



Graduate School of Development Studies

**YOUTH AND THE SYRIAN CONFLICT:  
A Case Study of HNGOs and Psychosocial Support for Youths**

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In fragile and conflict affected settings, mental health issues are compounded by exposure to conflict and violence.

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## List of Acronyms

CBT	Cognitive Behavioural Therapy
HNGO	Humanitarian Non-Governmental Organization
HRC	Human Rights Council
IDP	Internally Displaced People
IHL	International Humanitarian Law
JRF	The Jordan River Foundation
KII	Key Informant Interview
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PFA	Psychological First Aid
PTSD	Post-Traumatic Stress Disorder
PSS	Psychosocial Support
SC	Save the Children
VET	Vocational Education Training
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UDHR	Universal Declaration of Human Rights
YMCA	Young Men's Christian Association
3RP	Regional, Refugee and Resilience Plan

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## **Abstract**

In humanitarian emergency response contexts, youth-empowerment programmes are important for helping youth adapt to adversity and for driving them forward toward the road to development. If empowered, youth, as a group, can be a key resource for development and durable stability in the Arab states (UNDP 2016: 7).

This research is concerned with the wellbeing of youths affected by the Syrian civil conflict hosted by neighbouring countries. In particular, it seeks to examine the impact of humanitarian response as well as to explore the existence of psychosocial support and trauma-focused programmes adapted to target youths in post-conflict settings. The relationship between trauma, depression and daily stressors, on the one hand, and empowerment programmes for this vulnerable category of young people, on the other hand, were studied. A literature review was conducted by regarding existing data, evidence and practices of HNGOs, in the area of psychosocial support related to youths aged 15-24; moreover, a review of the Regional Refugee Resilience Plan (3RP) monthly reports and interviews with HNGO practitioners from Syria, Iraq, Lebanon, Greece and Jordan involved in humanitarian responses were conducted. Geographically, the research focuses on youths from Syria and other countries affected by the Syrian conflict: Jordan, Iraq, Lebanon, Turkey, Egypt, and Greece.

The research finds that no standardized psychosocial support and trauma-focused model is used by HNGOs, and that interventions targeted at youths focus on education and VET programmes. Programmes in humanitarian response are created ad hoc, and only partially address youths' social-emotional needs. Even if there is not enough evidence of or a validated set of tools for measuring the impact of the interventions, some positive impacts were observed by practitioners involved in VET and PSS activities with youths. Implications for further academic research, programme development, and policies related to the protection and mental health of the youth as a distinct group of civilians in conflict settings are also considered.

## **Keywords**

Youth; Post-Conflict Settings; Civilians; Psychosocial Support; Trauma; Syria; HNGOs

## CHAPTER 1: Introduction and Context

*“As long as there is no future, there are no ambitions”*

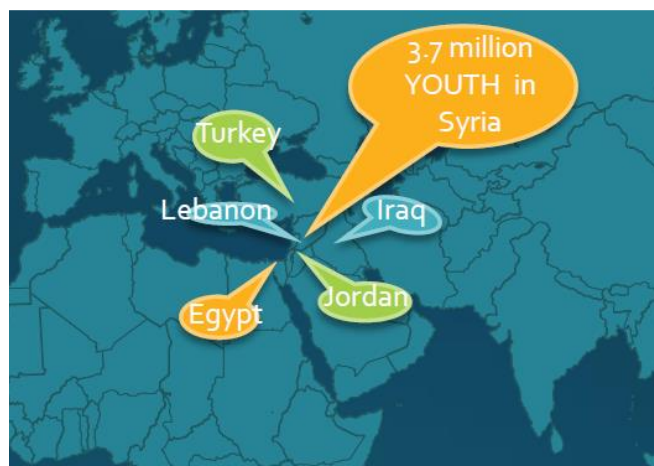
20-year-old (male) Syrian refugee interviewed in Islahiye, Turkey (NRC 2016: 8)

### 1. Introduction

#### 1.1. Contextual Background of Syrian Youth in the Syrian Conflict

This research is concerned with the situation of the Syrian youth in post-conflict Syria, and with humanitarian programmes that support them during this humanitarian crisis. As the UNHCR (2017) reports, the Syrian crisis has been called the worst humanitarian crisis since World War II by humanitarian experts and agencies. The magnitude of the Syrian conflict indeed overwhelmed the entire region of the Middle East, especially neighbouring countries such as Iraq, Jordan, Turkey, Lebanon, and Egypt, which were faced with massive human displacement and an influx of refugees from Syria (3RP 2016: 2). Among the 22.5 million refugees who have been severely affected by the conflict, some 56 percent comprises youth and adolescents (HNO 2017: 13). Estimations show that 3.7 million Syrian youths reside within Syria, while the numbers of youths outside Syria and in neighbouring countries affected by the Syrian conflict are thought to be even higher.

**Figure 1. Map of Conflict-Affected Countries**



*Figure 1. Map of Syria and the neighbouring countries most affected by the Syrian conflict.*



The Syrian crisis has affected youth and adolescents physically, psychologically and socially. From a protection lens, especially young people are potentially subjected to different risks, including kidnapping, human trafficking, recruitment in armed groups, child labour, child marriage, abuse, neglect, separation from their families, and dropping out of school (Engel 2016: 2). Youths affected by conflicts face many prejudices and traumatic life events (UNDP 2016: 93). With the extensive influx of refugees into Turkey and Europe, youths<sup>1</sup> often have been portrayed as potential smugglers, perpetrators, or threats to Europe (NRC 2016: 5). Moreover, male Syrian youths have been pictured as potential suicide bombers threatening security in Europe and beyond, with mention of hundreds of young boys being recruited into armed groups, facing detention, as well as being engaged in dangerous labour activities including scavenging for explosive devices (HNO 2016: 7). Moreover, according to the Human Rights Commissioner's report on Islamic State (IS) activity, women and girls, some as young as nine, were trafficked and regularly held in sexual slavery by IS fighters since August 2014 when the IS took over Mosul city in Northern Iraq (HRC 2016: 1-3). The above human rights violation facts cannot obscure the interruption of youths' life cycle development process by the conflict.

Moreover, gender-based violence is a common problem in conflict settings, remaining extremely prevalent in the Syrian conflict across the individual, family and wider community levels. where especially young women have been targeted by IS forces. These events have led to severely traumatic experiences for the youth, who witnessed or heard about the horrific events that their peers and family members have had to endure. Secondly, also in refugee camps young, unaccompanied women, as well as women from ethnic minority groups are subject to gender-based violence (UNDP 2016: 132).

Lastly, another phenomenon on the rise amongst young women and girls witnessed within and outside of the refugee camps is that of early (premature) marriage. Families of the young girls see this as a way to ease the pressure of their poor economic situation and a way of protecting them from kidnapping, rape, or as a way of preventing damage to their family reputation. Reports of NGOs on Syrian refugees and IDPs within respective countries like Egypt, Jordan, Lebanon and Turkey suggest that with increasing frequency Syrian parents are marrying off their daughters at a young age. In Libya, observers have noted the establishment of offices devoted to organized marriages between Libyan men and young female refugees from Syria (UNDP 2016: 132). As mentioned by Bukcner (2010: 88-89), based on nationwide surveys conducted by Syrian and foreign organizations in Syria, even before the war unemployment, living conditions and future opportunities

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<sup>1</sup> 'Youth' is considered a transitory age group, as the transition from childhood to adulthood. Youths in this study are referred to as every young person from 15-24 years old (UNDP 2014). Nevertheless, a more comprehensive discussion of the definition of 'youth' is found in Chapter 2.

were major concern for the Syrian youth (both males and females) as a result of government policies.

Consequently, youth affected by conflict situations are living in environments of long-term high levels of instability; they are as a result lacking basic information on learning opportunities and are also receiving inadequate incomes for transport to school. Most individuals are even missing basic registration documents required for education and consequently have dropped out of the education system (NRC 2016: 10-11). Around 2.3 million Syrian children and youths are still not attending school, and another large number of children is deemed at risk of dropping out of school (UNICEF 2017: 3). NRC (2016) research reveals how extreme poverty and multiple displacements have created many barriers for access to education, economic opportunities or social and civic activities, leaving youths feeling disempowered and frustrated. The same research points to the challenges faced by youths when living abroad illegally under refugee status. The absence of any residence or work permits in hosting countries has a direct impact on their freedom of movement and access to the job market.

Perhaps less evident, but concretely present, are challenges regarding the mental health and psychosocial wellbeing of the youth in this armed conflict (Hassan 2016: 3130). Some of the central issues related to psychosocial well-being of the youth affected by the Syrian conflict relate to loss and grief, be it for missing or deceased family members or for other emotional, relational and material losses (Hassan 2015: 14). The protracted nature of this conflict has shown that the Syrian youth has been experiencing feelings of estrangement, a yearning for the lost homeland and a sense of loss of identity, as well as the struggle to adapt to life as refugees within foreign communities (Hassan 2015: 14). Fewer studies have been conducted regarding children and youths as refugees, but the available literature indicates a high prevalence of mental health problems among refugee children and asylum-seeking children and youths due to a series of factors related to forced migration (Gadeberg et al. 2017: 440).

Psychological symptoms caused by forced migration, including withdrawal from society, anxiety, fear, denial, anger, sadness, restlessness, and regression are especially prevalent among children and adolescents. Young refugee women and girls reportedly feel particularly isolated and will rarely leave their homes given the perceived lack of safety or lack of alternatives available to them (Hassan 2015: 14). This protracted conflict with multiple simultaneous vulnerabilities has created a consistent sense of hopelessness for many Syrians. “There’s no future for us” and “I have lost all hope” were common themes amongst young Syrian refugees in Jordan, Lebanon and Turkey surveyed in a NRC study (NRC 2016: 5).

Enduring trauma, in addition to migration and post-settlement stressors, can lead to the development of mental health disorders, particularly post-traumatic stress disorder (PTSD) and depression (Almqvist and Brandell-Forsberg 2016: 4). “Further consequences commonly include psychosocial difficulties such as aggressiveness and difficulty with peer relationships, as well as an increased risk for other health disorders (e.g. chronic pain)” (Kia-Keating and Ellis 2016: 5). Depressive symptoms among refugee youths are seen as related to daily psychosocial stressors and post-resettlement difficulties, for example financial stress, discrimination, lack of meaning and purpose, loss, and grief. PTSD symptoms on the other hand tend to be more strongly linked with youths’ trauma history (Kia-Keating and Ellis 2016: 5). “Nevertheless, the evidence remains mixed, with some studies revealing strong links between post-resettlement stressors and PTSD, over and above the impact of past trauma” (Ellis et al. 2016: 5). Individuals with PTSD, for example, have greater general health symptoms, medical conditions, and a poorer health-related quality of life. “PTSD is further associated with greater frequency and severity of physical pain” (Gadeberg et al. 2017: 440).

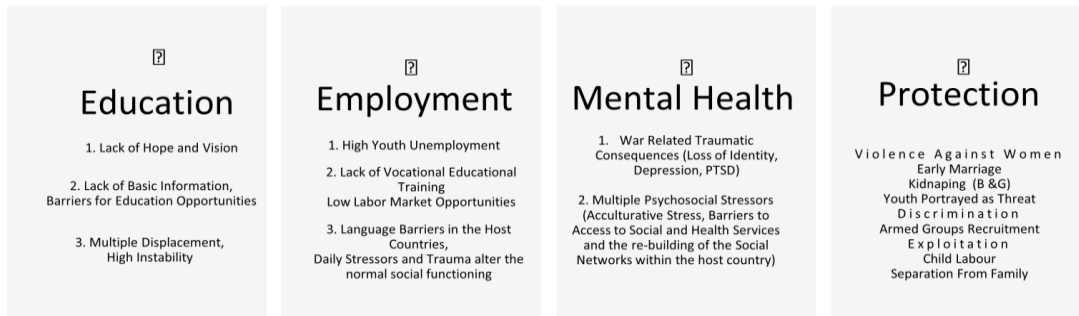
One frequently occurring consequence of armed conflicts affecting children and adolescents is parental separation and parental loss (Albertyn et al. 2003, in Mueller et al. 2015: 11), which might constitute a potential vulnerability factor for psychopathology. As Mueller et al. (2015) state, adolescent boys who have experienced parental loss show a faster decline in cognitive control over time – a risk to develop pathology that can be protected by programmes that boost resilience and strengthen cognitive control.

All of these psychological and social consequences show youths’ need for humanitarian assistance, including for specialized protection services (OCHA 2017: 587). The 2016 mapping of adolescent and youth interventions inside Syria highlighted that only 24 percent of adolescents and youths were reached across sectors; 40 percent of interventions mapped had programmes specifically designed for adolescents and youth, whilst only 28 percent of partners engaged with young people (HNO 2017: 13).

Empowered and skilled adolescents and youth are critical for the future of Syria (UNDP 2016: 24-28). Provided that they are granted the right opportunities, adolescents and youth have the intent and energy to contribute positively to their communities, participate in decision-making, promote social cohesion and reframe their reality, despite their own difficult situations (HNO 2017: 14). This research focuses on exploring the humanitarian assistance, mental health and protection services that are currently provided to the youth as a distinct target group affected by the conflict that can potentially help them to flourish.

## SYRIAN YOUTH AFFECTED BY WAR IN POST CONFLICT SETTING

Amongst other affected population, youth has been affected at several levels and areas. Some of the trends identified in the below mentioned areas and their root causes:



**YOUTH = VULNERABLE**

*Figure 2. Summary table developed by the author to show the various impacts of adversity on Syrian youth.*

### 1.2 Problem Statement

Since its onset six years ago, the Syrian war has succeeded in creating an entire generation of youths that have become subject to numerous hardships. Youths, however, are often neglected or ignored in humanitarian responses, where, naturally, priority is assigned to children, along with pregnant women and their physical needs. Youth is often classified according to different age brackets, and mostly homogeneously considered with children and adolescents. In addition, programming to address psychosocial and psychological impacts of war trauma on youths is underfunded. For example: despite the commitment and high engagement by HNGOs, out of the \$517 million appealed for, for protection programming within the Resilience and Refugee Plan for Syria and Iraq, only \$274 million was received, and out of \$461 million appealed for, for programmes related to ‘Social Cohesions and Livelihood’ (specifically for youth programming), only \$75 million was received (3RP 2016: 2). A number of interventions have sought to target this population group, including the ‘No Lost Generation’ (NLG) strategic framework (a coordinated response plan to the crises in Syria and Iraq), launched in 2013, and the Brussels Education Conference held in April 2017, where the Crisis Education Strategic Policy Paper called for increased access to multiple learning pathways, including secondary education for youth (UNICEF April 2017: 6). However, despite such interventions the social and psychological impacts of the conflict on the lives of youths is rarely mentioned.

Inspired by my previous experience in protection programming in humanitarian responses, I have become interested in studying youth affected by war as a distinct category, along with the social and psychological impacts of war on youth, and the challenges of operationalizing the HGNO framework in response to the effects of war on youth.

### **1.3 Research Objectives and Research Questions**

Two main research objectives inform this study. Firstly, the research attempts to explore the extent of the current knowledge base, practices and approaches of HNGOs in the area of psychosocial support targeting youth affected by the Syrian conflict. Secondly, the study seeks to analyze the relationship between distress and trauma, and existing youth intervention programmes of HNGOs in post-conflict settings.

Following the abovementioned research objectives, the principal research questions that this study seeks to answer are:

1. How do HNGOs through their programmes respond to youth affected by the Syrian conflict? Specifically, what are the characteristics of youth programmes created as humanitarian responses, and how do these responses align to the social-emotional needs of youths?
2. What (if any) are the challenges HNGOs face in operationalizing the existing mental health and psychosocial support framework, particularly in terms of knowledge, skills, and resources?

### **1.4 Ethical Considerations**

The first ethical concern relates to the sensitive nature of the research topic and the fact that the youth category includes minors (persons under 18 years of age). In order to safeguard minors, confidentiality agreements were presented to field practitioners from different HNGOs, whereby practitioners would agree to safeguard the identity of children and youths, unless consent was given by parents/guardians to reveal their identities. The second concern relates to researcher bias. The researcher before conducting this research already worked in the field of humanitarian responses to the Syrian crisis. While the experiences in the field relating to the humanitarian responses provided by several organizations for children and youth allowed for the inclusion of unique perceptions, knowledge, experience and contacts that could strengthen the research, it at the same time creates the risk for research bias. In an attempt to circumvent such biases the researcher has applied a rigorous scientific method when conducting the research.

### **1.5 Limitations of the Study**

A number of limitations are expected to impact the study. Firstly, a deficiency of literature of psychosocial support programmes interventions in the field is one limitation – often, a number of significant interventions go undocumented. Nevertheless, the literature review showed that some sound academic sources do exist, along with documents and reports of some of the most prominent organizations working in this field, including the organizations and bodies such as Save the Children, War Child, and the Norwegian Refugee Council. Secondly, the small number of interviews conducted for the primary data collection limits the ability to generalize the research findings. Due to the short timeline of this research it was not possible to conduct more KIIs. The findings of this research apply to the sample size and contribute to knowledge of Syrian Youth affected by the conflict. Thirdly, the researcher’s previous involvement in humanitarian interventions in Iraq in 2015 and 2016 may be helpful in terms of providing access to existing networks, but at the same time, such pre-existing knowledge regarding theory and practices in the field might lead to biases. The last foreseen challenge and limitation relates to the timeline and the availability of the interviewees. This challenge, commonly facing graduate researchers, was overcome by timeously contacting potential respondents and setting up interviews well in advance.

## CHAPTER 2: Theoretical Concepts and Framework

### 2.1. Defining ‘Youth’

In news headlines, when describing populations affected by war and conflict, ‘youth’ has not been seen as a distinct group, nor in most of the HNGO research reports and studies describing conflict-affected populations has the term ‘youth’ featured prominently. Despite this, whilst children, women and the elderly have been identified as the most severely affected by war or conflict (Murthy 2006: 25), in recent years increasing emphasis has been placed on youth as a distinct category of people affected by war.

While there has been clarity and a unified view regarding who is to be considered a child in the United Nations (UN) Convention on the Rights of The Child<sup>2</sup> and in UN General Comments, no clear and precise unified definition of who is considered a youth currently exists. Nevertheless, separate efforts have been made to define ‘youth’ as a distinct category according to age. For example, the UN for statistical purposes defines ‘youth’ as individuals of ages 15–24 years old (UNDP 2014: 6). Meanwhile, the Middle East Youth Initiative defines ‘youth’ as individuals of ages 15–29 years – a range that has been adopted to reflect the prolonged transitions to adulthood faced by many in the region (Middle East Youth Initiative 2014). The common agreement amongst academics and practitioners, however, seems to be that youth is a transitional life stage indicating the transition of a person from dependence (childhood) to independence (adulthood). This range encompasses people who are officially recognized as youths in the UN Sustainable Development Goals. However, the youth does not constitute a homogeneous group: youths are shaped by different socio-economic, demographic and geographical situations varying widely within and across countries (UN SDG 2016)<sup>3</sup>.

Some authors from the academia reviewed such as Buckner and Saba (2010); Bulanda and Johnson (2015), and Gadeberg, have interchangeably used terms ‘youth’ and ‘young persons’, referring to individuals of ages 15-24, in line with UN definition (UNFPA 2012). Other authors such as Mueller et al. (2015), Wamser-Nanney and Vendenberg refer to adolescents aged 18 or 19 years old when they speak about ‘youth’ and ‘young person’.

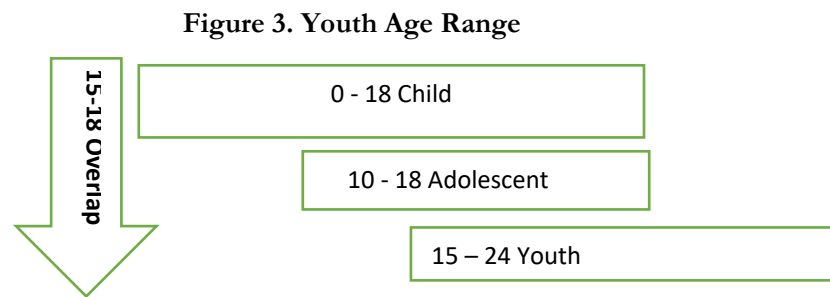
The UN General Comment No. 20 (United Nations 2016: 3) defines adolescence as “a life stage (part of childhood) characterized by growing opportunities, capacities, aspirations, energy and creativity, but also significant vulnerability”. The General Comment defines adolescence as “a life

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<sup>2</sup> UNCRC Article 1 defines a ‘child’ as a person below the age of 18.

<sup>3</sup> <https://sustainabledevelopment.un.org/partnership/?p=13488>

stage influenced by different internal and external factors, starting at ten years old and leading up to the child’s 18<sup>th</sup> birthday” (United Nations 2016: 3-4). Nevertheless, the UN General Comment does not further define ‘youth’, nor focuses on the overlapping age ranges of children (0-18), adolescents (10-18) and the youth (15-24). The age range of 14-18 years old shows significant overlaps for the three age groups and life stages (Figure 3).



*Figure 3. Representation of different youth age ranges and overlapping age bracket.*

From such discussions, it seems as if the definition of youth and the age range categorizing the youth have been constantly subject to changes in perceptions, given the diverse definitions of ‘youth’ and the different stages of development related to context. For instance, based on the above discussion, organizations like Save the Children define ‘youth’ as individuals in the age range 13-25 years old (Arnston 2004: 1). As part of its Syria Response, the No Lost Generation (NLG) consortium led by UNICEF and World Vision International has defined youth according to the UN definition as the age group between 14 and 25 years old (NLG 2016). Meanwhile, within Syrian culture, Youth are perceived by as subject to improve family’s financial situation and as a generation with few chances for future prospects (Buckner 2010:87).

Several UN entities, instruments and regional organizations have somewhat different definitions of youth, which the United Nations secretariat recognizes. The following table summarizes these differences:

Entity/Instrument/ Organization	Age	Reference
UN Secretariat/UNESCO/ILO	Youth: 15-24	UN Instruments, Statistics
UN Habitat (Youth Fund)	Youth 15-32	Agenda 21 <sup>7</sup>
UNICEF/WHO/UNFPA	Adolescent: 10-19, Young People: 10-24, Youth: 15-24	UNFPA <sup>8</sup>
UNICEF /The Convention on Rights of the Child	Child until 18	UNICEF <sup>9</sup>
The African Youth Charter	Youth: 15-35	African Union, 2006 <sup>10</sup>

*Figure 4. Various acknowledged definitions of youth across UN agencies (UN Fact Sheet 2013).*



### 2.1.1 Youth under International Humanitarian Law

Because they are intended to benefit from HNGO programs, it is crucial to review the representation of the youth in armed conflict situations in the International Humanitarian Law<sup>4</sup> (IHL). The purpose of IHL is to protect civilians, who do not participate in warfare, from such armed conflicts, and to restrict the means of warfare and usage of weapons in a manner that protects civilians to the greatest extent possible (ICRC 2002: 4). IHL recognizes the role of humanitarian agencies in providing humanitarian assistance to civilians in relation to the primary role of the state (Sphere 2011: 4-6).

The Geneva Conventions encapsulate the principles of IHL and are applied in war situations. Four Geneva Conventions and two related protocols exist, of which two are relevant for the Syrian war. The Fourth Geneva Convention concerns the protection of civilians during war (ICRC 2002: 7); These legally binding documents make mention of civilians, including the wounded, vulnerable populations such as children, women and elderly civilians requiring special protection during war situations. However, these conventions also fail to mention young people or youth as distinct categories – they are seemingly absorbed into other categories.

Moreover, a number of other international legal frameworks guide the activities of HNGOs in the field of humanitarian assistance. These include:

**The Red Cross Code of Conduct**, created in 1994 by the Red Cross and Red Crescent associations, along with several HNGOs. This optional Code of Conduct can be utilized for maintaining humanitarian response standards (ICRC 2002: 3-5). Because the majority of signatory states are European (while in total 197 countries have signed the code), the code has been criticized for being ‘too Westernized’ (Hilhorst 2005: 362).

**The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response** first issued the Sphere Handbook (2011: 4), created by humanitarian organizations such as the Red Cross and several NGOs, in 1997. The Humanitarian Charter draws on international human rights and humanitarian law to set out the most basic requirements for sustaining the lives and dignity of those affected by calamity or conflict. The charter acknowledges that the state plays the primary role in ensuring that the needs of affected populations are met. Nevertheless, due to the multiplicity and complexity of the needs of a population affected by conflict and war, the Non-Governmental Humanitarian Organization (NGHO) is given the right to provide assistance by abiding to the common Minimum Standards in Emergency and Disaster Response (The Sphere 2011: 20-43).

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<sup>4</sup> International Humanitarian Law is mainly composed of the ‘The Fourth Geneva Convention’ Articles 3, 23, 55 and 59 focusing on the assistance needed for civilians, and ‘The Additional Protocol to the Geneva Convention’ Articles 68-70 on the Relief of the Civilian Population and Relief Action.

Psychosocial support interventions responding to the traumatic experiences of children and youths resulting from war, in addition to activities supporting their protection and mental health care, are regulated by the Sphere Handbook under the Humanitarian Charter. The guidelines are widely applied. Under the ‘protection’ principle, youths are mentioned as actors for community self-help or supportive activities (The Sphere 2011: 40). Furthermore, youth is seen as an important target group to participate in emergency-related activities that consider their best interest (The Sphere 2011: 57). Youth is also mentioned as a target group to be considered during needs-based assessments due to their high risk of being recruited as soldiers in armed groups (The Sphere 2011: 63). Nonetheless, they are not referred to in the Sphere Handbook as one of the distinct target groups agreed by the Global Protection Cluster that requires attention.

**The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (PSS) in Emergency Settings** is a set of guidelines which aims to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency (IASC 2007: 5). The focus of these guidelines is on implementing essential responses, by immediately identifying who is at risk and thereafter taking into account the specific vulnerabilities that underlie these risks, including those experienced by children, men, women, youth, and groups such as internally displaced persons, elders, persons with disabilities, and persons belonging to sexual minorities and other minorities. The youth has a specific emphasis within the guidelines, reflected in the targeted vulnerable population and corresponding approaches, assessments, activities, monitoring processes, and implementation of activities aimed at this population.

The IASC can be viewed as the most inclusive and comprehensive document within the IHL domain, considering youth both as a distinct target group in need of targeted psychosocial interventions, and as an active participant in the social emergency environment in youth volunteering for and supporting several protection and mental health activities (IASC 2007: 54-55). IASC contains a positive approach but it’s not adapted to the context or group ages. Overall, as part of the Public International Law (PIL) or the International Humanitarian Law, except when mentioned as part of the general affected population, or in the guidelines of mental health and psychosocial support (IASC), ‘youth’ does not receive sufficient targeted attention in the area of legal protection and adapted service provision.

## **2.2. Theoretical Framework**

### **2.2.1 Trauma and the Treatment of the Youth in Post-Conflict Settings**

The term 'complex emergency' is defined by the United Nations Convention on the Rights of the Child, Article 38 as "situations in which the capacity to sustain livelihood and life is threatened, particularly when high levels of violence are involved" (Williams 2007: 126). As mentioned above, in complex emergencies like the Syrian conflict, youths are exposed to mental health problems such as trauma, PTSD or depression, and face problems related to migration, post-settlement stressors, daily stressors and past trauma history.

In the field of psychology, 'trauma' refers to an experience that is emotionally painful, distressful, or shocking, and one that often has long-term negative mental and physical (including neurological) consequences. "An event is thought to produce a traumatic response when the stress resulting from that event overwhelms the individual's psychological ability to cope" (as cited in Straussner and Calnan 2014: 323). Another definition explains youth trauma as "a youth's subjective experience of terror and/or feelings of helplessness in response to an extraordinarily stressful event" (as cited in Cohen et al. 2006). The psychological outcomes of traumatic experiences may encompass a range of pathological symptoms that typically include "emotional numbing, sadness, shame, anger, aggression, helplessness, depression, panic, and acute symptoms of anxiety or dissociation, psychotic disorders, and substance abuse" (as cited in Doucet and Rovers 2014: 94).

Moreover, the UNDP also states that "combatants and civilian victims of war may experience a range of psychological effects, including depression, anxiety disorder, panic disorder and post-traumatic stress disorder (PTSD), which is the most common clinical diagnosis following exposure to war" (UNDP 2016: 135). PTSD has been defined primarily based on clusters of symptoms including "re-experiencing, avoidance, negative cognitions and mood, and arousal" (American Psychiatric Association 2013 :n.p). Research also has shown that "if the symptoms and behavioural disturbances of the acute stress disorder persist for more than a month, and if these features are associated with functional impairment or significant distress to the sufferer, the diagnosis is changed to PTSD." (Friedman 2011: 739-741).

Few studies related to youth exposed to traumatic events have appeared in the literature, which over the last 15 years has focused mainly on PTSD and depression symptoms; the literature has shown that symptoms decrease over time (Karam et al. 2014: 192-197). Furthermore, youth who have experienced potentially traumatic events may not meet the diagnostic criteria (for PTSD), but a level of impairment that requires intervention remains (Cohen et al. 2006, NCTSN 2003). However, the level of impairment and intervention for youths in the Syrian conflict has not yet been revealed.

Researchers have found that reference solely to PTSD can be insufficient for capturing the consequences of complex trauma among youths. They have also found that other aspects of traumatic events affect outcomes, including the nature, chronicity, and age at onset of the trauma. For example, trauma that begins during childhood relates to more severe symptoms than trauma commencing during adulthood and such trauma is considered toxic for development (as cited in Wamser-Nanney and Vendenberg 2013: 672). Research reveals that around 75% of mental health conditions such as depression start before children turn 18, and that around 50% of all mental health conditions experienced in adulthood start before the age of 15. In order to assist young people, it is hence important not only to recognise these difficulties early on, but also to offer appropriate support, which can have a direct and positive influence on the lives of youths (Future Learn 2017)<sup>5</sup>.

Doucet and Rovers (2010) show how, besides its negative psychological impact, trauma can have secondary consequences for future generations of youths; the generational trauma that can be transferred from parents to their children has not been steadily addressed. A robust literature documents the intergenerational effects of traumatic experiences for various populations, including for the offspring of survivors of abuse, armed conflict and genocide (Sangalang and Vang 2016). “While trauma is thought of as a universal phenomenon, the way in which it is understood and therefore treated is impacted by the cultural context in which it is assessed” (as cited in Bulanda et al. 2016: 304). Practitioners/youth workers before they engage in any trauma-focused intervention need to know the context and the culture where youth are living in order to adapt the intervention to their mentality. The culture where youth live can have impact on the way they express the symptoms or accept them.

Youth empowerment personnel can identify symptoms characteristic of trauma, assess youths’ subjective understandings of those symptoms, and utilize youth empowerment environments across cultural settings to facilitate healing (Straussner and Calnan 2014: 323). Culture also affects help-seeking behaviour (as cited in Bemak and Chung 2017: 302). Mainstream mental health services for youth refugees that experience severe and complex trauma in post conflict setting must be culturally responsive, despite their preference for traditional practices (like shamans) (Bemak and Chi-Ying Chung 2017: 302). In the Middle Eastern protection field and amongst Mental Health and Psychosocial Support (MHPSS) experts’ roundtables, discourses regarding the western origins of the trauma treatment approach and its imposition in the Middle East without consideration of the cultural and traditional support mechanisms are pervasive (MHPSS Roundtable Amman 2017).

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<sup>5</sup> <https://www.futurelearn.com/courses/depression-young-people/1/register>

Furthermore, research suggests that an early intervention approach is the most effective for comprehensively treating trauma. If trauma is left untreated, trauma-exposed youths have been found to experience co-occurring psychiatric conditions (Silverman et al. 2008, in Racco and Vis 2015). Researchers also show that pharmacology can assist in the reduction of some symptoms, but that it is more successful in combination with psychotherapy for addressing the needs of trauma survivors (Courtois 2008, in Racco and Vis 2015: 124). This is usually called a medical approach to dealing with trauma.

Interventions that provide mental health and psychosocial support (MHPSS) to war-affected communities include specialized, clinical mental health services and focused psychosocial support programmes (Bangpan et al. 2017, Tol et al. 2011, in Panter-Brick et al. 2017: 2). This study focuses on the two main approaches that orient the mode of intervention in working with youth in post-conflict settings: The psychosocial approach and the trauma-focused approach reviewed for authors like Allan (2015), Betancourt et al. (2013), Droznek (2015), Miller and Rasmussen (2009), and Nickerson et al. (2011).

### **The Psychosocial Approach**

The **“Psychosocial Approach** is a community-based approach provided mostly by volunteers; the process of facilitating resilience within individuals, families and communities” (IFRC 2014: 18). This approach emphasizes that daily social, material and psychological stressors common to many refugees contribute a great deal to their distress and poor mental health despite being unrelated to past traumas. Based on this approach, psychosocial interventions are focused on multiple psychosocial stressors/factors such as acculturative stress, access to social and health services, and the rebuilding of social networks within the host country in order to provide a comprehensive account of newcomers’ experiences. This approach is sometimes more relevant for and supportive to newcomers: “Through respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion” (IFRC 2014: 18). This is one of the important concepts that in this research will be used regarding interventions that address war-induced trauma among youths.

Furthermore, the study of Panter-Brick et al. (2017) with Syrian Refugees control groups in Jordan, on their eight weeks programme of psychosocial structured activities showed that not only beneficial impact on symptoms of stress, insecurity, emotional and behavioral difficulty, but also protect development trajectories of youth facing conflict and displacement (Panter-Brick et al. 2017). To achieve long-term benefits, however, interventions would need to enhance familial and structural

support, as well as the individual and interpersonal support provided in current programming (Panter-Brick et al. 2017).

Psychosocial programming (IFRC 2014: 38) refers to programs that are intended to address and improve the mental wellbeing of youths through, for example:

“Enhancing trust and tolerance among youth; Helping to develop reconciliation to prevent new conflicts; Enabling youth to be active agents in rebuilding communities and in actualizing positive futures; Enhancing emotional well-being and coping mechanisms; Restoring the normal flow of youth development;” (IFRC 2014: 38)

The psychosocial programme interventions seem to be positive developments, because they have resulted in a number of positive impacts experienced by NGOs in addressing issues of trauma, depression, family separation, recruitment and related issues as well as promoting resilience and positive coping strategies by survivors and communities.

In order to understand the psychosocial interventions for youth in conflict settings through a holistic approach, the Interagency Standing Committee (IASC) Guidelines Interventions Pyramid Model (IASC 2007), one of the base models used for mental health-related interventions by HNGOs, is here referred to (Figure 5). The multilevel system is based on levels of needs and distinguishes different needs, prioritizes addressing general survival and financial issues over psychological issues, and highlights the actors involved in emergency responses:

1. “The base of the pyramid, which includes the largest number of people, focuses on the “establishment of security and *provision of access to basic services* such as food, water, shelter, and health care”
2. The second layer consists of “*family and community supports* that help to address the separations, disruptions, and dislocations that have occurred.” Commonly used supports include family reunification programmes, community action projects to address needs such as health and education, and support for women’s and youth groups that aid and empower affected people.
3. The third layer comprises focused “*non-specialised supports* that help particular groups of affected people.” For example, survivors of gender-based violence typically need support in accessing the health system, interacting with the police, and managing community issues such as stigma and social isolation. “ (IASC 2007:9-15).

4. The top layer consists of “*specialised supports* for people who have been severely affected, including those who had pre-existing problems and who are unable to function.” This is a trauma focused treatment including medical approach.

### **The Trauma-Focused Approach**

On the other hand, the **Trauma-Focused Approach** suggests that it may be necessary for refugees to have severe and incapacitating PTSD symptoms addressed before they are able to effectively manage resettlement challenges (Nickerson et al. 2011). Based on this approach, trauma-focused treatment is concentrated on the effects of traumatic experiences that took place before settlement by using specialized therapeutic approaches.

“Cognitive-behavioural approaches have been well researched, particularly because Cognitive Behavioural Therapy (CBT) as a technique is an evidence-based approach used for helping traumatized children and youths address and alter dysfunctional thoughts, maladaptive behaviours and unhealthy emotional responses” (as cited in Racco and Vis 2015). As mentioned by Racco and Vis (2015), Trauma Focused Cognitive Behaviour Therapy (TF-CBT) has demonstrated its efficacy, sustainability, durability, and flexibility in helping child and youth trauma survivors, particularly sexual abuse survivors. Several randomized trials in conflict-affected settings suggest that brief, structured interventions – potential first-line treatments for depression, anxiety and PTSD – can improve outcomes where carefully implemented (Panter-Brick et al. 2017).

Even though many studies agree that PTSD is highly prevalent among people (including youth) who have experienced trauma, and show that a wide range of psychological therapies have been used in treating PTSD, no systematic reviews exist of the application of these therapies, particularly CBT, on traumatized youths. Neither is there an adequate discussion regarding which therapy responds best to youth facing particular types of trauma (Gillies et al. 2013). Conversely, Lewis et al. (as cited in Racco and Vis 2015: 124) questioned whether the modular approach often used in CBT, which focuses primarily on psycho-education and skills development, might limit the flexibility and interpersonal context needed for adolescent trauma survivors to cope. “CBT treatment failure still occurs and requires further approaches and alternative models of treatment” (as cited in Racco and Vis 2015: 125). Unfortunately, research supporting alternative trauma-focused treatments for children and youths is limited.

On the other hand, non-specialized treatments like social support and physical activities have been effective in contributing to the improvement of the wellbeing of youths. For example, a study by Whitley et al. (2016) showed that sport and physical activities have a positive impact not only on

youth development, but also even on the sense of belonging and general enjoyment refugee youths experience. Furthermore, Carlton (2015: 160-167) has emphasized that volunteering in a post-disaster context impacts youth refugees' wellbeing, their sense of belonging, and the development of key leadership skills amongst youth refugees. Even social support from family and friends are well-established buffers against depression amongst youths (see, for example, Ellis et al. 2009).

As we can see from authors above mentioned, no one model for addressing trauma perfectly fits the needs of youths. Approaches for dealing with trauma need to be flexible and adaptable, and modifiable according to nature of trauma, youth needs, culture and age of youths. As Pupavac (2001) mentions, trauma counselling, or what is known as psychosocial intervention, has become an integral part of the humanitarian response in wars and psychosocial risk management employed by international development organisations. Furthermore, while acknowledging stress and post-traumatic symptoms and thinking about therapeutic interventions, it is also important for practitioners to explore the sources of resilience that help youths continue with their lives and development, despite the adversity they faced.

## CONCEPTUAL FRAMEWORK and the INTERVENTION PYRAMID

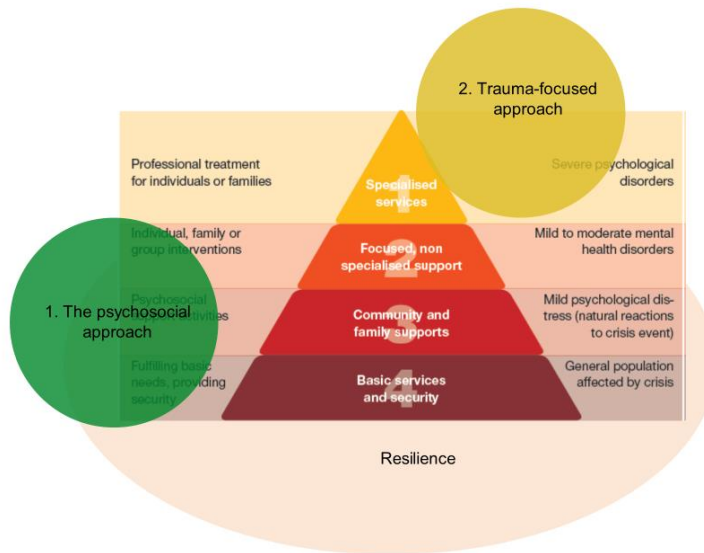


Figure 5. Figure based on the LASC Pyramid of Interventions and indicating the two main approaches for treating mental health consequences of conflicts, with resilience as an additional factor.



### 2.2.2 Resilience and Youth in Post-Conflict Settings

Various arguments can be found in the literature on the consequences of war-related traumatic events and the importance of early intervention for building resilience and decreasing the negative effects of traumatic events among Syrian youths (Montgomery 2011: 45-50). Resilience is seen as the ability to bounce back after a difficult event or experience, or the ability to get through difficult experiences in a positive manner. Another definition of resilience specifically related to youth refers to the capacity to recover from significant adversity and, in the case of youth, to successfully achieve a healthy level of development in the context of risk and instability (Sprague 2014: 434).

“There can be multiple ways to draw on participants’ resilience using a strength-based approach. For instance, listening to the stories and trauma narratives of youth may present an opportunity to identify not just the impact of traumatic experiences, but also protective factors in their lives, such as unique healing and coping processes, sources of meaning and hope, personal strengths and skills, supportive relationships, and belief and value systems” (Sprague 2014: 434).

Research supports specific protective factors that tend to contribute to better outcomes in refugee children and youth. These include:

- Caregiver support;
- Caregiver well-being;
- Cultural identity;
- Community belonging; and
- Positive school experiences (especially peer relationships and belonging at school) (Ontario Centre of Excellence for Child and Youth Mental Health 2016)

Strengthening these positive influencing factors becomes essential during treatment. One example mentioned was that:

“facilitating connections to religious or community groups through churches or community centres can increase community belonging. In addition, to strengthen caregiver support and parent-child relationships, service providers are advised to meaningfully engage families in the intervention process” (Ontario Centre of Excellence for Child and Youth Mental Health 2016: 49).

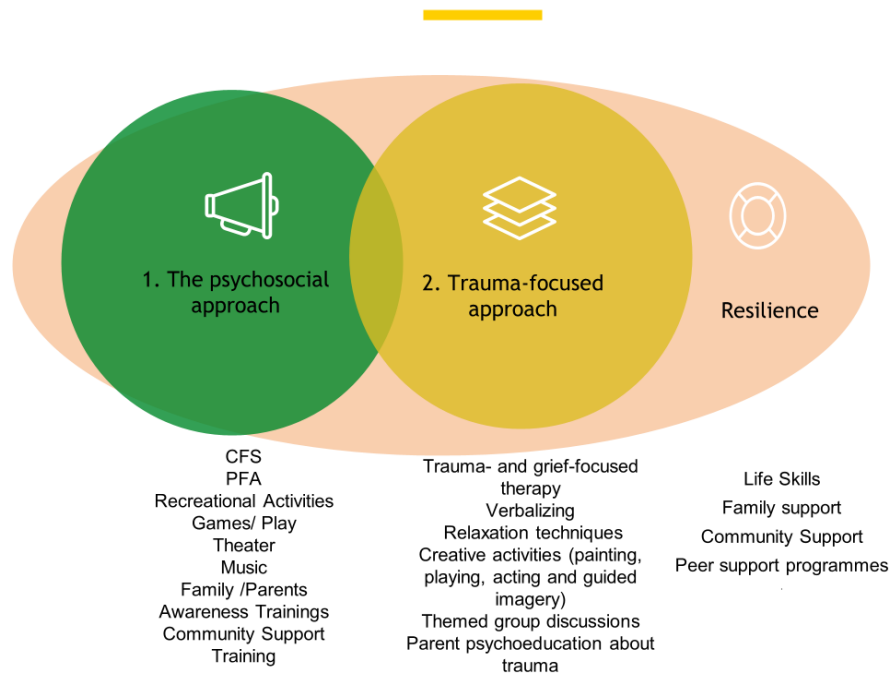
On the other hand, Boyden and Berry highlight the portrayal of youth as victims without reference being made to their resilience and coping mechanisms (Boyden and Berry 2007). Meanwhile, Baxter explains that, even when youth are not seen as victims and when spaces for youth

participation are created, a number of difficulties for children and youth to express their need for psychosocial support persist, given children’s limited ability to self-identify what exactly is happening to them and to request support (Baxter 2017: 2).

Debates on resilience and possible restoration following trauma are diverse. The Syrian youth Kaplan in his research on emotional and traumatic conflict facing children in the post-conflict Cyprus education system states that emotional trauma from conflict is not possible to undo: “Trauma can never be ‘healed’ in the sense of returning to how things were before a traumatic event took place, or before one witnessed such an event; but the impact of trauma can be worked through, individually and collectively” (Kaplan 2005, in Zembylas 2015: 226).

Figure 6 summarizes the two main approaches used in conflict humanitarian emergency responses to react to youth conflict, and translates these two approaches into specific activities. Resilience is seen as a key factor helping youth to overcome adversity and steer them back onto the development road. Yet, despite the different activities that demonstrate positive change in youth, in mental health care, be it through the PSS- or trauma-focused approach, there is lack of validated trauma and mental health tools developed to detect mental health problems and guide interventions for refugee youths, or public health planning and prioritization in this field (Gadeberg et al. 2017).

**Figure 6. Links Between Two Trauma-focused Approaches**



*Figure 6. Link between the two main approaches for dealing with conflict-inflicted trauma, and resilience.*

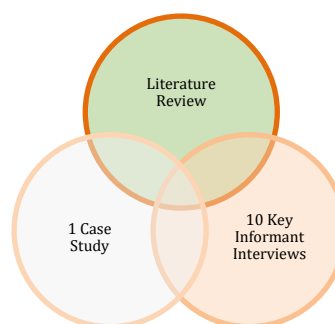
## CHAPTER 3: Research Methodology and Data Analysis

### 3.1. Methodology and Research Population

Since this study regards the complexity and sensitivity of conflicts, the impacts of such conflicts, and approaches to address such impacts, a qualitative research methodology was selected to allow for a deeper understanding of the issues, academic discourses and programmatic interventions pertaining to the Syrian conflict and the experiences of Syrian youths. At the same time, the use of qualitative methods allows for more intensive discussions with research participants and a deeper analysis of produced data. This research hence employed a qualitative and mixed methodology: a literature review and key informant interviews (KIIs), along with a case study (Figure 7).

The literature search included a review of online journal publications, where search terms included ‘youth’ facing ‘trauma’, ‘post-conflict settings’, ‘war’ and ‘impact’, ‘childhood trauma’, as well as specific search terms relating to youth and adolescents, along with terms used in the mental health field such as ‘PTSD’, ‘trauma’, ‘art therapy’, ‘psychosocial support’, ‘evidence-based’, ‘trauma treatment’ and, finally, ‘trauma-focused cognitive behavioural therapy’. Aiming to capture the situation in the recent years of the Syria conflict, the search focused on articles published from January 2013 to November 2017, and on articles published in English; however, some publications date back to the 1990s (for example: Bracken et al. 1995, Honwana 1998) in order to include the original author and publication. Outcome studies, articles, as well as books published in English, and reviews available online were included. Thus, a combination of primary and secondary academic sources was examined as part of this research. By means of a combination of qualitative research methods (small-scale interviews, participants’ observations and an analysis based on the literature review), the research provides a thorough understanding of issues pertaining to ‘youth affected by the Syrian conflict’.

**Figure 7. Research Methodology**



*Figure 7. Figure showing different research methods used for this study.*

Research participants were selected from HNGOs that work in humanitarian response to the Syria conflict; respondents were identified by means of professional referrals and a preliminary literature review. The questions for the KIIs were oriented towards understanding the organizational approaches used to address youth trauma, including the methods, capacities, good practices and challenges of organizations. One of the criteria was that HNGOs had to be working with conflict-affected youths in the age range 15–24 years old.

### **3.1.1 Literature Review**

By means of a literature review, an overview of youth-related interventions and trauma-focused approaches implemented by HNGOs responding to the Syrian conflict and used to promote youth wellbeing could be obtained. Specifically, a literature review allowed for an understanding of mental health-related concepts employed in humanitarian responses, such as ‘trauma’ and ‘PTSD’; moreover, the literature review allowed for a better understanding of the medical and social approaches and consequent interventions required in humanitarian responses, such as psychosocial support interventions and interventions strengthening resilience. This also includes definitions of youth or youth wellbeing and resilience. Finally, by referring to humanitarian legal architecture, the review extends to the existence and implementation of youth-specific guidelines and policies in the humanitarian field. In addition, a literature review was conducted of the Regional Refugee and Resilience (3RP) humanitarian plan’s monthly reports for the year 2016, which also covers the five affected neighbouring countries. In particular, the space youth interventions occupy in this regional plan, and responses outlined in the plan, as well as the physical interventions occurring on the ground, have been studied.

### **3.1.2 Case Study: The IECD Response**

In order to gain deeper insight into youth-related responses of HNGOs in the Syrian conflict, a case study was conducted of the IECD, an international humanitarian non-profit association that has introduced various youth programmes in Syria during the conflict (IECD 2017). The IECD was selected due to being one of the NGOs best known for its work in the youth arena inside Syria. Case study research is a method applied for studying any unit of social life organisation in a detailed manner (O’leary 2004: 116). No standard ways of developing a case study exist (O’leary 2004: 116); nevertheless, a case study model was chosen to look closer at the work done by HNGOs in the Syria response. The main focus areas that were used to develop the case study, relating specifically to the Syrian conflict, are:

1. The HNGO profile;
2. HNGO approaches for responding to youth trauma;
3. The target population of responses;
4. A description of psychosocial support programme interventions targeting youths;
5. The implementing actors;
6. The extent of reflection of resilience in interventions;
7. The impact of interventions; and
8. Lessons or recommendations.

Some of the key documents reviewed for the IECD study, such as the organization's mission and vision statements, project designs, reports, and newsletters for the past five years, were provided by IECD staff. While the IECD case study provides important data on the response approaches of the IECD to Syrian youth inside Syria affected by the conflict, the KIIs focus on the response approaches of HNGOs to Syrian youths in neighbouring countries who are affected by the Syrian conflict.

### **3.1.3 Key Informant Interviews (KIIs)**

Semi-structured KIIs (O'leary 2004: 121) focused on events occurring in the field. Ten KIIs were envisioned, of which eight interviews were realized via Skype calls with field practitioners stationed in Syria, Iraq, Jordan, Lebanon, and Greece. Initial contact was made through the researcher's existing networks, while the snowballing technique assisted in securing additional respondents later on. Of the eight interviewed participants, six agreed to be recorded and quoted in the research, while two requested anonymity. Despite several attempts to make contact, two of the KII respondents targeted for the research failed to respond; for this reason, the number of KIIs was reduced from ten to eight.

The data collected through KIIs is analysed in a master MS Excel sheet built for the KII data. Colour codes are used to identify the main interventions, approaches, human capacities, impacts of the approaches used, challenges, and recommendations (if any). Stand-alone patterns, trends and issues are analysed and presented in the KII findings section.

## 3.2 Data Analysis

### 3.2.1 The Regional Refugee and Resilience Plan (3RP)

A literature review was conducted of the youth programmes implemented in Syria and neighbouring countries, and reported in the coordinated Regional Refugee and Resilience Plan (3RP). This plan is composed of country plan chapters developed under the leadership of national authorities, the United Nations and NGOs operating in each of the participating countries. The objective of the plan is to coordinate the response efforts of the Syrian crisis in neighbouring countries. The participating countries are Lebanon, Jordan, Turkey, Iraq and Egypt. The plan integrates the Lebanon Crisis Response Plan (LCRP), the Jordan Response Plan (JRP), and country chapters in Turkey, Iraq and Egypt (3RP 2017).

The countries forming part of the 3RP submit a monthly report on a joint reporting platform called the Regional Response Dashboard. Representatives of each country compile a report of the activities implemented by HNGOs in their country for submission on the Regional Response Dashboard. Monthly 3RP reports ranging from January to November 2016 submitted by Lebanon, Jordan, Turkey, Iraq and Egypt have been reviewed to generate knowledge of existing youth-targeted interventions responding to the Syrian conflict and the trauma it causes.

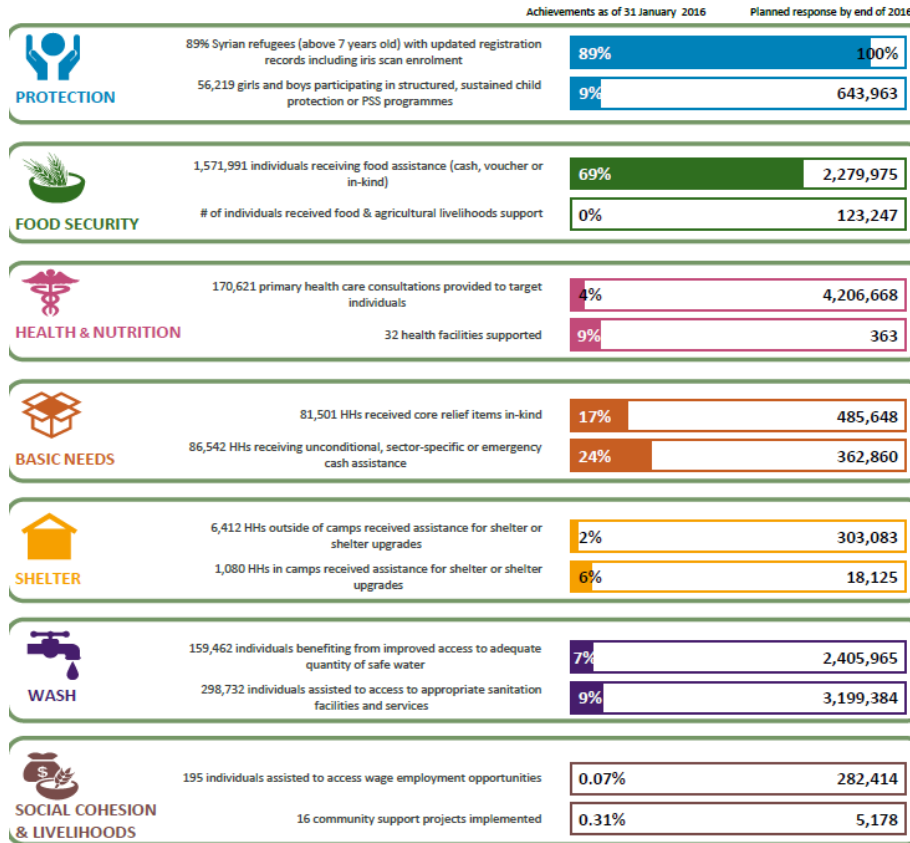
The analysis of the 2016 reports, focused on youth programming interventions targeted at youths affected by the Syrian conflict, reveal a number of important dimensions. Firstly, despite a clear emphasis in academic literature on the impact of the Syrian conflict on the mental health and psychosocial situation of youths, the programmatic activities reported under the 3RP (by the five neighbouring countries) do not specify the interventions made in the area of mental health, for example CBT, theatre play, therapy and other techniques for addressing trauma. Nevertheless, the reports point to Vocational Education Training (VET) and higher education enrolment activities as the main interventions for youth affected by the Syrian conflict.

In addition to the predominant patterns of VET interventions for the youth, some ad hoc cases were captured, in which the 3RP participating countries attempted to reach the youth in other ways. For example,

- In Turkey, the government reported its intention of increasing the amount of youths reached through children and family centers (3RP 2016);
- Erbil (Kurdistan Region of Iraq) commenced with youth programmes providing psychosocial support and aiming to build life skills across four youth centers in the country (3RP 2017);

- The Jordan River Foundation (JRF) in Jordan trained 28 youths in child protection to equip them with knowledge on rights and protection mechanisms.

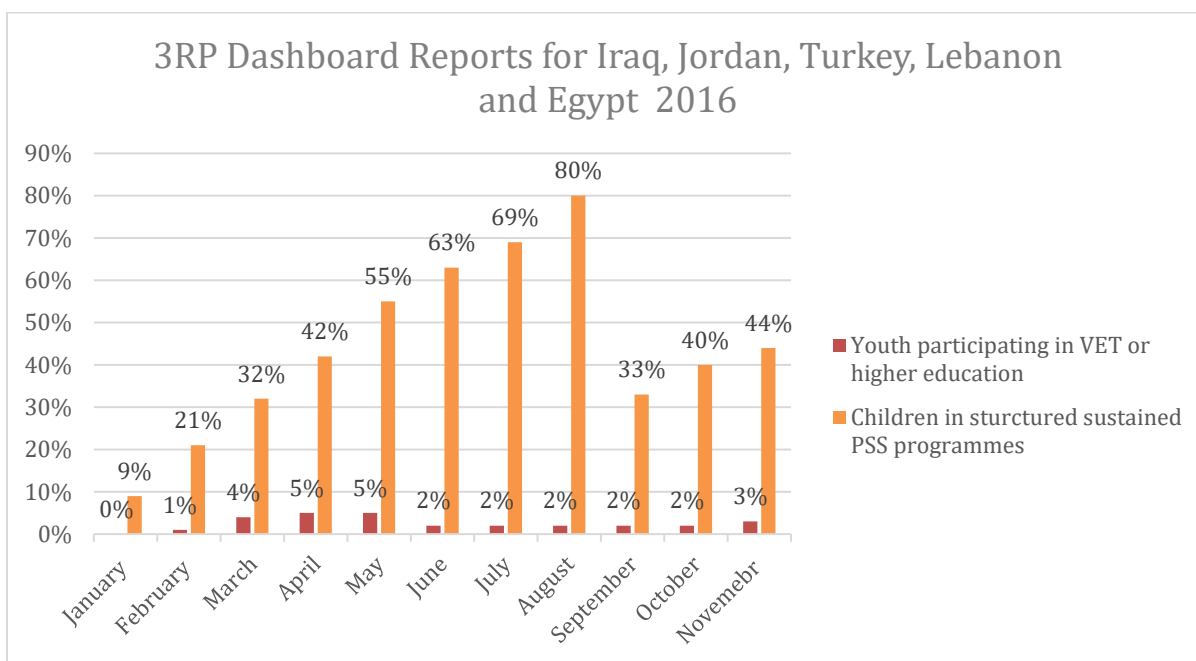
**Figure 8. 3RP Summary Report and Priority Intervention Areas**



*Figure 8. A visual representation of the 3RP Summary Report and the 3RP plan priority areas for 2016 based on monthly reports were submitted by 3RP countries (3RP 2016).*

Secondly, the literature review reveals that such programmes have targeted a small number of youths; only 72,825 of youths were reached through such programmes, while the total amount of youth refugees affected by the Syrian conflict is estimated to be around 1 million (around 50 percent of the total affected population) (HNO 2017). Moreover, out of the 72,825 youth targeted through the 3RP in the five participating countries, a maximum of only 5 percent of targeted youths was reached during April and May 2016. This seems to be an insignificant percentage when compared to the total number of youths affected by the conflict or even the total number of conflict-affected youth refugees targeted by the 3RP programmes.

**Figure 9. 3RP Dashboard Reports for Iraq, Jordan, Turkey, Lebanon and Egypt 2016**



*Figure 9. Summary table of the nine monthly reports of 3RPP, indicating a sustained low level of youth programmes.*

Thirdly, the reports on youth interventions are not disaggregated according to gender, neither do they specify gender-based activities where girls and boys are separated according to the culture and context. Furthermore, there is lack of disaggregation into sub-age groups within the youth category, which would be necessary given that the youth category spans a wide age range of 15 to 24 years old. The subdivision of the youth group into smaller sub-age group categories could enable tailored, age-appropriate programme interventions.

Fourthly, the 3RP monthly reports show an evident and stronger focus on PSS activities for children when compared to youth-targeted activities that comprise mostly VET and education courses. The 3RP Plan for 2016 targeted in total 643,835 children, and 69 to 80 percent of set targets were reached through country efforts. The fragmentation of efforts to address youths is notable, while children are clearly a far greater focus and are more easily reached. However, in the 3RP reports the reached youth is often included in child-directed programmes, given the overlapping transitioning age range of 14-18 discussed earlier in this paper.

In conclusion, this review shows that, despite the presentation of evidence of mental health conditions such as PTSD (Priebe 2009) and other daily stressors (Ontario Centre of Excellence for Child and Youth Mental Health 2016) brought about by adverse situations such as conflicts or war, the 3RP reviews don't report any kind of trauma-focused interventions. As seen from literature (Buckner and Saba 2010) or from the KIIs, HNGOs focus on VET and educational interventions



based on the youth assessment needs that show high unemployment rates and the need to relate to the world around and be useful. Yet, insufficient empirical research has been conducted on the ground to provide evidence of the positive effects of VET and educational programmes on trauma; to attain such evidence, in-depth interviews with 3RP consortium members would be necessary in order to understand the drivers for such programmes and their impact on youth to date.

### **3.2.2 Case Study: The IECD Youth Programming Response in Syria**

A more in-depth study of an HNGO working specifically with the youth as a distinct target group was conducted in order to closely examine the types of approaches, interventions, success factors and challenges related to youth programmes introduced in conflict contexts. This case study was informed by documents related to the official approval of the IECD organizational leadership in Syria, an extensive review of the IECD website, a review of project proposals and monthly updates shared via email, a Skype interview with the IECD focal point, and follow-up messages with focal point and office lead. The IECD operates in the following locations in Syria: Jaramana, Rural Damascus, As-Suwayda, and Aleppo.

#### **3.2.2.1 Case Study Background**

For the last six years Syria has been the main site of the Syrian conflict, while according to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimates 6.5 million people have been displaced due to the Syrian conflict and 4.8 million people are refugees in neighbouring countries (OCHA 2016) . At least half of all displaced Syrians are thought to be children and youths. A youth survey conducted in 2016 by the NRC among 340 youths from Damascus for NRC programming purposes showed that 52 percent of the interviewees had dropped out of the education system over the past five years and felt no desire or motivation to continue their education; moreover, 63 percent of respondents were earning less than 1.9 USD (1,000 SYP) per day. An increase in sexual harassment of female youths, mostly by men who control resources which females depend on for their livelihoods, was reported, while 18 percent of female youths aged 15-18 years were entering into marriage (NRC Youth Survey 2016).

In the briefly depicted situation of affected youths, the IECD has been one of the most prominent organizations responding to the youth affected by the conflict within Syria. The IECD designs and implements youth-targeted programmes for youth in adverse contexts. As a non-profit organization, the IECD was created by entrepreneurs and universities and has since 1988 shown solidarity with major events occurring at the time in Madagascar and Lebanon, and in Cameroon in 1992. It acts in the public interest and focuses on promoting development by strengthening people's

and local partners' capacities, by creating environments providing freedom and space for future-building, and by focusing on creating a more equitable society. Its targeted beneficiaries are children, adolescents and youth in the age range 6-35 years old, and education and vocational training are its main approaches for reaching the abovementioned objectives. Since 1988 the IECD's presence grew in 14 countries, and at present the organization is operational in the umbrella interventions areas of Sub-Saharan Africa, the Middle East and North Africa, and the Indian Ocean and Southeast Asia (IECD 2017).

The IECD commenced its interventions in Syria in 2000 and despite the ongoing adverse and shifting context has remained operational in the country, with several programmes in cities such as Damascus, Aleppo, Jaraman and Al-Suwayda. Its commitment in Syria entails the implementation of training programmes to help young people strengthen their capacities and talents, to assist youths in exploring employment options as a way of restoring hope, and to help build a more peaceful environment with opportunities and a future for the continuation of life cycles development. While the organization's work extends beyond the Syrian borders to Lebanon and Egypt, this research focuses on its activities in Syria.

### **3.2.2.2 Intervention Areas of the IECD**

The two key pillars of the IECD framework for working with the youth in adverse situations are education and vocational training, respectively. The organization follows a cycle of programme evaluation and design before implementing or scaling up projects. The cycle starts with identifying the needs of youths and an analysis of the factors placing youths in a marginalized situation; conceptualizing and defining projects; project implementation together with local partners or directly; conducting an impact assessment and project monitoring; and, lastly, sharing tools used across the organizational reach to increase the quality of education and to increase the project impact. Four key areas of expertise shape IECD projects and programmes: Education; vocational training and employability; action and entrepreneurship; and healthcare.

#### **Education**

Through its educational centres the IECD provides a means to address the educational and psychological needs of Internally Displaced People (IDP) and refugee youths. It aims to assist beneficiaries in gaining access to quality education and, ultimately, for youths to join or re-join the formal educational system in contexts where they are forced to reside. The IECD through its programs adapts the learning system in the best way possible in order to help the youth recover from

the trauma of exile and conflict and to stimulate personal development (IECD 2015: 14). One respondent noted that

*“The center has given us confidence, hope and support. There we forget the war and we feel as if in our country. My children have benefitted much from education but also the rules of courtesy. We mothers, we like to come to the meetings. We feel accepted; there is no discrimination or superiority.”* Madame Ghufam, mother of a Syrian student (IECD 2015: 14)

### **Vocational Training and Employability**

Given the high unemployment rates within the Middle East and North Africa region (MENA) region, where more than 60 percent of the population under 30 years old is unemployed, the youth is the target group suffering the most from unemployment (Buckner 2010). Training and employing the youth therefore have been prioritized. Especially in the case of the Syrian conflict, unemployment is widespread, and the IECD and its partners have helped enable young people to gain the technical and transversal skills (notably in personal development) to perform a trade, which would allow them to find a sustainable job that is in line with the needs and realities of the labour market. The IECD puts in place a variety of training plans for its different programmes for young people, both male and female, who have had limited access to education or whose initial training is not in line with the needs of the marketplace. The IECD prioritizes established institutions; the organization helps them to improve their pedagogical skills and to strengthen themselves institutionally. When a region has no such educational institutions, the IECD will then facilitate the creation of a training centre.

*“I dream of raising awareness among my community with my drawings... sadly my family want me to have a ‘proper education’ first.”* Yaman (16), a Syrian youth living in Damascus and participant of the IECD’s Social Entrepreneurs programme <sup>6</sup>.

*“The training was very enriching. I really appreciated the attention that was given to details. I had never before been trained in creating a company. Now I can’t wait to learn more and open my wedding planning business.”* Bayan (20), a Syrian youth and participant of the IECD BRIDGES programme<sup>7</sup>.

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<sup>6</sup> <http://www.iecd.org/en/4757/>

<sup>7</sup> <http://www.iecd.org/en/programme-bridges-syrie-rails/>

## Action and Entrepreneurship

The IECD's BRIDGES Programme<sup>8</sup> was created based on the recognition of the evidently hopeless situation of youth and difficulties they face regarding envisioning their future. As such, with the support of UNICEF, the IECD designed and launched a programme called BRIDGES in October 2016, which aims to help young people focus on their futures, and to envisage the concrete actions they can take by using their set of skills and acquiring additional necessary skills to design, develop and establish their own business ideas (IECD 2017).

The BRIDGES programme consists of five stages that focus on:

1. "Building the skills and knowledge to make entrepreneurship possible;
2. Project planning (including funding management and marketing);
3. Conducting feasibility studies or fundraising;
4. Developing and incubating the project; and
5. Assessing and scaling up the project." (IECD 2017)

The five stages are considered important to help the youth strengthen their existing skills and develop additional skills required for their business or social action plans. After a training and skills phase the participants have to present their ideas related to entrepreneurship to a commission which evaluates the feasibility of the projects and the potential funding sources. By July 2017 hundreds of youths had benefited from IECD programmes.

*"Mainly they need a safe zone, most of them look for direction. I've seen a lot of students that lost their schooling because of trauma and the main concern for them is 'how I can get back to education to have money'." (IECD Communication Officer July 2017)*

## Healthcare

For the IECD the main objectives for interventions in the healthcare sectors of different contexts are to support the healthcare structures with healthcare facilities, improve care practices, and raise awareness among the population that good healthcare practices are needed. They prioritize mothers and children and the other most vulnerable groups of people such as disabled people. This approach and intervention applies to the Syrian context and beyond the Syrian border, but remains within the IECD's mandated area of intervention.

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<sup>8</sup> <http://www.iecd.org/en/programme-bridges-syrie-rails/>

Only this year, a protection project was implemented by the IECD in the field of protection and psychosocial support in collaboration with UNICEF. This programme targets 7,000 adolescents and youths by focusing on specific life skills, vocational training, civic engagement/innovation labs, child protection, capacity building of NGO front-line workers in PSS, child protection, psychosocial support for children and adolescents, and awareness-raising on CP-related issues. This is a new intervention area for the IECD.

### **3.2.2.3 The IECD Implementation Approach**

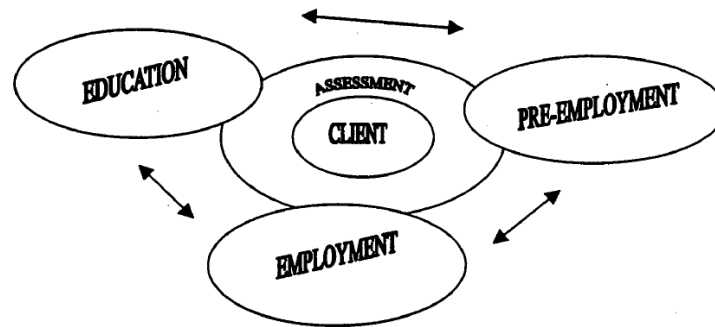
The theoretical framework discussed in Chapter 2 discusses the different research strands, schools of thought (medical and psychosocial), and practical approaches that HNGOs have employed to respond to conflict-affected youths through psychosocial programmes, trauma therapy, CBT or building resilience and strengthening life skills. The IECD is a youth-focused organization providing education and vocational course programmes to respond to youths affected by trauma arising from the Syrian conflict. The youth age group for IECD includes all individuals from 14-35 years old. Their programmes do consider sub-age groups, and trainings are tailored according to the age capabilities.

Even though the literature shows no systematic reviews or even if scant evidence exists regarding which treatment approach or therapy responds best to types of trauma affecting the youth, the IECD bases its approach on its theory of change and field experience; for this reason it has chosen education, VET and life skills as focus areas to ease the trauma and daily stress of youths inside Syria. And authors such as Lewis (2010, in Racco and Vis 2015: 124) have asked whether the existing approaches focusing primarily on psycho-education and skills development might limit the flexibility and interpersonal context needed for adolescent trauma survivors to recover. The IECD applies a psychosocial recovery approach in its work, despite the fact that this is as such rarely articulated in documents that formed part of the literature review, and in research interviews.

The IECD uses a similar approach to the psychosocial rehabilitation model (Calsaferrri 1999: 3-6), placing the individual/client at the center, assessing their needs, and linking them to education and employment opportunities as a way of psychosocial rehabilitation. This model has been part of the evidence-based best practices from British Columbia. Linking individuals affected by adverse situations with educational and employment opportunities has been shown to increase self-esteem, worthiness, provide a sense of purpose in life, aid automatic recovery from the impact of adverse situations, and can even lead to the improvement of psychiatric symptoms (Calsaferrri 1999: 5). This model is also embraced by other HNGOs on the ground, such as the NRC and Mercy Corps,

although the latter organization places an intrinsic emphasis on psychosocial-targeted interventions, alongside its focus on education and employment.

**Figure 10. Psychosocial Rehabilitation Model**

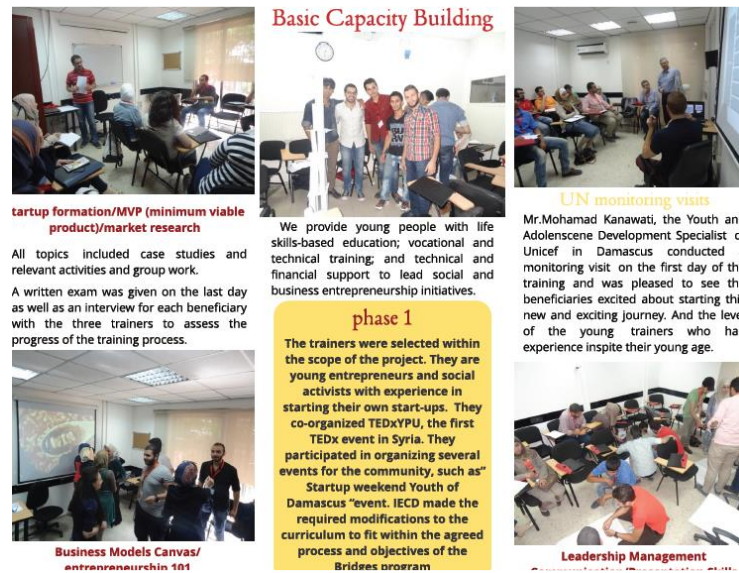


*Figure 10. Psychosocial rehabilitation model of Calsaferrri (1999: 4) showing the links between education, employment, and rehabilitation.*

Participation seems to be another core element informing IECD work. Participation of affected young people in intervention programmes seems to be key to their recovery and to the resilience-building process. Applying this principle is again in alignment with academic literature reviewed earlier (for example the work of Carlton 2015: 160-167), which showed that volunteering in post-disaster contexts has an impact on youth refugees' wellbeing, their sense of belonging, and the development of key leadership skills. This approach frames the mental health-affected individual as a victim, instead of as a capable individual that is able to accept adverse situations, cope with such situations, and overcome such situations by envisioning and building on the future.

Lastly, the IECD approach aligns with the third layer of interventions of the IASC Model, namely non-specialised PSS interventions. The organisation works inside Syria, where adverse conditions have been ongoing. While the impact of such adversity on the mental health of youths is high, no mention was made of PTSD or trauma in the IECD's programme designs and implementation; the focus was rather on the outcomes of IECD project interventions intended to improve youth resilience.

**Figure 11. IECD Leaflet on its Youth-Targeted Programmes**



*Figure 11. IECD Leaflet showing activities of youth capacity building*

### 3.3 Key Informant Interviews (KII) Analysis

Eight key informant interviews (KII) with HNGO practitioners from the Danish Refugee Council (DRC), the Norwegian Refugee Council (NRC), Samaritan's Purse (SP), Mercy Corps (MC), the IECD, Save the Children, and an organization that wanted to remain anonymous, were conducted via Skype. Three respondents were based in Iraq, two in Syria, and one each in Lebanon, Jordan and Greece, respectively.

The HNGO participants were employed in a number of positions (Figure 12). All participants accepted to be recorded (during Skype interviews lasting 35-45 minutes) and to reveal their organizational identity, with the exception of one participant who requested that the organization remains anonymous. Most of the organizations through their programmes work with children and adolescents up to 18 years of age, except for Mercy Corps, the IECD and the anonymous organization, which focus on all youths in the age range 15-24 years old. The targeted youths (both male and female) affected by the Syrian conflict comprise refugees, members of host communities, and Internally Displaced (IDP) persons. All KII participants described youths as possessing a sense of hopelessness and a lack of vision owing to conflict settings.

**Figure 12. KII Profile Summary**

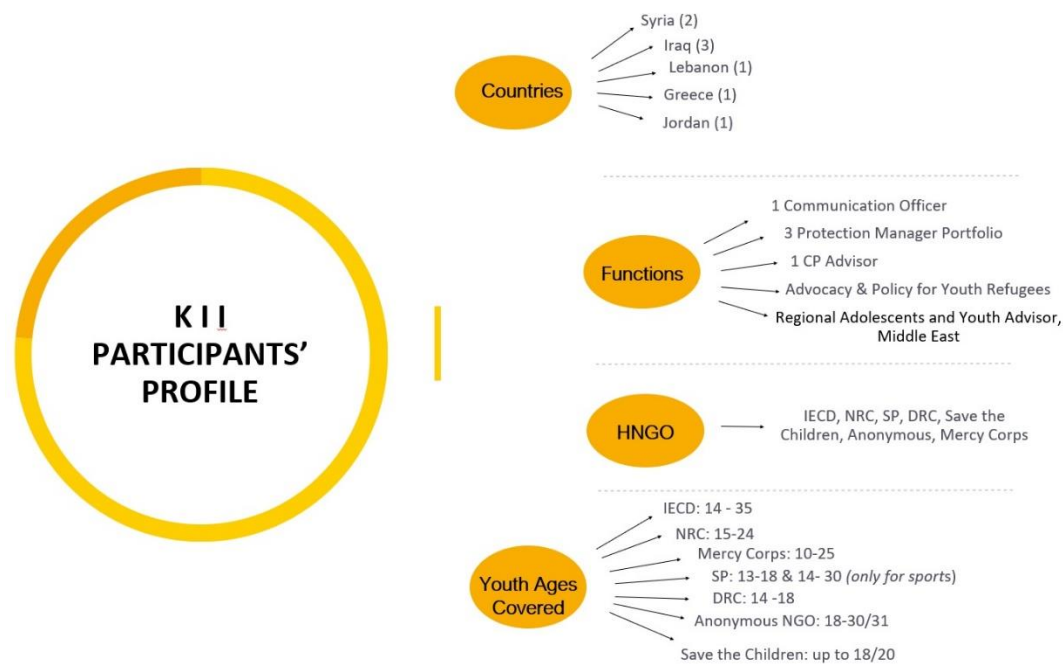


Figure 12 . Visual representation of information on KII respondents and their perceptions of 'youth'.

Participants input revealed that no standardized model informing youth empowerment programmes is applied across HNGOs, neither is a precise, unified definition of 'youth' evident. Each HNGO had developed various programmes for the youth in post-conflict settings. KII participants' observations show that educational and VET programmes are perceived to improve the psychosocial situation of youths. Respondents referred to a decrease in stress levels, depression, pessimism, and improved knowledge of the rights of youths. One of the HNGOs (IECD 2017) reported that after vocational training, youths were less confused, felt more hope as they found a sense of purpose, and had developed a vision of the future. This data is based on practitioners' observations; however, they are significant indicators that could be used to further analyze Syrian youth integration into the labour market after participating in VET courses. As mentioned earlier, Buckner and Saba (2010: 88-89) argue that a high level of youth unemployment has led to concerns over youth exclusion and mental health conditions such as depression in Syria. If VET and other educational interventions are not linked to sustainable solutions (like better access to job markets and the creation of opportunities for entrepreneurship), there is a risk for youths to re-engage in the cycle of depression and hopelessness. After the Syrian war, youths may feel even more marginalized. This area of intervention can hence have a considerable positive impact on their mental health. In addition, another question related to this type of intervention, as discussed earlier, is whether this approach is



sufficient for treating the trauma experienced by youth in the Syrian conflict, and its various manifestations such as PTSD.

Interviews with HNGO practitioners show that the definition of 'youth' varies among HNGOs. As seen in Figure 12, respondents have categorized the youth differently; categories range from an age range of 14-40, to age ranges of 13-18, 15-24, and 18-32. This shows the vagueness of the definition of legal and humanitarian frameworks, where no agreement exists on the definition of 'youth' and where several overlaps with the child (0-18) and adolescent (12-18) categories are evident. While children, adolescents and youths are considered to be homogenous groups, empowerment programs do not appropriately target youths. Occasionally programs are created on an ad hoc basis, or they are fragmented while trying to offer non-specialized support or basic services. Sometimes the same programme is used for targeting both youths and children. Interview participants highlight that often, programmes are not adapted according to age groups or even to gender. Programmatic tools for youth refugees are lacking, and impact measurements of the modules and approaches used are limited to project evaluations or pre-post-tests.

The data shows that HNGO interventions vary in nature and that the level of support for youths is different amongst HNGOs. Many HNGOs interventions (except interventions by Save the Children Greece that have specialized staff and services) consist of non-specialized support. Youth activities are organized by para-professionals that are volunteers (community members) who undergo short trainings of one to two weeks and which may put the quality of interventions at risk.

The HNGO responses to Syrian youth refugees in Lebanon and Greece differ from those in the Middle Eastern context. HNGOs working in Lebanon and Greece have greater human resource capacities, employing professionals who are able to offer legal support. Moreover, such HNGOs provide job training and awareness sessions related to health, such as sessions on HIV prevention. Personnel of Save the Children (Greece) delivering PSS activities are trained in psychology at university level. Another characteristic of HNGOs working with refugees in Lebanon and Greece (Save the Children Greece 2017, anonymous HNGO 2017) is their local networks that enable collaboration with local NGOs for specialized service delivery. All other HNGOs interviewed generally lacked expertise in the field.

The nature of the context also plays an important role in the shape that youth empowerment interventions assume. Even though contexts like Iraq, Jordan and Syria need professional and specialized services, in these countries technical expertise is lacking. On the other hand, cultural barriers arise, such as difficulty with expressing emotions (IECD 2017). In countries such as Iraq,

Jordan and Syria, psychology or social work was not offered at university level until around 2011, which creates a shortage of experts in such fields that can work in these local contexts.

The Humanitarian Minimum Standards and Charter (Sphere Standards) are reported to be good tools for reference, but are not guiding frameworks informing the daily activities of HNGOs. Overall, HNGOs find it challenging to fully employ the Sphere Standards in the context of youth programming, because youth spans different humanitarian sectors. As such, HNGO personnel feel that they have to employ standards found in different sectors, such as child protection, social cohesion and livelihoods, and education, and sometimes even more technical sectors such as WASH (Mercy Corps 2017).

Based on their work as practitioners, HNGO participants mentioned some of the challenges that they perceive Syrian youths to face:

- The lack of a permanent and secure place to live;
- The lack of employment opportunities available to Syrian youths;
- Discouragement among youths, along with feelings of unhappiness and a lack of sense of purpose;
- Language barriers in the host countries and lack of registration and identification documentation for Syrian youth refugees;
- The lack of a standardized model for youth empowerment programmes, whereas such a model exists for targeting children and disabled persons; and
- The lack of youth empowerment programmes specifically targeting symptoms of powerlessness, low self-esteem, interpersonal difficulties for youths in post-conflict settings, as well as a lack of trauma-informed programmes and specialized services or professionals.

The barriers mentioned above align with barriers of acculturation, displacement and war trauma discussed in the theoretical chapter (Bulanda et al. 2015). However, despite the challenges encountered, participants also reported that intervention programmes do have a positive impact on the wellbeing and mental health of youths. They perceive that:

- Youths are more happy or optimistic after participating in offered programmes;
- Youths feel more appreciated by others;
- The self-esteem of youths improves;
- Youths develop better social skills;

- Youths are more informed about their rights, problem-solving ability, and the management of their emotions;
- Youths' participation in programmes and their capacities to engage in group settings have increased; and
- Some youths have secured employment (IECD 2017, anonymous HNGO 2017).

Interview participants articulated the positive impacts of the psychosocial support programmes based on their observations and human stories. Some positive impacts mentioned by interview participants match with some of the key performance outcomes of psychosocial interventions in emergencies described in the IASC Model, particularly corresponding to the first three layers of the pyramid. Such positive interventions include:

- “Enabling youths to be active agents in rebuilding communities and in actualizing positive futures;
- Enhancing emotional wellbeing and coping mechanisms;
- Restoring the normal flow of youth development; and
- Improving the support mechanisms linking young people and their peers” (IFRC 2014: 38).

Based on their work as practitioners, respondents have also provided some recommendations:

- When developing programs for disadvantaged youths, it is critical to infuse a social action and participation perspective;
- Greater advocacy is needed on Syrian refugee youth rights, including the need for easier access to identity documents, education, and employment opportunities; and
- Youth empowerment/trauma-informed programmes need to be designed to effectively respond to youths' social-emotional needs and ages.

Interview respondents did not mention interventions that treat trauma in youths through a trauma treatment approach. Neither did they mention CBT or other trauma treatment interventions. In fact, the PSS approach is given preference, and some of its positive impacts were observed and reported. However, HNGO practitioners seldom reflected on their role as active participants in programming, which, considering youth exclusion from and/or traumatization by societal institutions, is deemed critical. Youth inclusion is crucial for creating opportunities to increase their awareness of the

structures and norms affecting their lives, to envision a fair and responsive social ecology, to have their voices heard in advocating for this vision, and to have the opportunity to take action in realizing this vision (Jenning et al. 2006, in Bulanda et al. 2016: 308).

## **CHAPTER 4: Conclusion and Recommendations**

### **4.1 Concluding Remarks**

This research reveals that despite the fact that HNGOs show a strong response to the refugees affected by the humanitarian crisis in Syria, youth needs are addressed mainly through educational and VET programmes, as well as life skills and resilience-building programmes. Practitioners reported that youth-targeted interventions relying on education, VET and the creation of employment opportunities (3RP 2016) help the youth to reintegrate into society, decrease symptoms of stress, and create a vision for the future. However, practitioner reported that a standardized trauma focused model or psychosocial support interventions for youth in conflict settings is lacking. Nevertheless, empirical evidence shows that standardized and specialized interventions (trauma-focused or psychosocial interventions) targeting youth aged 15-24 in post-conflict settings, can improve youths' cognitive performance and daily functioning. While HNGOs practitioners reported the presence of some psychosocial (PSS) activities and their positive impact for youth, and although the case study confirmed this through an analysis of the intervention programmes of an HNGO operational in Syria, no mention is made of trauma-focused treatments or medical approaches for addressing conflict-related trauma. For both the approaches discussed in this paper, not enough evidence was presented to be able to prove the effectiveness of one approach over another, or to show whether a combination of medical, social and non-specialized approaches is the more efficient way to address the youth's mental health problems.

Despite various academic references like by Karam et al. (2014) to PTSD, and of Doucet and Rovers (2010) to the negative psychological impacts and consequences of secondary trauma for the existing and future generations of Syrian youths, existing humanitarian programmes strongly focus more on addressing basic needs rather than on psychosocial support, while failing to adequately focus on addressing trauma. Programs are created on an ad hoc basis, resulting in fragmented and partial intervention. Meanwhile, even if HNGOs programs assist youths by means of VET, educational programmes, skills- and resilience-building programmes, the extent of the psychological impact of such programmes on their ability to treat trauma, distress or depression is difficult to be measured as it is not measured through validated mental health tools. Little information of their positive impact on youth wellbeing was gathered through practitioner's observations. The literature review and empirical data show that protection and PSS programming are not yet seen as lifesaving interventions and receive less funding when compared to other

programmes providing basic services such as food, shelter and healthcare. HNGOs are mainly offering basic services or non-professional support (which is fragmented or met partially youth needs) and still have to advocate for an increase in mental health and psychosocial support programmes. Practitioners mentioned the lack of professionals as contributing factors for the absence of trauma-focused approaches or psychosocial support adapted to youth's socio-emotional needs. Personnel that work in the humanitarian response field should have the appropriate social background and level of technical expertise required to empower youths or respond to the emotional and social needs of youths in emergency settings, since youths face many difficult situations such as exposure to trauma, the loss of parents or family members, the loss of vision of the future, distress related to adaptation within host countries, and a number of other serious challenges. Moreover, there are few possibilities to empower humanitarian practitioners in mental health issues.

An additional finding of this research is that children, adolescents or young people are often seen as homogenous groups, and their need are not met according to their development trajectory cycle. Furthermore, the cultural context influences the way in which youth refugees express their distress (for example: they will not seek help, talk with their parents or utilize mainstream services), and demands culturally responsive mainstream mental health services in responding to their social-emotional needs. Youths affected by the Syrian conflict have their own cultural identities, community support and influential structures.

The Ontario Centre of Excellence for Child and Youth Mental Health (2016), highlights the importance of acculturation as one of the daily stressors that youths experience, and which plays an important role in the design and adaptation of programmes to address youths' needs. Interviewed participants also highlighted the cultural adaptation barriers as a factor for quality programming with youth affected by Syrian conflict. Additionally, Middle Eastern professionals regard the IASC Model of Intervention as a Western approach that does not consider specific cultural contexts, social relations and influential structures, including the role of faith and religion in helping youths overcome trauma.

Moreover, this research found that youth activeness and participation in programmes activities is considered crucial for youth empowerment and resilience, the ability of youths to relate with what surrounds them, to find meaning, and to cope with stress. The participation of youths needs to be considered alongside the importance of early intervention to assist youths in recovering from persistent trauma-related mental health conditions and to aid in securing their long-term well-being.

Lack of efforts to address youths' needs in emergency context as a distinct category can ultimately lead to the prolonged trauma or continued abuse and exploitation of youths, and unfortunately youths often serve in the armed conflict or face exploitation (IFRC 2014: 37). Young people are future leaders and potential peacemakers who deserve special attention as a group, because they form the foundation of every society. Time has shown that they can be resilient and resourceful as individuals, but that they can also help build community resilience (UNDP 2016: 127). Highlighting the effects of the Syrian conflict on the physical, mental, psychological and social well-being of youths is thus crucial not only for present, but also for future generations.

## 4.2 Annexes

### 4.2.1 Research Timetable

	Task	Support Needed	Comments
June	Literature Review and Research Paper (RP) Proposal work	Orientation on further literature review	
July	Desk work, collecting groups of literature review: <ol style="list-style-type: none"> <li>HNGOs reports and research publications</li> <li>Humanitarian Standards, Charter, Plans, Field Guidance</li> <li>Preparation of the Interviewing Questions / Testing the tool</li> <li>Conducting Interviews</li> </ol>	Share for feedback the current work and tools	Supervisor's and second reader's annual leave periods will be considered.  Despite planning the interviews for July, there might be interviewees that are not available due to the summer holiday.
August	<ol style="list-style-type: none"> <li>Deeper analysis of the literature</li> <li>Refining Chapter 2 and 3 of the RP</li> <li>Analysis of the Interviews</li> </ol>	Share a draft with supervisor and second reader for feedback by the end of the month.  A Skype call might be needed.	If any interviews could not take place in July, they will take place first weeks of August



<b>September</b>	<ul style="list-style-type: none"> <li>a. Revising and refining the RP draft</li> <li>b. Preparing for RP Seminar (PP presentation and RP draft)</li> </ul>	Supervisor and second readers' input in the seminar	
<b>October</b>	<ul style="list-style-type: none"> <li>a. Reflecting the RP the seminar's comments</li> <li>b. Reworking the paper</li> </ul>		
<b>November</b>	<ul style="list-style-type: none"> <li>a. Final edits, English proof reading</li> <li>b. Submission</li> </ul>	A native English-speaking friend's support	

## 4.2.2 KII for HNGOs practitioners

### Key Informant Interview (KII) questions for Humanitarian NGOs practitioners

Date of the interview: \_\_\_\_\_

**Disclaimer:** I agree to be interviewed, recorded and agree that the information provided may be used for the Research Paper of ISS MA student Ridiona Stana.

Signature \_\_\_\_\_ or verbal approval recorded.

## 4.2.3 Interview Template

		Questions	Comments
A P P R O A C H E S	1	<p>Is your organization working with youths affected by the Syrian conflict and why?</p> <ul style="list-style-type: none"> <li>- which age group/s?</li> <li>- which genders are you working with?</li> <li>- IDP/Refugees?</li> </ul>	<p>If YES, move to question 2, if NO, ask if they work with Children and which age group? Do they work with the children/youth overlapping age 15-18? If Yes move on with the questions having this age group in mind, if NO, ask to refer you another NGO contact that works with youth.</p>
	2	<p>What is the organisation's approach in regard to these programmes?</p>	
	3	<p>Wat is your framework?</p>	
	4	<p>What are your aims?</p>	

<b>I n t e r v e n t i o n s</b>	<b>5</b>	<p>What kind of responses do you provide for youth affected by the Syrian conflict?</p> <ul style="list-style-type: none"> <li>- Short term</li> <li>- Long term?</li> </ul>	
	<b>6</b>	<p>What does each of them aim?</p> <ul style="list-style-type: none"> <li>- Decrease of stress</li> <li>- Improvement of emotional state</li> <li>- Immediate Emotional Support</li> </ul>	
	<b>7</b>	<p>Do you use the Minimum Standards of the Humanitarian Charter for the implementation? Do they help and how?</p>	
	<b>8</b>	<p>Who is conducting the interventions in the field?</p> <ul style="list-style-type: none"> <li>- Professionals</li> <li>- Para-professionals</li> <li>- Volunteers</li> </ul> <p>How are they selected or enabled to act in the job function?</p>	
	<b>9</b>	<p>What type of interventions are you implementing for each approach?</p> <ul style="list-style-type: none"> <li>- Psychosocial support programme</li> <li>- Therapy</li> <li>- Activities</li> </ul>	
	<b>10</b>	<p>Do youth have any stigma for PSS</p>	

		programmes?	
	<b>11</b>	Is youth resilience playing a role or considered in these interventions? How? What about participation?	
	<b>12</b>	Have you seen any impact on youth wellbeing based on these interventions? What does this impact look like?	
	<b>13</b>	Do the interventions you have seen so far respond to youths' needs?	
	<b>14</b>	What do you think are the priority needs of youths affected by the Syrian conflict, being in direct contact with them?	
	<b>15</b>	Do you have any recommendations for these interventions based on your field experience?	

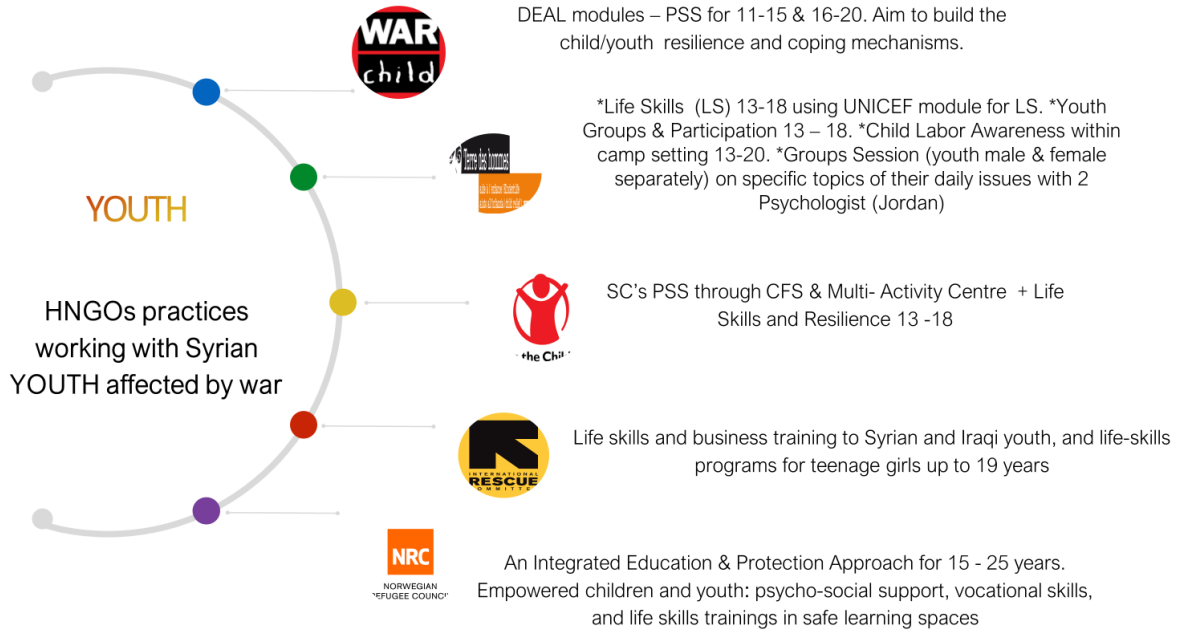
#### 4.2.4 KII Data Tabulation



ALL KIIs\_Oct 17.xlsx

#### 4.2.5 A visual preview of existing HNGOs approaches with youth affected by the Syrian conflict reviewed for this research

### REVIEWING SOME OF THE PRACTICES IN THE FIELD



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