive, emotional, and social development and increase their academic challenges.⁴⁷

Life as a refugee can often compound the problem of a disrupted education, as children struggle to access schooling in countries of first asylum. In Lebanon, for instance, around one in five Syrian refugee children are enrolled in school—and the number of school-age Syrian children outstrips the capacity of Lebanon's entire public school system.⁴⁸ In Jordan one-third of all school-age Syrian children were not enrolled in any type of education in 2014⁴⁹—a problem exacerbated by oversubscribed schools and Jordan's policy of not enrolling children who have missed three or more years of school.⁵⁰ In Turkey more than two-thirds (70 percent) of all school-age refugee children were not attending school in 2014, despite the fact that the

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- 41 Kevin Watkins and Steven A. Zyck, *Living on Hope, Hoping for Education* (London: Overseas Development Institute, 2014), www.odi.org/publications/8829-syria-refugee-education-crisis-hope; Miriam Azar, "Bringing Learning to Syrian Refugee Children in Lebanon," (UNICEF news update, January 10, 2014), www.unicef.org/infobycountry/lebanon_71753.html.
- 42 Syrian Centre for Policy Research (SCPR), *Alienation and Violence: Impact of the Syria Crisis in 2014* (Damascus: SCPR, 2015), 47-49, www.unrwa.org/sites/default/files/alienation_and_violence_impact_of_the_syria_crisis_in_2014_eng.pdf.
- 43 Ibid.
- 44 UNICEF Connect, "The Syrian conflict and Europe's refugee crisis in numbers."
- 45 Jill Brown, Jenny Miller, and Jane Mitchell, "Interrupted Schooling and the Acquisition of Literacy: Experiences of Sudanese Refugees in Victorian Secondary Schools," *Australian Journal of Language and Literacy* 29, no. 2 (2006): 150.
- 46 Kristina Robertson, Susan Lafond, and Johnny Romah, *Students with Interrupted Formal Education* (New York: Advocates for Children of New York, 2010), www.advocatesforchildren.org/SIFE%20Paper%20final.pdf?pt=1.
- 47 Nicole Fraine and Rossana McDade, "Reducing Bias in Psychometric Assessment of Culturally and Linguistically Diverse Students from Refugee Backgrounds in Australian Schools: A Process Approach," *Australian Psychologist* 44, no. 1 (2009): 16-26.
- 48 UNHCR, "UNHCR warns of bleaker future for refugees as Syrian conflict enters 5th year," (news release, March 12, 2015), www.unhcr.org/55016fff6.html.
- 49 Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation, *Jordan Response Plan 2015 for the Syria Crisis* (Amman: Ministry of Planning and International Cooperation, 2014), 40-41, www.jo.undp.org/content/dam/jordan/docs/Publications/JRP+Final+Draft+2014.12.17.pdf.
- 50 UNHCR, *The Future of Syria: Refugee Children in Crisis* (Geneva: UNHCR, 2013), 47-49, <http://unhcr.org/FutureOfSyria/>.



Turkish government has offered free enrollment.⁵¹ As well as this variation by country, the data for urban and camp settings vary significantly: for example, the Turkish government estimated in a 2013 report that 83 percent of children ages 6 to 11 in refugee camps attended school, compared with just 14 percent of children outside camps.⁵²

The United Nations estimates that as of July 2015, more than half of Syrian refugee children (53 percent) were not enrolled in school.⁵³ In addition, there is a wave of refugee children who were infants when their families fled Syria or who were born in refugee camps; as many as 100,000 reach school age each year without having a school to attend.⁵⁴ These statistics may underestimate the problem, as refugees often enroll in school but fail to attend due to the need to earn money for their families.⁵⁵

The educational crisis is more severe for Syrian girls than boys. Refugee girls have abysmal secondary school attendance rates; the lowest is in Lebanon's refugee camps, where 91 percent of girls between the ages of 15 and 18 were out of school in 2014.⁵⁶ It is well documented that the education of girls can greatly affect intergenerational poverty, infant mortality rates, and family health and well-being.⁵⁷ Girls out of school are more vulnerable to early marriage and sexual exploitation, and several reports have found this to be the case among Syrian girls. The number of Syrian refugee girls in Jordan marrying before the age of 18 rose 25 percent between 2013 and 2014,⁵⁸ and there is growing evidence that many young girls are being sold into marriages⁵⁹ or being sexually exploited by people taking advantage of the desperation of refugee families, for instance, by taking sexual favors as payment for rent and necessities.⁶⁰ Thus, Syrian refugee girls are not only less likely to complete their education, but are also at much higher risk for the mental health problems associated with sexual trauma (see below).

The educational crisis is more severe for Syrian girls than boys.

A number of factors beyond the limited capacity of existing schools contribute to the low enrollment of refugee children in Lebanon, Jordan, and Turkey. For instance, though most refugee children are offered reduced-price or free enrollment, their families often find even small costs associated with schooling—such as for books or transportation—to be prohibitive.⁶¹ In Turkey children are not allowed to enroll until

51 Enrollment rates for younger children are higher, but there is a notable dropoff in enrollment for grades 10-12. United Nations, *Regional Refugee & Resilience Plan 2015-16: Turkey* (New York: United Nations, 2015), 41-43, www.3rpsyriacrisis.org/wp-content/uploads/2015/01/3RP-Report-Turkey-A4-low-res.pdf.

52 Republic of Turkey, Prime Ministry, Disaster and Emergency Management Presidency (AFAD), *Syrian Refugees in Turkey, 2013: Field Survey Results* (Ankara: AFAD, 2013), 50, www.afad.gov.tr/Dokuman/TR/61-2013123015505-syrian-refugees-in-turkey-2013_print_12.11.2013_eng.pdf.

53 United Nations, "Regional Monthly Update: 3RP Achievements – July 2015," accessed October 5, 2015, www.3rpsyriacrisis.org/wp-content/uploads/2015/09/3RP-Regional-Dashboards-July.pdf.

54 Watkins and Zyck, *Living on Hope*, 3.

55 Ibid.

56 UNHCR, *Syrian Refugee Situation Analysis of Youth in Lebanon* (Beirut: UNHCR, 2014), <http://data.unhcr.org/syrianrefugees/download.php?id=6765>; Watkins and Zyck, *Living on Hope*.

57 Lorraine Charles and Kate Denman, "Syrian and Palestinian Syrian Refugees in Lebanon: The Plight of Women and Children," *Journal of International Women's Studies* 14, no. 5 (2013): 96–111; Save the Children, *Too Young to Wed: The Growing Problem of Child Marriages among Syrian Girls in Jordan* (Amman: Save the Children, 2014), www.savethechildren.org/atf/cf/%7B9def2e8e-10ae-432c-9bd0-df91d2eba74a%7D/TOO_YOUNG_TO_WED_REPORT_0714.PDF.

58 Ibid.

59 Susan Bartels and Kathleen Hamill, *Running Out of Time: Survival of Syrian Refugee Children in Lebanon* (Boston: FXB Center for Health and Human Rights, Harvard University, 2014), <http://fxb.harvard.edu/wp-content/uploads/sites/5/2014/01/FXB-Center-Syrian-Refugees-in-Lebanon-Released-01-13-14.pdf>; Watkins and Zyck, *Living on Hope*; Solum Anderson, "Child Marriages Rise among Syrian Refugee Girls," *The Atlantic*, May 28, 2013, www.theatlantic.com/international/archive/2013/05/child-marriages-rise-among-syrian-refugee-girls/276287/.

60 Ghida Anani, "Dimensions of Gender-based Violence against Syrian Refugees in Lebanon," *Forced Migration Review* 44 (2013): 75–78, www.fmreview.org/detention/anani.

61 Charles and Denman, "Syrian and Palestinian Syrian Refugees in Lebanon."



they have demonstrated proficiency in Turkish, and Syrian refugee children struggle in Lebanese schools, where instruction is in French or English as well as Arabic.⁶² Other students cannot attend schools because they live far away and do not have reliable transportation. Still others cannot demonstrate their refugee status or verify their previous education.⁶³ Finally, refugee families often need their children to work in order to make ends meet, and so do not enroll them. The economic hardship of Syrian families puts their children at particular risk for labor exploitation.⁶⁴ Thus, rather than learning and preparing for their futures, many Syrian children are working, often in dangerous jobs with low pay.

Further, those Syrian refugee children who are enrolled in school are at much higher risk for dropping out and having poor or failing grades than their peers.⁶⁵ An in-depth exploration of education in Syrian refugee camps in Lebanon found that, at a rate of 30 percent, Syrian children were twice as likely as Lebanese children to drop out of school.⁶⁶ Language barriers were cited as the primary reason for this, but many other barriers also contribute, including (but not limited to) a lack of previous educational attainment documentation, concerns about safety, a lack of transportation fees, emotional trauma, mistreatment in schools, and the difficulty of catching up after substantial educational disruptions.⁶⁷

For those students who do not drop out, schooling experiences may be significantly limited by inadequate resources. The influx of Syrian children has stretched educational resources in Lebanon, Jordan, and Turkey. There are shortages of teachers and books, among other things. Most teachers have not been trained in addressing the needs of traumatized children, some of whom may exhibit difficult behaviors. Further compounding the problem, Syrian teachers have generally not been allowed to teach in the host countries, though employing them could ease classroom overcrowding and help provide instruction in Arabic.⁶⁸

Syrian students have also reported marginalization, bullying, and acts of violence in schools.⁶⁹ In Jordan and Lebanon, native parents have expressed frustration with the influx of Syrian children, fearing their presence could compromise the overall quality of education. Hostility toward Syrian children has been especially pronounced in Lebanon, in a climate of growing resentment toward refugees. Syrian children describe frequent experiences of verbal or physical abuse in schools. They also report that native parents instruct their children not to sit near them, believing Syrian children to be dirty and possible carriers of infectious diseases. Signs have been posted asking Syrians to leave Lebanon, and there have been forced evictions from informal settlements and violent acts against refugees. Increasing violence has prompted Syrian parents to question whether it is safe to send their children to school at all.⁷⁰

The influx of Syrian children has stretched educational resources in Lebanon, Jordan, and Turkey.

The United Nations and other international organizations are well aware that educating Syrian children is of utmost importance. Unfortunately, fundraising efforts have fallen well short of target. The UN Syria Regional Response Plan (RRP) for 2014 raised 62 percent of required funds;⁷¹ and at the start of October 2015, the United Nations had received just 33 percent of the requested funds for its Syria Response Pro-

62 UNICEF and Save the Children, *Education Rapid Needs Assessment for Displaced Syrian Children in Schools, Community, and Safe Spaces* (Beirut: United Nations Children Fund and Save the Children, 2012).

63 Watkins and Zyck, *Living on Hope*.

64 Charles and Denman, "Syrian and Palestinian Syrian Refugees in Lebanon."

65 Azar, "Bringing Learning to Syrian Refugee Children in Lebanon."

66 UNICEF and Save the Children, *Education Rapid Needs Assessment*, 5.

67 Ibid.

68 Watkins and Zyck, *Living on Hope*.

69 UNHCR, *The Future of Syria*.

70 Watkins and Zyck, *Living on Hope*; UNHCR, *The Future of Syria*.

71 Financial Tracking Services (FTS), "Total Funding to the Syrian Crisis 2014," accessed October 6, 2015, <https://fts.unocha.org/pageloader.aspx?page=special-syriancrisis&year=2014>.



gram 2015, and 46 percent for its Syria Regional Refugee and Resilience (3RP) Plan.⁷² In June 2015, the United Nations reported it had raised just 28 percent of its funding requirements for education programs under the 3RP.⁷³

A number of countries and organizations have taken steps to improve educational access for Syrian refugee children. With financial support from UN agencies and other donors, Lebanon recently announced plans to waive tuition and book fees for Lebanese and refugee children up to grade nine in the public school system; its public schools also are required to enroll refugee children even if they cannot demonstrate their legal status.⁷⁴ Even Lebanon's generous schooling policy, however, cannot overcome the problems of limited capacity in the public school system, particularly overcrowded schools and a dearth of teachers.

It is difficult to predict the specific educational needs of Syrian refugee children after resettlement in the United States or Europe. It is clear, however, that most children will face barriers to educational success in their new homes, particularly during the first several years. Before resettlement, most Syrian children have lived in a refugee camp for at least a year, and likely experienced disruptions to their schooling before leaving Syria. The permanent resettlement process for Syrian refugees is only beginning, and careful attention needs to be paid to how children resettled in Europe or the United States fare in school.

It is difficult to predict the specific educational needs of Syrian refugee children after resettlement in the United States or Europe.

Some insights can be gleaned from previous research on other refugee groups, particularly in the United States. The literature suggests that educational outcomes are more positive when children stay connected to their birth-country culture while simultaneously assimilating to U.S. culture.⁷⁵ Drawing on the strengths of a bicultural identity eases the emotional strain of integration. A strong ethnic identity can, for example, buffer children from the effects of discrimination.⁷⁶ Additionally, refugee children tend to perform better in school when educators understand the trauma associated with the refugee experience. Educators who understand the refugee experience are more likely to recognize when behavioral and cognitive difficulties are trauma related, rather than misdiagnosing such difficulties as learning disabilities or mental health problems.

V. Mental Health among Syrian Refugee Children

It is also important to understand the effects of refugee children's early experiences on their mental health and long-term development, with possible consequences for society at large. Many of the Syrians fleeing war have experienced trauma and loss; some have been caught in the crossfire. Children who are

72 FTS, "Total Funding to the Syrian Crisis 2015," accessed October 6, 2015, <https://fts.unocha.org/pageloader.aspx?page=special-syriancrisis>.

73 United Nations, *3RP Regional Progress Report* (New York: United Nations, 2015), 19, www.3rpsyriacrisis.org/wp-content/uploads/2015/06/3RP-Progress-Report.pdf.

74 Charles and Denman, "Syrian and Palestinian Syrian Refugees in Lebanon;" UNHCR, "200,000 Syrian refugee children to get free schooling in Lebanon," (news release, October 2, 2015), www.unhcr.org/560e96b56.html.

75 J. Lynn McBrien, "Educational Needs and Barriers for Refugee Students in the United States: A Review of the Literature," *Review of Educational Research* 75, no. 3 (2005): 329–64.

76 Christia Spears Brown, *The Educational, Psychological, and Social Impact of Discrimination on the Immigrant Child* (Washington, DC: Migration Policy Institute, 2015), www.migrationpolicy.org/research/educational-psychological-and-social-impact-discrimination-immigrant-child.



exposed to war and violence are at high risk for suffering from mental health problems.⁷⁷ Research on refugee children identifies posttraumatic stress disorder (PTSD) as the most common such problem, followed by depression.⁷⁸ Refugee children also tend to have higher levels of behavioral or emotional problems, including aggression and other affective disorders.⁷⁹

The onset of these mental health problems can have long-term negative consequences for children. Children who suffer from PTSD or depression, or exhibit difficult behaviors, must find ways to cope with their symptoms while in refugee camps, a setting that provides little, if any, support to address such problems. These problems are only exacerbated when caring adults (parents or others) are missing from the lives of refugee children, perhaps because they have died or been left behind.

These mental health problems yield a high cost for society.⁸⁰ Individuals with mental health problems require more resources in school and during the transition to work. As adults, they are more likely to leave jobs and stay unemployed.⁸¹ Persisting mental health problems could thus limit the educational attainment and employability of refugees, thereby hampering Syria's recovery when the war finally ends and some refugees presumably return home.

Children who are not formally educated are more likely to feel marginalized and hopeless, making them vulnerable targets for radicalization.

The education crisis described above also directly contributes to mental health issues and dangers. Children who are not formally educated are more likely to feel marginalized and hopeless, making them vulnerable targets for radicalization. For example, ISIS is believed to be actively recruiting Syrian youth in Lebanon, taking advantage of their anger and disillusionment.⁸² Unfortunately, the record of the international community's response to child refugee crises shows numerous lost opportunities. A cycle of hopelessness, anger, and radicalization was seen in previous crises, as in Afghanistan and Rwanda, where camps became recruitment grounds for child soldiers.⁸³ The neglect of child refugees can also carry civil unrest across generations. Girls who are not enrolled in school are at risk for sexual assault, sexual exploitation, and early marriage,⁸⁴ all of which can contribute to depression, PTSD, and other mental health disorders—both for them and their children. In the long term, these serious impediments to Syrian children's healthy maturation and preparation for adulthood may greatly inhibit the successful postconflict rebuilding of Syria, and could lead to decades of poverty and unrest.⁸⁵

77 Kimberly A. Ehntholt and William Yule, "Practitioner Review: Assessment and Treatment of Refugee Children and Adolescents Who Have Experienced War-related Trauma," *Journal of Child Psychology and Psychiatry* 47, no. 12 (2006): 1197–210; Vivian Khamis, "Post-traumatic Stress Disorder among School Age Palestinian Children," *Child Abuse and Neglect* 29, no. 1 (2005): 81–95; Samir Qouta, Raija-Leena Punamäki, and Eyad El Sarraj, "Prevalence and Determinants of PTSD among Palestinian Children Exposed to Military Violence," *European Child and Adolescent Psychiatry* 12, no. 6 (2003): 265–72.

78 Mevludin Hasanovic, "Posttraumatic Stress Disorder in Bosnian Internally Displaced and Refugee Adolescents from Three Different Regions after the 1992-1995 War in Bosnia and Herzegovina," *Paediatrics Today* 8, no. 1 (2012): 22–31; Abdel Aziz Mousa Thabet, Yehia Abed, and Panos Vostanis, "Comorbidity of PTSD and Depression among Refugee Children during War Conflict," *Journal of Child Psychology and Psychiatry* 45, no. 3 (2004): 533–42.

79 Joh Henley and Julie Robinson, "Mental health issues among refugee children and adolescents," *Clinical Psychologist* 15, no. 2 (2011): 51–62.

80 David A. Brent and Michael Silverstein, "Shedding light on the long shadow of childhood adversity," *JAMA: Journal of The American Medical Association* 309, no. 17 (2013): 1777–78.

81 Ibid.

82 Watkins and Zyck, *Living on Hope*.

83 Serap Özer, Selçuk Şirin, and Brit Oppedal, *Bahçeşehir Study of Syrian Refugee Children in Turkey* (Oslo, Norway: Folkehelseinstituttet, 2013), www.fhi.no/dokumenter/4a7c5c4de3.pdf.

84 Charles and Denman, "Syrian and Palestinian Syrian Refugees in Lebanon."

85 World Bank, *Education Year in Review 2012* (Washington, DC: World Bank, 2013), <http://go.worldbank.org/ZPG46K1AK1>.



Although there is a rich literature on refugee children in other crises, there is limited empirical information about the experiences and mental health of Syrian refugee children in particular. The first field-based study on children living in Turkish refugee camps was conducted in 2012, with the support of Bahçeşehir University, to shed light on the plight of Syrian children as the refugee crisis grew.⁸⁶

VI. Methods

The Bahçeşehir study aimed to document the levels of trauma experienced by Syrian refugee children living in a Turkish refugee camp, to assess their mental health needs, and to explore how they expressed themselves through drawings. To address these goals, the study employed mixed methods of data collection. Quantitative measures included the Stressful Life Events Questionnaire⁸⁷ and scales measuring PTSD symptoms,⁸⁸ depression symptoms,⁸⁹ and somatic symptoms.⁹⁰ The Stressful Life Events Questionnaire lists 11 traumatic events such as having a loved one die or experiencing physical aggression, and asks the child respond “yes” or “no” to having experienced that type of event. The scales measuring symptoms of psychological disorders described a symptom and asked the respondent to indicate how often they experienced that symptom. In addition to the quantitative measures, the children were assessed through observations of their drawings. Over the course of several months in late 2012 and early 2013, data and drawings were gathered from 311 children (with a mean age of 12) at a refugee camp located inside Turkey, about 60 kilometers from the Syria-Turkey border. At the time of the study, this refugee camp hosted 8,360 refugees, more than half of them children. A makeshift school, composed of eight tents inside a deserted warehouse, was operated by paid administrators and volunteer Turkish and Syrian teaching staff. Each tent had a classroom for up to 20 students. Students attended in shifts, for two or three half-days a week, so the school could accommodate about 1,000 students.

A staggering 79 percent of the children had experienced someone in their family dying.

In addition to the quantitative surveys, the children also participated in a nonverbal, untimed drawing exercise. Each child was given three sheets of paper and initially asked to “draw a person,” and then to “draw a person, a whole person and not a stick figure.” Each child was then instructed to draw one picture of “war” and another picture of “peace.” There were no time limitations while drawing. This technique provided children a way to express themselves without words; previous research suggests drawing may be a better method for understanding the emotional burdens of war on children.⁹¹

86 Özer, Şirin, and Oppedal, *Bahçeşehir Study of Syrian Refugee Children in Turkey*.

87 Tammy Bean, Ilse Derluyn, Elisabeth Eurelings-Bontekoe, Eric Broekaert, and Philip Spinhoven, “Comparing Psychological Distress, Traumatic Stress Reactions, and Experiences of Unaccompanied Refugee Minors With Experiences of Adolescents Accompanied by Parents,” *The Journal of Nervous and Mental Disease* 195, no.4 (2007): 288–97.

88 William Yule and Irene Sclare, *Anxiety, Depression and Post-Traumatic Stress in Childhood* (Windsor, Berkshire: NFER-NELSON, 1997).

89 Maria Kovacs, “Rating Scales to Assess Depression in School-aged Children,” *Acta Paedopsychiatrica: International Journal of Child and Adolescent Psychiatry* 46, no. 5–6 (1981): 305–15.

90 Melvin D. Oatis, “Psychosomatic Illness in Children and Adolescents,” *Child Study Center* 6, no. 3 (2002).

91 Howard Gardner, *Artful Scribbles: The Significance of Children’s Drawings* (New York: Basic Books, 1980); Michelle Catte and Maureen Cox, “Emotional Indicators in Children’s Human Figure Drawings,” *European Child and Adolescent Psychiatry* 8, no. 2 (1999): 86–91; Elizabeth M. Koppitz and Maria M. Casullo, “Exploring Cultural Influences on Human Figure Drawings of Young Adolescents,” *Perceptual and Motor Skills* 57, no. 2 (1983): 479–83; Serap Ozer, “Turkish Children’s Human Figure Drawings: Can We Borrow Norms?” *Educational Psychology* 29, no. 6 (2009): 701–12.



VII. Findings

The results of the survey indicate that a staggering 79 percent of the children had experienced someone in their family dying, and more than 60 percent had experienced a stressful life event in which they thought that someone was in great danger. About 60 percent reported that they saw someone get kicked, shot at, or physically hurt; approximately 30 percent reported that they were themselves kicked, shot at, or physically hurt. About 44 percent of the children had experienced five or more of these stressful events, and 19 percent had experienced seven or more. These are very high numbers when compared with nonrefugee children living in relatively safe environments in the West, who average three events using the same measure.⁹²

Nearly half (45 percent) of the surveyed Syrian refugee children experienced PTSD symptoms—more than ten times the rate observed in other children around the world who also took the same survey.⁹³ The PTSD rate among Syrian refugee children is comparable to that observed among other children who experienced war, such as Palestinian⁹⁴ and Bosnian refugees.⁹⁵ In a more recent study conducted in Turkey, 33 percent of Syrian refugees of all ages were found to meet the criteria for PTSD (the rate for children was not assessed separately).⁹⁶ The study found no statistically significant difference in the prevalence of PTSD among girls and boys.

The PTSD rate among Syrian refugee children is comparable to that observed among other children who experienced war.

According to previous research, depression is the most commonly observed mental health issue among children exposed to stressful life events like war and violence.⁹⁷ In order to assess the prevalence of depression among Syrian refugee children, the Bahçeşehir study measured symptoms of depression that affect children's everyday interactions with their families, their friends, and people at school.⁹⁸ More than 44 percent of the children reported symptoms of depression, and more significantly, 20 percent had clinically diagnosable levels of depression. In comparison, in the United States only 1 to 2 percent of prepubescent children and 3 to 8 percent of adolescents are diagnosed with depression.⁹⁹ Syrian girls were at much higher risk for depression—54 percent reported symptoms consistent with clinical depression, compared with 26 percent among boys. This finding is in line with other studies that suggest girls are in general more vulnerable to depression than boys.¹⁰⁰

Many Syrian refugee children also manifested psychosomatic problems, i.e., mental health disorders

92 Bean, Derluyn, Eurelings-Bontekoe, Broekaert, and Spinhoven, "Comparing Psychological Distress, Traumatic Stress Reactions, and Experiences of Unaccompanied Refugee Minors."

93 John A. Fairbank, Frank W. Putnam, and William W. Harris, "The Prevalence and Impact of Child Traumatic Stress," in *Handbook of PTSD: Science and Practice*, eds. Matthew J. Friedman, Terence M. Keane, and Patricia A. Resick (New York: The Guilford Press, 2007), 229–51.

94 Abdel Aziz Mousa Thabet, Yehia Abed, and Panos Vostanis, "Emotional Problems in Palestinian Children Living in a War Zone: A Cross-sectional Study," *The Lancet* 359, no. 9320 (2002): 1801–04.

95 Hasanovic, "Posttraumatic Stress Disorder in Bosnian Internally Displaced and Refugee Adolescents."

96 Gokay Alpak et al., "Post-traumatic Stress Disorder among Syrian Refugees in Turkey: A Cross-sectional Study," *International Journal of Psychiatry in Clinical Practice* 19, no. 1 (2015): 45–50.

97 Özer, Şirin, and Oppedal, *Bahçeşehir Study of Syrian Refugee Children in Turkey*.

98 Jeffrey Roelofs et al., "Norms and Screening Utility of the Dutch Version of the Children's Depression Inventory in Clinical and Nonclinical Youths," *Psychological Assessment* 22, no. 4 (2010): 866–77.

99 Gil Zalsman, David A. Brent, and V. Robin Weersing, "Depressive Disorders in Childhood and Adolescence: An Overview of Epidemiology, Clinical Manifestation and Risk Factors," *Child And Adolescent Psychiatric Clinics Of North America* 15, no. 4 (2006): 827–41.

100 Susan Nolen-Hoeksema and Joan S. Girus, "The Emergence of Gender Differences in Depression during Adolescence," *Psychological Bulletin* 115, no. 3 (1994): 424–43; Selcuk R. Sirin, Patrice Ryce, Taveeshi Gupta, and Lauren Rogers-Sirin, "The Role of Acculturative Stress on Mental Health Symptoms for Immigrant Adolescents: A Longitudinal Investigation," *Developmental Psychology* 49, no. 4 (2013): 736–48.



appearing as physical health problems. Symptoms included pain in various parts of the body, such as the head, stomach, and back.¹⁰¹ Evidence suggests these symptoms may be a better indicator of mental health in non-Western cultures, in which verbalizing mental health problems may be more stigmatized.¹⁰² The Bahçeşehir study found that, on a daily basis, about one-quarter of the Syrian refugee children endured pain in the arms and legs, and one in five suffered headaches. More than 75 percent of girls reported having headaches every day or several times a week, compared with 44 percent of boys; these are much higher rates than those, of around 15 percent, reported for children in U.S. epidemiological studies.

When the children in the Bahçeşehir study were asked to “draw a person,” 26 children (9 percent) spontaneously added blood, tears, death, or guns to their drawings—strong indicators of trauma (see Appendix). Children in nonclinical samples rarely include such violent and unhappy content in their drawings.¹⁰³ Further, some of these drawings depicted multiple sources of trauma: 23 percent of the drawings depicted more than three such sources—for example, the loss of a family member and war-related violence against themselves and family members. In comparison, the drawings of nonclinical school-age children who have not experienced war usually depict less than one indicator of trauma.¹⁰⁴ The study also found that boys drew angrier, more aggressive pictures than girls, being more likely to depict people with tears, blood, and/or guns.

VIII. Discussion and Implications for Resettled Refugees in the United States and Europe

The results of the Bahçeşehir study demonstrate the civil war’s heavy toll on the psychological well-being of Syrian children, and other studies corroborate the vulnerability of this population. For instance, a recent study found that Syrian refugees living in the Kurdish region of Iraq reported a significantly lower quality of life (compared with the average for adult populations across 23 nations), as indicated by psychological measures such as the extent to which they found life meaningful.¹⁰⁵ The researchers leading this study concluded that the large volume of refugees meant that hosting countries and aid agencies were unlikely to detect individuals who may need mental health services, much less provide them with the services they need.

Efforts to meet Syrian refugees’ psychological needs in Lebanon, one of the largest hosting nations, have come under particular scrutiny. In December 2013 UNHCR released a report addressing psychosocial needs among Syrian refugees in Lebanon.¹⁰⁶ In response to this report, the Mental Health and Psychosocial Support (MHPSS) task force was established, led by the Lebanese Ministry of Public Health with the involvement of UNICEF and WHO.¹⁰⁷ Recognizing the interrelated nature of Syrian refugees’ many needs, this task force aimed to coordinate services provided by different agencies through a newly established national mental health program. It remains to be seen how effective this nascent program will be in addressing mental health issues among Syrian refugees. Without a doubt, however, efforts such as those implemented in Lebanon are urgently needed, and particular attention must be paid to the vulnerability of children. If the widespread mental health needs of vulnerable refugee children are left unaddressed, their successful development into adulthood will be impaired, as the grim prospect of a “lost” generation

101 American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) (Washington, DC and London: American Psychiatric Publishing, 2013).

102 Lisa A. Suzuki and Joseph G. Ponterotto, eds. *Handbook of Multicultural Assessment: Clinical, Psychological, and Educational Applications* (San Francisco: John Wiley and Sons, 2008).

103 Koppitz and Casullo, “Exploring Cultural Influences on Human Figure Drawings of Young Adolescents.”

104 Özer, “Turkish Children’s Human Figure Drawings?”

105 Izaddin A. Aziz, Claire V. Hutchinson, and John Maltby, “Quality of Life of Syrian Refugees Living in Camps in the Kurdistan Region of Iraq,” *PeerJ* 2 (2014): e670.

106 Rabih El Chammy, Wissam Kheir, and Hala Alaouie, *Assessment of Mental Health and Psychosocial Support Services for Syrian Refugees in Lebanon* (Beirut: UNHCR, 2013).

107 Rabih El Chammy and Walid Ammar, “Syrian Crisis and Mental Health System Reform in Lebanon,” *The Lancet* 384, no. 9942 (2014): 494.



looms ever closer. As Özer, Sirin, and Oppedal note:

*We have seen the aftermath of enough civil wars to know this about refugees: providing food and shelter is not enough. The cycle of civil wars is violence, displacement, resentment, aggression and more violence. The best way to deal with the refugee crisis in Syria is to break that cycle by educating the children and providing care for those traumatized by the violence.*¹⁰⁸

Resettlement is not the end of the story. Although resettlement can provide safety and a sense of normalcy for refugee children, it is associated with stressors that can influence mental health and academic outcomes. Resettled refugees often face economic hardship, language barriers, social isolation, and discrimination.¹⁰⁹ The mental health of resettled refugee children is highly influenced by how many stressors they encounter in their new environment.¹¹⁰ In addition, after resettlement grief can become more poignant.¹¹¹ An environment of relative safety and stability leaves room for deep sadness and pain to resurface, as in the case of the multiple losses and traumas associated with being a refugee. For these reasons, the sooner that preventative and ameliorative interventions can be provided to newly resettled refugees, the better the outcomes are likely to be.

There is currently little information on the academic needs of Syrian refugee children resettled in the United States or Europe, probably because the crisis is so recent and so few Syrian children have been resettled. Existing research largely focuses on mental health. Although there are few data on the mental health of resettled Syrian refugees, the ample research on other refugee groups reveals resettled refugee children's vulnerability to mental health problems. Refugee children report high rates of anxiety, depression, and symptoms of PTSD.¹¹² One study, a comparison of unaccompanied refugee children with those accompanied by family members in the Netherlands, found that while both groups were at high risk for mental health disorders, the risk was significantly greater for the unaccompanied minors.¹¹³ Given the large number of Syrian children crossing the border without parents (nearly 11,000 as of mid-2015),¹¹⁴ the results of this study are particularly relevant to the Syrian case.

There is currently little information on the academic needs of Syrian refugee children resettled in the United States or Europe.

Yet there is evidence that refugees rarely have access to adequate mental health care,¹¹⁵ and are hesitant to seek it due to a perceived stigma or differing cultural approaches to treatment.¹¹⁶ As new waves of Syrian immigrants enter the United States and Europe, there is an urgent need to develop effective programs that include outreach and multiple access points such as schools, community centers, and community health clinics. A review of the literature on resettled refugee children in the United States and Europe provides ample evidence that a multifaceted, community-based approach, informed by members of the

108 Özer, Sirin, and Oppedal, *Bahçeşehir Study of Syrian Refugee Children in Turkey*.

109 Fay Saechao et al., "Stressors and Barriers to Using Mental Health Services among Diverse Groups of First-generation Immigrants to the United States," *Community Mental Health Journal* 48, no. 1 (2012): 98–106.

110 Heidi B. Ellis, Alisa B. Miller, Saida Abdi, Colleen Barrett, Emily A. Blood, and Theresa S. Betancourt, "Multi-tier Mental Health Program for Refugee Youth," *Journal of Consulting and Clinical Psychology* 81, no. 1 (2013), 129–40.

111 Caitlin Crowley, "The Mental Health Needs of Refugee Children: A Review of Literature and Implications for Nurse Practitioners," *Journal of the American Academy of Nurse Practitioners* 21, no. 6 (2009): 322–31; Ellis, Miller, Abdi, Barrett, Blood, and Betancourt, "Multi-tier Mental Health Program for Refugee Youth."

112 Crowley, "The Mental Health Needs of Refugee Children;" Kristel Heidi Nazzal, Marzieh Forghany, M. Charis Geevarughese, Venus Mahmoodi, and Jorge Wong, "An Innovative Community-oriented Approach to Prevention and Early Intervention with Refugees in the United States," *Psychological Services* 11, no. 4 (2014): 477–85.

113 Elizabeth Batista Pinto Wiese and Ingrid Burhorst, "The Mental Health of Asylum-seeking and Refugee Children and Adolescents Attending a Clinic in the Netherlands," *Transcultural Psychiatry* 44, no. 4 (2007): 596–613.

114 UNICEF Connect, "The Syrian conflict and Europe's refugee crisis in numbers."

115 Ellis, Miller, Abdi, Barrett, Blood, and Betancourt, "Multi-tier Mental Health Program for Refugee Youth."

116 Nazzal, Forghany, Geevarughese, Mahmoodi, and Wong, "An Innovative Community-Oriented Approach."



refugee community, offers stronger support for refugee children and will more likely lead to positive outcomes than individual-centered approaches conducted in typical therapy contexts.¹¹⁷

Several community-based programs serve refugee populations in the United States, and seem to be more successful than traditional models of providing mental health care. For example, a group of researchers and clinicians in New England implemented a program called Supporting the Health of Immigrant Families and Adolescents (SHIFA) in response to the needs of Somali refugees. The program used four tiers of intervention: community-level outreach and family visits, school-based interventions such as skill-building programs, individual mental health counseling at schools, and individual mental health counseling in homes or at agency locations. An evaluation of SHIFA outcome data demonstrated that children served by the more experimental elements of the program (e.g., community outreach and school-based skill-building programs) experienced a greater reduction in mental health symptoms than those who only accessed services at the individual level through traditional types of mental health services.¹¹⁸

Several European nations have developed similar programs that approach individuals' mental health needs and delivery of services in the context of the broader social environment. A study of children in Denmark found that successful treatment focused on social factors in addition to intrapsychic and behavioral factors.¹¹⁹ The study found that both immediate social settings (such as family and friends) and more institutional or general settings (such as school, work, and community) clearly affected the mental health outcomes of refugee children; those who experienced more conflict in these settings were at greater risk for mental health symptoms. A very important finding was that ongoing stressors—before or after resettlement—were more predictive of PTSD developing and persisting than a single traumatic event, regardless of the intensity of the traumatic event. Another meta-analysis study of refugees resettled in wealthy nations (including the United States and a variety of European nations) found positive social supports like family support and friendships promoted resilience, but could be undermined by the negative effects of contextual factors like discrimination or daily stressors related to refugee status.¹²⁰

A review of the literature on refugee children in the United States, which predates the Syrian crisis, finds Muslim children are at risk of anti-Islamic discrimination in school settings. Muslim refugee children reported being bullied and teased for having an Arab-sounding name or expressing their religious beliefs, for instance by wearing a hijab. Exposure to discrimination affected the children emotionally and socially, which in turn affected their educational success and put them at increased risk for dropping out of school.¹²¹ Developing strong social supports is clearly an essential component of refugee children's mental health. Specific recommendations include working to reduce discrimination in the community, educating teachers and parents in how children display trauma, and increasing resources to help adults cope with a traumatized child's behavior.

Perhaps the most cogent advice offered to those attempting to address the mental health, educational, and social needs of refugee children comes from a small but growing organization called Syria Bright Future. Two Syrian refugee professionals with firsthand experience of imprisonment, persecution, and displacement established this organization to serve traumatized and displaced Syrian refugees in Jordan. Their model employs mental health professionals (psychiatrists, psychologists, and social workers) alongside community volunteers, and provides a variety of services beyond traditional clinical work, including working with traditional spiritual healers in order to accommodate Syrian cultural norms.¹²²

Syria Bright Future has a number of programs specifically for children. The organization has programs

117 Ibid; Karen M. Fondacaro and Valerie S. Harder, "Connecting Cultures: A Training Model Promoting Evidence-based Psychological Services for Refugees," *Training and Education in Professional Psychology* 8, no. 4 (2014): 320–27.

118 Ellis, Miller, Abdi, Barrett, Blood, and Betancourt, "Multi-tier Mental Health Program for Refugee Youth."

119 Edith Montgomery, "Trauma, Exile and Mental Health in Young Refugees," *Acta Psychiatrica Scandinavica* 124, no. s440 (2011): 1–46.

120 Mina Fazel, Ruth V. Reed, Catherine Panter-Brick, and Alan Stein, "Mental Health of Displaced and Refugee Children Resettled in High-income Countries: Risk and Protective Factors," *The Lancet* 379, no. 9812 (2012): 266–82.

121 McBrien, "Educational Needs and Barriers for Refugee Students in the United States."

122 The group seeks out spiritual healers whose practices are in line with the ethics and practices of psychiatry and psychology, and volunteers are carefully trained and screened before providing mental health support to children and families.



to teach children with PTSD how to cope with their symptoms, using techniques specially developed for children who have experienced war. The group also offers educational support programs to help children between the ages of 7 and 15 develop school-related skills through games and creative activities, and provides tutoring in basic skills to children who are behind in school. Parents of children with special needs are given ongoing support and advice on how to give their children the help they need. In Bright Future's "Social Visits Project," teams of professionals and volunteers, usually three people at a time, visit refugee families and spend two hours or so interviewing each member of the family and assessing not just their mental health needs but also physical health, social health, and educational issues. Project teams design activities for children with the understanding that their psychological needs are often met more effectively through social support, fun activities, and normal environments than through traditional psychological services. Finally, the teams provide counseling and support to caregivers, including parents, with the aim of helping the entire family function better in the face of extreme hardship. Thus, Syria Bright Future offers refugee children and their families highly individualized, multifaceted, and culturally sensitive interventions to promote mental health, relational health, and educational success.¹²³ Though there are no empirical data on outcomes at this time, the program nevertheless serves as an effective model for practitioners.

Understanding how Syria Bright Future integrates various services for children and families could prove useful to providers working with resettled Syrian refugees in the United States and other countries of permanent resettlement. Furthermore, the organization offers psychological support informed by personal experiences of the psychological effects of trauma and insights into psychological healing. As Syrian refugees are resettled in the United States and Europe, it may be beneficial to connect them with Syrian professionals when possible, and to consult with (or directly involve) these professionals when designing and providing treatment. With help from the Syrian community, service providers can incorporate traditional Syrian practices alongside the Western model of individual counseling. Incorporating traditional Syrian practices may improve both service utilization and mental health outcomes among the population.

IX. Conclusions

When addressing the needs of refugees from civil wars, providing food and shelter is just a start. Syrian refugee children experience many traumatic events, which places them at great risk for mental health problems like PTSD, depression, and psychosomatic pains, and can negatively affect their long-term development. Furthermore, many fall significantly behind in their schooling, or drop out altogether, while educators in host and resettlement countries may struggle to reengage these students and help them bridge the gaps in their formal education.

Ongoing support to tackle the residual effects of trauma and to help families navigate the resettlement process is vital.

For the small percentage of Syrian refugee children who will be resettled, ongoing support to tackle the residual effects of trauma and to help families navigate the resettlement process is vital. Policymakers and practitioners in resettlement countries can take a number of steps to ensure that Syrian refugee children can access high-quality, tailored education and mental health care, and successfully integrate. These steps include:

- Providing multifaceted, culturally sensitive services in a variety of contexts such as school, community centers, health centers, and traditional therapy offices

123 Mohammed Abo-Hilal and Mathijs Hoogstad, "Syrian Mental Health Professionals as Refugees in Jordan: Establishing Mental Health Services for Fellow Refugees," *Intervention* 11, no. 1 (2013): 89–93.



- Training educators to recognize the signs of trauma and develop the skills to help children cope with trauma
- Helping students learn the destination-country language while supporting them to retain their first language
- Helping students fill gaps in their knowledge and skills in a supportive school environment
- Helping children embrace their new home without losing ties to Syrian culture
- Working with families and individuals to address trauma and mental health problems, and drawing on support from Syrian professionals where possible to ensure culturally appropriate treatment
- Ensuring that those working with refugees are familiar with the limited literature on refugees' needs and the needs of Syrian refugees in particular, and can draw on translation services and consultation where necessary.

Children of Syrian refugees have experienced many traumatic events that, without interventions in host and resettlement countries, will likely affect their development as they grow into adulthood. These children and their families need a sense of security, belonging, and the opportunity for a better future. Meeting these needs is costly, however, and host countries such as Lebanon, Turkey, and Jordan cannot afford such expenditures without substantial international resources that have not yet materialized. Recent conflicts, as in Afghanistan and Rwanda, illustrate the cyclical nature of conflict, violence, trauma, and poverty. It is the authors' hope that the international community has learned from these recent conflicts and prolonged displacements.

These children and their families need a sense of security, belonging, and the opportunity for a better future.

The Syrian refugee crisis is a complex problem that is difficult to tackle, but inaction has its costs. The rise of ISIS and its recruitment of Syrian children living in refugee camps, for example, is an extremely worrisome development. Providing Syrian refugee children with education and proper mental health care—in both host and resettlement countries—is a vital step in breaking the cycle of conflict and trauma.



Appendix

Serap Özer, Selçuk Şirin, and Brit Oppedal, for their 2013 study, *Bahçeşehir Study of Syrian Refugee Children in Turkey*, asked Syrian refugee children in Turkey to “draw a person” and then to “draw a person, a whole person and not a stick figure.” Below are some examples of their drawings; more can be found in the study.



2008
14 yaş kız
savaş



Source: Serap Özer, Selçuk Şirin, and Brit Oppedal, Bahçeşehir Study of Syrian Refugee Children in Turkey (Oslo, Norway: Folkehelseinstituttet, 2013), www.fhi.no/dokumenter/4a7c5c4de3.pdf.



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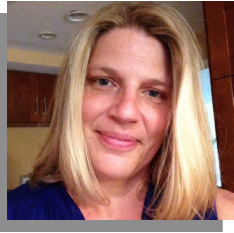


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