

# The mental health of Syrian refugee children and adolescents

Leah James, Annie Sovcik, Ferdinand Garoff and Reem Abbasi

**Mental health services can be key to restoring basic psychological functioning and to supporting resilience and positive coping strategies for children, adolescents and adults.**

The men, women and children fleeing Syria have commonly been subjected to and/or witnessed torture, kidnappings and massacres. They have been victimised by rape and other forms of sexual violence. Their homes and neighbourhoods have been destroyed. They have been targeted – and seen people killed – by bombs and snipers. They have suffered physical injuries resulting in chronic disability, and had loved ones killed or disappeared.

An assessment of the mental health and psychosocial needs of displaced Syrians in Jordan revealed persistent fear, anger, lack of interest in activities, hopelessness and problems with basic functioning. Of the almost 8,000 individuals who participated in the assessment, 15.1% reported feeling so afraid and 28.4% feeling so angry that nothing could calm them down; 26.3% felt

“so hopeless they did not want to carry on living”; and 18.8% felt “unable to carry out essential activities for daily living because of feelings of fear, anger, fatigue, disinterest, hopelessness or upset”.<sup>1</sup>

Many Syrian adults report that the well-being and future potential of their children constitute their greatest source of stress; in light of this, mental health services targeting children are a priority for the community as a whole.

Many adults worry constantly about their children and the impact of the horrors they have experienced. One describes his daughters as “psychologically very affected” by the war – anxious, scared and unable to believe anywhere is safe.<sup>2</sup> Children asked to draw a ‘safe place’ from their pasts in counselling groups are sometimes

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*Syrian refugee children in Adiyaman refugee camp, Turkey.*

unable to access any non-violent memories and instead draw the tanks and soldiers that populated their neighbourhoods.

For many Syrian children and adolescents, distress is a product of direct exposure to war-related trauma, challenging family dynamics associated with trauma and displacement, and stressors related to adjusting to life in Jordan. Parents and other family members exposed to traumatic experiences and showing symptoms associated with stress and trauma are more likely to demonstrate poor parenting, including abuse and neglect in some cases.

Syrian children receiving services at the Center for Victims of Torture (CVT) commonly express an enormous sense of personal responsibility for supporting and protecting family members, including parents. Some describe “guarding” their families by standing watch by the door, or worrying about how best to comfort their parents when they are distressed. Children may also protect parents by refraining from disclosing their own traumatic experiences and related symptoms. At the same time, many children and adolescents share that they are not made privy to certain family discussions. Children most commonly express frustration and anxiety associated with being left out of discussions

about, for example, safety concerns or the whereabouts and well-being of missing family members, sometimes saying that they are fully aware of circumstances but are made to feel that they should feign innocence in order not to disturb their parents further.

In an effort to facilitate healing and positive coping among Syrian children and their parents, CVT provides mental-health, group and individual counselling and physiotherapy services at its clinics in the urban areas of Amman and Zarqa in Jordan, as well as social work services and parent psychological education regarding common responses to trauma and stress for children.

A primary objective is to facilitate a shift in self-image from passive victim to active survivor who can draw on their experiences to positively affect others. Under CVT’s care, torture and war atrocity survivors recover from psychological and physical symptoms, helping them to successfully regain control of their lives. Clients consistently show improvements in both adaptive functioning and non-symptom indicators, as well as in reduction of symptoms such as those for depression and anxiety. Clinical staff conduct assessments of functionality and symptom measures at intake and after 3,

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6, 9 and 12 months of a client completing services. Similar results are true regarding physical pain indicators. When comparing results at discharge to results at intake, an overwhelming majority of clients report a decrease in pain or a decrease in the effect of pain on their activities of daily living.

At the same time, groups focus on building coping skills needed to navigate challenges common to the refugee context and difficult family dynamics. Safety and a caring relationship serve as the foundations for later exploration of traumatic experiences and their

associated emotions (e.g. fear, shame, guilt, loss, sorrow), culminating in an eventual reconnection with self, others and life.

Leah James [ljames@cvt.org](mailto:ljames@cvt.org), Annie Sovcik [asovcik@cvt.org](mailto:asovcik@cvt.org) and Reem Abbasi [rabbasi@cvt.org](mailto:rabbasi@cvt.org) work for the Center for Victims of Torture. [www.cvt.org](http://www.cvt.org) Ferdinand Garoff [ferdinand.garoff@gmail.com](mailto:ferdinand.garoff@gmail.com) is a former Psychotherapist Trainer with CVT in Jordan

1. International Medical Corps, World Health Organization, Jordan Ministry of Health and EMPHNET (July 2013) *Assessment of Mental Health and Psychosocial Needs of Displaced Syrians in Jordan*. <http://tinyurl.com/MHPSS-syrians-in-jordan-2013>

2. Written informed consent for use of his story is on file with the Center for Victims of Torture.