



A Syrian woman and child on the street of the Zaatari Refugee Camp in Jordan  
(Russell Watkins/Department for International Development)

# SYRIAN REFUGEE CHILDREN AND MENTAL HEALTH TRAUMA

By Kathleen O'Brien

Women in Defence and  
Security Scholar and MA  
candidate in political science  
at Dalhousie University



## INTRODUCTION

In 2015, the United Nations International Children's Emergency Fund (UNICEF) named Syria as the most dangerous place on earth to be a child (UNICEF, 2). Since the onset of civil war in 2011, nearly 4.8 million Syrians are refugees outside of Syria and approximately 6 million are internally displaced (United Nations Office for the Coordination of Humanitarian Affairs, 2016). While some refugees have successfully resettled in North American and European nations, many remain in limbo in refugee camps. What is most staggering about the population of affected persons is that nearly half, approximately 6 million, are children (UNICEF, 2016). Nearly all of these children have been subjected to trauma that has manifested in a variety of ways. They have often been subjected to or witnessed violence and have experienced the loss of one or more of their caregivers. Refugees face difficulty accessing psychological and health services and are met with the stigma surrounding mental health in countries including Lebanon and Turkey, regions that many refugee children have fled to. In the absence of these supports, the mental trauma a child is experience can impact learning and development and have disastrous impacts on their future.

Upon examination of these challenges, it is evident that the impact of war and subsequent trauma on children requires a unique approach. This paper will critically analyze the current approaches to the mental wellbeing of Syrian refugee children and the barriers that exist to conventional approaches to trauma amongst Syrian children. As the conflict in Syria rages on, immediate attention is given to the safety and security of civilians affected. Mental healthcare is often an afterthought, administered on an ad hoc basis by charities operating in refugee camps. The sparse nature of the care, as well as the ongoing war, has meant that there is little academic research on care provided to children suffering from mental health illness as a result of the conflict. As a result, this paper will argue that there are multiple factors which negate both the possibility and effectiveness of conventional approaches to mental trauma in refugee camps amongst Syrian children. It will rely on examples of interventions used with youth affected by other conflicts, including former child soldiers in Uganda and survivors of the Rwandan genocide, and will examine both established and ad hoc refugee camps within several neighboring countries. It will highlight that there will be repercussions for the next generation and the future of the Syrian conflict if the mental health needs of these children are not made a priority. Further, it will explain that culturally sensitive community-based interventions are most effective in ensuring that the mental health needs of children are cared for.

## IMPORTANCE OF CARE

Prior to an understanding of available and practical mental health interventions for Syrian refugee children, it is important to understand why their mental health is of utmost importance.

According to the World Health Organization (WHO) (2014), mental health is “defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” For those affected by the Syrian conflict, both their experiences in Syria and the subsequent resettlement process will undoubtedly have negative impacts on all aspects of mental health. While those who relocate to refugee camps or communities may be able to contribute to the community, their trauma would impede their potential to lead productive lives, finding employment and hinder their ability to cope with stress.

There is not comprehensive, readily available data on the number of refugees that are suffering from psychological trauma. However, a 2015 study by the German Federal Chamber of Psychotherapists revealed that nearly half of all refugees in the country were suffering from mental health issues (Rubin, 2016). Only four percent of those suffering from illness are receiving treatment. At a refugee centre in Munich, Prof. Peter Henningsen examined approximately 100 Syrian children and adolescents up to 14 years old. Of these, 22% had a diagnosis of Post-Traumatic Stress Disorder (PTSD) (Technical University of Munich, 2015). The Berlin Centre for Torture Victims (BZFO) is an organization that provides free trauma care to refugees, through both short-term interventions and long term counseling. However, even BZFO is only able to reach an estimated 20% of refugees in need of assistance. Germany has become home to more than one million asylum seekers in less than two years (Rubin, 2016). The refugees who do not manage to acquire assistance through organizations such as BZFO are forced to seek assistance through the public healthcare system – an arduous and bureaucratic task.



**For refugees that do not make it to countries like Germany, the United Kingdom or Canada, accessing mental healthcare is often a much greater challenge.**

In the aforementioned nations, the stigma surrounding mental health is not as severe as compared to many of the other nations that are now home to Syrian refugees. Access to care is not only difficult due to an overwhelming of the system, but also due to the cultural norms that exist in the country. Rayan and Jaradat (2016) argue that Arabic cultural norms have a large influence on this stigma. According to the authors, mental illness in the Arabic culture is viewed as “an illness of the soul and not of the body or mind” (p.12). Mental illness is deemed to be a very personal and private matter and since breaking family privacy is not acceptable, most individuals seek “social support from family members and relatives or friends rather than seeking professional psychological help” (p.12). When children are separated from their parents and family as a result of conflict, their trauma can be further exacerbated as they lack a critical support system.



A Syrian refugee boy at the Zaatari Refugee Camp in Jordan (UN Photo/Brian Sokol).

In 2013, children's rights organization *Save the Children*, conducted a survey amongst Syrian teenagers living in Lebanon and found that nearly half had contemplated suicide (Shaheen, 2016). Refugee children have borne witness to unspeakable acts of violence. Some have lost one or both of their caregivers and face additional stress if separated from their families. Rogers and Rogers-Sirin (2015) argue that refugee children "tend to have higher levels of behavioral or emotional problems, including aggression and other affective disorders" (p.11). The mental health of Syrian refugee children is imperative to not only their own wellbeing, but also that of the Syrian nation. Children with mental health problems are more likely to require more assistance learning and face more difficulty finding work in adulthood. As Brent and Silverstein (2013) state, "these mental health problems yield a high cost for society" (p.11). The generation that is afflicted by the conflict will also be the generation of Syrians to whom the responsibility to rebuild is left; a duty reserved for those who choose to return to Syria. If mental trauma is not addressed, it will continue to worsen and ultimately hinder the education and employment capacities of an entire generation. As they become adults, these individuals will have difficulty maintaining employment, thus hampering Syrian recovery efforts (Brent and Silverstein, 2013). There is a greater risk than is realized by the majority of aid groups and organizations operating in the region. It is imperative that mental health is framed as an integral part of the rebuilding process of Syria. However, mental health concerns should be addressed immediately, particularly given that there is no end in sight to the conflict. The reality is that many of the children displaced by the conflict will be raised away from Syria, either in camps or as refugees throughout North America and Europe. As a result, it is important to not delay addressing the mental health issues that they may have developed as a result of their experiences. For those children who face a future home that is not Syria, it is important that they are provided with immediate and appropriate care so as to thrive wherever they shall call home.

## IMPEDIMENTS TO WESTERN MENTAL HEALTH CARE

It is well established that there are many children suffering from mental health trauma as a result of their exposure to and involvement in the Syrian conflict. Treatment is required to ensure these individuals can lead fulfilling and productive lives. However, the context of the situation is pivotal. Non-profit International Medical Corps revealed that in Lebanon, home to thousands of refugees, basic counseling for individuals or families is not available. The same report indicated that in Syria, there is no available psychological support in education, no in-patient mental health care and no research to support mental health and psychosocial supports (Hijazi, and Weissbecker 2015, 7). In the absence of existing health infrastructure, such as hospitals or clinics, within both Syria and the camps in which refugees reside indefinitely, there is a need for community-based approaches to alleviate mental health concerns amongst children. Beyond the lack of professional supports within Syria and refugee camps in Lebanon, there exist a variety of factors that limit conventional approaches to mental health care. Prior to any discussion of suitable approaches, there must be a thorough understanding of these factors and their significance within the Syrian context.

In Jordan<sup>1</sup>, the Zaatari refugee camp is home to a population of 80,000 Syrian refugees and has evolved into a metropolis with addresses, neighborhoods and a travel agency (Kimmelman, 2014). While many refugees long to return to Syria, they have adjusted to the inevitability that the camp will remain their home for the foreseeable future. Amongst the growing business and attempts to normalize the experience is a dire shortage of health professionals within the Zaatari camp. Wael Samara is the only psychiatrist based permanently at Zaatari with the International Medical Corps (Shaheen, 2016).



**There are far too many refugees in need of services but simply not enough professionals.**

For refugees residing in Turkey and Lebanon, language barriers between care providers contribute to a limited ability to access either the public system or national organizations that provide care.

Cultural differences and sensitivities are also an incredibly important factor when addressing mental health within Syria and other Middle Eastern nations in which refugees reside. In Syria, concepts such as psychological wellbeing or mental health are often misunderstood and

---

<sup>1</sup> The neighboring nations of Lebanon, Jordan and Turkey are now home to hundreds of thousands of refugees. Not all of these refugees have settled in refugee camps, but they often face the same barriers to care that will be examined in this paper.

carry negative connotations. In these regions, emotional suffering is regarded as “an inherent aspect of life...instead, it is the explicit labeling of distress as ‘psychological’ or ‘psychiatric’ that constitutes a source of shame” (Hassan et al. 2015, 22). Therefore, the decision to either seek out or participate in treatment is a complex process and must be treated as such.

Perhaps the largest impediment is the severe lack of available funding for mental health care. There is a prioritization of physical health over mental health. An inherent bias towards mental health – one that is also prevalent in the west – is that the illness itself is invisible and therefore more difficult to treat or to gauge the results of treatment. When refugees have limbs amputated as the result of bombing raids or are suffering from disease spread through dirty, crowded camps, their needs are more visible and immediate. Therefore, the response from the international community will be one that focuses on urgent health needs rather than investment in long-term mental healthcare.

While there is difficulty in using anecdotal evidence as a means to justify donor spending on an initiative, there is value in using the stories of individual success stories in the absence of widespread academic literature on the subject. However, this logic is often lost on donors who want to see their money go to tangible provisions such as food or shelter. Such provisions are also in short supply and despite a high effectiveness of mental health interventions like the ones listed above, they are a low priority.

## PAST EXPERIENCES

Syria is not the only nation in recent years to undergo a catastrophic conflict that has led to the displacement, both internally and externally, of millions of citizens. Additionally, there have been conflicts in the last decade that have disproportionately targeted children in ways so unique that it will take decades before an approach to the issues has been refined. However, there are similarities across several of these conflicts that are worth examining in order to better understand what approaches can be taken towards the psychological trauma thousands of Syrian refugee children are experiencing. There will also be an examination of the similarities that exist between the experiences of Syrian refugee children and those of children who are victims of or have borne witness to conflict and genocide.

### *Rwanda*

In the aftermath of the 1994 Rwandan Genocide, it is estimated that there are only four studies that have thoroughly examined PTSD and its impact on Rwandan civilians (Neugebauer et al., 2009). The dearth of academic literature on mental trauma stemming from the 1994 genocide is just one of the many similarities that exist between Rwanda and Syria. Approximately 75,000 children were left orphaned during the 100-day slaughter, many having witnessed the deaths of their caregivers at the hands of people who were once neighbors and friends. For



*The Zaatari Refugee Camp in Jordan (UN Photo/Brian Sokol).*

those old enough to remember such events, the trauma would undoubtedly be staggering. A 1995 National Trauma Survey interviewed 1547 Rwandan children between the ages of 8 and 19 and found that 54% to 62% exhibited signs of PTSD (Favila, 2009, p.2). There is no refuting the presence of PTSD and other mental illness amongst civilians following the Rwandan genocide. The issue was not whether it was present, but rather how to address it in a post-conflict society that lacked the appropriate infrastructure – a nearly identical problem facing Syrian refugees. However, the difference is that many of the responses to mental trauma following the Rwandan genocide took place within the country and therefore many of the victims were able to remain at home while they attempted to address the psychological trauma that they were experiencing.

Following the conflict, UNICEF created the Children in Especially Difficult Circumstances Program (CEDC) in conjunction with the Rwandan Ministry of Health in order to “address the needs of war traumatized children and their caretakers by using a community based approach” (Favila, 2009, p.4). It was from this effort that the National Trauma Centre (NTC) was created, through which UNICEF would direct much of their efforts to provide psychological and trauma intervention. NTC focused on capacity building, such as training teachers, caretakers and health and social workers on the lasting impacts of trauma experienced during the genocide and on sensitivity training so that communities might better understand the implications (Chauvin et al., 1998). An examination by Chauvin et al (1998) found that the training, which was only over a two-day period, was not sufficient and that more emphasis on counselling was required. Between 1995 and 1998, only 1% of the target population was reached and the NTC was unable to meet the needs of genocide survivors, in part due to the lack of participation by qualified health professionals who had all fled the country in 1994 (Favila, 2009). As of 2008, there were only three psychiatrists operating in the whole of Rwanda; an incredibly problematic statistic given that many young children who experienced traumatic events are now adults who have received little to no assistance coping with the trauma.



At the time, many of those affected were raised in a nation that had just emerged from a crippling genocide and as they entered adulthood, they had no access to supports that would assist with the mental health trauma they were experiencing. As Favila (2009) shows, these solutions failed to create a long term solution to the mental health needs of Rwandans following the genocide. Many nonprofits operating in the country have focused both their efforts and resources on more immediate issues such as HIV treatment.



**Many similarities exist between the situation in Syria and Rwanda, particularly the emphasis on community-based approaches to trauma experienced by children.**

Unfortunately, another similarity is the withdrawal of support from NGOs and donors who choose to focus their efforts on more tangible and immediate health concerns. More than two decades after the conflict Rwanda is still struggling to find appropriate solutions to the mental trauma experienced by so many of its citizens.

### *Uganda*

Uganda is of significant importance in this study due to the use of child soldiers by the Lord's Resistance Army (LRA) and the subsequent attempts to reintegrate the youth into the community and help them learn to cope with their trauma. It is estimated that nearly 38,000 soldiers were kidnapped and forced to fight (Storr, 2014). There is a heavy psychological impact from being a child soldier, who are raised in "an environment of severe violence, experience it, and subsequently often commit cruelties and atrocities of the worst kind" (Schauer and Elbert, 2010, p.311). While the overwhelming majority of Syrian children under examination in this analysis are refugees, there is great value to understanding the traumatic experience of a child soldier for one particular reason: children who are struggling and feel marginalized are vulnerable targets for radicalization (Sirin and Rogers-Sirin, 2015). Therefore, an analysis of what approaches have been undertaken to address the psychological trauma endured by Ugandan child soldiers is valuable to the Syrian case.

Much like Syrian and Rwandan children, many children who were abducted and forced to fight for the LRA witnessed the death of their parents or were forced to carry out the act themselves. If they were fortunate enough to survive the conflict they were forced into, they return to communities as reminders of terrible violence and suffering. A study conducted by Vinck and colleagues (2007) revealed that in Northern Uganda, 82% of children who had been abducted presented symptoms of PTSD. A variety of different initiatives have been employed in Uganda as a means of trying to assist former child soldiers in their mental health recovery, including school based initiatives, NGO programs and traditional processes. One of these traditional methods is used by the Acholi people of northern Uganda and is called Mato Oput

(Singh, 2015). It is a traditional atonement process during which the participants discuss the atrocities they committed in the hopes that they will “reconcile their guilt and return to civilian life” (Singh, 2015). Martin (2004) argues that Mato Oput is significant because it allows for a public recognition of wrongdoing, which is an incredibly important acknowledgement given societies inability to forget the atrocities committed. While such a unique process cannot necessarily be applied to the mental health issues facing Syrian refugee children, it is worth noting that when such strong cultural norms dictate the manner in which mental health is perceived, there are often culturally-sensitive options.

In Uganda, the non-profit organization Vivo provides mental health services to former child soldiers. The most common therapy employed by the organization is Narrative Exposure Therapy (NET). The therapy involves a discussion of both the traumatic experiences and the acts perpetrated in order to help the former child soldiers find closure (Vivo, 2016). Group sessions are also used so that individuals can learn how to support each other as they transition into their new lives as civilians. Vivo has reported seeing positive results in the months following individuals’ participation in NET as well as successful reintegration into civilian life. The use of NET is a possible alternative for Syrian refugee children when infrastructure is limited and aid personnel may be the only available resource.

## PRACTICAL APPROACHES TO SYRIAN REFUGEE CHILDREN

It is difficult to ascertain the most appropriate methods for addressing psychological trauma in Syrian refugee children. Some of the methods that are currently employed by organizations in the camps, such as the International Medical Corps and Souriyat Across Borders, have demonstrated anecdotal evidence of the alleviation of mental health concerns amongst children they have treated, but they operate on a small scale and do not have the capacity or resources to make a significant impact on the afflicted population. There is a dearth of field research on the experiences of Syrian refugee children and the tools being employed to mitigate their trauma. The few studies that do exist have the ability to aid our understanding of what children require and what the available options are. In 2012, the first field-based study of Syrian children in Turkish refugee camps was conducted with Bahcesehir University. The study explored the mental health needs of Syrian children and how they expressed themselves through art (Rogers and Rogers-Sirin, 2015). Data was drawn from 311 children during 2012 and 2013 who completed both surveys and drawings as requested by the researchers. According to Rogers and Rogers-Sirin (2015), “previous research suggests drawing may be a better method for understanding the emotional burdens of war on children” (p.12). The results of the survey were staggering, with 79% of the children having witnessed someone in their family dying and 60% having witnessed violence (Rogers and Rogers-Sirin, 2015). The drawings also revealed startling indicators of mental trauma. When asked to draw a person, nearly a third of the children instinctively address blood, guns or tears (Rogers and



*Syrian refugee children in a school at the Zaatari Refugee Camp in Jordan  
(UN Photo/Mark Garten)*

Rogers-Sirin, 2015). The study demonstrated that the Syrian conflicts toll on the psychological well-being of children has been incredibly heavy.

Given the magnitude of the Syrian refugee crisis, it is imperative to keep suggested approaches to mental health interventions as realistic as possible. In Lebanon, a UNICEF-supported Child Friendly Initiative attempts to provide psychosocial supports to Syrian refugee children. The initiative proves a place for Syrian children to get back to a relatively normal routine of playing, socializing and studying in a safe environment (Alameddine, 2012). The program is a relatively simple initiative but it helps to mitigate the symptoms of distress in refugee children. It is not designed to be a permanent, long-term solution to the trauma but rather “serves as an entry point to work with parents and communities on children’s issues, to identify children with special vulnerabilities and refer them to the services they need.” (Alameddine, 2012). This approach is similar to the one employed by the International Medical Corps and Souriyat Across Borders, which attempt to create interventions and safe spaces in which families can come together with their children to work together and heal in a community-based environment. Outcomes from these interventions include a reduction of domestic violence towards children and the education of the child on their rights.

Symptoms exhibited amongst children affected by the conflict in Syria range from depression and self-imposed isolation to violent outburst or behavioral disorders (Shaheen, 2016).

The interventions, counseling and treatments that have been tried have showed great success amongst children (Shaheen, 2016). The International Medical Corps established a centre in

the Zaatari camp for children who need mental health treatment and offers group therapy and counseling sessions. Shaheen (2016) used anecdotal evidence of her work with a 17-year-old refugee with children who was abusing her young daughter as a means of communicating some of the success that has come from such interventions. The young woman eventually ceased the abuse once she had completed therapy and counseling sessions. This focus on both establishing and healing secure familial relationships is central to work on trauma.

The interventions, counseling and treatments that have been tried have showed great success amongst children (Shaheen, 2016). The International Medical Corps established a centre in the Zaatari camp for children who need mental health treatment and offers group therapy and counseling sessions. Shaheen (2016) used anecdotal evidence of her work with a 17-year-old refugee with children who was abusing her young daughter as a means of communicating some of the success that has come from such interventions. The young woman eventually ceased the abuse once she had completed therapy and counseling sessions. This focus on both establishing and healing secure familial relationships is central to work on trauma.

Razan Obeid runs a social development centre for the Jordanian Red Crescent and emphasizes that “we need to keep finding solutions” (Shaheen, 2016). At a facility operated by the Red Crescent in the city of Amman, Syrian children are brought together to socialize with other children and learn about the rights that they have as children. Parents are also welcome to join and to engage with each other, an initiative that has shown positive results in the form of reduced domestic abuse aimed at children by unemployed fathers (Shaheen, 2016). Souriyat Across Borders is a British-based nonprofit in Jordan working with Syrian refugees. The group runs a centre in Jordan to help treat and rehabilitate refugees who have suffered both physical and psychological wounds as the result of the conflict. Staff speak of the improvements such children have made after treatment and counseling, including a young teenager who was tortured by government agents in Syria and now works to assist local staff hold therapy sessions for children (Shaheen, 2016). In the absence of professional supports, including trained mental health professionals, clinics and hospitals, approaches that encourage children to engage with one another and focus on establishing secure familial relationships will be the most effective way to immediately address mental health concerns amongst the affected population.

## CONCLUSION

The impact of war on any human being is a traumatizing event that has long-term mental health implications. The impact it has on a child is profound and often incredibly damaging. Children who have fled Syria in hopes of safety and security have witnessed unspeakable acts of terror, have been subjected to violence and have often lost members of their families, including their caregivers. In nations and refugee camps that are overwhelmed by the arrival

of refugees, attempts at mental health interventions seem futile as the demand for help greatly outweighs available resources. In many of the nations that refugee children are now residing, mental health remains a heavily stigmatized and taboo subject. Cultural norms prevent the discussion of private family matters with outside individuals, which prevents the few organizations that are capable of providing mental health services from conducting their work. Coupled with a detrimental lack of available and relevant academic research, the situation for those seeking to provide mental health services to Syrian refugees is unstable. They have little experience to build on and few mistakes to learn from. Therefore, the process of providing care will be one of trial and error.

Providing community-based supports that incorporate the entire family unit – if possible – as well as place an emphasis on the socialization of children with their peers in safe spaces have proven to be the most successful approach to addressing mental trauma in Syrian refugee children. The learned experiences from Rwanda and Uganda show that the timeline for establishing stable, long-term mental health services for children affected by conflict will span decades. After more than two decades, Rwanda continues to face difficulties implementing successful mental health interventions and in Uganda, the lack of infrastructure and poverty in the country have impeded traditional approaches to mental health. The most appropriate approaches to the mental health of Syrian refugee children will be decided after many years of research and experience. However, it is evident that the starting point is a culturally-sensitive, community-focused approach that emphasizes the socialization of children with their peers and family. As the conflict in Syria rages on, the number of children requiring treatment for psychological trauma will only increase. It is therefore imperative to ensure such opportunities are available for children until more stable, long-term supports can be established.

*Kathleen O'Brien is a Women in Defence and Security Scholar and MA Candidate in the Department of Political Science at Dalhousie University. Her Masters thesis examined the administration of mental health care to armed forces in Canada, the U.S. and the U.K. Her research interests include an intersection of health and social sciences to better understand the development of mental health programs for communities adversely impacted by conflict, as well as the role of non-profit organizations in the provision of mental health care in conflict zones. Kathleen is currently employed as a Policy Advisor at the Government of the Northwest Territories. This article reflects her views alone and not those of the Government of the Northwest Territories.*

## BIBLIOGRAPHY

- Alameddine, Amira. 2012. "Child Friendly Spaces Restore Normalcy in Syrian Children's Lives." UNICEF, July 20. Retrieved from [http://www.unicef.org/education/lebanon\\_65494.html](http://www.unicef.org/education/lebanon_65494.html)
- Brent, David A., and Michael Silverstein. 2013. "Shedding light on the long shadow of childhood adversity." *JAMA: Journal of the American Medical Association* 309 (17): 1777-78.
- Chauvin, L, Mugaju, J, & Comlavi, J. 1998. "Evaluation of the psychosocial trauma recovery programme in Rwanda." *Evaluation and Programming Planning*, 21: 385-392.
- Favila, I. Z., & Fellow, L. 2009. Treatment of post-traumatic stress disorder in post-genocide Rwanda. *Global grassroots*: 1-17.
- Hassan, G, Kirmayer, LJ, MekkiBerrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. 2015. "Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict." UNHCR: 1 -52.
- Hijazi, Z., and I. Weissbecker. 2015. "Syria crisis: addressing regional mental health needs and gaps in the context of the Syria Crisis." *International Medical Corps*: Washington.
- Kimmelman, M. 2014. "Refugee Camp for Syrians in Jordan Evolves as a Do-It-Yourself City." *New York Times*, July 5. Accessed October 13, 2016. <http://www.nytimes.com/2014/07/05/world/middleeast/zaatari-refugee-camp-in-jordan-evolves-as-a-do-it-yourself-city.html>
- Martin, A. N. 2009. "Exploring the Reintegration Process for Child Soldiers: A Case Study of Young Women and Their Children in Northern Uganda." *Masters Thesis*, Wilfred Laurier University.
- Neugebauer, Richard, Prudence W. Fisher, J. Blake Turner, Saori Yamabe, Julia A. Sarsfield, and Tasha Stehling-Ariza. "Post-traumatic stress reactions among Rwandan children and adolescents in the early aftermath of genocide." *International journal of epidemiology* 38, no. 4 (2009): 1033-1045.

- Ozer, Serap, Selcuk Sirin, and Brit Oppedal. 2013. Bahcesehir Study of Syrian Refugee Children in Turkey. Oslo, Norway: Folkhelseinstituttet. <https://www.fhi.no/dokumenter/4a7c5c4de3.pdf>
- Rayan, Ahmad, and Amani Jaradat. "Stigma of mental illness and attitudes toward psychological help-seeking in Jordanian university students." *Research in Psychology and Behavioral Sciences* 4, no. 1 (2016): 7-14.
- Rubin, Shira. "A Pit Stop for PTSD Therapy" (2016, April 4). Retrieved from <http://www.theatlantic.com/health/archive/2016/04/the-greek-island-taking-in-hundreds-of-thousands-of-refugees/476703/>
- Samari, Goleen. "The Response to Syrian Refugee Women's Health Needs in Lebanon, Turkey and Jordan and Recommendations for Improved Practice." "Knowledge & Action, Humanity in Action (2015).
- Schauer, E., & Elbert, T. 2010. "The psychological impact of child soldiering." In *Trauma rehabilitation after war and conflict*, 311-360. Springer: New York.
- Shaheen, Kareem. 2016. "At last, some relief for Syrian children traumatised by war." *The Guardian*, August 31. Retrieved from <https://www.theguardian.com/world/2016/aug/31/syrian-children-support-mental-health-disorders-jordan>
- Singh, Maanvi. 2015. "He's 14. He was a Child Soldier. He's Suicidal. How can he be saved?" National Public Radio, March 11. <http://www.npr.org/sections/goatsandsoda/2015/03/11/391035074/hes-14-he-was-a-child-soldier-hes-suicidal-how-can-he-be-saved>
- Storr, Will. 2014. "Kony's child soldiers: 'When you kill for the first time, you change'." *The Telegraph*, February 12. Retrieved from <http://www.telegraph.co.uk/news/worldnews/africaandindianocean/uganda/10621792/Konys-child-soldiers-When-you-kill-for-the-first-time-you-change.html>
- Technical University of Munich. 2015. September 1. Retrieved October 14 2016, from <https://www.tum.de/en/about-tum/news/press-releases/short/article/32590/>
- United Nations Office for the Coordination of Humanitarian Affairs. 2016. Retrived October 15, 2016, from <http://www.unocha.org/syrian-arab-republic/syria-country-profile/about-crisis>

- UNICEF. 2014. "Under Siege: The Devastating Impact on Children of Three Years of Conflict in Syria." Retrieved from, [https://www.unicef.org/publications/files/Under\\_Siege\\_March\\_2014.pdf](https://www.unicef.org/publications/files/Under_Siege_March_2014.pdf)
- UNICEF. 2016. "Syrian Refugees." Retrieved October 16, 2016, from <http://www.unicef.org/appeals/syrianrefugees.html>
- Vinck, P., Pham, P. N., Stover, E., & Weinstein, H. M. (2007). Exposure to war crimes and implications for peace building in northern Uganda. *Jama*, 298(5), 543–554.
- Vivo International. (2016). Retrieved on October 14 2016 from <http://www.vivo.org/en/child-soldiers-congo/#more-393>
- WHO | Mental health: A state of well-being. (2014, August). Retrieved October 16, 2016, from [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)