In Janine di Giovanni’s reporting on war in Syria, she tells of a graveyard worker named Mohammed, and his 4-year-old reddish-haired son. Mohammed works in a former park turned graveyard in a Syrian neighborhood in Aleppo. With his 4-year-old son by his side, Mohammed digs graves for corpses ravaged by war. When di Giovanni worries about the impact on his son, Mohammed tells her that he did not expect the carnage to affect his son; that “death is like life.”1 Yet, death in war is different. And no 4-year-old child nor grown man can escape its brutality.

The war in Syria began with peaceful, anti-government demonstrations in March 2011. The government answered by turning peaceful protests into violent massacres. Armed opposition groups rose up in response, and the country was quickly engulfed in a civil war. The war continues to rage and the extent of its damage will not be understood for years. It is clear, however, that the war has had devastating consequences both for Syrians inside the country, and those who have fled.

The Syrian war continues into its sixth year. By now, the numbers have become part of our collective psyche. Nearly 500,000 people have been reported killed.2 Approximately 6.3 million Syrians have been displaced internally while 4 million more have fled the country as
refugees, many of them dispersed across the Middle East. By some counts, more than half of this displaced population are children.

The United Nations has called the Syrian conflict one of the worst humanitarian crises of the modern era. By now, the short-term consequences for the survivors, particularly the children, of this horrific conflict have become apparent: Syrian children are living with life-altering injuries, including amputations, spinal cord injuries, and whole body burns; the impact of malnutrition is now felt within and outside Syria's border; children have become increasingly vulnerable to insanitary and contaminated informal settlement environments. The war has also devastated families economically, forcing many children and adolescents to leave school and become providers for their families.

Added to these more observable problems, the stress of war followed by the trauma of displacement has led to an epidemic of Syrian refugees with mental illnesses and trauma-related disorders. International agencies currently provide aid in the form of food and cash assistance, but very little has been done to ensure that the mental health needs of these traumatized people are met.

Without a concerted public health response to this crisis, Syrian refugees—particularly children—will suffer the consequences of untreated trauma in the years to come.

This paper concerns itself with the consequences of trauma on refugee children in Lebanon. In the first section, I describe the impact of exposure to violence on children and adolescents. As a means of comparison, I review research focused on children in the United States. Next, I focus on Syrian children in Lebanon and their experience of violence and displacement. Finally, I explore how our evolving understanding of trauma and the effects on children refugees give rise to a public health crisis and a call to action: effective interventions that address the mental health needs of a traumatized population of children must be implemented. Such interventions are critical to reduce the risk of increasing violence and delinquency and to preserve the opportunity for eventual asylum and citizenship status outside of Syria.

Research on Exposure to Childhood Violence

Children are more likely to be exposed to violence and crime than are adults. In the United States, juveniles and young adults face violence as victims at twice the rate of the general population. In 2008, the Office of Justice Programs undertook a comprehensive, nationwide survey to assess the incidence and prevalence of children's exposure to violence. The survey, which measured exposure to violence for children ages 17 and younger to both community violence and direct victimizations, found that children become more vulnerable to increasingly serious types of violence as they grow older. That is, children who were exposed to violence at a young age were more likely to personally experience additional violence as they aged. It also tracked the cumulative effects of exposure to violence over time. In the United States, nearly 1 in 10 children was exposed to five or more different types of violent episodes through the years. Understanding the progression of violence and the cumulative effects of exposure to violence are necessary in order to create effective interventions. Studies confirm that exposure to violence has damaging consequences for the well-
being of young people and their capacity to function in the long-term. Exposure to at least one episode of violence significantly increases one’s chances of experiencing other types of violence. For instance, a child who experienced physical abuse was five times as likely to experience sexual victimization. Exposure to such violence often causes trauma, in which an event or a series of events is experienced by an individual as physically or emotionally harmful or threatening. Trauma, in turn, typically harms a person’s functioning and well-being.

Events related to war or persecution are characteristically traumatic. Refugees and asylum seekers experience significant traumatic events, including war, torture, violence, and forced migration. Refugees and asylum seekers “report high rates of pre-migration trauma, and therefore of trauma related mental health problems.” A traumatic event can lead to generalized anxiety, sleeplessness, and nightmares in the short-term, and neurological and behavioral dysfunction, including juvenile delinquency and criminal behavior, in the long-term. In fact, according to a study conducted by researchers at Canada’s Western University, refugees have a 27% higher risk of suffering from psychotic disorder compared to non-refugee immigrants.

The correlation between unaddressed trauma, and juvenile delinquency and crime has long been studied. Importantly, delinquency and victimization—that is, exposure to violence—are widespread among children and young teenagers, ages 10-17. The data is concerning. Boys who experience both delinquency and victimization report greater numbers of victimizations than boys who are victims of violence but have not engaged in delinquent behaviors. Relatedly, boys who experience both delinquency and victimization report a greater degree of delinquent behavior than do boys who have engaged in delinquent behavior but have not

“Sometimes I dream,” she says, “I dream I am carrying a dead man. And when I look at the children living here, I feel like they have lost their hearts.”
been previously victimized. Furthermore, delinquency correlates with higher rates of past victimization and higher rates of delinquent behavior.

For boys, an increase in victimization and delinquency occurs between ages 13 and 14, while for girls that increase occurs between ages 11 and 12. This group of victim-delinquents must deal with additional adversities, including higher rates of mental health syndromes.

Though the majority of those who suffer from trauma will overcome it, people who fail to overcome trauma tend to be those already burdened by psychological issues, including trauma suffered as children.

Early interventions may be effective in decreasing the risk of delinquent behavior and future criminality, particularly when interventions target young people with mental health symptoms who experience high rates of victimization or exposure to violence. Accordingly, identification of the most vulnerable population of children and teenagers is necessary for effective intervention.

Syrian children in Lebanon: Experiences of violence, war, and displacement

In a country smaller in size than the state of Maryland, more than 1.5 million Syrian refugees now call Lebanon home, at least temporarily. Of the approximately 4 million Syrians seeking refuge outside of Syria, Lebanon has the highest per capita numbers of displaced Syrians. Nearly half of the Syrian refugee population in Lebanon are younger than 17. Syrian refugees in Lebanon now comprise one in four of the population in Lebanon.

Despite a growing awareness of the impact of trauma on youth, there is a lack of funding, research, and infrastructure for mental health care in Lebanon. The influx of refugee families has depleted resources in an economy whose resources were limited already. According to one estimate, 170,000 local Lebanese have been pushed into poverty by the Syrian crisis. In every imaginable sector, Lebanon has suffered the consequences of the rapid influx of an ever-growing refugee population. In 2013, the World Bank undertook an analysis of the impact of Syrian conflict on Lebanon; the findings were stark. The World Bank estimated that in 2014, Gross Domestic Product in Lebanon would decrease by nearly 3% points, a loss of approximately US $7.5 Billion. The World Bank also concluded that unemployment had doubled as a result of the crisis and that there had been a sizeable degradation in the access to and quality of public services, including crowded health facilities, deterioration in the water supply, and overburdened schools.

The international community has contributed both in cash and in other forms of assistance, including provision of services. Much has been written about the shelter, assets, education, and health needs of the Syrian refugee population in Lebanon. Yet, little attention has been focused on assessing the psychological needs of the young refugee population. Though there is certainly anecdotal evidence and at least one survey supporting evidence of trauma reported by family members of Syrian children, a focused study has not been conducted on this population.

Before seeking refuge in Lebanon, many Syrian children were exposed to the violence of conflict. Potentially traumatic events continued as the war in Syria progressed. For instance, recruitment of children
as child soldiers and as participants in the war in Syria has increased since the beginning of the conflict. \(^{23}\) Families of children in Syria described seizures of children by armed forces from homes and schools. \(^{24}\) Reports of direct violence, including child rape, have also increased with the acceleration of the war.

In 2014, United Nations investigators reported grave violations against children committed by all parties to the conflict in Syria. \(^{25}\) In particular, children as young as 12 have been recruited for combat and supporting roles; they have been arrested, detained, and tortured for their perceived or actual association with the opposition; they have been killed and maimed by heavy shelling and aerial bombardment, shootings at close range, and summary executions; they have been subject to sexual violence, including young boys detained in facilities by government forces; they have been attacked indiscriminately in schools and hospitals, where children reported witnessing schoolmates shot dead while running away from government forces; and they have been abducted for ransom or as a form of pressure on relatives. \(^{26}\)

Undoubtedly, the violence these children have witnessed has contributed to severe traumatic reactions. Children exposed to such violence speak the language of trauma. According to a UNICEF qualitative survey of Syrian refugee children in Lebanon, Fatima, a ten-year-old Syrian refugee, described her experience of war as follows: “Sometimes I dream,” she says, “I dream I am carrying a dead man. And when I look at the children living here, I feel like they have lost their hearts.” Marwan says, “I dream that someone is coming to kill me, to eat me... So I decide to keep my eyes closed, and stay inside, so nothing bad will come.” \(^{27}\) The families of these young children reported symptoms of known trauma including inability to sleep, bedwetting, nightmares, and withdrawal. In one refugee camp, nearly a third of the displaced children are terrified of bombings, kidnappings, and killings. \(^{28}\)

And, unsurprisingly, in that same refugee camp where a third of the children suffer from untreated trauma, a third also display unusually aggressive behavior and engage in self-harm. \(^{29}\)

The majority of the refugees arriving from Syria experience some form of distress as a result of their exposure to war. Children arriving in Lebanon then experience additional, psychologically damaging trauma as a result of displacement and the living conditions prevalent in informal settlements. \(^{30}\) For instance, a study conducted in 2014 described the impact of displacement on refugee youth in Lebanon. The study focused on those aged 15-24 who had been living in Lebanon, for some period of time, with the average respondent living in the country about 16 months. The study found that the trauma of displacement was further exacerbated by exploitation, communal tension, and increased domestic violence. \(^{31}\)

Specifically, the study found that Syrian refugee children in Lebanon live in distress and general insecurity, are trapped in a self-perpetuating cycle of violence in public and private spaces, and are unable to escape or break the cycle of repeated exposure to violence. \(^{32}\)

The experience of war in Syria has resulted in a significant increase of children with mental illnesses including anxiety disorders, depression, post-traumatic stress disorders, and developmental problems. \(^{33}\) Notably and of concern, most Syrian refugee youth in Lebanon describe themselves as feeling depressed, anxious, or afraid most of the time. \(^{34}\) Psychological distress of Syrian youth in Lebanon is experienced across age groups and geographical areas, as a result of displacement, shared and uncomfortable living conditions, and being subject to physical and sexual violence.

Moreover, Syrian refugee youth do not feel safe in Lebanon. About half of those asked agree that they have “not once felt safe since I came to Lebanon.” \(^{35}\) Additionally, as a result of an increased economic burden and the loss of supportive social networks, Syrian refugee families in Lebanon have experienced increased intra-family tension resulting in an increased exposure to violence. \(^{36}\)

“Unsurprisingly, in that same refugee camp where a third of the children suffer from untreated trauma, a third also display unusually aggressive behavior and engage in self-harm.”
Given the cumulative reports of trauma, it is unsurprising then that 17 percent of Syrian refugee youths describe contemplating suicide often while 36 percent describe contemplating suicide sometimes. Psychologists and doctors who treat Syrian children in Lebanon report that these children are impacted by symptoms of phobia, hysteria, night terrors and regression in development. Finally, even 3 years ago an estimate by a crisis group concluded that one-fifth of refugees required help with psychological disorders. A review of the literature further supports the association between torture and other potentially traumatic events with the increased risk of mental illness, particularly depression and post-traumatic stress disorder among populations exposed to mass conflict and displacement.

Untreated, young people suffering from mental illness-related trauma and forced displacement may begin acting out in reckless and violent ways that bring them into contact with the criminal justice system. As noted above, research from the United States suggests that repeated exposure to violence is associated with higher rates of delinquent behavior and higher rates of continued victimizations. In a study of jail inmates exploring the relationship between trauma and violence, 96 percent of those incarcerated reported experiencing a traumatic event. Witnessing serious violence predicts perpetration of violence. Historically, for instance, after major wars, crimes among combat veterans increase. Indeed, one study found that almost half of all Vietnam veterans suffering from post-traumatic stress disorder had been arrested or in jail at least once. Trauma survivors, many of whom have been exposed to repeated acts of violence, may resort to self-destructive behaviors which can lead them to commit crimes. Interventions that fail to address the mental health needs of children exposed to multiple episodes of violence will result in greater rates of delinquency and negative behaviors.

“Interventions that fail to address the mental health needs of children exposed to multiple episodes of violence will result in greater rates of delinquency and negative behaviors.”

“The magnitude of the mental health crisis facing a generation of refugee children and teenagers cannot be overstated.”
A Call to Action: the trauma experienced by Syrian refugees in Lebanon must be addressed as a public health concern

The magnitude of the mental health crisis facing a generation of refugee children and teenagers cannot be overstated. The psychological distress and “the legacy of early childhood trauma” is sobering, and it will continue to lead to increasingly worse outcomes both for those suffering and for citizens of the host community. As the war continues and Syrian refugees become a more permanent reality in Lebanon, the international community must consider broadening the mandate from simply providing assistance in the form of food, cash, and short-term medical needs, to long-term mental health interventions.

As with trauma rates, traumatic stress reactions vary considerably. However, it is clear from even the little research conducted to date that the cumulative trauma experienced by Syrian refugee children in Lebanon has caused traumatic stress reactions in children and young adults. The international community must do more to address this crisis now given the prevalence of the mental health crisis facing Syrian refugee children, the psychological distress they suffer, and the impact of trauma on their future prognosis and on the host community.

As a public health matter, there are a number of concerns arising from untreated significant trauma in children and adolescents. In the short-term, depression and other forms of mental illness often act as barriers to other social determinants of health and economic stability. Moreover, untreated trauma and exposure to violence increases an individual’s risk of further victimization. Reports of unrest, danger, and increased rates of domestic violence are unsurprising for refugee children who have been exposed to the violence of war then the uncertainty of displacement. To be clear, there are many causes for the increase in intra-family conflict but past victimization and exposure to violence left untreated are among them.

Assessments focused on the psychological distress of Syrian refugee children and adolescents and the response to such trauma would benefit both the Syrian refugees and the host community. To speak of a “lost generation of children” is certainly devastating, yet, the increased risk of suffering from mental illness coupled with untreated trauma could result in more than a lost generation of children.

Indeed, the impact of untreated trauma and cumulative trauma may lead to an increased risk for delinquent and criminal behavior with consequences for both future perpetrators of crime and future victims of crime.

1st, more research must be conducted to assess accurate rates of trauma and subsequent mental health problems of refugee children and adolescents in Lebanon.

2nd, in addition to conducting surveys and interviews focused exclusively on psychological trauma and mental health disorders of the Syrian refugee population, more must be done to assess the impact of such distress on the lives of the Syrian refugees. Most importantly, research analyzing rates of victimization and responses to such victimizations has not been conducted despite being a necessary component of effective interventions.

3rd, given the association between the rate of delinquency and the number of times an individual is victimized, there is a need for more research focused on the rate of trauma and any resulting delinquency in the refugee settlements and outside of them.

4th, effective interventions require identifying the population of children and teenagers most vulnerable to the impact of cumulative trauma.
More must be done to understand this link, particularly in the international context, but, as a preliminary matter, analysis of aggressive and delinquent behavior and the rates of both within and outside of the settlements must be undertaken to understand the scope of the problem.

Further, to the extent that certain vulnerable populations of Syrian refugee children and adolescents engage in delinquent and criminal behavior, opportunities for permanent settlements and asylum both in Lebanon and in other countries will decrease. Criminal records act as barriers for those seeking asylum and citizenship. In the United States, for example, the government may legally detain non-citizens without a bond hearing and then deport them for criminal violations, including minor violations.46

The example of Southeast Asian refugees fleeing after the Vietnam War provides a sobering reality reality of the potential impact of untreated trauma. After the Vietnam War, more than a million refugees from Vietnam, Laos, and Cambodia settled in the United States. Compared to other Asian immigrant groups, refugees from Southeast Asia suffered from trauma and poverty. Many of these refugees were children born in refugee camps or in their home countries during the war. And, as a result of stringent immigration policies, immigrants from Southeast Asia are three to four times more likely than others to be deported for old convictions and nonviolent crimes they committed when they were young.47 Other countries, such as Germany, have similar laws making it easier to deport migrants who commit crimes.

As Katrina Dizon, an immigration rights worker, told reporter Teresa Wiltz, “Restricting support for these traumatized communities only leads to the growth of an increasingly marginalized population.”48 Without adequate mental health interventions, we may be relegating young refugees in Lebanon and elsewhere to statelessness. To find a solution that will ultimately include a permanent home, whether in Syria or abroad, the international community must make efforts to ensure that the untreated mental health epidemic experienced by Syrian refugee children and adolescents will not lead down a preventable path of delinquency and crime and statelessness.

The numbers are overwhelming. The war in Syria rages. The children of Syria suffer. There is a very real need to intervene and to intervene now by identifying the population of children most at risk to the impact of trauma and providing long-term mental health treatment to those children.

“Restricting support for these traumatized communities only leads to the growth of an increasingly marginalized population.”

How to help:

Hope for Syria
Divides donations among 9 non-profits including HIAS and Islamic Relief USA. Groups focus on relief in Syria as well as resettlement aid in the USA.

InterAction
Non-profit organization whose website contains filters for donors to locate charities for specific issues like refugee encampment.

International Rescue Committee
Highly regarded group currently working on setting up a reception center on the Greek island of Lesbos to aid refugee efforts.

Sources “How to help in a Global Refugee Crisis”, NYT, 2015

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