

**Mental Health/Psychosocial and Child Protection  
Assessment for Syrian Refugee Adolescents  
in Za'atari Refugee Camp, Jordan  
July 2013**



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## 1. Acronyms

<b>CBO</b>	Community based organization
<b>DSM</b>	Diagnostic and Statistical Manual
<b>GBV</b>	Gender-based violence
<b>IASC</b>	Inter-Agency Standing Committee
<b>IFH</b>	Noor Al Hussein Foundation, Institute for Family Health
<b>IMC</b>	International Medical Corps
<b>MHPSS</b>	Mental health and psychosocial support
<b>NGO</b>	Non-governmental organization
<b>SGBV</b>	Sexual and gender-based violence
<b>SRCD</b>	Syrian Refugee Camp Directorate
<b>SPSS</b>	IBM SPSS Statistical Software
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization
<b>YEP</b>	Youth Empowerment Program (of the International Medical Corps)

## 2. Introduction

### 2.1 Background

In Syria, beginning in early 2011, political protests and the government's response created an insecure environment causing families to flee. As of June 4, 2013, there were more than 470,000 Syrian refugees in Jordan, with 53% under the age of 18<sup>1</sup>. Initially, Jordan was concerned that there was insufficient capacity for high numbers of refugees to be absorbed into the community setting. Therefore, Syrian refugees were housed in temporary transit facilities and later relocated in August 2012 to the Za'atari refugee camp, near the Syrian border. The Government of Jordan, Syrian Refugee Camp Directorate (SRCD) co-manages the camp with UNHCR. The camp landscape is sandy with a layer of base course rock; there are frequent wind and dust storms. The camp had an initial planned capacity for 20,000 residents; at the time of this assessment (June 2013) there are 116,492 residents<sup>2</sup> of Za'atari camp. Another camp is expected to open in September 2013. Jordan is one of the largest host countries to Syrian refugees; during the time of this assessment as many as 3,000-4,000 are arriving per night, often with limited belongings or resources. Humanitarian organizations are expected to provide food, water, shelter, health care and protection. An estimated \$1 million per day is spent to run the camp.

Adolescents aged 15-24 years old make up 25% of the Za'atari camp's population.<sup>3</sup> Multiple psychosocial issues have been reported for youth in the camp, among them are early marriages (in Syria, the legal age to marry is 16, but many marry as young as 13) and lack of education (there are two schools with a capacity for 5,000 students for all grades except the final year of secondary school; 76% of girls and 80% of boys 6-18 years old do not attend due to lack of interest, expected return to Syria, violence in transit, psychological factors, dislike of teachers, and the difference in the curriculum).<sup>4</sup> Water, Sanitation and Hygiene (WASH) facilities are of concern for the adolescent population, as there is 1 toilet per 50 people. From 70% to 94% of residents have sufficient access to water, 35 liters per person per day, though 63% believe the water is contaminated because of its taste. This is likely a result of residual chlorine from the water treatment process.

### 2.2 Past MHPSS assessments and concern for violence in the camp

UNICEF reports that the main challenges in the Za'atari camp are: family violence, fear of sexual violence, management of unaccompanied and separated children, exclusion of services from female-headed households, and caring for children and women with disabilities. Child labor, early marriage, boys in gangs, and allegations of recruitment of boys by armed groups are also of concern.<sup>5</sup> Domestic violence, civil unrest involving boys aged 12-18, and criminal violence including vandalism are reportedly the most prevalent types of violence in the camp.<sup>6</sup>

Reports document concern for youth from female-headed households and those without access to safe spaces, children exploited for labor, and early marriage<sup>7</sup>. Findings from the Inter-Agency Child Protection and GBV Assessment (2013)<sup>8</sup> showed that those with physical or mental disabilities and from female-headed households were excluded from services. Moreover, youth were exploited to work, and some males aged 15-18 years-old were recruited by armed groups. Family violence was of concern, with most perpetrators being men and mothers-in-law. IMC and UNICEF conducted a rapid MHPSS assessment of

1 UNICEF *Shattered Lives: Challenges and priorities for Syrian children and women in Jordan*, Jun 2013 P. 5.). Available at [http://www.unicef.org/infobycountry/files/Shattered\\_Lives\\_June10.pdf](http://www.unicef.org/infobycountry/files/Shattered_Lives_June10.pdf) (Accessed on August 04, 2013)

2 ACTED, REACH. Preliminary findings of the Camp Sweep in Za'atari Camp 4 June 2013

3 UNHCR, Refugee Assistance Information System (RAIS) as quoted in UNICEF *Shattered Lives* 2013. p. 40.

4 Education Sector Working Group Jordan, *Joint Education Needs Assessment: Za'atari Refugee Camp*, Jordan, April 2013, p. 13

5 Child Protection and Gender-Based Violence Sub-Working Group Jordan, *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp*, Jordan, January 2013, p. 2-4.

6 Child Protection and Gender-Based Violence Sub-Working Group Jordan, *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp*, Jordan, January 2013, p. 3.

7 Un Point Per (May-Jul 2012) *Syrians in northern Irbid*

8 Child Protection and Gender-Based Violence Sub-Working Group Jordan, *Findings from the Inter-Agency Child Protection and Gender-Based Violence Assessment in the Za'atari Refugee Camp*, Jordan, January 2013.



displaced Syrians in the Za'atari camp in August 2012<sup>9</sup> to summarize information about available services and to gain an understanding of coping strategies and available support. Male youth primarily reported issues of aggression, disturbing others in the camp, being bored, and complaining. They were most worried about disrupted education, financial hardship, and shock. Female youth reported feeling unsafe, bored, isolated in tents, worried about early marriage, having education disrupted, fear for their safety, and guilt for leaving others behind.

The majority of refugees in the Za'atari Camp have less than a high school level of education, have lost ties with families and are now adrift in a culture where they are dependent on aid workers for basic necessities. Za'atari is located near a military airbase which, when air traffic exists, reminds residents of the bombs and airplanes of the war. The camp looks like a militarized zone with Gendarme tanks and military-appearing pods. Without adequate forces to back up what few laws are in the camps, transgressions and violations may go unpunished. Petty and violent crimes can grow, leaving the non-criminal population subject to more generalized violence. Bored and frustrated young men and youth in camps are candidates for involvement in crime.



9 IMC and UNICEF. Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment: Analysis and Interpretations of Findings. Aug 2012. Available at [http://mhpss.net/wp-content/uploads/group-documents/154/1347517416-IMCJordanMHPSSReportZaatariAugust2012\\_Final.pdf](http://mhpss.net/wp-content/uploads/group-documents/154/1347517416-IMCJordanMHPSSReportZaatariAugust2012_Final.pdf) (Accessed on August 04, 2013)

### 3. Goals

The overall goals of this assessment were:

1. To collect information regarding MHPSS-related problems among displaced Syrian adolescents.
2. To obtain an understanding of some locally-defined syndromes of mental health needs for adolescents aged 12-18 years old (hereafter labeled “adolescents” for reader ease).
3. To examine adolescent protection and violence from adolescent and parent perspectives.
4. To gain an understanding of the current coping strategies, resilient traits and protective strategies that adolescents use for MHPSS and violence problems.

This assessment focused on identifying MHPSS strengths as well as difficulties, in addition to addressing adolescent violence interventions and prevention. The assessment concludes with inter-sectoral recommendations based on findings. 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 displaced Syrian adolescents and their parents. It is consistent with best guidelines and participatory approaches.





## 4. Methods

### 4.1 Target population

The population of interest for this assessment consisted of displaced Syrian adolescent boys and girls aged 12-18 years old in the Za'atari refugee camp in Jordan.

### 4.2. Information sources

#### 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

IMC has completed a MHPSS assessment for children and adults in the Za'atari camp (August 2012). IMC also coordinates closely with UNHCR, UNICEF, the MHPSS working group, Save the Children, and the Child Protection and GBV sub-working groups. Updated information from an Amman-based Child Protection Working Group meeting in June 2013 assisted in informing this report. Current organizations providing MHPSS and protection support specific to adolescents in the Za'atari camp are detailed in table 4.2.

Table 4.2 *Organizations providing MHPSS and protection support for Syrian adolescents (from the July 2013 IRD Social Activities Coordination)*

Organization	Age range served	Description of services
ACTED	Ages 5-16	Proposed collaboration with UNICEF for a hygiene awareness program in schools
ActionAid	Ages 15-24	Psychosocial, protection and recreational sessions
Finn Church Aid	Ages 15-24	Physical activities in a circus context, conflict resolution, and literacy and numeracy skills
IFH/UNFPA	Ages 15+	Sewing, accessory making, woodwork, awareness raising GBV
	Females ages 15+	Life skills, GBV
International Medical Corps (IMC)	Ages 12-18	Psychosocial and protection programs and empowering groups
International Relief and Development (IRD)	Ages 2-15	Weekly games and activities, soccer teams with a Syrian coach. The South Korean Embassy in Jordan has donated 5 sports/soccer fields. Youth committees to discuss issues in the Camp, library
Mercy Corps	Ages up to 14	Movie tent, drawing sessions, playing with sand (for motor skill development), playground in child friendly spaces
	All ages	Dreamland playground, sports courts
Norwegian Refugee Council (NRC)	Ages 14-25	Youth information center (about activities for youth in the Camp), recreational activities, catch-up classes, vocational training
Save the Children International	Ages 5-14	Psychosocial and protection programming for children
	Ages 15-18	Psychosocial and protection programming for youth
International Rescue Committee (IRC)	Ages 0-18	Protection programming and provision of life skills for unaccompanied children in Za'atari camp
Questscope	Males ages 10-18 Females ages 10-20	Informal education
	Ages 12-18	Mentoring (peer-to-peer relations)

UNWomen	Females ages 7+	Soccer/sports, computer classes
	Females ages 12+	Mosaic, jewelry making, English literacy classes, drawing workshops, reading club
	Females ages 16+	Tailoring workshops, hair-dressing workshops

## Interviews

The IMC assessment team conducted interviews at the Za'atari camp during eight days between June 2<sup>nd</sup> and 11<sup>th</sup>, 2013.

## Methodology

Site visits and Key Informant Interviews (N=10)	
International Organizations <ul style="list-style-type: none"> <li>• UNICEF</li> <li>• International Medical Corps</li> <li>• Save the Children</li> <li>• UNHCR</li> </ul>	<ul style="list-style-type: none"> <li>• Community members</li> <li>• Mental health sector</li> <li>• Education sector</li> <li>• Protection planning staff</li> <li>• Adolescent protection spaces</li> <li>• Police/Security</li> </ul>
Focus Group Discussions (N=5 groups)	
<ul style="list-style-type: none"> <li>• Parents</li> <li>• Adolescents aged 12-18 years old</li> <li>• Mental health staff around locally-defined mental health syndromes</li> </ul>	
Individual interviews (N=255)	
<ul style="list-style-type: none"> <li>• Adolescents aged 12-18 years old</li> <li>• Parents of adolescents aged 12-18 years old</li> </ul>	

### Qualitative Semi-Structured Key Informant Interviews

Snowball sampling was used for inter-sectoral key informant interviews (N=10). Interviews were held with one or two staff members from various agencies (above) providing services and activities in the Za'atari camp. The interview used WHO Toolkit #11 to identify sources of distress and high risk groups (refer to Appendix for assessment instruments).

### MHPSS Focus Group for Locally-Defined Syndromes

An additional focus group discussion was held with 10 mental health and protection case workers and psychologists, to determine local mental health syndromes that are most prevalent among the Syrian adolescent refugees in Za'atari. Based on these findings, a survey was developed, to assess locally-derived mental health problems.

### Adolescent and Parent Focus Groups from the IMC Youth Empowerment Program

Convenience sampling was used for adolescent and parent focus groups from the IMC Youth Engagement Program (YEP). Four focus groups were held to discuss MHPSS and protection needs, concerns, and resilient factors. Based on these findings, a survey was developed to assess protection in the camp, perceived support, and resilient qualities.

### Adolescent and Parent Individual Interviews

Random cluster sampling was used for qualitative and quantitative individual interviews with adolescents and parents in their living quarters. Covering six modules, one tent/caravan was approached, per cluster of three. Adolescents and parents were seen individually.



### 4.3 Assessment Tools

Tools 10 and 11 were used from the WHO “Assessing mental health and psychosocial needs and resources: Toolkit for Major Humanitarian Crises” (2012). Both tools were modified according to this specific context, 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); additional questions used a 5-point Likert scale on:

- Perceived Safety in the camp (13 items, total of 30 or above is feeling a lot or always safe)
- Perceived Support (6 items, total of 18 or above is feeling a lot or always safe)
- Perceived Resilience (7 items, total of above 21 is feeling a lot or always resilient traits)
- Local Mental Health Syndromes (*ekte'ab*, *tawattor*, *asabi*, *mashkalji*, *hazzon*, and *khof*)

Additional questions were included: “What ideas do you have to increase the safety of the camp” and “If you could have any three wishes, what would they be?” Tool 11 was used for key informant interviews to identify sources of distress and at-risk groups. Additional questions about how to improve safety of the camp were asked.

Parents were given surveys derived from qualitative focus group discussions on exposure to violence (6 items, using a 5 point Likert scale). All surveys were reviewed by the mental health team at IMC for face validity. The instruments were pre-tested for three days and focus group discussions were held to ensure face validity.

Since many surveys have not been validated in this context, using measures that are structured around the DSM may not be appropriate. In order to gain a more in-depth dimensional assessment of the strengths and difficulties of youth, the Strengths and Difficulties (SDQ) questionnaire was given to youth aged 12-18. The SDQ is a brief behavioral screening questionnaire that has been translated in a range of languages and found to have reliable cross-cultural psychometric properties<sup>10</sup>. 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 hyperactivity and peer problems subscales were discarded due to low reliability.

### 4.4 Procedures

The external consultant conducted key informant interviews and focus groups with an IMC Jordanian case worker/interpreter. For individual adolescent/parent interviews, participants were interviewed in their living quarter by an IMC-led team (one male, one female). Each team comprised of a Jordanian case worker and a Syrian refugee volunteer, who were assigned one module. Participants were selected through cluster sampling in 6 of the 9 modules of the Za'atari refugee camp. Teams approached every 3<sup>rd</sup> tent or caravan to ask if there were adolescents aged 12-18 years old living in the tent. 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 with the external consultant to discuss findings and any logistical or methodological concerns.

### 4.5 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 and independent sample t-tests.

10 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.

## 4.6 Timeline

The assessment took place between May 25<sup>th</sup> and July 20<sup>th</sup>, 2013.

	May				Jun										Jul		
	25 to 27		28 to 31		1	2	3	4	5 to 12		13 to 25		26 to 6		7 to 15		17-18
Desk Review																	
Designing/Choosing Instruments																	
Selection of assessment Team																	
Training of assessment Team																	
Key informant inter-views																	
Pilot testing of assessment tools & revision of tools																	
Focus groups																	
Data collection																	
Data entry																	
Data cleaning & analysis																	
Writing of report & recommendations																	
Feedback and revisions																	

## 5. Results

### 5.1 Participants

- Key informant interviews (N=10), from education, mental health, protection, and camp sectors
- Focus group (IMC Mental health workers N=10) for locally-derived syndromes
- Focus groups (N=5 fathers, N=9 mothers, N=9 adolescent boys, N=10 adolescent girls)
- Qualitative data (N=115 adolescents; N=111 parents)
- Quantitative data (N=255 adolescents and their parents)

Table 5.1 Demographics from Quantitative Interviews (N=255)

	Mean (SD) or N (%)
Youth Age	14 (1.8)
Gender	
Male	(N=118) 46.2%
Female	(N=137) 53.7%
In School	
Yes	(N=58) 24.4%
No	(N=180) 72.6%
Highest grade	7.5 (6.3)
Caretaker	
Both in camp	(N=121) 65.7%
Female-headed	(N=58) 32%
Separated from caretaker	(N=5) 2.7%
*Parent's age	40.8 (7.8)
*Parent's gender	
Male	(N=69) 27.6%
Female	(N=181) 72.4%
*Parent's education	
None	(N=56) 22.8%
Elementary	(N=140) 56.9%
High School	(N= 46) 18.7%
More	(N= 4) 1.6%
Ave household #	7.6 (2.3)
Ave mos. in refugee camp	4.8 (2.7)
Accommodations	
Tent	(N=108) 45.6%
Caravan	(N=129) 54.4%

\* Parent refers to the caretaker that was available to be interviewed.

The sample of 255 adolescents in the camp had an average age of 14 years, with a near even split between males and females. 76% were not in school, a percentage similar to other reports.<sup>4</sup> Most of the adolescent sample lived with both parents in the camp, 32% had female-only headed households and almost 3% were unaccompanied, without a caretaker. The average household was about 7.6 people (similar to the ACTED/REACH Preliminary findings from June 4, 2013 of 6.6), with an average length of stay in the camp at 5 months. During data collection, one major observational finding was the impact of using Syrian volunteers paired with a Jordanian case worker and the use of outreach to random tents and caravans. Syrian volunteers reported feeling pride at being able to assist with their community, and Syrian residents appeared to be more trusting when surveyed by Syrian volunteers. Moreover, the act of cluster sampling meant that a case manager and Syrian volunteer pair were engaging with community members-at-large. Many residents reported they had never had humanitarian workers come inside their tents or in their areas, and were curious as to what services were available.

## 5.2 Mental Health

### Locally defined mental health problems

To identify culturally appropriate mental health symptoms for displaced Syrian adolescents, a focus group was held with ten IMC mental health and protection case workers and psychologists, to determine Syrian local mental health syndromes. Findings were then discussed with Syrian volunteers at IMC. Based on these findings, a survey was developed, to assess locally-derived mental health problems, where youth were asked, “How often do you feel [local syndrome].” Responses were ranked on a 5-point Likert scale (0 never, 4 always). Refer to the Methods section and to the Appendix for assessment instrument.



Table 5.2.1 *Local syndromes for displaced Syrian adolescents*

Local term	Description	Mean (SD)	Boys (N=118)	Girls
<i>Ekte'ab</i>	Depressed: sad, cries, no friends, doesn't talk much	1.6 (1.3)	1.53 (1.3)	1.6 (1.3)
<i>Tawattor</i>	Tense: doesn't accept others' words, hard to sleep, concentrate, not eating well	1.3 (1.3)	1.3 (1.3)	1.3 (1.2)
<i>Asabi</i>	Nervous: fires up so quickly, gets upset about little things, mad at small things	1.5 (1.5)	1.6 (1.5)	1.4 (1.4)
<i>Mashkalji</i>	Trouble maker: getting into problems, neighbors or friends complain about him/her	0.62 (1)	0.65 (1.1)	0.6 (1.1)
<i>Hozzon</i>	Grieving: feeling sad and depressed over loss of friends in Syria, remembering them often, crying most of the time, withdrawing	2.5 (1.4)	2.6 (1.4)	2.5 (1.3)
<i>Khof</i>	Fear: having nightmares, scared about military action that would reach the camp	2.6 (1.4)	2.5 (1.5)	2.6 (1.4)

\*scale 0=never, 1=a little, 2=sometimes, 3=a lot, 4=always

\* No statistically significant difference between genders

### Strengths and Difficulties of Adolescents

Results from the SDQ showed no significant difference between boys and girls in mental health difficulties (emotional or conduct problems) or strengths (pro-social behavior). Adolescents in general, reported concerning symptoms of emotional problems, borderline concern for conduct problems, and no major concerns for pro-social behaviors.

Table 5.2.2 *Adolescent strengths and difficulties per range by gender N(%)*

	Normal	Borderline	Abnormal	Normal range	Borderline range	Abnormal range
Boys Emotion	45 (39%)	17 (15%)	53 (46%)	0-3	4	5-10
Girls Emotion	36 (26%)	22 (16%)	100 (74%)	0-3	4	5-10
Boys Conduct	61 (53%)	18 (16%)	37 (32%)	0-2	3	4-10
Girls Conduct	81 (60%)	19 (14%)	36 (26%)	0-2	3	4-10
Boys Pro-social	105 (91%)	7 (6%)	4 (3%)	6-10	5	0-4
Girls Pro-social	127 (93%)	2 (1%)	7 (5%)	6-10	5	0-4

\*Normal, borderline, and abnormal scale based on Western-based samples

\* All scales were statistically not significant when comparing boys versus girls.



## Resilience and protective factors

Parents and adolescents in focus groups were asked, “What are qualities and personality traits of youth who are doing well, despite going through a lot in their lives?” Answers were reported as development- and context-dependent variables, including a combination of personal strengths and supportive contexts. Based on these qualitative findings, a quantitative survey was made to question each adolescent on his/her perceived level of identification with each resilient trait on individual (personal strength, coping), family (parenting and supportive relations), peer (friends), and community levels (supportive community members). Refer to the Appendix for the Assessment Tool in the Youth Interview. Responses were on a 5 point Likert-scale (from 0=never to 4= always). Girls felt their parents had better relations than boys ( $p=0.005$ ), and that they had better relations with their parents than boys did (0.02). Overall, boys and girls did not have statistically significant differences in perceived support or resilience.

Table 5.2.3 *Perceived adolescent support*

Do you...	Total (N=255)	Boys (N=118)	Girls (N=137)	P value
Parents can take care of themselves?	3 (1)	2.9 (0.9)	3 (1)	NS
Feel parents can take care of you?	2.9 (1)	2.8 (1.1)	3 (1)	NS
Feel parents get along well?	2.8 (1.3)	2.4 (1.2)	2.9 (1.2)	0.005
Feel helped by siblings?	2.6 (1.2)	2.4 (1)	2.6 (1.3)	NS
Feel helped by friends?	2.1 (1.3)	2 (1.2)	2 (1.3)	NS
Feel helped by community?	1.6 (1.3)	1.6 (1)	1.5 (.2)	NS
<i>Total Perceived Support</i>	14.8 (4)	14.4 (4.3)	15.1 (4.1)	NS

Table 5.2.4 *Perceived adolescent resilience*

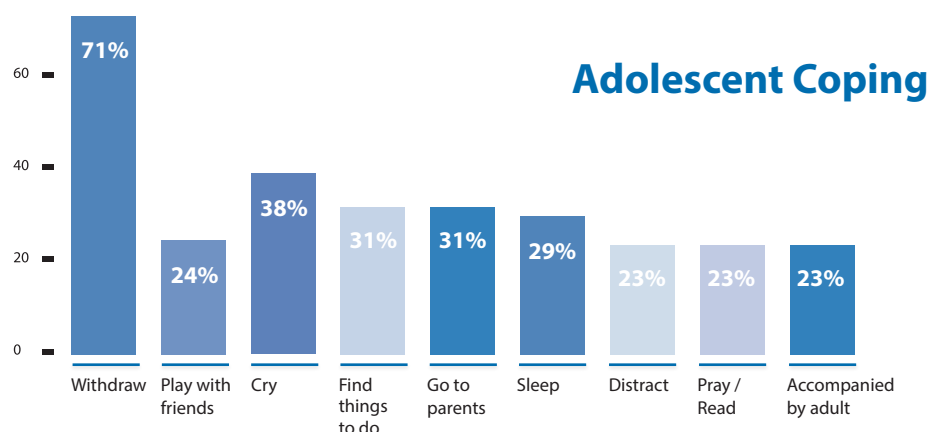
How much do you agree?	Total (N=255)	Boys (N=118)	Girls (N=137)	P value
I have good relations w parents	3 (1)	2.7 (1)	3 (0.9)	0.02
I have good relations w friends	2.7 (1)	2.4 (1.3)	2.7 (1.1)	NS
I am funny	2.5 (1.2)	2.6 (1)	2.4 (1.3)	NS
I like who I am	2.5 (1.3)	2.3 (1.2)	2.6 (1.3)	NS
I am optimistic	2.4 (1.3)	2.1 (1.2)	2.4 (1.3)	NS
I often compare life to Syria w life here	2.4 (1.6)	2.6 (1.5)	2.4 (1.6)	NS
I play well with siblings	2.3 (1.3)	2.5 (1.1)	2.2 (1.3)	NS
<i>Total Perceived Resilience</i>	17.7 (5)	17.3 (4.5)	18.1 (5.4)	NS

## Coping strategies for dealing with problems

Adolescents were then asked, “What kind of things do youth do to deal with these problems?” and reported the following ways to cope with problems:

- Withdraw/hide in the camp (71%)
- Play with friends (24%)
- Cry (38%)
- Find things to do (31%)
- Go to parents (31%)
- Sleep (29%)
- Distract self (23%)
- Pray/read religious (23%)
- Be accompanied by an adult (23%).

Figure 5.2.5  
*Adolescent means of coping in the Camp*



The main risky behaviors identified as coping strategies were: smoking (4%), stealing from another (4%), and beating someone (8%).

### 5.3 Psychosocial

#### Sources of distress and at-risk groups

Using Toolkit #11, key informant interviews were conducted with N=10 adult participants from the mental health, protection, education, and camp sectors (refer to Methodology table).



Table 5.3.1 Results from qualitative key informant interviews based on responses per Sector

	<b>Mental health Sector</b>	<b>Protection Sector</b>	<b>Education Sector</b>	<b>Camp Sector</b>
Current sources of distress	<ul style="list-style-type: none"> <li>• Migration</li> <li>• Triggers of the war experience by airplanes</li> <li>• Separation from family</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of engagement with peers, organizations</li> <li>• Lack of activities to occupy time</li> <li>• Unaware how to protect themselves</li> <li>• Migration and tent conditions</li> <li>• Fear of kidnapping and sexual abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of structure</li> <li>• Truancy from school</li> <li>• Aggression with peers</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of meaningful activities</li> <li>• Child protection from violence</li> <li>• Gangs</li> </ul>
Risk groups	<ul style="list-style-type: none"> <li>• Intellectual disability</li> <li>• Autism/ Developmental disorder</li> <li>• Enuresis</li> </ul>	<ul style="list-style-type: none"> <li>• Unaccompanied minors</li> <li>• Children at risk for recruitment to armed forces</li> <li>• Girls at risk of early marriage</li> <li>• Boys who do not know how to express emotions safely</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescents not attending school</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescents not attending school</li> <li>• Unaccompanied minors</li> <li>• Children at risk for recruitment to armed forces</li> <li>• Girls at risk of early marriage</li> </ul>

#### Qualitative findings from psychosocial interviews

##### Camp organization

Through observations during outreach to participants for interviews in their homes and focus groups with parents of adolescents, the IMC team and consultant observed that many residents were not aware of what services were available, despite humanitarian organizations reporting that residents are given

information about the organizations in the camp. The camp itself has recently been divided into 12 districts. It will take time to communicate this change to the camp residents, as well as to establish a clear structure and lines of communication in order to utilize district leadership.

### Community engagement

Key informants reported residents showing a lack of respect toward their living environment as evident of WASH stations and community spaces being vandalized. This is thought to have occurred because residents do not feel the sense of ownership and responsibility in their community. Participants believed residents thought most of the resources in the camp belong to aid workers, and that CBOs and NGOs were not doing enough for the displaced Syrian population. Aid workers reported that the majority of adolescents are not attending school and loitering time could be replaced by vocational or life skills training in addition to encouraging education. Such training was thought to develop skills that could be useful in the long-term post-camp life. One worker suggested dedicating a site to provide online courses/training to residents from donated computers. In focus groups, adolescents reported limited activities while outside of school. They report feeling idle, with many wanting to work or keep occupied during the day.

### Psychoeducation about war

Those working in psychosocial sectors report that in their work with residents, many do not understand the effects of armed conflict on mental health (that being fearful and having intrusive thoughts of the war is a common problem) and on child development (that adolescents may become frustrated with migration and stress during a time when they are trying to develop an identity and want responsibility and future opportunities). Frustrations can amplify with limited information on the safety of family members in Syria. Parent focus groups reported feeling stressed and concerned about their families in Syria, mainly due to a lack of information about the security of the country, and little communication with family members.

### Problems and challenges among displaced Syrian adolescents

Adolescents were asked, "What kinds of problems do youth have because of the war or living in the camp?" The following were the top qualitative responses:

- Camp life – water, weather, toilet, dust (85%)
- Camp fear – not safe in the camp (65%)
- War fear – bombs/airplanes (37%)
- Specific fear (at night, of burning, being arrested, being shot, kidnapped) (35%)
- Poor family relations (23%)
- Feeling ill or problems with disease (11%)

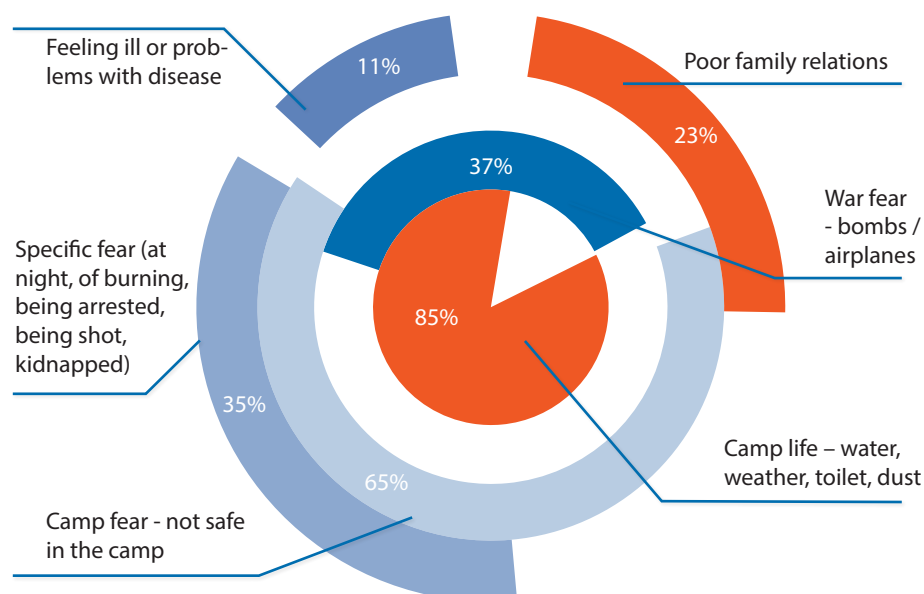


Figure 5.3.2 General Problems for displaced Syrian adolescents

## MHPSS and protection-focused problems

Of the general problems listed, counselors identified MHPSS and child protection-focused problems:

- Feeling sad (58%)
- Violence in the family (46%)
- Fear of attack in the camp at toilets, kitchen, and in general (42%)
- Worry (35%)
- Witnessing child abuse in the camp (17%)
- Managing their own anger/aggression (13%)

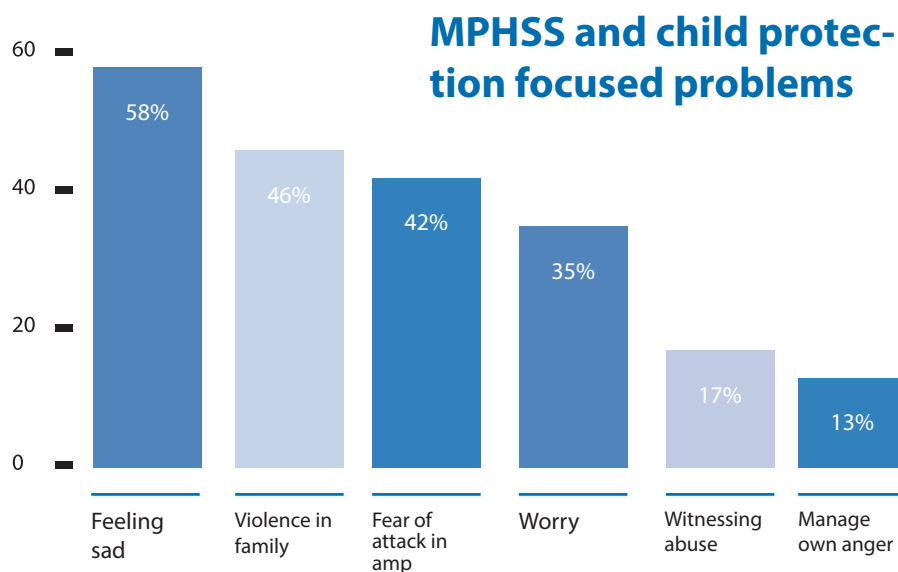


Figure 5.3.3 *Mental health/ psychosocial and child-protection focused problems*

Adolescents were then asked to rank those MHPSS and child-protection problems into their top three priorities. Their top MHPSS and protection-focused problems were:

- Fear in the camp (62%)
- Feeling sad (46%)
- Grief of family separation and loss (42%)
- Child abuse in family (being abused and abusing a sibling) (38%)

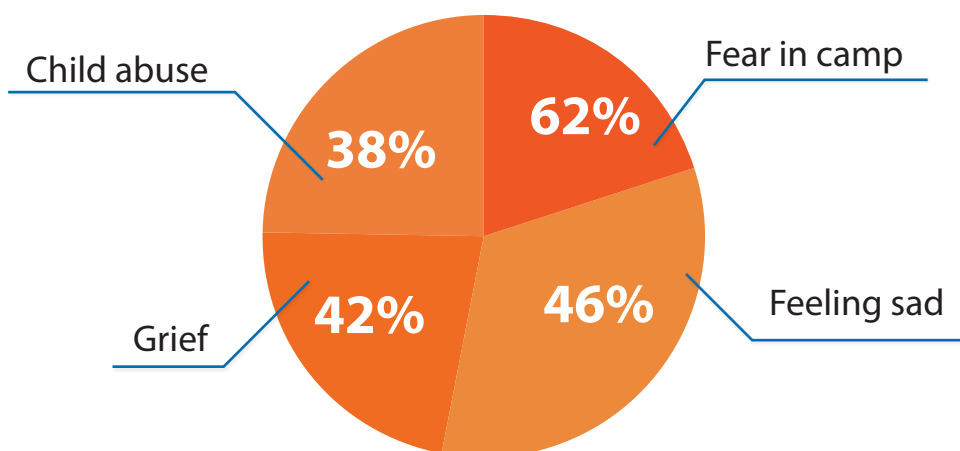


Figure 5.3.4 *Top MHPSS and protection priorities for displaced Syrian adolescents*

This data collection also identified potentially serious vulnerable youth: one female adolescent was suicidal and reportedly attempted suicide the week before; one female adolescent reported multiple severe daily physical beatings by her family inside the tent; and one girl was fearful of being married inside the camp. These adolescents were referred to the IMC mental health or protection case managers for follow-up.

## Three wishes of displaced Syrian adolescents

To gain a better sense of the adolescents' needs and desires, adolescents were also asked "If you could have any three wishes, what would they be?" Almost all adolescent respondents wanted to return to Syria, and there were no significant gender differences. The desire to reunite with friends and family aligns with grieving (*hazzon*) and feeling sad results from the individual adolescent interviews. Adolescents responded with wanting "Bashar to be ousted" or "Bashar to die". These responses were collapsed



into “Regime change in Syria” below. This likely reflects a strong desire for Syria to return to life before the war, as opposed to wanting to join in conflict against Bashar. In the adolescent male focus group, one participant reported wanting to fight in the war. However, when other participants were asked individually, most did not want to join the armed forces.

Table 5.3.5 *Three wishes of displaced Syrian adolescents (N=255)*

<i>Wish</i>	<i>N (%)</i>
Return to Syria	253 (99%)
Reunite with friends and family	88 (34.5%)
Regime change in Syria	78 (30.6%)
Attend school	67 (26.2%)
Live in safety	37 (14.5%)
For everyone to be happy	15 (5.9%)

## 5.4 Protection

### Qualitative findings on protection

When asked about the relationship between police and residents, participants reported a need for training the police force to better deal with aggressive adolescents. Key informants in humanitarian organizations also described the need for improved documentation and assessment of adolescents who are involved in various levels of crime (reported were misdemeanors such as throwing rocks at property, vandalism of WASH stations and containers, to assault on others). One recommendation was to include in the Refugee Information System, files on adolescents who were engaged in violent activity. There should be an information monitoring system or registry for all minor infractions in addition to violent offenses. This data is not currently being collected. As all key informants, adult and adolescent participants reported violence as a main camp concern. NGO and camp management staff reported a strong need for understanding when real-time violent acts were being committed. In addition, a diversion protocol or operating procedure of how to manage adolescents who violate community norms (throwing rocks, vandalizing property, assaulting others, for example) needs to be developed. All key informants reported awareness of geographical areas, for example the West Gate, with “West Gate boys” involved in more civil disobedience (stone throwing, assaults, vandalism) than other areas. Key informants recommended that more police/security be allocated to these areas for more efficient use of police resources. During the study period, two adolescents were accused of physically assaulting police and were held indefinitely in a detention center. As there were no clear guidelines on how to manage adolescents committing infractions, key informants reported concern about the unnecessary incarceration and the mistreatment of youth.

Adolescents in focus groups and individual interviews reported both witnessing and experiencing abuse in the camps, but were not sure to whom or where to go to for assistance. Moreover, parents reported concern for their children’s safety. In one focus group, mothers reported overwhelming concern about their girl adolescents. They unanimously agreed that they wanted daughters to be married in the camp, believing life would be better if their daughters were taken care of by a man. Mothers stated that once married in the camp, daughters would likely become pregnant. Though mothers believed the camp was not a hospitable environment to have a baby, they believed their daughters would ultimately be safer and have a higher degree of financial stability.

### Perceived safety from adolescent perspectives

Adolescents reported feeling overall unsafe in the camp, with girls feeling more unsafe than boys ( $p=0.009$ ). More girls reported being scared to walk alone ( $p=0.0$ ), fear of being kidnapped ( $p=0.0$ ), and

being scared of airplanes ( $p=0.04$ ) than did the boys. More boys reported witnessing someone being assaulted in the camp than girls reported ( $p=0.00$ ). Refer to appendix for complete assessment tool questions.

Table 5.4.1 *Adolescent safety in the camp specific to exposure to violence*

I have... or I am...	Total (N=255)	Boys (N=118)	Girls (N=137)	P value
Witnessed someone being beat in the camp	1.6 (1.5)	2 (1.4)	1.3 (1.4)	0.00
Scared of being kidnapped	1.6 (1.5)	1.1 (1.4)	2.0 (1.5)	0.00
Been bullied	1.3 (1.5)	0.552 (0.98)	0.65 (1.1)	NS
Seen tents set on fire	1.3 (1.4)	1.3 (1.4)	1.3 (1.4)	NS
Scared to walk alone	1.1 (1.5)	0.87 (1.3)	1.7 (6)	0.00
Scared of airplanes	1.1 (1.4)	0.85 (1.2)	1.4 (1.6)	0.04
Seen looting in the camp	0.98 (1.4)	1.03 (1.4)	0.94 (1.4)	NS
Seen families fighting	0.67 (1)	0.58 (0.9)	0.75 (1.1)	NS
Total Perceived Safety Score	16.6 (7.3)	15.3 (6.8)	17.7 (7.6)	0.01

\* NS = non-statistically significant

“The shabbehah (gang) comes and threatens us and beats people up. Please monitor the water tanks because they’re putting poisonous things in there and tanks are being stolen. They’re Pro-Bashar and give kids money to make problems, open taps to waste water. They act like refugees but [they] are gangs. They make people leave the tent then burn it with cigarettes. They kidnap kids and murder them. They want to kidnap to convince people to be with Bashar again or want money for ransom.” – Adolescent male focus group participants.

## Adolescents’ Perceived Safety

Boys Girls

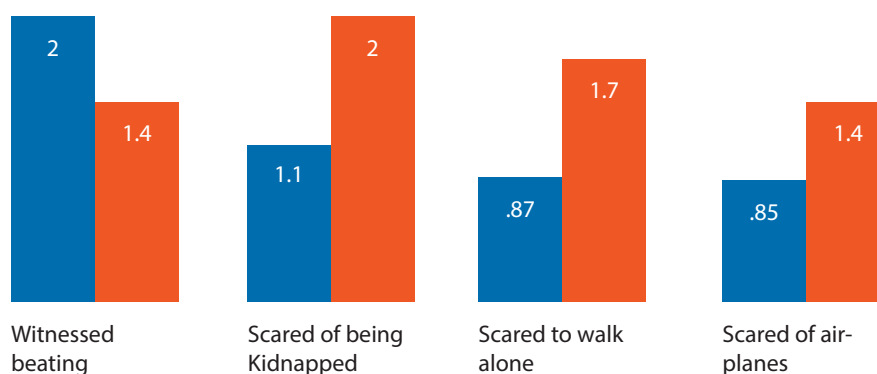


Figure 5.4.2 *Adolescent perceived safety in the camp*

## Perceived safety from parent perspectives

Parents varied on perceived safety based on gender. From the Parent Questionnaire on Camp Safety (refer to Appendix for tool), parents were asked about their own personal safety in the camp. Women felt more scared to walk alone (mean 1.1 (SD 1.4) vs. male mean 0.6 (1.3),  $p=0.021$ ). Men were more likely to know someone assaulted in the camp (female mean 0.2 (0.58) vs. male mean 0.6 (1.3);  $p=0.004$ ) and felt more likely to be able to control their children (male mean 2.7 (1.2); female mean 2.3 (1.4);  $p=0.013$ ).

## Adolescents' Perceived Safety

■ Men ■ Women

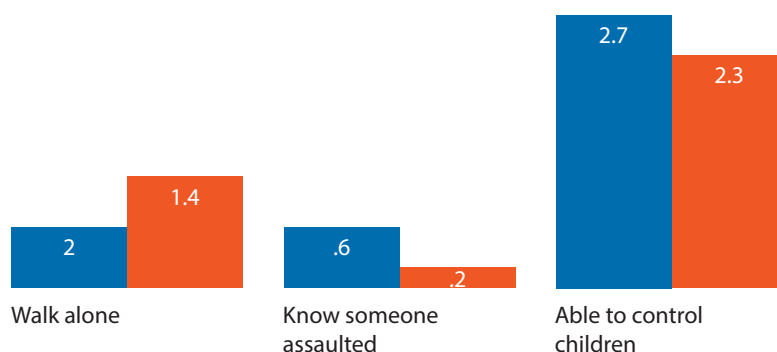


Figure 5.4.3 Parent perceived safety in the camp

"We've seen the army torture the family in front of the kids, they burned houses, beat our kids, and we can't sleep or concentrate because we're angry and mad since this is all for no reason. Then our troubles become worse when we hear loud noises like planes and imagine we're back in Syria. The teens are now disrespectful, defiant, and rudely talking like I'm a sibling, not parent. This is no way to raise a kid in a camp. They don't respect or listen to us anymore- only listen if we beat them." – Focus group of fathers of adolescent Syrians in Za'atari.

Moreover, women from female-headed households (with the husband deceased, fighting in the opposition, still in Syria, or living in Jordan;  $N=58$  (28%), were more scared to walk alone (female only mean 1.1 (1.2), two-parent mean 0.67(1.2),  $p=0.043$ ) than women with a spouse in the camp. The only difference in youth from female-headed households was that they had more conduct problems (female-headed mean 2.9 (2.2), two-parent mean 2.2 (1.8),  $p=0.02$ ).

"We have lots of emotional distress from war problems – both us and the kids are scared when we see planes – we get flashbacks. Kids see weapons and can label them – they know the names of each weapon because they've seen so many. We want to protect our kids before ourselves – now I can't give them anything. We keep thinking about what happened in Syria and it's hard to joke and play." – Focus group of mothers of adolescent Syrians in Za'atari.

For families that live in tents versus caravans, some differences are observed. All camp residents believe that whether or not they are given a tent vs. caravan is random. Humanitarian workers report that all of the camp is being transitioned to caravans in the next few months and currently the assignment of housing is based on geographical location.

### Youth in tents:

- Feel parents get along less well (tent 2.5 (1.3), caravan 3 (1.1),  $p=0.002$ )
- Play less well with siblings (tent 2.1 (1.3), caravan mean 2.5 (1.3),  $p=0.045$ )
- Feel more *hoozon* (grieving) (tent mean 2.7 (1.3), caravan mean 2.3 (1.4),  $p=0.023$ )
- Have more conduct problems (tent mean 2.9 (2.1), caravan mean 2.2 (1.8),  $p=0.012$ )
- Have less perceived support (tent 13.2 (4.4), caravan 15.3 (3.8),  $p=0.04$ )

However, youth in caravans feel less safe (tent mean 15.3 (6.7), caravan mean 17.4 (7.5)  $p=0.02$ )

## Adolescents' Perceived Safety

■ Tent ■ Caravan

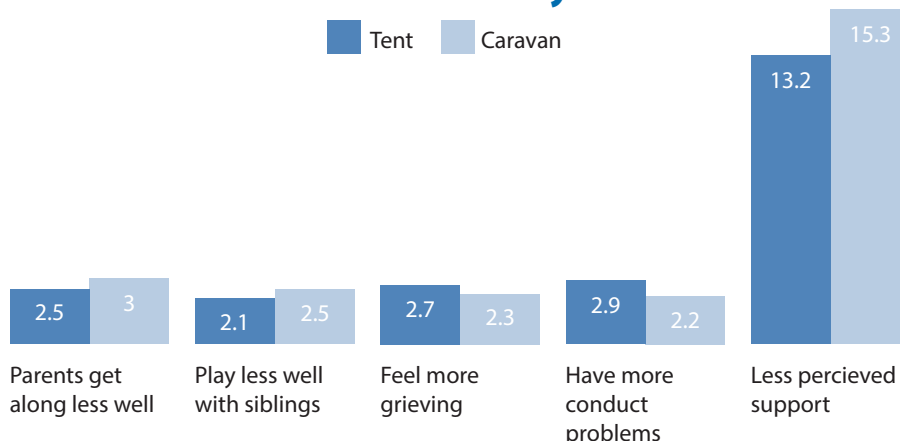


Figure 5.4.4 MHPSS and protection comparison of tent vs. caravan

## Suggestions for Interventions and Activities to Increase Protection in the Camp

Adolescents and parents were asked, "What ideas do you have to increase the safety of the camp?" More adolescents believed that security and police were needed to increase camp safety, whereas parents believed that improved accommodations would improve camp safety.

Table 5.4.5 Adolescent and parent ideas for camp safety

Adolescents			Parents		
%	Idea	Description	%	Idea	Description
27	More police/Security	"Put thieves in jail", "Make gangs go back to Syria"	63	Accommodations	"Having a caravan", "Having better water or more access to water", "Remove men from the bathrooms", "Have more lights", "Have fire extinguishers", "Place WASH stations near the tents"
15	Caravan	Caravan for everyone	42	Security	"Build security stations", "Have more police"
10	Organization in the camp	"Having a committee for WASH stations, have centers for families"	13	Supervision	"Have more supervision at distribution sites", "Have a more organized camp"
8	Awareness	"Have more education in the camp about safety problems"			

Figure 5.4.6 Adolescent ideas for safety

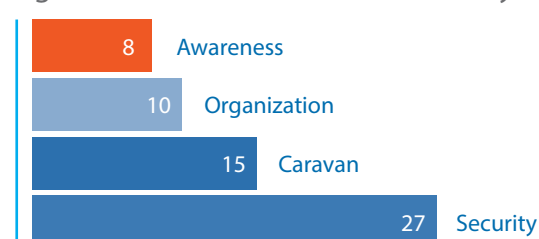
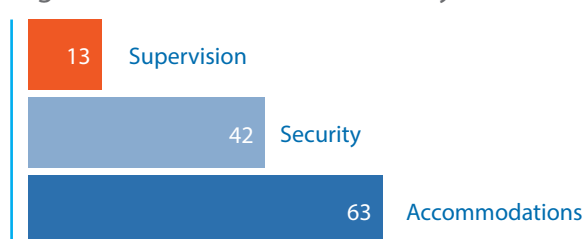


Figure 5.4.7 Parent ideas for safety





## 6. Summary & Recommendations

### 6.1 Limitations

This assessment has several limitations to be taken into consideration when reviewing the results and recommendations:

**Rapidly changing context:** This assessment was conducted when families were being moved from tents to caravans (all residents are expected to be housed in caravans shortly; therefore, little discussion was made of the tent vs. caravan results). During the assessment, many complained about the lack of structure of the camp, but by the end of the assessment, UNHCR camp managers were discussing sectioning the camp into 12 “provinces”. However, we feel this assessment still provides a useful overview of the needs and resources for adolescents in the camp.

**Time limits:** Assessment teams only had five days to collect data, due to a long commute to the camp (1-1.5 hours from Amman each way), camp barriers (stoning of cars), and dust winds/hot weather resulted in the team spending only 3-4 hours in the camp each day. This limited the number of participants and amount of information gathered. Moreover, adolescents were difficult to find in their tents/caravans, and some were spending the day in the IMC Adolescent Safe Spaces.

**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.

**Participant sampling:** The sampling methodology used snowball sampling (key informant interviews), convenience sampling (focus groups), and cluster sampling (individual interviews). This could result in under-representing participants who were not present during the day.

**Participant interviews:** Securing private space for interviews quite difficult due to wanting to avoid people having to leave their tents, which has cultural and security implications. At times, youth or parents were interviewed with another person observing. This could have resulted in reporter error, though triangulation of data was used for cross-comparison.

### 6.2. Recommendations–Mental Health

The overall theoretical framework behind these recommendations includes the ecological framework of a child – that mental health protection aspects are in part influenced by the interaction of four levels (the individual, relationships, community and society), and by the “IASC Guidelines on MHPSS in Emergency Setting and Psychological first aid: Guide for field workers.”

#### Mental disorders

- While reportedly rare, the most common serious mental health concerns for adolescents reported by mental health key informants (26% of the clients seen by the IMC mental health clinic are between 5-17 years old) are enuresis, intellectual disability and autism/developmental disorders.
- Mental health data collected by the IMC is grouped based on age categories 5-18 years old and above 18 years old.

#### Recommendations

- Encourage collaboration and referral systems to other organizations within the camp that have psychiatric services (such as Field Hospitals and /or International Medical Corps ) or specialized mental health services to care for those with developmental disorders, and refer to the general Jordanian community if needed.

- Disaggregating the data for 5-11 years old and 12-18 years old would assist in understanding better the mental disorders with which adolescents present.

### **Sadness, grief, and anger (*hazzon and khof*)**

- The top three general concerns for adolescents are: fear in the camp, feeling sad and managing grief, and child abuse in the family.
- Adolescents' most prevalent MHPSS concerns are: feeling sad, fear of attack at the toilets and kitchen, in general in the camp, worry, family violence, witnessing child abuse, and managing their own aggression.
- Fear and poor family relations comprise the majority of stress for youth,
- Local syndromes felt most strongly were *hazzon* (grief) and *khof* (fear), congruent with qualitative and quantitative findings.
- Most all youth wished to return to Syria, to be reunited with friends/family, for Bashar to be ousted, to attend school, and to live in safety.

### **Recommendations**

- Utilize a family-based approach since many adolescent concerns are due to family violence. Family-centered interventions can also build on the natural resource most proximal to youth – their families.
- Consider additional training for current providers of mental health care to adolescents (such as the IMC), who can provide Brief Strategic Structural Family therapy (BSFT)<sup>11</sup> or Family-based multi-systemic therapy (MST)<sup>12</sup> to increase family cohesion and decrease youth aggression/behavioral problems. Both therapeutic modalities have evidence to assist in decreasing the amount and severity of criminal behavior by juvenile offenders.
- Consider Interpersonal therapy (IPT) for individuals or with grief and transitions, which has evidence of usefulness in Ugandan displaced adolescents<sup>13</sup>.
- Address residents' anxieties about the lack of information about loved ones in Syria by connecting families through Skype/phone calls.

### **Resilience and protective supports**

- The most common coping strategies currently used by youth are: to withdraw/hide, play with friends, cry, find things to do, be with parents, sleep, distract oneself, pray, and be accompanied by an adult. A minority of youth reported risky behaviors of smoking, stealing, and beating someone.
- Girls generally perceived themselves to be more funny and optimistic than boys.

### **Recommendations**

- Reward pro-social behavior that helps youth "find things to do" (for example, for every full bag of trash they pick up, they get a token for a game).
- Focus on positive behavior to teach new skills (follow instructions, accept criticism, solve problems, conflict resolution). NGO, CBO, and camp staff can encourage these skills and focus on positive feedback with adolescents in daily interactions.
- Increase protective supports for youth through peer outreach workers (with supervision) to match with youth and help promote behaviors that may prevent violence (such as engagement in school, with CBO or NGO programs like the IMC YEP), discourage risky behaviors, increase self-esteem and development of life-skills, and encourage adolescents to seek services. Peer workers should be sensitive, honest, humble and caring and help support the effective engagement of adolescents.

11 Office of Justice Programs, US Department of Justice (2000). *Brief Strategic Family Therapy*. Juvenile Justice Bulletin. Available at: <https://www.ncjrs.gov/pdffiles1/ojjdp/179285.pdf>

12 For more information, refer to: <http://evidencebasedprograms.org/1366-2/multisystemic-therapy-for-juvenile-offenders>

13 Verdelli, H., Clougherty, K., Onyango, G., et al. (2008). Group interpersonal psychotherapy for depressed youth in IDP camps in northern Uganda: Adaptation and Training. *Child and Adolescent Psychiatric Clinics of North America*, 17, 605-624.

- Encourage humor and optimism in girls.
- Ensure that adolescents are aware of the activities available to them (Refer to Table 4.2) that can promote protective capacities.

### 6.3 Recommendations–Psychosocial

#### Camp organization

- Residents do not know what services are available, and where.
- There are reports that residents have little sense of community cohesion or ownership of communities.
- Residents are concerned about safety at WASH stations.



#### Recommendations

- Share maps of available services in the Camp with residents and newly arriving refugees.
- Provide adolescents with a map or schedule of psychosocial activities that they can participate in.
- Have residents sign a code of conduct that outlines consequences and disciplinary action, as well as rules and expectations of living in the camp. The code of conduct could be written with organizations working in the camp to encourage participation and a sense of responsibility and belonging in the Camp.
- Educate humanitarian workers on how to support child development and growth. For example, the importance of sending kids to school, as socialization is a critical part of child development. Videos could be made and displayed at various NGO or CBOs.
- Divide the camp into administrative blocks. Each one could have a local “administrator”, task-oriented committees and community networks, and personnel for information management and a help desk. This can also diffuse responsibility away from humanitarian aid and make residents feel responsible as active contributors to their community. The administrative blocks can define priorities (to tell where to put child friendly spaces, plant trees, etc.).
- Strengthen WASH committees at the level of each administrative block, to overlook cleanliness and to monitor WASH facilities.
- Increase lights and electricity at WASH facilities.
- Consider building infrastructure around public spaces like WASH facilities, to encourage commercial zones that may reduce the chance of someone being assaulted there.

#### Adolescent engagement

- More than 70% of adolescents are not attending school.
- Adolescents report that one main “wish” is to attend school.
- In focus groups, adolescents report few-to-no activities during the day if they are not attending school, except for those involved in the IMC YEP program.
- Adolescents report concern about witnessing abuse in the camp community.

#### Recommendations

- Consider the feasibility of having web-based courses through computers set up in a secure pod in order to teach vocational life skills training. One key informant recommended this idea; however, it is unclear whether this is feasible due to the lack of security and the past vandalism of pods recently.
- Engage adolescents in alternative methods of education since many youth and parents are reporting distance and safety concerns prohibiting attending school. Other ways to engage adolescents in

both academic and psycho-educational lessons (for example, about the effects of migration and camp life on concentration, sleep, irritability) might include (1) clustering of adolescents, (2) using play, and (3) using technology. Girls and boys could cluster in groups of 5-6 in their modules or tents to work together learning, eliminating many of the current barriers to education (dislike of teachers, distance, safety, etc.). Play could be used, for example, to teach math, youth could be given a math problem then required to run and sit on a tire partially buried in the ground with painted numbers on top. Technology might be considered, to have tablets with pre-recorded applications such as academic games or psychoeducational materials. Or education could be taught through “maker” stations – a small facility where people could help build, repair, and install some of the infrastructure. However, all of these options would require supervision. Potentially, retired or former teachers from the refugee community could participate.

- Liaise with NGOs such as Questscope and Relief International that are reported to provide informal education.
- Assist children and adolescents with transportation to schools to decrease barriers to attending.
- Encourage adolescent committees, in order to increase youth participation in the brainstorming, design and development of programs.
- Create a sports league to encourage a sense of pride, passion, accomplishment, and identity. CBOs and NGOs can obtain donated soccer balls and equipment ([www.oneworldfutbol.com](http://www.oneworldfutbol.com) for example). Having youth pay or “earn” to participate in the team may create a sense of ownership (over the jersey, for example), make the equipment last longer, and encourage pride due to the sacrifice in obtaining them. The league can then have a tournament to engage the general community responsible for upkeeping the soccer field, etc. This can be integrated with organizations currently providing soccer/sports (IRD, Mercy Corps, SCI, UNWomen).
- Allow the opportunity for adolescents to learn values such as fair play, respect, and rules through sports. Sport in and of itself may not be the reason for a decrease in community violence. Having a strong coach, who gets to know each player and builds a sense of trust and relationship with the youth, has been shown to decrease individual acting out. These coaches can also assist in dispute mediation between adolescents. Coordination with other NGOs and CBOs can allow for the development of more coaches and teams to promote a league.
- Engage adolescents in identifying camp problems and working on solutions such as infrastructure construction problems like painting walls and building caravans, and praising adolescents through awards or a ceremony, who are the “Most Helpful” in the province. This may also decrease vandalism if adolescents have put the effort in to build a structure.
- Consider inviting Jordanian/Syrian/other bands to organize a concert with local youth groups in a talent show to increase safe, collaborative daytime activities.
- Increase opportunities for meaningful activities, such as volunteering in the camp by being linked with a CBO or NGO. Adolescents can also work on intergenerational activities either by looking after children (big brother kind of role) or by supporting/helping elder people. It could be the opportunity to exchange knowledge and services: e.g. the youth help the elder persons to carry things (e.g. food distribution, water ration, etc.) and in exchange the elder person can teach skills, values, etc.



### Psychoeducation and Community organization

- Though the camp is limited in organizational resources, Za’atari has an abundance of Syrian refugees



that can be used as human resources to strengthen community relations.

- In key informant interviews, workers report that psychoeducation is lacking, around the effects of armed conflict on mental health and child development.
- Residents complain of a lack of information about the Syrian war and about their families still in Syria.
- Residents report they do not know what medical and psychosocial resources are available, and 11% of adolescents surveyed reported feeling ill or disease as a primary concern.

## **Recommendations**

- Identify and train 5-10 Syrian refugee adolescents or adults per humanitarian organization in the Camp, to assist with the organization's missions and goals. For example, the IMC can train a few Syrian refugee volunteers on the effects of armed conflict and migration on child development and mental health (concentration, irritability, defiance, or more quiet, clingy behavior, etc.), and can send these volunteers to the camp for outreach in tents/caravans, and to train province leaders and police.
- Form community networks where people can talk about problems and offer solutions. Consider having a forum where residents can pitch project ideas in a competition. Residents can then vote on which project to work on, fostering agency and responsibility for their camp community.
- Ensure that programs are developmentally focused with a skill-enhancing perspective. For example, focus on a commitment to learning; positive values such as helping others, delaying sex/marriage; social competencies such as planning, decision making; and positive identity by increasing personal power, sense of purpose.
- Organize parenting sessions for the community, to educate parents on the effects of war and stress on their parenting, positive ways to cope and manage stress, and the effects of abuse on their youth.

## **6.4 Recommendations–Protection**

### **Identification of at-risk adolescents and parents**

- Through cluster sampling of tents and caravans in six modules, previously unidentified at-risk youth and parents were identified by service providers (for example, through data collection, one adolescent who reported to have attempted suicide the week prior, one adolescent who was being physically abused daily by her family, one adolescent boy without a caretaker and roaming from tent to tent, were identified).
- There are identifiable areas where more violence occurs (for example, “West Gate boys” are reportedly creating vandalism and violence consistently).
- Female-headed households report more fear in walking alone, and youth of female-headed households had more conduct problems than households where a spouse was present.
- Mothers want their daughters to be married in the camp, though they believe that once married, most couples will have a baby (likely in the camp).
- The prevalence and scope of sexual violence in the camp is unclear. The lack of information on SGBV in particular, is particularly challenging due to the cultural stigma, fear, shame and barriers to accessing services. At the time of this study, there were discussions about a UN agency attempting to pursue evaluation of the extent of SGBV.

## **Recommendations**

- Improve the identification of at-risk adolescents through community outreach. One or two teams could be assigned per organization to cluster sample each module weekly, talking with clients and identifying serious psychosocial, mental health and protection needs, such as adolescents experiencing abuse or neglect.
- Gain a better understanding of the contributing factors to early marriage and foster discussions about the risks and alternatives to early marriage in the camp.
- Inform camp residents about the risks of, alternatives, and services available for those thinking about

marrying early and provide education on the risks early marriage can have on a young body such as; potential harmful health consequences of early pregnancy on the mother and child due to stressful living conditions and the impact early pregnancy has on a young girl's body.

- Place more police at the West Gate and foster relationships with “West Gate boys”, encouraging them to join the IMC YEP.
- Establish women's discussion groups, where women can support each other, discuss women's issues and share tips about improving their environment.
- Enable community forums where women can discuss how to maximize their strengths and capabilities, and manage the challenges of being a single parent in the camp.
- Teach basic health, hygiene, and first aid classes to women and adolescents, and let them earn valuable credit (small amount of money or gift) by completing class units to help support to each other while also learning about how to care for themselves and their families.
- If possible, collect further data on kidnappings and sexual and physical assaults on adults and children, to guide programming to understand if fears are aftermaths of war trauma or actual protection concerns in the camp.
- Integrate sexual violence prevention into current general youth protection activities by providing psychoeducation about sexual and gender-based violence in protection discussions.



### Psychoeducation on adolescent violence

- Key informants, adolescents and parents report youth violence as a main concern of the camp.
- 65% of adolescents report fear in the camp as a main concern, related to witnessing child abuse in the camp, family, and fears of being assaulted in the camp. It is unclear how much of the fear is grounded in reality of violations in the camp (how many are kidnapped or sexually assaulted) and how much the fear is due to rumors and heightened anxiety from war experiences.
- Girls feel less safe overall – they are more scared to walk alone, to be kidnapped, and fear airplanes more than boys.
- Girls report witnessing assault with a greater frequency.
- These findings were similar to parents' fear by gender – women were more scared to walk alone, and men were more likely to know someone assaulted in the camp.
- Boys report seeing more beatings in the camp than the girls report.
- All participants requested more security and police, and caravans.
- Adolescents believe education will decrease camp violence. Parents would like more supervision at distribution sites.

### Recommendations

- Record infractions and criminal activity. Currently, camp staff, NGOs, and CBOs report there are no systematic or organized means to monitor violence in the camp despite the need.
- Provide education to families and adolescents in outreach and in the YEP program about how to maintain safety (for example, finding safety if there are outbreaks of physical altercations, using positive coping strategies when experiencing fear from airplanes, and telling parents when they are not feeling safe).
- Educate police and organizations about adolescent development. Friendships and “saving face” in front of friends and community is very important, so if officers confront a juvenile in front of peers, the

juvenile may act up to avoid appearing “weak.” Adolescents may become aggressive due to a lack of belonging, power, fun, or freedom/choice, all of which are apparent in the Za’atari camp.

- Offer parent-adolescent mediation as part of current adolescent protection and mental health interventions, which currently do not specifically include mediation.
- Incorporate peace education in schools, and have youth centers to decrease conflicts.
- Establish sensitization campaigns with seminars, workshops, and discussions with residents on peace and conflict management.
- Provide mediation training of Syrian volunteers to help with negotiation in the camp.
- Identify liaisons between the Syrian community and the aide community (take a bottom-up perspective by identifying leaders in reconciliation forums).

### **Serious violence/gang violence**

- Adolescents and parents report fears in the camp due to gang violence or serious crimes (arson, kidnapping, assault) in the camp.
- There is little compiled data on the extent of gang violence and serious crimes.
- There is no uniform protocol for how to manage adolescent violence.
- There is no humanitarian organization specifically targeting the issue of adolescent violence.

### **Recommendations**

- Train CBO, NGO, and camp staff on how to manage adolescent violence. For example, when confronting youth who are engaged in violence, personnel should recognize if there is clear and present danger – if so, police should be called. If there is no immediate danger, staff should decide if the acts are deliberate or emotional. If deliberate, youth should be warned, reminded of consequences, be confronted with the possibility of police intervention. If they continue to escalate, they should be told to leave with an officer or staff. If emotional, the youth is better off with space and time, with reflective listening and positive counseling.
- Cooperate with law enforcement to improve collaboration, referrals, and services to at-risk families, and to decrease unnecessary incarceration and mistreatment of youth.
- Conduct training sessions for Juvenile Police Department officers out-posted to Za’atari to deal with delinquents and juveniles and encourage the use of diversion.
- Engage violent and at-risk adolescents through outreach: identify sub-groups and provide recreational activities as an initial connection to MHPSS and protection services. The building of trust is critical for youth to become receptive to services. Also, peer outreach workers can be a positive role model and provide support.
- Incorporate an anti-violence program that includes: Prevention, Intervention, Suppression, and Rehabilitation:

[Prevention](#) should include engaging offenders into a Life Skills program and having community-awareness presentations in modules.

[Intervention](#) would identify offenders and pair them with a “probation officer equivalent”, engage in community service (designated by the protection lead of the province) that is felt equitable to the crime (for example, 10 hours of community service picking up trash for a youth who stole candy). Intervention would also include a needs assessment of MHPSS issues the youth may face. Mitigating these issues could decrease problematic behaviors.

[Suppression](#) would require inter-agency collaboration (Jordanian Intelligence, local police, camp management, CBOs and NGOs, and local province leaders) to engage in collaboration and a united message that violence will not be permitted. Fear of arrest and disciplinary actions may provide an incentive for youth to engage in alternative activities (provided by the CBOs and NGOs). This should be coupled with the

positive reinforcement of pro-social behaviors and positive behavior change interventions.

**Rehabilitation** would focus on stabilizing the home environment of these at risk youth. By strengthening the neighborhood/province and family, youth may have a more secure base from which to operate. Community education and participation in the brainstorming and development of ideas and projects to work on in their neighborhood, taking leadership roles in the province, and serving as outreach or referral volunteers, may give youth a sense of responsibility and leadership. Moreover, this process could better assist in the identification of further resources for youth.

### Information gathering

- There is currently no information monitoring system or registry for violent offenders.
- Key informants report that there is little information on the demographics, family support, or past history of infractions, regarding those adolescents who are committing public disturbances.
- There is currently no reporting structure for adolescents who have committed violence.
- Humanitarian organizations are overall unaware of the specifics and real-time initiation of crime.
- There are currently no structured means of communicating with MHPSS or protection assistance after adolescents have been abused or witnessed violence.

### Recommendations

- Consider making an electronic file for each violent offender, with profile picture, background data on tent/caravan address, caregiver contact, and other information that highlights potential risk or concern (out of school, exposure to family violence, etc.), and number of infractions committed, as reported by a key informant. Camp management and police could collaborate to identify and assess adolescents involved in various levels of violent acts. The security of the electronic files should be protected, as it is in the Refugee Assistance Information System.
- Improve the warning-response system by introducing a system of crowd sourcing, whereby any resident can text a number (central to the police), stating the location and violent act anonymously.
- Initiate a reporting system: When a resident is threatened or in danger, the resident should have a clear avenue to pursue safety.
- Establish a Neighborhood Watch, where residents can organize to increase the safety of their surroundings.

## 6.5 Conclusions

Based on this assessment, it is recommended that inter-agency collaboration be strengthened, to monitor and address the mental health and psychosocial risk factors that can add to the youth violence, which is now proliferating in the Za'atari camp. In order to develop stronger protocols and interventions, governments and donors would need to be better informed regarding the benefits to be realized from providing additional funding for adolescent protection in order to curb camp violence. Similar issues are also anticipated in the next refugee camp being built in Jordan. Considerations in MHPSS programs should include:

**Family-centered programs:** Since family is the most proximal, natural resource for adolescents in the camps, and since adolescents are reporting priority concerns of family violence and child abuse, programs should target not only the individual youth, but also the family.

**Comprehensive and coordinated services:** The protection of youth and identification of MHPSS risk factors will require collaboration between camp management, protection services, MHPSS, education programs, police/security and community-based programs for identification, management, and referral of youth in-need. This could also include the development and use of more technology, to assist with

comprehensive services that will serve to improve the overall safety of camp residents.

**Outreach to vulnerable populations:** Through the cluster-sampling methods, the process of identifying youth and families who were in serious need of care but were unaware of the available resources in the camp has begun. By pairing Syrian refugee volunteers with aid organizations, trust in the camp can be strengthened, and community collaboration fostered. By spending time being present around the actual tents and caravans, residents and service workers can provide information to each other, in order to decrease the perceived asymmetries of power that can foster violence.

**Camp organization:** Dividing the camp into administrative blocks could spread the sharing of the responsibility of monitoring resident needs, and would allow for a more efficient method of matching services with needs. Moreover, such provinces could encourage community participation and engagement, to allow residents a stronger feeling of ownership over their neighborhoods, local prioritization of needs, and offering solutions. This would assist in the empowerment of youth and adults, who feel little agency and leads to mental health problems such as grief and fear.

**Tiered systems of care:** Careful attention should be made to include all tiers of care including the general population, those potentially at-risk (female-headed households, girls at risk for early marriage and pregnancy in the camp, etc), and the more serious populations (gangs, perpetrators of violent acts, those with serious mental disorders, etc.).



### Tool 11: Key Informant Interviews

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

#### A. Source of distress

- How have the war and camp conditions affected daily life for youth?
- What are the biggest problems with youth in the camps?

#### B. Risk groups

- Which groups of youth are suffering the most? Other youth groups
- Who are the most vulnerable youth and why?
- What could help them?
- Why do you think youth 12-17 years old aren't going to school?
- What could help them attend school?
- We've heard reports that youth are returning to Syria, why is that?
- Do you think they should stay? If yes - What could we do to help motivate youth to stay until it's safe to return?

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

	How did/do parents/family help youth in distress?	How did/does the community help youth in distress?
Before war	1. 2. 3.	1. 2. 3.
Now	1. 2. 3.	1. 2. 3.

- What more could be done to help youth 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 youth?

#### E. Protective factors

- For kids who are doing well, what personal, family, and community traits make them do well? (can probe: self-esteem, confidence, perseverance, engaged in business, seek advice from others, use posi-

tive coping, feel supported by parents, feeling connected to family, have close friends, feeling supported by the community, etc)

Personal traits	Family traits	Community
-	-	-
-	-	-
-	-	-
-	-	-

## Parent Questionnaire

Date:

التاريخ

IMC Worker:

اسم المقابل

ID# \_\_\_\_\_

رقم الهوية:

Gender: F / M

الجنس: ذكر / أنثى

Age:

العمر

Module #

رقم المربع: Village in Syria:

القرية السورية:

Average Household #:

عدد أفراد العائلة

Date of arrival

تاريخ الوصول إلى الأردن

Do You live in a caravan or tent:

هل تعيش في خيمة أو كرفان:

Level of education ☐ none ☐ elementary ☐ high school ☐ more

مستوى التعليم

غير متعلم

ابتدائي

ثانوية

أكثر

Where is your spouse now?

اين زوجك\ زوجتك الآن؟

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 camp الأمان في المخيم	Never أبدا	A Little قليلا	Sometime بعض الأوقات	Often غالباً	Always دائماً
1. I feel safe in the camp. أشعر بالأمان في المخيم					

2. I feel safe to send my children out alone. أشعر بالأمان لخروج أطفالي من البيت					
3. I have witnessed someone being hit in the camp. شهدت ضرب أحدهم في المخيم					
4. I am worried for my safety at the distribution center. أشعر بالقلق على سلامتي عند ذهابي إلى مركز التوزيع					
5. I am scared to walk alone. أخاف من المشي وحدي					
6. I know someone that has exposed to assault in the camp. أعرف أحداً تعرض للاعتداء على في المخيم					
7. We can control our children. نستطيع السيطرة على أطفالنا					
8. We can protect our children. نستطيع حماية أطفالنا					
9. We can work and provide for our children. نستطيع العمل لتلبية احتياجات أطفالنا					

What ideas do you have to increase the safety of the camp?

ما هي الافكار التي تقترحها لزيادة الأمان في المخيم؟

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

الأداة ١٠: 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 \_\_\_\_\_  
العمر: \_\_\_\_\_ أنثى ذكر الجنس:

Are you currently in school? Yes/no \_\_\_\_\_ How far in school did you go? \_\_\_\_\_  
هل تذهب الى المدرسة؟ نعم / لا \_\_\_\_\_ ما هي مرحلتك الدراسية الأعلى؟

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. E 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 inter-

viewed? 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 youth have because of the war or living in the camp? 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 المخيم الرجاء ذكر المشاكل التي تستطيع ان تفكر بها " اسال عن وصف مختصر لكل واحدة "

**Table 1. List of Problems (Any Kind)**

الجدول ١. 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 و المشاكل 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 الحجارة .....الخ ( ضع عشرة منها في هذا الجدول table:

**Table 1.2 List of Mental Health/Psychosocial Problems**

الجدول ١,٢ 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 بالاعلى ) 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 المشكلة
	Explanation التفسير
2.1.3	Problem المشكلة
	Explanation التفسير

COPING: "What kind of things do youth 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 بنففسهم , 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 ١,٢

Mental health/psychosocial problem (listed in 1.2) الصحة النفسية / المشكلة النفسية الاجتماعية	Coping التأقلم	Can you still do that in the camp? هل ما زلت تستطيع القيام بذلك في الخيم؟
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
<b>Safety in the camp</b>	Never	A Little	Sometime	A Lot	Always
الأمان في المخيم	أبدا	قليلا	بعض الأوقات	كثيرا	دائما
10. I feel safe in the camp أشعر بالأمان في المخيم					
11. I feel safe to be away from my parents in the camp. أشعر بالأمان بالبقاء بعيدا عن أهلي في المخيم					
12. I have witnessed someone being beaten in the camp. شاهدت أحدهم يضرب في المخيم					
13. I have been bullied by others. تم اخافتي من الآخرين					
14. I am scared to walk alone. أخاف أن أمشي وحيدا في المخيم					
15. I have seen tents burned on purpose. شاهدت المخيم تحرق بدون سبب أو هدف					
16. I have seen looting in the camp. شاهدت سلب في المخيم					
17. I have seen my family fight another family. رأيت عائلتي تتشاجر مع عائلة أخرى					
18. I am scared of being kidnapped. انا خائف ان يتم اختطافي					
19. I have nightmares عندي كوابيس					
20. I urinate in bed. انا ابلل فراشي					
21. I have difficulty sleeping. عندي مشاكل بالنوم					
22. I am scared of airplanes. اخاف من الطائرات					

### What ideas do you have to increase the safety of the camp?

ما هي الافكار التي لديك لزيادة الامن في المخيم؟

## PERCEIVED SUPPORT

الدعم المدرك

### Who do you live with?

مع من تعيش؟

	0	1	2	3	4
Do you feel... هل تشعر...	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 بالأمور 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؟					

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

## LOCAL SYMPTOMS

الاعراض الظاهرة

0 1 2 3 4

How often do you feel... كيف تشعر...	Never ابدا	A Little قليلا	Sometime غالبا	A Lot كثيرا	Always دائما
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 الآخرين. 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 (ينزعج بسرعة. يعصب على أشياء بسيطة)					
4. Mashkalji (trouble maker, getting into the problems, neighbors or friends complain about him ) مشكلجي ( بحب المشاكل. الجيران أو الأصدقاء يشكوا منه )					
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 أو المعارف. اشعر بالحزن أو الاكتئاب. اذكر اقاربي ومعارفي. ابكي في معظم الاوقات. احب ان ابعد عن الآخرين )					
6. Fear (Khof) : Youth 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.					

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

إذا كان لديك ٣ أمنيات، ما هم؟

- 1-
- 2-
- 3-

الرجاء التأكد من أن جميع الأسئلة تم الإجابة عنها



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