



# Assessment on Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon



IOM International Organization for Migration



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## Survey Report

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Cover photo: Amel Association – Drawing of an Iraqi child

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**Assessment of the Psychosocial Needs of Iraqis  
Displaced in Jordan and Lebanon**



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# **Executive Summary**



## **Methodological background**

The Assessment of Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon was conducted between November 2007 and January 2008, with the aim to assess the mental health and psychosocial needs of Iraqis displaced in Jordan and Lebanon, to investigate the provision of services available to them, and plan interventions addressing their needs.

The research has a double-fold objective: provide all humanitarian actors with information and insights that can make them more psychosocial sensitive and aware while providing assistance; and to help psychosocial professionals conceive specific psychosocial programs targeting the psychosocial uneasiness of Iraqis displaced.

The study adopted Rapid Appraisal Procedures (RAP) approach, which included:

- Review and analysis of relevant and existing information from multiple sources.
- Interviews with 36 key informants, including international, national and local stakeholders and professionals.
- 178 interviews with Iraqi families displaced in both countries.
- 3 focus groups with 31 families in Lebanon.
- 166 field observations performed by interviewers on the interviewed families, based on a list of distress indicators and a scheme of psychosocial observation.

The research tools used during the assessment consist of:

- *A questionnaire for stakeholders from international organizations and NGOs.*
- *A questionnaire for key-actors within the displaced community.*
- *A qualitative questionnaire for families, organized as a guided discussion.*
- *A scheme of psychosocial indicators, which correlates four social indicators (housing, employment, scholarization and social life) with the three different phases characterizing the emotional experience of migration (impact-rebound-coping).*
- *A distress indicators list, which includes 16 distress indicators.*

## **General needs of Iraqis in Jordan and Lebanon, and existing services**

The main cause of displacement for Iraqis currently living in both Jordan and Lebanon was the outbreak of war in Iraq in 2003, with a massive outflow occurring after the bombing of the holy Shi'a Al Askaraiyya shrine in Samarra in February 2006. As established in relevant literature, Iraqis who are currently fleeing chaotic violence crossing into Iraq's neighboring countries are likely to have experienced previous internal displacement under Saddam Hussein's regime.

Due to the volatile status of Iraqis in the host countries and to the urban characteristic of Iraqi displacement, it is difficult to obtain precise official statistics regarding their number. In Jordan, estimates fluctuate between 450,000 and 750,000 while in Lebanon they are between 20,000 and 50,000. The urban scattering of Iraqis and their form of settlement among host communities make it difficult to collect data about their psychosocial conditions, and to provide assistance.

The bureaucratic procedures related to migration rules and Iraqis' undefined status are among the main factors producing uneasiness and stress within the Iraqi displaced communities.

### **Jordan**

The vast majority of Iraqis displaced in Jordan are Sunni Muslims (68%), 17% Shi'a Muslims and 12% Christians. Most of them come from Baghdad.

Due to their illegal status, Iraqis are not allowed to work. When they manage to find a job, it is usually illegal and underpaid. According to Fafo report, 42% of them are living on transfers.

It is also reported that 20% of the household are female-headed and are often from the poorest segment of the population.

The majority of Iraqis is living in rented houses and to afford the spiraling rents, an increasing number of Iraqi families are compelled to share apartments or even rooms.

Due to the lack of infrastructures and teachers and the lack of official school documentation from Iraq, many Iraqi children are not enrolled in schools. Moreover, the deteriorating economic situation of Iraqi families is forcing many of the youth to leave school and look for jobs to contribute to the family income.

Displaced Iraqis have limited access to health care facilities, due to high cost of private insurance necessary to access public health care, and the unbearable costs of private health care.

In Jordan, there are a series of generic services available to displaced Iraqis, divided per sector of intervention as follows:

Education: Relief International, QuestScope, Save the Children, Caritas, UNICEF, Mercy Corps and International Rescue Committee are providing non-formal education, catch-up learning and training for teachers.

Recreational activities: Relief International, Care, QuestScope, Terre des Homme, Save the Children, World Vision and Mercy Corps are supporting displaced Iraqis with trainings, safe spaces for children and vocational training.

Medical services: Caritas, IFRC, Noor Al Houssein Foundation, Jordanian Red Crescent, International Relief and Development, Medicines du Monde, International Medical Corps, WHO are offering medical assistance in-patient and out-patient, primary health care including outreach units, pediatric and reproductive health care, and medical assistance for severely injured and traumatized Iraqis.

In-kind assistance: Jordanian Red Cross, Caritas, Terre des Hommes, International Rescue Committee, UNHCR, Mercy Corps, Care and International Catholic Migration Commission are assisting displaced Iraqis with distribution of food and non-food items cash assistance.

Legal aid is offered by Mizan, Noor Al Hussein Foundation, Jordanian Women Union, National Centre for Human Rights and Alliance Centre.

## **In Lebanon**

In Lebanon, 51% of displaced Iraqis are Shi'a Muslims, followed by 19% Chaldean Catholics, and 12% Sunni Muslims. Almost 80% of Iraqis are living within the governorate of Mount Lebanon. According to the existing literature, Lebanon is considered by Iraqis a better economic environment and a secure location, especially for Christians.

Around 80% of displaced Iraqis are living in rented houses, with one or two rooms.

A sizable number of Iraqis under 18 have grave educational needs, as 42% of them did not complete the elementary school level. 40% of Iraqi children between 6 and 17 did not enroll in schools due to the high tuition fees and the need to help the family in earning a living. Fears resulting from the lack of proper documentation are affecting the participation of children and youths in education.

Iraqis do not easily access health care services, mainly due to the cost of treatments. NGOs and charity institutions are providing full coverage for 24% of the cases that need acute care.

In Lebanon, displaced Iraqis benefit from general provision of services either offered to the whole community, including the host one, or specifically catered to their needs. These services are divided per sector as follows:

Education: Norwegian Refugee Council, Save the Children, the Chaldean Charity Organization and Amel Association set up remedial classes for Iraqi children and catch-up learning.

Recreational activities: Amel Association, Norwegian Refugee Council, Caritas, and Save the Children are running children focus groups, collage activities, awareness sessions, painting classes, drama classes, workshops for women, and summer camps.

Medical services: International Medical Corps, Caritas, Medecins du Monde, Amel, Chaldean Charity Association, Middle East Council of Churches and Arcenciel are providing primary health care services including outreach services, dental care, assistance to vulnerable groups with disability, promotion of health education, provision of health related items, in-patient and out-patient medical support, distribution of medicines, assistance to prisoners, medical consultation, and medical referral.

In-kind assistance: Caritas, Chaldean Charity Association and Middle East Council of Churches are offering food and non-food items.

Legal assistance is offered by Caritas together with the Bar's Association Legal Commission.

## **Mental health and psychosocial perceptions and services in the surveyed region**

Among the Iraqi communities, psychological suffering, which is not pathological and-or socially unacceptable, is usually disregarded and mainly perceived as a spiritual issue. Only when the suffering brings about behavioral and societal dysfunctions, a mental health professional may be consulted. Due to the stigmatization of mental health related problems, there is little referral to mental health professionals, as mental health is exclusively associated with pathology and social dysfunction.

While traditional healing is quite common in rural Iraq, displaced Iraqis can no longer benefit from the services of traditional healers, since those healers are reluctant to leave Iraq due to their religious and social role.

### **In Jordan**

In Jordan, only a few counselors, 3 to 5 clinical psychologists, 24 psychiatrists, and 12 working for the army, are available in the country. Psychosocial services offer a total of circa 450 beds, and 30 out-patient clinics.

Apart from psychiatric trainings, the University of Amman and a private university offer graduate courses in psychology and psychological counseling.

The shortage of mental health and psychological services in Jordan is also affecting the capacity of humanitarian agencies to identify and assist the displaced Iraqis in need for counseling or specialized mental health care. For this reason as well, a general and well-established referral system has not been set up yet.

No capacity exists in the field of trauma studies and psychosocial support in emergency and displacement in Jordan.

Despite that, several NGOs and organizations are providing some psychosocial and/or counseling services:

- CARE provides psychosocial counseling and rehabilitation activities.
- Mercy Corps is offering basic counseling through Community Development Center.
- International Rescue Committee is currently carrying out a psychosocial assessment and has planned to establish a mobile unit for basic counseling.
- World Vision is providing basic counseling to the Iraqi community.
- WHO have planned training on specialized counseling.
- International Medical Corps will be offering in the next months training on mental health for general health practitioners.

### **In Lebanon**

In Lebanon, there are 200 psychologists, 48 psychiatrists, 39 psychoanalysts and different creative therapists, and community social workers.

In addition to the professional associations, several others are active in the mental health and psychosocial field.

Mental health, psychological counseling and psychosocial support are domains mostly confined to urban and intellectual environments.

The mental health sector is privatized and, therefore, most of the services are not available to everyone, but only to payees.

Six graduate courses in psychology, counseling and additional 3 in social work are offered in different universities, using different methods and approaches. IOM and the Lebanese University are offering an Executive Masters in Psychosocial Animation in War Torn Societies.

The following psychosocial provisions for Iraqis and relevant training have been available in Lebanon:

- An IOM-NRC training in “Psychosocial Approach and Creative Activities for Displaced Children”, offered to a group of teachers, animators and social workers working with Iraqi displaced children with the aim of developing specific psychosocial curricula offered in the summer of the year 2007.
- In the late 2007, a local NGO, Restart, in partnership with UNHCR established two centers (one in Beirut and the other in Tripoli) for the rehabilitation of the victims of torture.
- NRC runs psychosocial activities for traumatized children in Bourj el Barajneh in Beirut’s southern suburbs.
- Save the Children Sweden is providing psychosocial support to children.

### **Psychosocial needs of Iraqis in Jordan and Lebanon**

#### **The general situation**

The scheme of psychosocial indicators used in the assessment correlated four social indicators (housing, scholarization, employment and social life) with the three phases characterizing the adaptation of Iraqis to the displacement and the new environment (*impact*, *rebound* and *coping*).

The *impact* phase is the most problematic phase for intervention, since it is difficult to understand where individual and families are heading to, and the intervention may not be timely. However, a prolonged *impact* phase requires psychosocial intervention, in order to avoid endemization of the problems.

The *rebound* phase is, by far, the most important from a psychosocial perspective. Indeed, it is the most painful phase, and it can lead either to coping, or to a problematic stagnation. Therefore, this is the phase in which the psychosocial intervention is most needed.

On the other hand, *coping* represents the phase of integration and well acceptance of the experience.

In Jordan, out of a total of 125 families, most families were found to be in phase 2 (*rebound*) or between phase 1 (*impact*) and 2 (*rebound*). The *impact* is a prolonged one since most respondents arrived in Jordan before 2006. Therefore, a timely psychosocial response is needed.

In Lebanon, most of the families are between phase 1 (*impact*) and 2 (*rebound*), and very few between phases 2 (*rebound*) and 3 (*coping*). This would call for a timely psychosocial response that could help families adapting to the situation.

From observations based on distress indicators list, it was found that almost 50% of the families in Jordan presented 8 or more indicators, and more than 50% of the families in Lebanon presented 8 or more indicators. The cross analysis of these results shows that Iraqi families are undergoing a period of serious emotional and psychosocial threats. These threats create widespread distress in living environment of displaced Iraqis.

When respondents were asked to self-evaluate their psychosocial uneasiness on a scale from 1 to 10, all families ranked higher than 5. In Jordan, the mean is 7.5 and in Lebanon it is 7.8. Therefore, most interviewees are able to recognize their own psychosocial uneasiness.

### **Sharing of emotional suffering**

Most interviewees considered these feelings as collective feelings, but they tend to respond to them individually, or within the circle of the close family. This is a result of lack of socialization and of the reluctance to refer to psychosocial services.

Females in particular find it hard to express psychosocial uneasiness within the close family or in the presence of males, due to cultural reasons and out of respect for the husband. Nonetheless, they could share their feelings and experiences with the larger circle of females.

Men are apprehensive towards psychological services; for most of them psychological pain is only due to the socioeconomic constraints and the situation in Iraq, and will vanish with the resolution of the social causes.

Children are also generally aware of their psychosocial suffering, and they tend to respond to it individually (drawing, playing in their rooms, crying), with the 5% only of the respondents below 15 years old referring it instead to parents and-or teachers.

Gender sensitivity in conceiving psychosocial programs is of paramount importance in this case.

### **Confusion regarding future plans**

In Jordan 12% of respondents are confused about or do not have a plan for the future. Among the respondents, 50% of the families aim to travel to a third country, 30% to voluntarily return to their country, and 20% to integrate in the host community.

In Lebanon, 24,5% of the respondents are confused about or do not have a plan for the future. Among the ones who have plans, 40% aim to travel to a third country, 40% to voluntarily return to Iraq, and 20% to integrate in the host community.

These responses contradict some recurrent narratives that portray the Iraqis' displacement as only the result of a desire by the displaced to be reallocated to third countries.

By contrast, the fact that 80% of the Iraqi population in both countries do not intend to integrate in the host community might cause them to perceive the situation they are living in as temporary, and hence avoid investing in integration and self-enhancement plans.

However, reallocations to third countries are not granted, and return to Iraq is still uncertain at this stage.

Therefore, in order to avoid long-term dysfunctions families should be helped to psychosocially adapt to the current situation.

## **Insecurity**

All stakeholders pointed out that the issue of major concern is the strong sense of insecurity felt by displaced Iraqis due to the lack-volatility of their legal status.

While Jordan and Lebanon are, in general and relative terms, safer places than Iraq, Iraqis displaced inside these countries suffer to a high extent from a status-related insecurity.

## **Difficult access to services**

Many Iraqi families are facing difficulties in fulfilling their basic needs. This situation is worsening due to their prolonged displacement, and the progressive exhaustion of savings, and other sources of income other than salaries.

Some governmental, and many non-governmental bodies are offering services to Iraqis, but the assistance has so far encountered certain constraints. These are:

- a) Complicated and undignified administrative procedures.
- b) Centralization of most of the NGOs in the capital, while the movement of Iraqis is limited due to financial constraints and security issues.
- c) Provision of assistance on confessional basis.
- d) Lack of awareness of all available services and the referral system.
- e) Lack of outreach.
- f) Lack of case management.
- g) Many stakeholders believe that all above mentioned issues, and the lack of outreach, do not make it possible for humanitarian assistance to reach the most in need. Instead, assistance is reaching those who are well equipped to claim for it.

There are therefore problems related to accessibility, equity, dignification, information and outreach, which risk harming rather than promoting the psychosocial wellness of beneficiaries.

### **Loss and-or re-adaptation of roles**

Many Iraqi men increasingly stay at home, thereby losing their traditional role of being the breadwinners within the family.

In Jordan, 20% of the interviewed families, and 10% of the ones in Lebanon, are separated because of security or other constraints. The separation of the family brings about fears, preoccupations, anxiety related with security conditions, sadness and sense of loneliness. Moreover, women are taking-up new responsibilities, and face new challenges.

Men, who in the Iraqi patriarchal structures play a very prominent role in the family, mainly related to providing for the family, safety, and security, are in all these cases progressively losing their role and mandate. This has consequences on the self-reliance of the men.

In some cases, these issues, compounded with the general distress present in the family, and the usual mechanism of reiteration of external violence within the family setting, are all leading to an increase in family violence.

One quarter of the participants in the women's focus group reported acts of domestic abuse.

A significant number of parents, especially mothers, reported their lack of preparedness to respond to the sudden changes in the behavior of their children

This lack of preparedness in some cases is causing aggressive behavior among parents as well as children.

The loss of role does not happen only within the family. In fact, the de-professionalization and more generally the necessity to readapt social roles in the new environment is considered one of the main stressor factors by almost 1/3 of the respondents.

Unemployment, deterioration of the working conditions, misrecognition of qualifications and original roles, breakdown of social structures, the generally poor socialization and humanitarian assistance that lacks case management, bring about feelings of frustration, anger, sense of inferiority and incapacity, shame and self-isolation in the individual, and a sense of disorientation in the Iraqi community at large.

### **Child labor and lack of schooling**

Children are easily employed in the illegal job market to help the family to make a living or to work on behalf of male adults. This results in an environment of poor stimuli and limited chances for personal development.

Looking for a job can be a decision of the minor himself. More than 30% of the male adolescents above 15 years old do not believe that attending school could help them improve their social and economic status. It is evident that there is a situation of devaluation of self-improvement and education.

Iraqi children tend to perform poorly in school in both countries. This may be due to psychological issues, such as sense of disorientation, sense of inferiority towards the resident children, the isolation and lack of stimuli in which many children live.

Bad school performance of Iraqi children can also be caused by more practical issues. For example, the difference between the school curricula in Iraq and that in host countries, the prolonged absence of Iraqi children from school, as well as precarious living conditions as they often live in overcrowded households, where studying may be difficult at times.

### **Relationships with the host community**

Most respondents are living in neighborhoods inhabited by people from the same cultural-religious group. This is particularly evident in Lebanon, where Iraqis tend to follow the quite rigid sectarian organization that characterizes the country's urban and rural organization.

Most of the families interviewed in Jordan and Lebanon have a grateful attitude towards the host country, and recognize the empathy of their neighbors.

In Jordan, cases of mistreatment and discrimination against Iraqis have been reported by stakeholders, in schools and particularly towards Iraqis belonging to religious minorities, namely Sabean and Shi'a.

In Lebanon, incidences of discrimination are reported even in mono-confessional environments, as a result of prejudices and socio-economic differences.

### **Socialization**

In both Lebanon and Jordan, financial assets of the respondents are often spent for the satisfaction of basic needs only. Thus, recreational activities, and additional services are unaffordable.

The deteriorating social life is also due to fears generated by their lack of legal status.

Additionally, in both Lebanon and in Jordan free of charge spaces for socialization, social centers, leisure activities and community events are rarely available.

Lack of leisure and socialization are significant problems for young men. Single men appear to be a vulnerable group according to some stakeholders, since they are missing the support of a wife or of their family.

The insecure condition experienced by Iraqis in Jordan and Lebanon has grave implications for children as well, their freedom of movement is often limited by their parents' concern about safety and security, and by the lack of safe spaces for playing.

### **Traditional rituals**

Respondents who live with communities that are predominantly from their same confessional background, indicated that they are still able to carry out their traditional rituals.

Some minorities, including Sabians in Jordan, instead cannot.

Nonetheless, especially in Lebanon, the ability to observe rituals is limited by security, economic, logistic and cultural constraints, since even in mono-confessional environments, rituals are slightly different and these differences are not well received by the hosting community.

### **Relations with native country**

A very important symbolic element in the psychosocial wellness of individuals is the relation they keep with their native country.

Respondents, regardless of their plans, insisted on the importance of keeping tight bonds with their native country, by staying in touch with relatives and friends.

Most parents, both in Lebanon and Jordan try to keep the bond between their children and their native country, they do so through memories, stories, and family accounts from the past. By contrast, they have a different attitude towards their children's exposure to what is happening today in Iraq.

In some cases, families use narratives that indoctrinate or politicize the relation that their older children (12 up) have with Iraq.

This might constitute the base for violent discourses among younger adolescents.

### **Severely traumatized individuals**

A significant percentage of the respondents (21% in Jordan, 34% in Lebanon) were subject to, before or while fleeing, direct experiences of potentially highly traumatizing events, including witnessing the assassination of relatives and friends, kidnapping, torture, and rape.

While the experience of these events does not necessarily lead to pathological consequences, it has to be noted that, among the interviewed families who witnessed such atrocities, the presence of distress indicators was much higher than among other families, especially panic attacks and thoughts of death.

Therefore, according to most stakeholders, more professionalized psychosocial services and referral should be offered to these individuals and families. However, the professional capacity, especially in Jordan, is very limited.

## **Conclusions**

Iraqis displaced in Jordan and Lebanon are facing several psychosocial threats, which often create an overall distressing environment. Most families interviewed in this assessment are still suffering the impact of the displacement experience, or are already in a *rebound* phase, which is from an emotional perspective the most painful stage in the process of displacement and re-adaptation to the new reality. The prolonged stay and possible stagnation of the families in the *impact* phase may be due to different factors. The main factor is that an overwhelming majority of respondents do not envisage the possibility of staying in the host country for a long period, but plan to return to Iraq, or go to a third country. This limits to a large extent the process of re-adaptation and re-rooting, and leads to a suspended status, in which people tend to relate to their past and their envisaged future, instead of living the present.

As a matter of fact, the plans of going to third countries or going back to Iraq may not be realistic for many Iraqis, since relocations in third countries have been so far slow and cases of reallocation can be limited in numbers. Moreover, the situation in Iraq is still too unstable to be able to predict whether the improvement of security in certain parts of the country will be long lasting. Therefore, displaced Iraqis need to be helped to cope with the present, as much as to overcome the burdens they are currently facing. The overwhelming presence of distress indicators among the vast majority of interviewed families should be considered normal reactions to abnormal predicaments. Still, they should be responded to in order to avoid stagnation that can lead to individual, familial and social pathologies in the long run.

The difficult moments many Iraqi families are living, and their difficult adaptation to the new environment, are not only results of these families' plans, expectations and psychological distress. In fact, emotional wellbeing and integration are also constrained by objective social and material obstacles as well. These include the lack of a defined and permanent legal status, the difficult access to services, and the continuous exhaustion of savings and other sources of income. These factors are forcing many Iraqis to work under-the-table, making them subject to exploitation, abuse, and frustrations, and still being unable to fully provide for their basic needs.

A specific psychosocial programming can address but cannot solve the issues of legal status and provide durable solutions for the satisfaction of basic needs. Nevertheless, a more psychosocial oriented approach should be advocated in the harmonization and provision of the existing governmental and non-governmental services. In certain cases, the provision of services fails to be inclusive, and to prioritize the assistance provided, it is also perceived as humiliating by many among the beneficiaries. Service providers should consequently enhance their capacity to outreach and manage the cases.

Regarding the specific emotional suffering, Iraqis are unlikely to refer to mental health and psychosocial services, due to three main reasons a) a traditional stigmatization of such services

in the origin country; b) the lack of or difficult accessibility of such services in the host countries, especially Jordan; c) lack of outreach.

Although traditional and spiritual healings are quite common in Iraq, they are not so easily available in the host countries, or host communities refer to different healing models than the ones prevalent in Iraq. Only 2 families out of all interviewed ones referred to the services of traditional healers. Moreover, only 5 families are aware of the existence of psychosocial services, and these are services provided within multifunctional centers.

While most respondents recognize their emotional suffering, they do not refer it to social causes, nor do they consult specialized services. Further, even though they recognize the collective nature of the suffering, they tend to respond to it on an individual basis, or within the circle of the close family. This exacerbates the tensions within the family, and often creates a very distressful environment. Moreover, in certain cases, it is leading to the misuse and abuse of inappropriate medications, including analgesics and painkillers.

Women in particular show a tendency not to share emotional suffering with family members for cultural and gender-related issues. Many mothers revealed that this causes them to adopt unnecessary aggressive behaviors with their children.

Another issue of major concern is the lack of opportunities for socialization due to fears related to the illegal status of Iraqis and the economic constraints. This is also the result of the lack of free of charge occasions for socialization in the host countries, the inexistence of an organized social network, and general withdrawal. Actually, this situation limits to a great extent people's capacity to form relations and their overall sense of wellness, this is affecting in particular women and children. For children, the possibility of socializing and playing among peers is indispensable to their evolution, and to their capacity to understand reality.

The circumstances of displacement also lead to the modification, re-adaptation, and painful loss of family and social roles. This is particularly evident in families that are separated, where the husband is unemployed, and the families are supported by women and children.

Children seem to be more resilient to the challenges of the new situation. Nonetheless, there are poor or no services for the ones who suffer severe psychological discomfort. Moreover, many of them display behavioral and learning problems. The latter are due to issues, like the difference between curricula, and the lack of stimuli. Further, emotional components are also playing a role, like distress in the family, lack of socialization activities, and sadness.

Older teen-agers tend to indulge in political discourses, probably absorbed in the family, and internalize and intensify them. In Jordan, some teen-agers adopt narratives of war and martyrdom. In general, due to the situation, many youth tend to value the possibility of immediate gains over education and self-enhancement.

Finally, access to services for families and individuals who are severely traumatized is difficult in Lebanon, and very poor in Jordan. In Jordan, in particular, there are solely psychiatric services available. Moreover, psychiatric services are usually very badly received in the Iraqi community.

Despite the above-mentioned issues, most Iraqi families are showing a high level of resilience, they are able to proactively seek solutions, and can take care of their children and beloved ones. In some cases, they are also advocating for the interests of their own community.

Therefore, a timely intervention is necessary to avoid sedimentation of emotional problems, and alleviate the suffering of the displaced Iraqis. Nevertheless, the resilience showed, and the solutions identified by the Iraqi communities should not be overlooked. In fact, they should be the basis of any intervention aiming to help Iraqis.

### **General recommendations**

According to scholars in the psychosocial field, an effective and ethical psychosocial program should:

- Approach the clinical, social, psychosocial, cultural, historical, anthropological and political issues in a holistic circular manner, including all components in all steps of the project cycle (Losi).
- Aim at responding to needs self-identified by the beneficiaries' communities (Jones).
- Aim at empowerment and reconstruction of individual, group and community roles in the society (Schininà).
- Foster a non-medical approach, which includes medical components (Summerfield).
- Constantly refer to local cultures and traditional ways of healing (Losi).
- Constantly refer to existing community and individual coping strategies (Pupavac).
- Avoid application of prepackaged, westernized modalities of intervention (Summerfield).
- Foster and promote the participation of the beneficiaries.
- Since the combination of social and psychological creates an amorphous mass that covers virtually all human needs, a clear definition of the target is also paramount, while implementing a psychosocial program (Papadopoulos).

### **Psychosocial programs in conflict-driven displacement should avoid:**

- The “medicalization” of communities and individuals who are just having normal reactions to abnormal situations.
- The use of culturally inappropriate investigation and early diagnostic tools.
- To have non professionally equipped staff to perform diagnostic assessment and/or early counseling.
- To initiate psychosocial processes which are not sustainable.
- Inappropriate explorations of the stressful experience.
- To indulge in awareness rising, when a referral system is lacking.
- To go against traditional and faith oriented coping mechanisms, that are a valid response on the short term.
- To offer widespread and short-term trauma counseling.
- To use programming focusing on a single diagnosis (e.g. PTSD).

- To divide the assistance provided between categories (women, children) while disregarding the needs of male adults and elderly.
- Addressing the needs of adults only through their function as parents. Even though the parental responsibilities and the concern for the children play a big role in the psychosocial wellness of parents, they may have other individual psychosocial needs.

**Psychosocial programs in conflict driven displacement should promote:**

- Social and protective activities for the entire population, including access to services and to a humanitarian assistance (including distribution), which are conscious of the psychosocial implications. These activities should support the communities in reestablishing community activities and rituals, including grieving rituals.
- Psychosocial training for community members.
- Trying to address the family as a whole.
- Information.
- Promotion of recreational, sporting, artistic and cultural activities, group discussions and support groups. However, only professional staff that is aware of the psychosocial implications of the activities proposed, should conduct these activities.
- Psychological care for individuals experiencing acute distress and those with pre-existing mental disorders, including psychological first aid.
- Support to programming that considers the wider range of urgent neuro-psychiatric needs rather than a single one (PTSD).
- Psychotropic help in exceptional cases only (especially pre existing cases) and always in the combination with non-medical forms of support.

**Specific recommended actions**

In the specific case of Iraqis displaced in Lebanon and Jordan, based on the findings of the assessment, the above-mentioned recommendations lead to a series of specific recommended actions that tackle from the one hand psychosocial dimension of the general assistance provided, and on the other hand, the proper psychosocial programming.

**Actions to enhance the psychosocial dimension of the general services provided**

*Coordination, outreach, case management, dignified procedures*

Services provision is in certain cases characterized by:

- a) Lack of information about the available provisions.
- b) Their offer is made on a confessional basis.
- c) They are fragmented.
- d) They are mostly centralized in the capital city.
- e) Fail in providing for the persons most in need.
- f) They are complicated by unfriendly bureaucratic procedures.

These factors result in a scenario where the first contact between the person in need and the service provider occurs only when that person requests the service. Moreover, while insuring transparency, the bureaucratic process linked with the provision of assistance is discouraging and undignified. The assistance, while helping individuals and families, risks overlooking their psychosocial wellness in the modalities of provision. It is therefore recommended to:

- Establish or enhance outreach capacity in providing assistance.
- Establish or enhance coordination and dissemination of information about available services among service providers.
- Establish or enhance comprehensive dissemination of information about available services among the beneficiary community.
- Increase the capacity of service providers to act in a case management fashion.

These actions will help identifying the very needy persons, who face more constraints in accessing the services, to avoid duplication of assistance, and the consequent frustrations.

A case management approach is particularly important to assist the case of single female households, and unaccompanied minors. The displacement has often resulted in new responsibilities for women who have rarely been called upon to fully support the family in the past. Many of them are requesting help, in prioritizing their needs and organizing the plan of responses.

#### *Respect for existing capacities and traditional roles*

Many displaced Iraqis are finding it difficult to readapt their social and familial roles to the new situation. They feel diminished, or undervalued, and this brings to feeling to depression, isolation and withdrawal. It is therefore important to:

- Not consider displaced Iraqis as mere beneficiaries of assistance.
- Respect functions and social roles of assisted Iraqis.
- Involve them in devising and delivery of the services.
- Not neglect the needs of the adult males, while assisting their wives and children.

#### *Actions*

- Furthermore, promote the dissemination of the IASC Guidelines on Mental Health and Psychosocial in Emergency Settings among the humanitarian community, and not only the one dealing with psychosocial programs. This can include one-day workshop for IO and NGO leaders, and two-day workshops for humanitarian workers from all sectors.
- Create and implement a 4-day training module on psychosocial consequences of displacement and war to be offered to all humanitarian actors.
- Create and implement a 10-day in-service curriculum in outreach and case management for governmental and non-governmental humanitarian workers.
- Establish a system of collection, and dissemination of all available services among the beneficiary community. This can include monthly bulletins, mobile units or humanitarian gazebos in specific areas of the town.

## **Actions to enhance the technical capacity in the provision of psychosocial services**

While in Lebanon, a certain capacity for responding to the emotional threats of displacement and war exists, and psychological, psychosocial, psychoanalytical, and psychiatric expertise is present in the country, Jordan seems to be unequipped to respond to such needs. A series of actions to build a national capacity to respond to the mental health and psychosocial emergency related issues should be seriously looked into. Such capacity, once created for the specific needs of the displaced Iraqis, will remain in the country.

- Many actors suggest the duplication in Jordan of the IOM Masters in Psychosocial Animation in War Torn Societies currently ongoing at the Lebanese University. The Masters relies on a core of 25 most recognized trainers from the Middle East and international ones. These trainers instruct students, who have a degree in education, psychology, social work, sociology, public health, applied arts and theatre, to help populations to respond to the emotional challenges of war related displacement. Assessment, individual and group counseling, small-scale conflict management, and community reactivation methods, including arts and drama-therapy are among the subjects of the Masters. The Masters is designed in an “in service” fashion, therefore guaranteeing high-level education and provision of services in the meanwhile. Additionally, it could be repeated in Lebanon, therefore enhances the existing limited capacity. Based on the results of the assessment, the counseling component of the Masters should focus on family counseling as well as on individual one.
- This may lead to the formation of an expert group that devises a psychosocial emergency response plan in the host country, something that is missing in Jordan.
- It is necessary to provide intensive training for mental health professionals (psychiatrist, psychologists) on severe trauma-related pathologies and respective treatment-response, through the establishment of a mid-term national curriculum; this should include elements of child psychiatry, child psychology, and humanistic trauma response.
- It is necessary to develop a national ToT curriculum for teachers in order to make them aware of the psychosocial implications of displacement on pupils, and boost their capacity to provide responses to displaced children in a formal setting such as schools. This curriculum, comprising of 2 weeks of training and 1 week of validation, should take into account the relevant UNICEF Guidelines and the curriculum elaborated by IOM in Lebanon, for a training in “Psychosocial consequences of conflict driven displacement, and creative response in the classroom”. The training was tailored for the specific case of Iraqi pupils.
- Provide short-term training on psychosocial and displacement, as well as pastoral and religious counseling to an identified group of religious leaders. In fact, most Iraqis tend to participate in religious and traditional rituals. This could be a good opportunity to receive counseling and help.

## **Direct provision of psychosocial services**

Because of a series of cultural and other types of constraints that are extensively elaborated in the assessment report, Iraqis are unlikely to refer to services that are labeled as related to mental health. Furthermore, as mentioned earlier, Iraqis must be helped in prioritizing needs and manage them in a coordinated and dignified manner. This includes harmonization of services provided. Finally, the lack of unsafe places, as previously mentioned, is hindering socialization and social functioning of Iraqis to great deal. Therefore, it is recommended:

- To pilot, in an identified region in Beirut and in Amman, multifunctional social centers-safe spaces.

These centers will provide:

- A set of recreational, socializing, vocational, and creative activities, both run by Iraqis, and by members of the host community. It will coordinate also activities run by active NGOs in the educational, recreational domain.
- The centers, safe spaces will additionally provide social and psychosocial counseling, and relevant referral, to individuals and families in need.
- The counseling could be provided by students of the envisaged Masters program, in an in service fashion.
- The centers should include an outreach-mobile unit.
- The centers should include Iraqis as service workshops providers, and host communities among the beneficiaries.
- Activities in the centers should include full information on existing provisions, and/or information gazebos.

In the safe spaces, or elsewhere, a need exists to set up:

- Age and gender specific activities for women and youth, including social and school counseling, discussion groups, and livelihood.
- Educational assistance (school help, catch up classes) which support children from both a pedagogical and an emotional aspects. The interconnectedness of the two issues has been disregarded so far.
- In this respect play-therapeutic, art-therapeutic and drama-oriented models should be promoted, consistently with the results of the assessment.
- Awareness campaign through public media and community workshops on psychosocial issues directly targeting the Iraqi community.
- A national campaign for cultural integration in Jordan, comprised of a series of public communication, artistic and performative events organized by Iraqis and host communities together. This could take the form of a campaign called “All different, All equal”, and the establishment of grants to support consistent programs presented by promoters.
- Help Iraqis to frame and give a social value to their experience of suffering, through the creation of archives of Iraqi memory.



# **Psychosocial Wellbeing and Mental Health in Emergency Displacement. A Foreword**



## **Mental health and psychosocial issues in conflict driven displacement**

Psychosocial suffering is characteristic of most individual and collective experiences of displacement and war. Usually displacement, especially war-related displacement, is accompanied by several main stress factors. These include economic constraints, security issues, breakdown of social and primary economic structures and a consequent devaluation or modification of social roles, violence, persecution and discrimination, loss of loved ones, direct exposure to violent acts. Moreover, unstable and precarious life conditions, including difficult access to services together with the loss of one's own social environment and system of cultural meaning, contribute to create a very uncertain future.

Often these elements bring about a series of feelings, including grief, loss, and guiltiness towards the people who did not flee or other members of the family, a sense of inferiority in relation to the resident population, isolation, depression, anger, angst and insecurity-instability. In certain cases, they can cause depression and withdrawal.

The normal reactions caused by psychosocial stress factors are not of pathological or biological nature. Often they are the evidence of the ability of people to judge their predicaments. However, populations should be facilitated in finding their own ways to respond to the new situation, by means of a psychosocial approach and multidisciplinary programs, in order to prevent the endemic stagnation of suffering and psychosocial uneasiness, which may create in turn unhealthy individuals, families and communities in the long-run.

### **Psychosocial approach**

In summary, a psychosocial approach is one that refers to an interrelation between psychological and social factors, between the mind and society. A psychosocial approach, therefore, tends to respond to people's interconnected social and psychological needs, addressing them in an integrated manner. This is always a necessity, but becomes an indispensable condition in all such situations where it is impossible to separate the social and the psychological consequences of the events (like when one's house is destroyed). In war and emergency displacement situation, it is also impossible to separate the "individual" from the "collective" given the communal profile of the experience, and the communal reason behind the attacks individuals are subject to.

Working on the interconnectedness between the internal and the external, between mind and society, the psychosocial approach progressively focus on the reconstruction of individual, group and community roles. This is particularly important in situations where individual, groups and community roles are questioned, annihilated, and are frequently in need of reconstruction and adaptation, like in war related displacement.

For many years, as Vanessa Pupavac<sup>1</sup> stated, "there (was) much confusion over the meaning of psychosocial among aid agencies and the concept was under-theorized in academia". Nevertheless, "trauma counseling, or what is known as psychosocial intervention, has become an

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<sup>1</sup> Pupavac, 2004

integral part of humanitarian response in wars and disasters”. According to Pupavac, the psychosocial model exported by aid agencies resulted in a poorly organic variety of programs informed by the same logic, which can be summarized as “psychological understanding of social problems”. Further, the medical discourse, and the use of a single diagnosis as Post Traumatic Stress Disorder (PTSD) to address the various social and psychological occurrences of war-related displacement, resulted in cultural insensitivity, misevaluation of the needs and problems, and “medicalization” of communities.

**Trauma at large**

In the situations of displacement we are describing, trauma could not be considered the result of a single event, since trauma in displacement and war is a process of equally traumatizing events. Moreover, it would be a mistake to consider the impact of the series of possibly traumatizing events have on the individual, disregarding the familial, societal, and communitarian levels of the experience, and disregarding the capacity of reaction of that specific individual. As Derek Summerfield states “features of post traumatic stress disorder are often epiphenomenal and not what survivors are attending to or consider important: Most of them remain active and effective in the face of continuing hardship and threat”<sup>2</sup>.

Losi and Papadopoulos, for example, elaborated in 2003 the following trauma grid<sup>3</sup>.

Trauma Grid - Outline of consequences and implications

Levels	Injury, Wound			Resilience	AAD Adversity Activated Development
	OHS	DPR	PD-PTSD		
Individual					
Family					
Community					
Society/Culture					

It is evident from the grid, that a possibly traumatizing series of events can harm the individual, but can also activate his-her resilience and even promote a positive adversity response. Usually the three responses are, to a certain extent, present in all individual experiences of trauma. Additionally, the traumatic event could provoke the same three responses (wound-resilience-AAD) on the familial, societal and community levels. Therefore, while addressing the psychosocial needs of the entire community, we should not forget the severely wounded

<sup>2</sup> Summerfield, D., 2001.

<sup>3</sup> Losi, Papadopoulos, 2003.

individuals, and while addressing the needs of the severely wounded, the needs of the entire community should not be forgotten, if interventions are to be effective. In fact, the four domains psychological, social, individual, collective could not be “compartmentized” or fenced off one from the other.

### **Inter Agency Standing Committee Guidelines on Mental Health and Psychosocial Assistance in Emergency Settings**

In terms of policies, the scene has changed drastically from the times Pupavac was analyzing. In February 2007, the relevant Inter Agency Standing Committee (IASC) working group issued new “Guidelines on Mental Health and Psychosocial Support in Emergency Settings.”<sup>4</sup> The Guidelines were formulated by a technical advice, specifically tailored for the Middle East (ME)<sup>5</sup>, and issued in August 2006.

The technical advice particularly states that while the war brings about a series of distressing factors, only a small percentage of the population is affected by distress so severe that it would affect and limit the basic functioning of individuals. Thus, the advice discouraged the “medicalization” of communities and advocated the promotion of a safe and supportive environment, through the access to health, education, water and sanitation, shelter and livelihood, and the preservation of family unity and the avoidance of displacement.

In particular, according to the advice, the key programming principles should focus on human rights, participation, resilience, normalization of daily life, a community-based approach, capacity building and integrated-multidisciplinary support, and on the rule of the DO NO HARM, such as avoidance of culturally inappropriate tools, or inappropriate exploration of distressing events.

Additionally, the advice stresses the necessity of two coincidental actions:

1. social and protective activities for the entire population, including: an access to services and to humanitarian assistance, which is conscious of the psychosocial implications; support to the communities in re-establishing community activities and rituals, including grieving rituals; psychosocial training for community members; information, promotion of recreational, sporting, artistic and cultural activities, group discussions and support groups; reduction of the exposure of children to the representation of violence; life skills and vocational trainings; psychosocial care for humanitarian workers; avoidance of widespread and short-term trauma counseling.
2. psychological care for people in acute distress and people with pre-existing mental disorders, including: psychological first aid; psychotropic help in exceptional cases only and always in combination with non medical forms of support; avoidance of programming focusing on a single diagnosis (e.g. PTSD) and support to programming that considers the wider range of urgent neuro-psychiatric needs.

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<sup>4</sup> IASC, 2007

<sup>5</sup> IASC, 2006

Finally, the document advises to avoid the terms ‘trauma’ and ‘therapy’ and to focus instead on terms such as ‘distress’ and ‘stress’, as well as on structured activities.

The Guidelines further elaborated the concept mainstreaming it among all sectors of the humanitarian interventions. While the Guidelines refer to general principles, “do not” rules, and recommendations, it is still not clear if all the signatory agencies will be able to mainstream them internally, and to avoid malpractices in the field. This is indeed the challenge that faces psychosocial aid workers, acting in emergency today and in the near future.

The assessment elaborated in this report is an attempt that IOM, together with UNICEF and Jordanian Women’s Union, Amel, Caritas Lebanon, Relief International, (International Catholic Migration Corps) ICMC, Terre des Hommes, International Medical Corps (IMC), International Rescue Committee (IRC), and Save the Children are doing to win this challenge in the case of psychosocial assistance to Iraqis displaced.

### **Psychosocial approach-psychosocial programs**

In order to clarify the purpose of this research, it has to be noted that a psychosocial approach, based on the interconnectedness of psychological and social issues, can be applied to all aspects of the human experience, certainly to all aspects of humanitarian assistance. Therefore, it risks becoming a tantalizing and vague concept, if the realm of intervention is not defined.

It may help in clarifying issues to differentiate the psychosocial, *approach* that can inform many steps and segments of the humanitarian intervention, from the psychosocial *programming*, that additionally tends to alleviate the psychological and psychosocial suffering of individuals, through specific recreational, ritual, socialization, integrative, counseling and individual and group therapeutic paths. In fact, one can organize distributions that are aware of the interconnectedness between social and psychological issues, therefore using a psychosocial approach, without the distribution becoming a psychosocial program *per se*. By contrast, offering a counseling center is, indeed, a psychosocial activity.

The aim of this assessment is to work on the two levels. First, to provide general humanitarian workers with information and insights that can help them in providing a psychosocial assistance, which is more sensitized towards psychosocial implications. On the other hand, it aims to help psychosocial professionals to conceive specific psychosocial programs targeting the psychosocial uneasiness of Iraqis displaced in Jordan and Lebanon, due to the distressing experiences they have endured during the past years.

# **Methodological Framework**



## **Background**

The assessment was conducted between November 2007 and January 2008. It aimed at obtaining information on the psychosocial status and the needs of Iraqis displaced in Lebanon and Jordan, in order to help host governments, international organizations, national and international NGOs, and humanitarian agencies in understanding the psychosocial needs of displaced Iraqis, to develop comprehensive and inclusive responses.

The target of this study was the population of Iraqis displaced in Lebanon and Jordan. Although Iraqis displaced in Syria are relevant to understanding the situation of displaced Iraqis at large, they were not included in the study, due to logistical and administrative problems. Only secondary information about Syria was included in the study.

Logistical and capacity constraints made it impossible to conduct detailed analysis. It was therefore decided to use Rapid Appraisal Procedures (RAP). This decision was made for the following reasons:

- *Consistency* with former IOM assessments. The assessment on “Psychosocial Status of IDPs Communities in Iraq<sup>6</sup>” carried out by IOM in 2005-2006, led to the elaboration of appropriate assessment tools, which were readapted for the current assessment. The same tools were successfully re-adapted and used for an assessment on the “Psychosocial Needs of Displaced and Returnees Communities in Lebanon Following the War Events<sup>7</sup>”, in 2006.
- *Flexibility*. As Losi wrote “RAP are a flexible constellation of means for investigation”<sup>8</sup>. As such, RAP guarantees a wide degree of flexibility, within a scientific context.
- *Relevance*. RAP approach is holistic and includes evaluation of existing initiatives in the field. In addition, it gives importance to local knowledge including the beneficiaries’ evaluation of the situation. The RAP approach is likely to avoid pre-judgments of the situation under analysis, excluding prejudices.
- *Participatory process*. The RAP allows interviewers to contribute in the process of reviewing and adapting the tools, according to their understanding of the specificities of the local community.
- *Rapidity*. RAP allows conducting a scientific based assessment in a limited period, and allows a qualitative rather than quantitative analysis of results. This last element is crucial, given the combination of large numbers of displaced, and a limited budget, which would make a large scale quantitative survey impossible.

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<sup>6</sup> IOM, 2006a

<sup>7</sup> IOM, 2006b

<sup>8</sup> Losi, 1999

## **Practical implementation**

The RAP approach, adapted to the situation of displaced Iraqis, included:

- Review and analysis of relevant literature and existing information from multiple resources, including publications, academic studies, published IO reports, articles on reviews, newspapers, and T.V. news.
- Interviews with **36** key informants, including international, national and local stakeholders and professionals.
- **178** Individual and family interviews with displaced Iraqis (125 interviews in Jordan and 53 in Lebanon). Interviews were conducted by NGOs and IOs employees in contact with the target group.
- **3** Focus groups were conducted with **31** Iraqi families in Lebanon. Each focus group addressed a different community (East Beirut, Southern Suburb of Beirut and Baalbeck). One focus group was also organized with 10 Iraqi youth in Lebanon.
- **166** field observations (113 in Jordan and 53 in Lebanon). The field observations were conducted by the interviewers, on the interviewed families, based on a list of distress indicators, and a scheme of psychosocial observation, which will be described in the following chapter.

## **Tools and sample selection**

The tools includes:

- A standard interview form for interviews with community's stakeholders and professionals.
- A standard interview form for interviews with international stakeholders.
- A standard guided form with discussion points for interviews to displaced families.
- A list of psychosocial indicators.
- A list of distress indicators.

## **Interviews with stakeholders. Rationale and sample selection**

Interviews with stakeholders were conducted by two reaserch-interns from the St. Anna University in Pisa. The selection of the stakeholders to be interviewed followed a relevance criterion and a snowball approach. A proportion was kept between professionals (6: 3 in Jordan, and 3 in Lebanon), community leaders (7: 4 in Jordan and 3 in Lebanon), authorities of the host country (3: 1 in Jordan and 2 in Lebanon), International Organizations (13: 6 in Jordan and 7 in Lebanon), and local NGOs (7: 2 in Jordan and 5 in Lebanon).

Interviews with stakeholders aimed at: 1) Assessing the local understanding of psychosocial-related issues; 2) Investigating existing provision of psychosocial training, services and activities; 3) Acknowledging the perspective of local professionals concerning needs and priorities of displaced Iraqis; 4) Acknowledging stakeholders' plans and suggestions concerning strategies to be implemented; 5) Considering the role IOM should play within these strategies according to interviewees.

## **Interviews and observations with families. Creation of the sample**

Since this assessment is qualitative, and since trust between the interviewer and the interviewees is considered a crucial requirement for this assessment, the construction of the sample followed the process found below:

1. Interviewers presented a profile of families they share a level of trust with. These lists excluded relatives, and people who receive directly humanitarian help from the interviewer.
2. A sample was constructed by merging the data available on families and the available national statistics, in that way the sample could reflect as much as possible the national trend.
3. When relevant literature or anecdotal evidence suggested the existence of special trends or situations that were considered relevant to the study, the sample was modified in order to include more of these specific cases. This is the case of female headed households in Jordan, for instance.
4. The population sample was based on six considerations: a) ethnicity, b) cultural religious background, c) type of housing, d) main income of the family, e) marital status of the household.

*The resulting sample is described at the end of this chapter.*

## **Interviews with families. Rationale**

Interviews with households were based on an interviewers' guide.

Interviewers were asked to adopt a conversational mode, rather than asking direct questions. The format consistently presented a series of discussion points rather than direct questions.

The guide was designed to address the entire family, rather than individuals.

The discussions were therefore conducted with all members of the families who were willing to participate. The analysis collected data is consistent with this decision. Also, due to logistical and cultural constraints and the centrality of the family in addressing psychosocial issues within the Iraqi community, this decision was necessary.

However, while the guided discussion is qualitative, a quantitative component was also included to statistically profile the interviewees.

The interviews were designed in three specific layers: family's understanding of psychosocial issues, psychosocial needs self-assessment, and the family's view on provision of services, both existing and missing ones.

Part of the interview with families was specifically devoted to investigate the psychosocial status of children. A set of indirect questions was designed for parents, concerning their perception of the well-being of their children. Some other questions were formulated for children, in a child friendly fashion. Children are often unable to express their emotions through direct questions, especially when they are below eight. Little children in particular cannot directly relate practical

issues to abstract contents. Therefore, a projective method was used to obtain relevant information. Questions were asked in a projective way, for example, quantifying sadness or happiness on the fingers of one hand, describing the host country and the native country in three words, making three precious wishes.

125 interviews were conducted in Jordan, and 53 in Lebanon. The sample was selected according to a partial proportional criteria , as previously explained.

### Indicators. Rationale and procedures

Direct observations were noted by the interviewers on the interviewees families based on two sets of indicators. One scheme focused more on the interrelation between psychological and social factors, while the other tackled the “usual” mental-health/psychological distress indicators, as follows:

#### *Psychosocial indicators*

Indicators Phases	House	Job	Studies	Social life
<b>IMPACT</b>	Temporary	Various or none, frequent changes	Irregular, varying results	<ul style="list-style-type: none"> <li>▪ Up and down</li> <li>▪ Curiosity and closeness</li> </ul>
<b>REBOUND</b>	Maybe long term, but precarious furniture, bad house keeping	Unsatisfactory, no long term perspective	Withdrawal or bad results	Closeness
<b>COPING</b>	Affectionate to, caring for the house.	<ul style="list-style-type: none"> <li>▪ Trying to find a fixed and satisfactory one</li> <li>▪ Got regular jobs</li> </ul>	Regular	<ul style="list-style-type: none"> <li>▪ Stable</li> <li>▪ Open to new neighbors</li> <li>▪ Religious and ritual life restarts.</li> </ul>

According to Hertz<sup>9</sup>, the emotional process of migration can be divided into three consecutive levels: (1) *impact*, (2) *rebound*, and (3) *coping*. The *impact* is characterized by a rapid succession of positive and negative moments. Periods of elation, relief, and fulfillment are quickly followed by periods of anxiety, stress and withdrawal. This phase is followed by *rebound*. *Rebound* manifests itself by expression of disappointment, often followed by anger and aggressive behavior, depression, and/or dysthymic mood. It brings about two parallel reactions: acting out of anger or complete withdrawal and detachment from the new environment. The *rebound* phase is a necessary and decisive one. It can indeed bring to *coping*, or become endemic, endangering the healthy functioning of individuals and communities. In the *coping* phase, the individual starts to learn the potential of the new environment, and the positive possibilities contained in it.

<sup>9</sup> Hertz, 1981

For the purpose of this assessment, the three phases were included in a scheme based on four objective psychosocial indicators: *housing*, *employment*, *studies* and *socialization*. The comparative analysis of the stage achieved by each family for the different indicators, and the recurrence of these occurrences in a community, helps in understanding the psychosocial wellness of the family and of a specific community. This also helps to identify fields of urgent intervention, and best practices in the service provided.

### *Distress indicators*

The list of distress indicators was designed based on the list used by the Italian NGO Movimondo<sup>10</sup> for a previous mental health survey in Iraq. The list proved to be appropriate for the RAP assessment. It included 16 symptoms, as follows:

- Sleep problems
- Weight problems
- Tiredness
- Aggressiveness
- Violence
- Learning problems
- Anxiety
- Death ideas
- Nightmares
- Appetite problems
- Somatic complaints
- Anger
- Hyperactivity
- Thumb sucking
- Fears
- Panic attacks

The interviewers did not ask questions regarding the health status of interviewees. Whenever, any member of the family would mention a distress indicator from the list above during the interview, the interviewer would note it down. Indeed, the aim of this exercise was not to identify individual pathologies, but to evaluate the recurrence of certain issues in a community, this method is consistent with the non-medical aim of the assessment. The observations regarding distress indicators were conducted with all the respondents in Lebanon, and with only 99 families in Jordan. The families (26 ones) were not observed in this respect, since based on the judgment and field of expertise of interviewers, it was preferred not to carry out the exercise with them.

### **Interviewers**

Interviewers were selected among staff, volunteers and activists referred by the collaborating agencies. In total, 25 interviewers were recruited (16 in Jordan and 9 in Lebanon). Out of these,

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<sup>10</sup> Movimondo, 2005

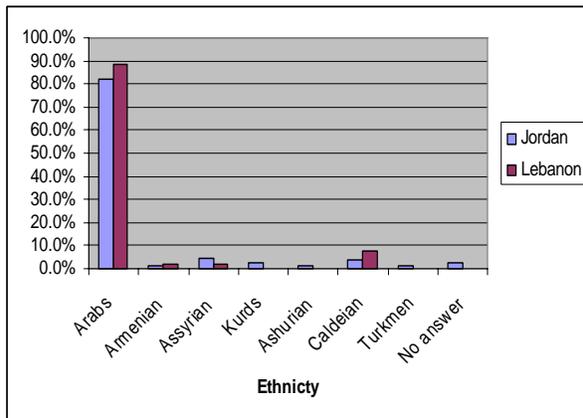
14 were females and 11 males, 13 were Iraqis and 12 non- Iraqis. 9 of the interviewers had a psychological or social work background, 6 had a professional background, and 9 were activists-volunteers.

Interviewers received a 4 day training in psychosocial awareness, approaches, and assessment methodologies.

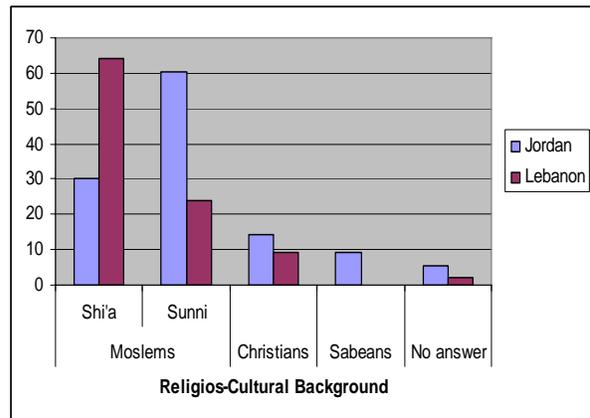
During the training, the assessment tools were re-elaborated for cultural sensitivity reasons, the knowledge of the caseload, and the logistic constraints suggested by the interviewers. Moreover, the interviewers received a one-day debriefing on the assessment's provisional results, and their comments on the results were included in the outcome of the research.

## Sample

### Ethnicity

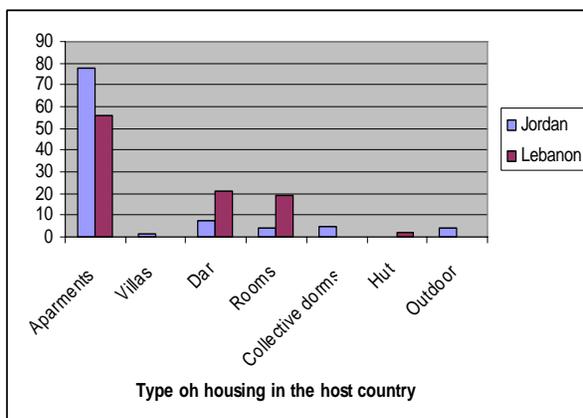


### Cultural and religious background



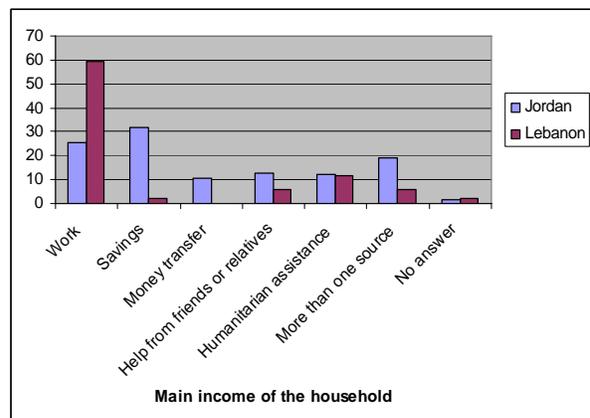
No answer: 5.5% in Jordan, 1.9% in Lebanon

### Type of housing



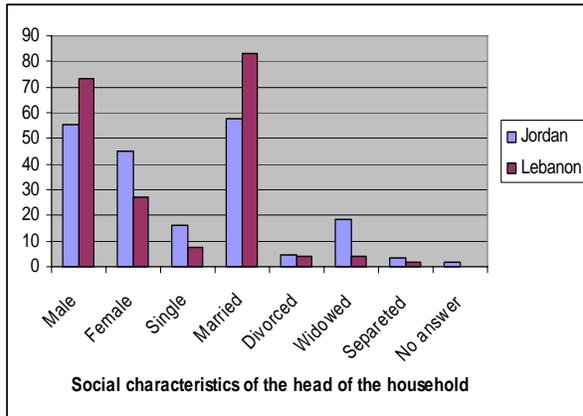
No answer: 8% in Jordan and 2.5% in Lebanon

### Main income of the household

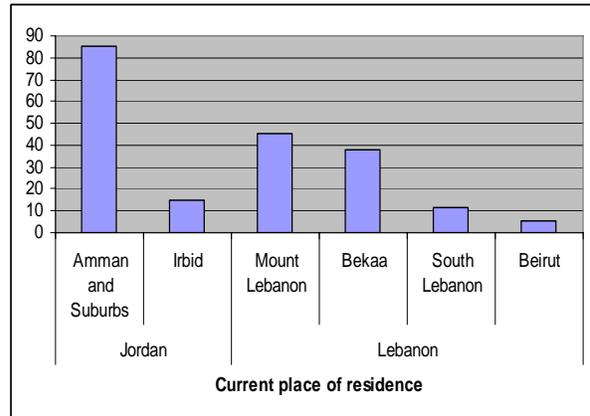


5.6% in Jordan and 19.3% in Lebanon indicated more than one source of income

### Social characteristics of the head of the household



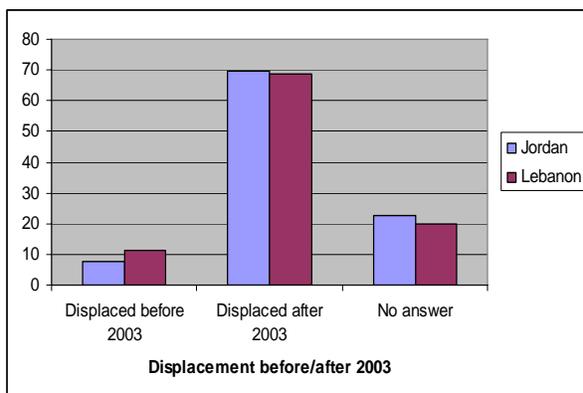
### Current place of residence



### Original place of residence:

In Jordan, 77.6% of the respondents were previously living in Baghdad; other answers included Babel, Karkouk, Mosel, Karbala, Salah el Dine, Erbil, Al Mouthanna, Waset and Sulaymania. In Lebanon, 50.9% of the respondents were living in Baghdad, others were living in Basra, Karbala, Diwaniya, Najaf, and Dayala. Missing answers were 12.0% in Jordan and in Lebanon.

### Displaced before/after 2003





**The General Situation of Iraqis in Jordan and  
Lebanon, Including Statistics, Migration Rules, Basic  
Needs and Services in the Literature**



## **The current situation of Iraqis displaced in Jordan and Lebanon**

The movement of population from Iraq has occurred over the past four years and a half: it became massive after the bombing of the holy Shi'a Al Askaraiyya shrine in Samarra in February 2006. As a result, sectarian violence, the civil war, instability, and absence of the rule of law in the country, have forced hundreds of thousands of Iraqis to seek refuge in other governorates within the country and in bordering countries. Among them, more than two millions are split evenly between Jordan and Syria, tens of thousands managed to reach Lebanon and even farther countries as Egypt and Yemen<sup>11</sup>, while Saudi Arabia and Kuwait have barred all Iraqis from entering<sup>12</sup>. Few displaced Iraqis are known to have found refuge in Iran (which is hosting around 60,000 Iraqis) and in Turkey.

## **Displacement under Saddam Hussein's regime**

Iraqis who are currently fleeing chaotic violence crossing into Iraq's neighboring states are likely to have experienced previous internal displacement under Saddam Hussein's regime, and following the "Operation Iraqi Freedom", in 2003. This assumption, which is established in relevant literature, is not confirmed in this assessment. Nevertheless, it can be useful to look at the Iraqis' history of displacement, especially at the situation of Iraqi internally displaced people today as they are encountering a series of problems similar to the ones encountered by the Iraqis who are fleeing abroad.

## **Internal displacement following the "Operation Iraqi Freedom"**

During Saddam's regime, from the Seventies until the Nineties, an arabization campaign forced the displacement of tens of thousands of ethnic minorities living in the North, including Kurds, Turkmen and Assyrians, and their replacement by Arabs. Arabs were offered free land and houses as incentives to move to the region. Often land and houses belonged to the evicted populations.

Since the beginning of the "Operation Iraqi Freedom" in 2003, many families subject to the Arabization campaign went back to their original territories to claim their property back. This led to the displacement of the inhabitants of these properties, or the displacement of the claimants, whenever they could not get their properties back.

However, the highest occurrence of displacement of population occurred as a result of military operations, the rise of crime, and general insecurity.

From 2003 to 2005, many of the displaced were moving temporarily to avoid war zones, since February 2006, the bombing of the Samarra Al-Askari Mosque and the consequent dramatic escalation of sectarian violence have drastically changed the dynamics of Iraqi displacement. Since then, people have primarily fled threats and violence targeting their religious and ethnic

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<sup>11</sup> <http://www.globalsecurity.org/wmd/library/news/iraq/2007/07/iraq-070701-irin02.htm>

<sup>12</sup> HRW, April 2007

identities, in addition to the generalized crime and continued military offensives.

The scale of displacement also deteriorated: while 402,001 persons were displaced in the period between 2003 and the end of 2005, the estimated number of the displaced since February 2006 is almost 1,270,000 individuals<sup>13</sup>. Significantly, fewer Iraqis were displaced in 2007 than were displaced in 2006, suggesting that internal displacement in Iraq has slowed. However, while some have returned, they constitute a minimal percentage of the displaced. Moreover, new displacement continues to occur in some locations. The humanitarian situation is worsening, as many have been displaced for nearly two years and such prolonged situation has exhausted their finances, as well as the resources of the communities that are hosting them. IDPs' situation is further exacerbated by the deterioration of Iraqi infrastructure, including nationwide shortages of fuel and electricity and widespread lack of basic services<sup>14</sup>.

### **External displacement following the “Operation Iraqi Freedom”**

Since the beginning of the 2003 war in Iraq, hundreds of thousands of Iraqis have fled their country, seeking refuge mostly in bordering states.

Syria, Jordan and Lebanon found themselves in the position of hosting countries because of their geographical location, and the presence of Iraqi diaspora. Because most Iraqis displaced in the Middle East region are illegal, there are no precise statistics and few official figures.

Syria and Jordan have been by far the most generous countries in hosting Iraqis. Syria has received 1.4 million displaced Iraqis, who constitute around 7% of the population<sup>15</sup>. In Jordan estimates fluctuate between 450,000 and 750,000, which means that displaced Iraqis would constitute between the 8% and 10% of the total population<sup>16</sup>. According to estimates, between 20,000 and 50,000 Iraqis are currently displaced in Lebanon: while it is a relatively small number compared to Jordan and Syria, it must be noticed that it adds to the number of Palestinians who sought refuge in Lebanon, who amount to 400,000 according to UNRWA.

The three countries are not signatories to the 1951 Refugee Convention and do not have a refugee law nor asylum procedures. Despite that, until recently they have been generally tolerant of the large numbers of Iraqis crossing their borders and staying in their territory. Since the beginning of 2006, restrictions on visa requirements for Iraqis have been declared or already enacted in Jordan and in Lebanon, as well as in Syria. Because of the strain on resources caused by the massive influx of Iraqis in those countries, such visa restrictions are considered by the respective governments as a necessary measure to curb population flows.

From a general point of view, a remarkable feature of the Iraqi refugees' crisis is that it is essentially an urban one. Iraqis are scattered in urban areas, mainly in big capital cities as Damascus, larger Beirut, and Amman. They may congregate in certain areas, but, unlike camps, their spaces are not set off from the larger society. Most Iraqis seem to have settled within local

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<sup>13</sup> See IOM, 2008.

<sup>14</sup> For further information on psychosocial needs of Iraqi IDPs, see IOM, 2006a.

<sup>15</sup> Of a total population of approximately 20 million (2007) according to UNFPA, 2007.

<sup>16</sup> Iraqis in Jordan are between 500,000 and 750,000 according to Jordanian authority estimate as reported in UNHCR, 2007 The latest report issued by Fafo Institute brings down the number of Iraqis to 450,000, but this estimate did not raise much consensus.

communities, where they may either be living with families or renting their own accommodation, often in overcrowded and unhealthy conditions.

Also because of the urban, scattered character of Iraqi displacement abroad, information about psychosocial conditions of displaced Iraqis is often partial and anecdotal, particularly because of the difficulty in accessing and survey large portions of the Iraqi community distributed in many different areas. Moreover, one has also to take into account the different patterns of limitations and opportunities offered to Iraqis that each hosting country presents<sup>17</sup>.

### **Migration rules**

The complicated bureaucratic procedures related to legal migration, and the volatility of the legal status are among the main factors producing stress within the Iraqi communities displaced in Syria, Jordan, and especially Lebanon. The above factors have a negative impact on people's capacity of to integrate, plan for the future, and socialize. It is therefore important to look at each hosting country's different procedures.

#### *Syria*

Syria used to allow all Iraqis to stay for six months without a visa, but its open-border policy has changed since 10 September 2007, when new pre-entry visa restrictions were imposed on all Iraqis wishing to enter, with a few exceptions for certain professional categories, such as academics and businessmen. Iraqis wishing to enter Syria are now required to apply for visas at the Syrian embassy in Baghdad, but many are reportedly unable or unwilling to travel to the capital, mainly because of security concerns<sup>18</sup>. In Syria, most Iraqis are illegally overstaying their visas, but until now, this has been quite tolerated by the Syrian government.

#### *Jordan*

Before 2006, Iraqis needed only a valid passport to enter Jordan, on which they normally could have stamped a one-month visa, although visa denial and *refoulement* at the border had been frequently reported, especially to the detriment of Shi'a Iraqis. Iraqis could also renew their visas by briefly leaving and re-entering Jordan—most commonly across the Syrian border, but also to Iraq.

After the 2005 hotel bombings in Amman, visa practices towards Iraqis drastically changed. Jordanian border officials began issuing Iraqis only two- or three-day visas at the Syrian border, and rejecting more Iraqis at the Iraqi one. The visa-renewal route of crossing into Syria and back, while not entirely closed, made most Iraqis almost immediate over-stayers shortly after re-entering Jordan. This restriction in the border entry procedure allows into the country only those with residency permits or invitations for medical or educational purposes.

Following several announcements made by Jordanian government officers, it should be imminent the introduction of a new visa restriction for Iraqis, requiring that visas will be issued before arrival at the border, through an application process that will be handled in Iraq by Iraqi private firms. Further details were still unclear at the time of writing this report.

On the other hand, the Jordanian government decided on 14<sup>th</sup> February 2008 to exempt Iraqi

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<sup>17</sup> DRC Report, 2007

<sup>18</sup> BBC News, 2007.

nationals wishing to leave the country permanently from accumulated residence fines, while Iraqis wishing to stay in Jordan will be enabled to rectify their residency status within two months and would have their fines slashed by half. This could allow at least Iraqis to regularize their staying in Jordan.

### *Lebanon*

In order to enter Lebanon on legal basis, Iraqis must apply for a tourist visa. They must apply at the Lebanese embassy in Baghdad or at the Hariri international airport of Beirut. If the latter is the case, Iraqi nationals must each present 2,000 US dollars in cash, a non-refundable return ticket and a hotel reservation. Tourist visa can be extended once for three additional months. Since Iraqi nationals can not get a tourist visa at the Lebanese-Syrian borders, most of them entered Lebanon illegally, often assisted by smugglers. Those who legally entered the country very often become illegal once their initial visa expires, due to the strict conditions to regularize their status.

In order to regularize their stay, Iraqis, who are illegal, must register with the General Security, pay a fine of about 635 US dollars, and obtain a work contract for a minimum period of six months with a Lebanese employer, and a residence permit<sup>19</sup>. Moreover, in order to keep the legality of the status, one must pay an annual fee with its value depending on the kind of job, with the lowest amount being the equivalent of 267 US dollars. Additionally, there are categories of work permits, which do not allow the holder to obtain a residence permit for the other members of his/her family. In the last weeks, the Lebanese government granted a moratorium period of three months to Iraqi asylum seekers to regularize their status. While the decision of the Lebanese government has to be praised, it does not recognize the majority of Iraqis in Lebanon, who never registered with UNHCR. It is still not clear how many Iraqis will actually regularize their status in the given period.

### **Iraqis in Jordan: their situation and needs according to literature**

The number of Iraqis displaced in Jordan has been the object of many estimates: figures are still fluctuating between 450,000 and 750,000 persons, this means that displaced Iraqis would constitute 8 up to 10 per cent of the total population of Jordan.

According to the survey carried out by the Norwegian Research Institute Fafo, in cooperation with the Department of Statistics in May 2007, the displacement of Iraqis to Jordan is predominantly a migration of families, arrived mostly after 2003, with the highest volume of movement of population taking place in 2004 and 2005.

The survey showed that the vast majority was Sunni Muslims constituting 68% of the surveyed Iraqi community, 17% were Shi'a Muslims, and 12% were Christian. According to the same study, the majority of the Iraqi community in Jordan has originally come from Baghdad. This demographic ratio reflects the geographic pattern of violence and insecurity in Iraq, especially

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<sup>19</sup> The residence permit can be obtained by showing the General Security the passport, the work permit, the certificate of 1,000 US dollar deposit made by the employer with the Housing Bank, an insurance policy and a medical certificate showing that the applicant has not HIV/AIDS.

when one takes into account that the largest volume of Iraqi migration into Jordan took place in 2005, according to the Jordanian border authorities.

### *Legal status*

The population of Iraqis in Jordan is almost exclusively urban and hence most of them can benefit from the infrastructures in the capital city of Amman and other large cities. Nonetheless, Iraqis are facing day by day multiple constraints, starting from the lack of a clear legal status. In fact, as a result of the tightening visa policies, most Iraqis are in an irregular situation in Jordan; Fafo survey reports that 22% of the poorest section among Iraqis surveyed and 56% of the Iraqi community overall have valid residency permit<sup>20</sup>.

The irregular status for many Iraqis is a big stressor added to the already intense psychological pressure resulting from displacement and economic shakiness. Many Iraqis are fearful of being arrested by Jordanian police and security forces for overstaying their visa, with a forced return to Iraq as the most dreaded potential consequence. This is having detrimental effects of the socialization of people.

### *Employment and economic constraints*

Since the great majority of Iraqis are considered by Jordan authorities either as “guests”, “temporary visitors,” or “illegal aliens”, they are not allowed to work and must live in Jordan out of dwindling savings, remittances from relatives in Iraq or abroad, or depending from illegal employment, and therefore exposed to labor exploitation<sup>21</sup>.

The lack of employment opportunities for Iraqis is among the main causes of the deterioration of their economic situation. In Jordan, most Iraqis displaced appear to attempt to meet their daily living costs – including food and housing – using their savings or by relying on financial support from friends or relatives. According to the report presented by Fafo, the majority of the Iraqi families surveyed are living on transfers from Iraq (42%) as well as from transfers from abroad or within Jordan. On top of that, 20% of Iraqi families are female-headed, and often from the poorest segment of the population.

As a direct consequence of such an economic situation, all reports and surveys stress the increasing difficulty for many Iraqis in affording the cost of suitable housing, health care and education services.

### *Housing*

Displaced Iraqis live mostly in and around Amman. Although there is a percentage of Iraqi families who own the flats and houses they live in, in decent districts around West Amman (25%, according to Fafo survey), the majority of Iraqis is living in rented houses. Many of these flats are marginal housing in high-density neighbourhoods, mainly in the Eastern part of the city. In order to afford spiralling rents, an increasing number of Iraqi families is compelled to share apartments or even rooms, overcrowded accommodations that are often lacking of proper ventilation, electricity or water. The general rise in prices which is affecting Jordan is severely

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<sup>20</sup> Fafo, 2007.

<sup>21</sup> Ibid.

affecting many Iraqis in Jordan, as only a reducing part of them is still able to pay the higher housing prices, while many Iraqis are struggling even harder to meet the high rent payments.

### *Education*

Until the last academic year, enrollment in public schools was restricted to those holding a residency permit. Not being residents, and not being able to afford the high costs of private schools, the vast majority of Iraqi families in Jordan could not send at all their children to school. Fortunately, the Jordanian government decided in August 2007 to allow Iraqi displaced children to attend public schools regardless of whether their parents are residents or not. As of mid-September 2007, approximately 22,000 have registered for the new academic year.

Despite such efforts, there is still a wide range of obstacles facing Iraqi children who want to be enrolled and attend school actively. The infrastructure is insufficient, since Jordanian schools are often overcrowded, and they suffer of a lack of teachers. Another factor hindering the participation of displaced Iraqi children in school is the lack of official documentation issued to children by their Iraqi schools. This paperwork is a requirement for registration in public schools. Moreover, having been out of school for more than two years, many children are not admitted into school or placed in lower grades than their original ones in Iraq. Further, it is understood that even if their children are accepted to school, many Iraqi families cannot afford books and uniforms, or transportation to reach school. There is growing evidence that the deteriorating economic situation of Iraqis is forcing many youths to leave school and seek menial jobs in order to supplement the family's meagre income<sup>22</sup>.

### *Medical needs*

Similar to the situation of education, Iraqis have only limited access to health care facilities. Jordan's public healthcare system is state-subsidized, but unfortunately, the public healthcare system is overburdened and provides only basic care. Also for this reason many Jordanian citizens are enrolled in a national health insurance program not open to foreigners, who must rely on private insurance to cover healthcare costs.

Private insurance is expensive and frequently excludes costly treatments and surgical operations. The high cost of health insurance compels most Iraqis not to use it, operating on a pay-as-you-go basis for most health care. Still, since they lack insurance, many Iraqis are not able to cover even the state-regulated fees.

According to the Jordanian authorities, Iraqis can benefit from emergency health care regardless of their legal status. However, to receive further treatment in public hospitals they need to be residents. For this reason, the majority of Iraqis rely on private hospital whenever they can afford to pay, as Fafo report highlights<sup>23</sup>. The help provided by international and national humanitarian agencies has proved until now not to be enough to address the needs for treatment of many Iraqis, who are suffering from serial illnesses as well as from war-related injuries and traumas.

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<sup>22</sup> See also UNHCR, 2007

<sup>23</sup> Fafo, 2007.

Chronic illnesses are a serious health concern for many Iraqis. The Mercy Corps/CDC study found that 231 out of the 372 Iraqis surveyed (62%) reported having health problems, the overwhelming majority of which are chronic ailments (blood pressure, diabetes, arthritis, and heart problems)<sup>24</sup>.

### **Iraqis in Lebanon: their situation and needs according to literature**

Estimates vary between 20,000 and 50,000 Iraqis currently displaced in Lebanon, it is a relatively small number compared to the ones in Jordan and in Syria.

Almost 80% of Iraqis are living within the governorate of Mount Lebanon, with much smaller proportions in the Bekaa valley, and in towns and villages in southern and northern Lebanon<sup>25</sup>.

According to the Danish Refugee Council's 2007 survey, the majority of Iraqis in Lebanon are Muslim Shi'a, followed by Catholic and Muslim Sunni<sup>26</sup>.

Almost all Iraqis displaced in Lebanon have come through the Syrian territory (68% according to our research), as Syria had left its borders substantially open until October 1 2007. In interviews with Human Rights Watch, displaced Iraqis gave a variety of reasons for choosing to seek refuge in Lebanon, as opposed to Syria: better economic conditions in Lebanon, shorter waiting times for registration at UNHCR office in Beirut than the UNHCR office in Damascus. Finally, Iraqi Christians, who make up less than 3 percent of the population in Iraq but around 20 percent of all Iraqis displaced in Lebanon, often cited the relatively secure position of the Christian community in Lebanon as one of their reasons for going there.

According to UNHCR, in January 2008 there were 601 Iraqis in detention mostly for illegal entry or for overstaying their visas. Many are held in prolonged detention after the completion of their sentence.

As a common practice, Iraqis imprisoned for illegal entry or illegal stay are released only when they agree on being returned to Iraq. This has become the sole way to avoid prolonged detention. Based on an interview with the Iraqi Embassy in Beirut, around 160 Iraqis have been returned to Iraq since December 2007 up to the end of January 2008, including detainees who completed their sentence and non-detainees. It is not clear how the decision of the government to grant in February 2008 a moratorium period of three months to asylum seekers, in order for them to regularize their position, will be received by the Iraqi community. For sure, it brought to the release of the ones among the 601 detainees, who had been detained on the basis of illegal entry or overstay only.

#### *Housing*

According to the Danish Refugee Council's 2007 Survey, almost 8 Iraqis out of 10 live in rented houses, which in 80% cases have one or two rooms only. More than half of the Iraqi families surveyed are able to pay rent on a monthly basis, and 22% are living in free housing.

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<sup>24</sup> Mercy corps/CDC, 2007.

<sup>25</sup> Danish Refugee Council, 2007.

<sup>26</sup> Danish Refugee Council, 2007. The Iraqi population surveyed amounts to 2033 individuals: 51% are reported as Muslim Shi'a, 19% as Chaldean Catholic and 12% as Sunni Muslim.

## *Education*

The Danish Refugee Council' survey indicates that a sizable number of Iraqis under 18 has educational needs, as around 42% of the underage sample surveyed did not complete the elementary level.

A large number (40%) of children and youth between 6 and 17 do not enroll in school, due mainly to two reasons: the high cost of enrollment, and the need for children to help the family in earning a living. The fear to move around without proper documentation is another reason for keeping Iraqi youth away from school.

While the male/female ratio of enrollees is balanced for the 6-14 years age group, it drastically changes in the 15-17 years age group, with almost 54% of female enrollees compared to 35% of male ones. This is due to the higher participation of boys compared to girls in the workforce at this age.

## *Medical Needs*

More than 6 Iraqi households out of 10 have to fully cover the cost for treating acute conditions and chronic illness. The most frequently reported chronic problems are diabetes and hypertension, asthma, digestive system, and heart diseases. According to the Danish Refugee Council's study, NGOs and charity institutions provide full coverage for 24% of cases needing acute care, 24% of cases suffering from chronic illness, and for the majority of natal care cases.

The DRC survey shows that only 14% of Iraqis out of 2,471 surveyed individuals sought health care in the past three months preceding the study.

## **General services offered to Iraqis displaced**

Both in Jordan and Lebanon Iraqis benefit from different kinds of assistance offered by governments, IOs, and NGOs. There are services generally provided to the whole community that are also open to the Iraqis, while there also activities specifically designed to address Iraqis' needs.

### **In Jordan**

In Jordan, displaced Iraqis benefit from a general provision of services such as:

- *Protection and counseling* provided by JWU (gender-based violence).
- *Social assistance* through community centers from Caritas, Mercy Corps, CARE, Terre des Hommes.
- *Educational assistance* provided by Relief International, QuestScope and Save the Children.

On another hand, specific services for Iraqis include:

- *Recreational and educational activities* for children and youth (catch-up learning classes, computer courses, English courses, vocational trainings painting activities, life-skills classes) run by Relief International, CARE, QuestScope and Terre des Hommes.
- *Financial support* for Iraqi families through the payment of education fees.
- *Medical support* provided by Caritas through the Italian Hospital.
- *Individual counseling* provided by CARE.
- *Material assistance* from Red Crescent, Caritas, Terre des Hommes, IRC, CARE.

General services offered to Iraqis displaced in Jordan

<b>Sector</b>	<b>Organization</b>	<b>Current Provision</b>
Education	Relief International	Non-formal education; Catch-up learning
	QuestScope	Non-formal education
	Save the Children	Non formal education; Catch-up learning; Education support; Training of teachers
	Caritas	Education support
	UNICEF	Education Support
	Mercy Corps	Transition to education
	IRC	Through QuestScope non-formal education
Recreational Activities	Relief International	Trainings
	Care	
	QuestScope	
	Terre des Hommes	
	Save the Children	
	World Vision	Safe spaces for children
	Mercy Corps	Vocational trainings; Life skills
Medical Service	Caritas	Medical assistance in-patient and out-patient
	IFRC	Primary health clinics
	Noor Al Hussein Foundation	Reproductive health care services ; Pediatric unit
	Jordanian Red Crescent	Basic health care clinics
	IRD	Primary health services : clinics and mobile outreach teams
	Medecins du Monde	medical assistance for severely injured and traumatized Iraqis
	IMC	
In-kind assistance	Jordan Red Crescent	Distribution of food and non-food items
	Caritas	
	Terre des Hommes	
	IRC	
	UNHCR	Cash assistance
	Mercy Corps	Distribution of food and non-food items ; Cash assistance
	Care	Distribution of non-food items; Cash assistance
	ICMC	through Caritas, distribution of food and non-food items
Legal aid	Mizan; Noor Al Hussein Foundation; Jordanian Women Union; NCHR; Alliance Centre	

## **In Lebanon**

There general services in Lebanon from which Iraqis are also benefiting from. Organizations are providing:

- *Protection and counseling* provided by the gender-based violence cluster led by UNHCR.
- *Medical support to prisoners* rendered by Médecins du Monde.
- *Social and in-kind assistance* from Caritas, MECC and the Social Development Centre.
- *Legal aid to refugees and asylum-seekers* provided by UNHCR together with Caritas and in coordination with the Bar Association's Legal Commission.
- *Rehabilitation for victims of torture and individual counseling* offered by Restart.

On the other hand, there are also specific services targeting Iraqis in Lebanon including:

- *Recreational and educational activities* for children and women (painting and sculpture activities, summer camps, workshop on medical and social issues) run by NRC, Save the Children-Sweden, Amel Association, Arc-en-ciel and the Chaldean Charity Association.
- *Health services* provided by IMC and *legal assistance* offered by Hakim House Organization.

General services offered to Iraqis displaced in Lebanon

<b>Sector</b>	<b>Organization</b>	<b>Current Provision</b>
Education	NRC	Catch-up learning
	Save the children	Educational support for Iraqi children
	Chaldean Charity Association (CCA)	Remedial classes for Iraqi children
	Amel Association	Remedial classes for children
	Caritas	Nor formal education
Recreational Activities	Amel Association Arcenciel	Children focus group; Collage activity; Awareness session; Painting Class; Drama Class
	NRC	Recreational for children, youth and adults
	Caritas	Workshop for women; Summer camps
	Save the children	Summer camp; Painting and sculpture activities
Training and Awareness	NRC	Parent-community activities; Teacher-training in local schools to boost local capacity to effectively address the needs of displaced Iraqis living in Lebanon; Vocational training; Awareness sessions for women
	Amel	Vocational trainings for Iraqi women
	Caritas	Vocational trainings for young adult who drop out of schools
Medical Service	International Medical Corps	Primary health care; Outreach health care services; Assistance to vulnerable Iraqis with disability; Promotion of health education; Provision of health related items
	Caritas	Medical support in-patient and out-patient Provision of medicines; Assistance to prisoners
	Medecins du Monde	Assistance to prisoners
	Amel	Medical consultations and primary health care services
Counseling	Restart	
In-kind assistance	Caritas	Shelter for female-headed households; distribution of food and non-food items; primary, lower secondary and secondary tuition and expenses for school
	CCA	Distribution of condoms
	Mecc	Distributions of condoms
Legal aid	Caritas	



# **Mental Health and Psychosocial Attitudes, Services and Perceptions in the Surveyed Region**



## **Mental health and psychosocial provisions within the Iraqi community<sup>27</sup>**

As professor Al Jadiry<sup>28</sup> clearly describes, “Mesopotamian cultures, including Babylonian and Assyrian, had knowledge of mental diseases”<sup>29</sup>. At that time, mental health was, as in all kinds of medicine, part of magic disciplines. All kinds of diseases were attributed to the presence of ghosts and bad spirits in someone’s soul. With the advent of Islam, the therapeutic interventions were still following the same path but religion and the “book” started to play a major role in the healing process. This was adopted by Sufi healers, and to the Sadi and Sadije healers, who use Koran’s verses and herbal medicaments as therapeutic tools.

In the 19th and 20th centuries, traditional and religious healing and medical science became two different realms of intervention, with the medical assuming an official role, and the traditional healing playing a hidden but somehow stronger role. Prior to these times, medicine was strictly linked with spirituality, religion, traditional cultures and there was no distinction between physical and mental health. After that, the medical was separated from spiritual, and mental health and physical health started to be considered as two separate domains of intervention.

Today, traditional healing is still widely practiced in Iraq. There are experts in herbal remedies who treat mostly physical problems through natural remedies, and, in addition, there are:

1. Sadi families, who treat psychological, neurological, genitor-urinary diseases through use of the Koran’s verses and referring to Paradise’s Keys and Talassm. They use Acupuncture, Al Alag, and other remedies. They belong to the Sh’ia community. The color green has a particular value in their healing processes.
2. Sheik or Elderly. They too treat psychological, neurological, genitourinary diseases using the Koran, special diets and herbs, and refer to the knowledge of the elder Sheik. They use rituals as Dirbasha (self-harm), Al Azar (trance status through constant repetition of the same verses) and Ajmalija (verses and stamps) during the healing process. This knowledge is passed through specific training rituals called Tareka. The elderly belong to the Sunni community.
3. Quack or conjurer. They are less associated with faith, and more related to white and black magic. They treat a wide range of psychological and neurological diseases and dysfunctions. They deal additionally with horoscopes, fortune telling and sexually related problems, particularly with infertility. They are spread throughout the country, are the most popular, and consulted among the healers. The Quack that were met with during IOM assessment of “Psychosocial Needs of Iraqi IDPs Communities”, reported receiving more than 600 clients per week. They use blood, fecal material and urine during the healing process and their methodologies are the most questioned by scientific and religious community.

Psychiatry as a separate medical subject was established in Iraq by the Austrian psychiatrist and university professor Hoff in the late thirties. Until the fifties, all psychiatric cases were referred

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<sup>27</sup> Information included in this paragraph are extracted by Al Jadiry, 2003; Medact 2003, IOM 2005, and updates received by national stakeholders.

<sup>28</sup> Al Jadiry, 2006.

<sup>29</sup> IOM, 2005.

to National Psychiatric Institutions. In the seventies psychiatric units were opened in the general hospitals of Baghdad and other provinces and the training switched to UK models. Nowadays, two Mental Health Hospitals are available in Iraq, both located in Baghdad. In 2005, 10 Psychiatric Wards and 20 psychiatric outpatients departments were active throughout the country. However, the brain drain of mental health professionals of the last years may have reduced the already limited capacity of such services.

As for psychological models, they have never been common in Iraq, where psychology is a subject attached to the Department of Education. During Saddam's regime, and especially since the embargo, the development of psychiatrists and psychological sciences came to a halt. Nonetheless, counseling centers existed in Baghdad and Basra, and a Psychological Research Center still exists in Baghdad. Still, they all served an urban and intellectual clientele. Some years ago, two Psychosocial Education, Treatment and Counseling Centers for Children, were established in Erbil and Dohuk by the Swedish NGO Diakonia, and can be considered a best practice to be reproduced. In addition to governmental initiatives, a number of so-called psychosocial projects have been implemented after 2003, as part of the emergency relief services. Their approaches were never harmonized.

We can conclude that in Iraq psychological suffering, which is not pathological or socially unacceptable, is disregarded and mainly perceived as a spiritual issue. Only when the suffering brings about behavioral and societal dysfunction, a mental health professional may be consulted. This leads to the stigmatization of mental health clients and the lack of referral to mental health professionals, since mental health is related to pathology and social dysfunction only.

The same trend can be noticed among the Iraqi community displaced in Jordan and Lebanon. Among all families interviewed during the assessment, only 5 individuals referred to counseling services, in multifunctional centers. Moreover, only two among the interviewed individuals in Jordan consulted a traditional healer for what they referred to as spiritual suffering. In both countries, 83% of the respondents refer directly to God or religion to alleviate their psychological discomfort.

This matter has been made worse for displaced Iraqis due to the absence of traditional healers and religious leaders abroad. Due to religious beliefs and their role in the community, traditional healers and religious leaders are unlikely to leave Iraq. Even if they do, security, logistical and other constraints may prevent them to practice in the host country. Therefore, they are not available in such contexts outside Iraq.

All the above-mentioned circumstances bring about a situation where Iraqi cannot refer their psychological suffering to traditional healers, given the unavailability of such services. They cannot refer either to mental health professionals, due to the coincident action of cultural beliefs and un-accessibility of the services provided in the host countries. This latter is due to poor quality of services (especially in Jordan), their costs, and discrimination against non-nationals.

## **Mental health and psychosocial provisions in Lebanon**

Mental health services have existed in Lebanon since the 1920s. For more than half a century, a group of extremely well equipped professionals in various domains of mental health has been active in the country. Currently 48 psychiatrists, more than 200 psychologists (136 of whom are registered at the Lebanese Psychological Association), approximately 1000 social workers, social animators and educators for people with special needs and 39 psychoanalysts (grouped in three Psychoanalytical Associations), are available in the country.

Psychiatric and psychological services are also reasonably well developed. Two psychiatric institutions (with a total of 900 beds) and 5 inpatient and outpatient departments in hospitals are available in the country, 5 of them in Beirut. Moreover, private psychological services are offered by many private structures.

In addition to professional associations, several others are active in the mental health and psychosocial field, most of them at a central level. The ones listed below are of particular relevance:

**IDRAAC.** A research and network organization, which includes psychiatrists, psychologists, nurses and social workers. In particular, they are currently studying the impact of war in the spread of Chronic Impulse Control Disorder among children. Their approach is medical and psychiatric-biological.

**APEG.** It is a network of psychiatrists, psychologists and social workers, specializing in working with children affected by war traumas. Established in 1996, following the first Qana massacre, it has branches in Tyr, Nabatyeh and Beirut. Their approach is mainly dynamic-psychoanalytical, but they are opened to several other methods.

**Let the Children Play.** It is a network of different organizations and individual professionals created in response to the prolonged years of conflict in Lebanon. The network was established in 1996, to counterbalance the mainly clinical and medical approach that had characterized the early steps of the design of the national strategy for psychosocial interventions after the last war.

Regardless of the availability of services and professionals, according to all the experts interviewed, mental health, psychological counseling and psychosocial support are domains mostly confined to urban and intellectual environments (mainly in Beirut), while the majority of the population tends to disregard psychological suffering or to refer it to the spiritual and religious spheres only.

Contrary to common Middle Eastern practices, traditional healing does not seem to play a major role in responding to mental health needs in Lebanon. However, in Sh'ia communities, especially the rural ones, the *Elderly* or *Sheiks* often play a counseling role.

Most of the services and of the individual practitioners quoted above are based in Beirut, Mount Lebanon and the North.

In general, it has to be stressed that the health system in Lebanon, including the mental health one is privatized. Most of the services are therefore not available to everyone, but only to payees.

There are six university departments of Psychology in Lebanon at the Lebanese University (LU), the University of Balamand, the American University of Beirut (AUB), St. Joseph University (USJ) and the Lebanese American University (LAU).

Several governmental and non-governmental trainings have being made available to social workers, psychiatric nurses, general doctors and teachers in the last years, as part of the post war and early recovery interventions, mainly dealing with early diagnosis and psychosocial approach. However, the quality and the content of such trainings are different and they have never been harmonized.

In the years 2007-2008 IOM conceived, in partnership with the Lebanese University, the Lebanese Ministry of Social Affairs (Higher Council for Childhood) and UNICEF, an Executive Masters program in "*Psychosocial Animation in War Torn Societies*". The Master's curriculum focused on the use of community reactivation strategies and tools, group and individual counseling, and art therapies and models in war torn societies and conflict-driven displacement. 30 professionals, who were selected for their strong background and experience in the field among 180 applicants, will complete their Master at the end of April. They belong to different cultural-religious groups, and come from different backgrounds (Psychology, Public Health, Social Work, Education, Arts, Theatre, and Nursing). They can act as a think thank and intervention group for psychosocial activities in the region.

### **Mental health and psychosocial provisions in Jordan**

Until the late fifties, the only available psychiatric hospital in the region was in Bethlehem. In 1966, a department of psychiatry was established within the main military hospital, in Marka, Amman. A graduate training program was implemented. Up to today, several psychiatrists are active within the Army.

In 1967, when the West Bank fell under occupation, the need arose to establish a National Psychiatric Center. This only took place twenty years later, in 1987. The centre has 300 beds, and since 2003, 46 beds were added at the centre for the treatment of drug addiction.

Today, there is also a private psychiatric hospital, in Amman. The hospital can accommodate 70 in-patients, but it lacks specialized professionals who can take care of traumatized children, hence it does not receive minors.

Few years ago, a new psychiatric unit (30 beds) was established within the new university hospital at the University of Science and Technology, where undergraduate and graduate programs were being offered.

According to Dr. Adnan Takriti<sup>30</sup>, and to the recent ICMC report<sup>31</sup>, there are 26 active psychiatrists in Jordan, mainly working in private clinics, and 12 working for the army.

Trends in psychiatric treatments in Jordan have run parallel to those in Britain, largely because many of the country's psychiatrists have been trained in Britain since the early 1960s. Accordingly, as Dr. Takriti states, "tricyclic antidepressants, monoamine oxidase inhibitors and conventional neuroleptics were used. More recently, since the late 1980s, the new generations of antidepressants and novel antipsychotics have been extensively prescribed. Mood stabilizers, including lithium and various anticonvulsants, are available. Electroconvulsive therapy, abreactive techniques and hypnosis are also used".

Psychotherapy is also available in Jordan, but practiced only by a limited number of psychiatrists. They generally adopt a cognitive-behavioral approach, which is alien to Jordanian local culture.

The country is in serious need for professionals and for specialized training courses in psychology. According to ICMC study, in fact, clinical psychologists are impressively few, numbering between 3 and 5. Presently, this gap can be hardly covered by the existing university trainings. There is a small Department of Psychology at the University of Jordan, which counts five faculty members (2 of which are clinical psychologists). The department has an undergraduate program with 100 students and a graduate program with 10 students only.

The Department of Counseling and Educational Psychology at the Yarmouk University, offers B.A. and M.A. in Counseling Psychology.

The shortage of mental health and psychological services in Jordan is also affecting the capacity of humanitarian agencies to identify and assist the displaced Iraqis in need for counseling or specialized mental health care. For this reason as well, a general and well-established referral system has not been set up yet.

Despite that, several NGOs and organizations are providing some psychosocial and/or counseling services.

### **Psychosocial and mental health services targeting displaced Iraqis**

#### **In Jordan**

- CARE provides psychosocial counseling and rehabilitation activities, mainly to Iraqis, as they constitute 95% of their clients. They have four counseling centers in East Amman, two of which also provide basic psychosocial assistance and counseling. Among its 20 counselors, only three can provide specialized counseling, while the others are mainly working on needs assessment and identification. Counselors can refer the most severely affected cases to Noor Al Hussein Foundation, Jordanian Women's Union and the Family Development Association.

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<sup>30</sup> See Takriti, 2004.

<sup>31</sup> ICMC, 2008.

- Referrals can be done also to 6 practicing clinical psychologists, with whom CARE collaborates. They can provide both intense therapy for Iraqis referred and training for CARE caseworkers and counselors.
- Mercy Corps is offering basic counseling through the Community Development Center (CDC).
- International Rescue Committee is currently carrying out a psychosocial assessment and has planned to employ a mobile unit for basic counseling.
- World Vision is providing basic counseling to Iraqi population.
- WHO have planned training on specialized counseling services in general health care facilities.
- International Medical Corps in the next few months will be begin to offer training on mental health for general health practitioners.

**Psychosocial and mental health provisions for Iraqis in Jordan**

<b>Psychosocial</b>	CARE	Basic and specialized counseling; Rehabilitation activities
	Noor Al Hussein Foundation	Specialized counseling; Community counseling (mobile outreach units)
	Mercy Corps	Basic counseling through Community Development Centre (CDC)
	IRC	Psychosocial assessment
	Jordanian Women Union	Counseling for victims of gender-based violence, provided through their Hotline or in their shelter
	WHO	
	IMC	
	World Vision	Basic counseling

**In Lebanon**

- In summer 2007, IOM offered a training in “Psychosocial Approach and Creative Activities for Displaced Children”, for a group of teachers, animators and social workers working with Iraqi displaced children aiming at developing specific psychosocial curricula.
- In the late 2007, a local NGO, Restart, in partnership with UNHCR established two centers (in Beirut and Tripoli) for the rehabilitation of the victims of torture with the aim of treating physical and psychological trauma and helping Iraqis to adapt to life in Lebanon. It has 1 psychotherapist, 1 psychologist, 1 social counsellor, 1 neurologist for

its multi disciplinary team. It also has speech therapist and psycho-motor specialist. Currently it is serving 110 beneficiaries;

- Restart is implementing the following activities:
  - psychosocial rehabilitation to Iraqis displaced.
  - Multidisciplinary psychosocial support and treatment of displaced women and their families.
  - Training to health professionals.
  - Building a database on Iraqi refugees’ issues in Lebanon and a system of referral and follow up.
- The Norwegian Refugee Council is running psychosocial activities for traumatized children in Bourj el Barajne in Beirut’s southern suburbs.
- Save the Children Sweden is providing psychosocial support for children.

Psychosocial and mental health provisions for Iraqis in Lebanon

<b>Psychosocial</b>	IOM	Training in “Psychosocial Approach and Creative Activities for Displaced Children”, for a group of teachers, animators and social workers working with Iraqi displaced children
	Restart	psychosocial rehabilitation to Iraqi refugees ; multidisciplinary psychosocial support and treatment of refugee women and their families; training to health professionals and building a database on Iraqi refugees’ issue
	Norwegian Refugee Council	psychosocial activities for traumatized children
	Save the Children Sweden	psychosocial support for children



**The Psychosocial Needs of Iraqis Displaced and  
Possible Responses to Them. Results of Interviews and  
Observations**



## Note

While the interviews provided valuable information regarding different regions, communities, neighborhoods, genders, and age groups, for the purpose of this report we will refer mainly to the common trends, which emerged from the interviews. More case-specific information can be derived upon need, and request. It is also obvious that, while a series of common trends can be identified among Iraqis displaced in Lebanon and in Jordan, there are also differences. The chapter below will try to account both common trends and relevant specificities, when appropriate.

### **Psychosocial conditions of the Iraqi families in Jordan and Lebanon**

According to Hertz, the adaptation of migrants to the displacement and the new living conditions passes through three stages. The first phase, *impact*, is characterized by a succession of positive and negative moments. Brief periods of euphoria, self-realization, are followed by equally brief periods of sadness, anxiety, withdrawal, and so on. The second phase, *rebound*, is characterized by delusion, discontent, anger, withdrawal and depression. The third phase, *coping*, is more positive and characterized by feelings of belonging.

The *impact* phase is the most problematic phase for intervention, since it is difficult to understand where individual and families are heading to, and the intervention may not be timely. However, a prolonged *impact* phase requires psychosocial interventions, in order to avoid endemization of the problems. The biggest migration flows between Iraq and Jordan happened in 2005-2006, and the ones between Iraq and Lebanon in 2006. Therefore, most Iraqi families displaced in Lebanon and Jordan, and the large majority of the ones interviewed, have lived for more than two years in the two respective countries. If they were still in an *impact* phase, this would require a timely coordinated intervention.

The *rebound* phase is by far the most important from a psychosocial perspective. Indeed, it is the most painful phase, and it can lead either to coping, or to a problematic stagnation. Therefore, this is the phase in which the psychosocial intervention is most needed.

On the other hand, *coping* represents the phase of integration and well acceptance of the experience.

Most of the interviewed families in Jordan and Lebanon are still between phase 1 (*impact*), and phase 2 (*rebound*), with none found in phase 3 (*coping*), for the majority of indicators.

In Lebanon, out of a total of 53 families, only 8 families are in phase 1 (*impact*) for all four indicators, 11 households are in phase 2 (*rebound*), for all indicators, and an additional 5 were found to be in a phase 2 (*rebound*) in three sectors, while none is in phase 3 (*coping*). Most of the other families are between phase one and two, and very few between phases two and three. This would call for timely psychosocial responses that could help families adapt to the situation.

On the other hand, In Jordan, out of a total of 125 families, 3 families are in phase 1 (*impact*) in all 4 domains. Similarly, 37 households are in phase 2 (*rebound*) on each of the four domains, and additional 11 are in phase 2 (*rebound*) in three domains. None of the households was found in phase 3 (*coping*) in all four sectors. Most of the others families are between phase 1 (*impact*)

and 2 (*rebound*). Therefore, in Jordan the need for psychosocial interventions is even more pressing, since most of the families are in a *rebound* phase, or are reaching that phase.

Observations were noted for the same families in both countries, based on a list of 16 distress indicators. Whenever a member of the family would refer to experiencing one of the indicators, the occurrence was noted.

This led to the following results, which show the incidence of distress factors among the interviewed families.

Distress Indicator	Percentage of families in which at least one of the member experience the distress indicator Lebanon	
	Jordan	Lebanon
Sleep problems	69.7%	59.7%
Nightmares	46.4%	43.5%
Weight problems	56.1%	43.5%
Appetite problems	58.2%	48.4%
Tiredness	76.5%	83.9%
Somatic complaints	43.9%	45.2%
Aggressiveness	36.7%	33.9%
Anger	60.6%	51.6%
Violence	55.1%	40.3%
Anxiety	44.9%	62.9%
Fears	59.2%	62.9%
Death ideas	45.9%	40.3%
Panic attacks	59.2%	41.9%
Hyperactivity	45.9%	54.8%
Learning problems	45.4%	33.9%
Sucking thumb	3.4%	2.6%
	Almost the 50% of families present 8 or more indicators	37 families on 53 present 8 or more distress indicators

The cross analysis of these results shows that Iraqi families are undergoing a period of serious emotional and psychosocial threats. These threats cause widespread distress in the Iraqis' living environment.

While distress is a natural consequence of experiences of war related displacement, and *impact* and *rebound* are indispensable phases of all experiences of displacement, the emerged results call for a timely comprehensive intervention.

Negative feelings and difficult adaptation are not necessarily of clinical or biological concern. In fact, very often they are a demonstration of the capacity of people to judge their predicaments.

Nonetheless, multidisciplinary responses should be envisaged in order to avoid stagnations of the problematic issues that could lead to individual and social pathologies in the long run.

This chapter will try to identify the most-recurrent issues provoking psychosocial problems to Iraqis and envisage possible responses, presenting the most relevant information drawn for the various phases of the research (interviews with stakeholders, interviews with families, direct observations)

### **Understanding of psychosocial needs**

When asked to rank their psychosocial uneasiness in a scale from 1 to 10, all respondents graded their psychosocial uneasiness above 5. In Jordan, the mean was 7.5, while in Lebanon it was 7.8. However, many of them considered 10 not enough to describe the magnitude of their emotional suffering. It is evident that the respondents are aware of their psychological discomfort.

When asked to use traditional words to describe their psychological and spiritual pain, most interviewers used the words “Dayij” (depression), “Ka’aba” (melancholia), “al Zillah” (humiliation), “Kalak” (anxiety), “Inziaaj” (uneasiness), “Ihbat” (frustration), “Khawf” (fears), “Daghet” (pressure), “Ta’ab” (tiredness), “Sadma” (trauma), “Insilakh” (uprooting), “Hasbiya Allah wa ni’ma l wakil” and “Allah y’in”, both refer to the hope in God’s assistance in facing psychological uneasiness.

Most respondents consider these feelings characteristic of the entire displaced Iraqi community, irrespective of the confessional background.

Even though suffering is considered to be a collective problem, respondents indicated that they tend to respond to it individually, or in the close circle of the family.

This tendency is due to the lack of opportunities for socialization, because of economic constraints, difficult adaptation to the new environment, family separation, breakdown of the social network in the country of origin and its absence in the country of destination; as well as, fears of being identified by police (for Iraqis with an illegal or unclear status), and the rare existence of free of charge socialization spaces and events.

This is also due to the reluctance to utilize psychosocial services. In both countries, only 5 individuals probably referred to counseling services, in multifunctional centers. Only 2 among the interviewed individuals in Jordan consulted a traditional healer for what they referred to as spiritual suffering. Traditional healers, whose practices are very popular in Iraq, and religious leaders, due to religious beliefs and their role in the community, are unlikely to leave Iraq. Even

if they do, security, logistical and other constraints prevent them from practice in the host country. Therefore, they are rarely accessible in the host country.

This can also explain why very few of respondents reported referring to pastoral counseling or religious leaders, while almost all them affirmed referring to God and prayers to find release to their suffering.

### *Children's perspective*

Individuals below 12 were asked to show, using the fingers of one hand, how often they felt sad or happy during the day, no fingers meaning never, 5 fingers very often.

In Lebanon, children above 10 years old reported experiencing few daily moments of sadness.

Younger children instead often showed 4 or 5 fingers for both sadness and happiness.

In Jordan, almost two thirds of children of all age categories reported mild to moderate sadness emotional reactions, and frequent moments of happiness.

When asked about what they do to overcome the moments of sadness, most children in both countries referred to individual activities as drawings, songs, prayers, games in isolation, and crying. Others preferred walking in nature or in the neighborhood, whenever possible.

Less than 5% of the interviewed children in both countries indicated that they share their suffering with a close member of the family, or teachers. A six year old girl affirmed in a focus group that she calls "her guardian angel and tell him everything".

Finally, in very few cases the usual response was violence (anger outbursts, aggressiveness and property damage).

### *Differences in sharing emotional problems between genders*

Most interviewed women are aware of their psychological suffering, and welcome the idea of counseling services. Currently, most of the interviewed women prefer to stay alone and pray when they feel psychological uneasiness. Some of them find it shameful to express (or "talk loudly" to use a recurrent expression in the interviews) emotions, even with the closest family members.

Furthermore, some of the women believe that the act of complaining is disrespectful towards the husband, given his traditional mandate in the family. "I would never talk about my own problems even with my sister or my mother, anyway, she wouldn't let me because I have to respect my husband and preserve his secrets as a well raised wife" said a housewife interviewed in Jordan.

By contrast, most of the interviewed women affirmed that occasional informal gatherings are always an opportunity for them to reveal emotions and share experiences.

The conflicting results show that females find it hard to express deep emotions to the close family or in the presence of males, but prefer to share their feelings and experiences with larger circle of females.

On the other hand, more than half of the male respondents tend to express their discomfort first to male friends, being them mainly Iraqi refugees, or much less, to individuals from the host community. Men are apprehensive towards psychological services; it was clear most of them consider their psychological pain as only caused by the socioeconomic constraints and the situation in Iraq. They think that the suffering will disappear once these stressors will.

Gender sensitivity in conceiving psychosocial programs is of paramount importance in this case.

### **Confusion regarding future plans**

Having a plan regarding the future, and the consistency of this plan, are indicators of psychosocial wellness. The plan regarding where to live in the future has also implications on the way people address their daily needs and integrate in the new environment. In Jordan 12% were confused or had no answer when asked about the future. Among the ones who had plans, 50% of the families aim to travel to a third country, 30% to voluntary return to their country, and 20% aim to integrate within the host community. In Lebanon, 24.52% were confused or had no answer. Among the ones who have, 40% aim to travel to a third country, 40% to voluntary return to Iraq, and 20% to integrate in the host community.

It has to be noted that none of the Christian respondents in Lebanon intends to go back to Iraq, even if the situation improves, while in Jordan there are no significant differences between the different religious communities. This is probably due to the fact, that Lebanon has a wide and well-established Christian community and social network.

These responses contradict some recurrent narratives that portray the Iraqis' displacement as only the result of a desire by the displaced to be reallocated to third countries. By contrast, the fact that 80% of the Iraqi population in both countries do not intend to integrate in the host community might cause them to perceive the situation in which they are living as temporary, and hence avoid investing in integration and self-enhancements plans.

Moreover, most respondents thought their stay in what they mainly perceived as transit countries would be limited in time. Many were emotionally and financially prepared for a short stay. The prolongation of the displacement and the coincident exhaustion of emotional and financial resources are creating problems.

This may be the reason why many families live in a prolonged *impact* phase, according to the observations noted during the assessment. However, evidence shows that reallocations to third countries are not granted, and are very slow. Return to Iraq is still uncertain at this stage. Therefore, families should be helped to psychosocially adapt to the current situation, in order to avoid long-term dysfunctions.

## **Insecurity**

All stakeholders pointed out that it was of major concern the strong feeling of insecurity among displaced Iraqis due to the lack of legal status. While Jordan and Lebanon are, in general terms, safer places than Iraq, Iraqis displaced inside these countries suffer to a great extent a status-related insecurity.

This proved to have a direct impact on the well-being of Iraqis in both countries. Fear to being detained and deported forces Iraqis to restrict their movements, especially in Lebanon where there is a very high the risk to be stopped at one of hundreds checkpoints scattered all over the country. Families in fact report isolation, lack of socialization and referral to services, increased tensions within the family, reduced participation in traditional rituals due to this problem, which results in feelings of frustration, stress, alienation, and a sense of isolation. Further, families in both countries do not feel safe, due to the poor information about rules and regulations, the complexity of the procedures, and the possibility of sudden administrative changes.

## **Difficult access to services**

Many Iraqi families are facing problems in fulfilling their basic needs. The situation is worsening because of the prolonged displacement and the progressive exhaustion of sources of income other than salaries. This issue has been covered in the previous section of this report, and it will be further analyzed in this section.

Although some governmental, and many non governmental bodies are offering services to Iraqis, the assistance has so far encountered certain constraints, according to most stakeholders and interviewed families. Most interviewees recognize the existence of services, but they refer mainly to services provided by NGOs rather than governmental bodies. They identified the following constraints:

1. Almost all of the respondents in both Jordan and Lebanon are frustrated by the administrative procedures they have to go through in order to get help. This creates the need to reiterate requests, and the very slow referral from one NGO to another. As a result, feelings of excessive vulnerability and embarrassments arise.
2. At least one third of the families interviewed in both Jordan and Lebanon face difficulties in access to services due to the centralization of most of the NGOs in the capital, while movements are limited by financial constraints and security limitation. Even when Iraqis live in the same town where the services are available, sometimes the same obstacles are encountered when they live in areas distant from the place where the services are being offered.
3. Many respondents in Lebanon affirmed that providers make assistance available to mainly beneficiaries from the same ethnic and religious communities as their own. Stakeholders in Jordan also support this.
4. More than half of interviewed families were not aware of all available services and did not know exactly whom to refer to for each of their needs.
5. In Jordan and Lebanon, the impossibility of referral and services for those chronically ill, and the incongruence of the health grants provided with the actual costs of medical

services were main concerns, especially among lowest income families in overcrowded houses.

6. Many stakeholders believe that, all above mentioned issues, and the lack of outreach, increase the chances of failure of humanitarian assistance in reaching the most needy. Instead, it reaches individuals who are well equipped to claim for it. This complaint is supported by numerous findings in our assessment, especially in relation to sources of income. A further indicator could be the fact that many respondents in Jordan requested that their salaries not to be report, out fear of losing additional humanitarian assistance.

It is of utmost importance for the provision of humanitarian assistance to be just and dignified for the psychosocial wellness of beneficiaries. Further, beneficiaries need to be fully informed about available services and not to be subject to discrimination. Moreover, there is a pressing need for outreach, that helps identifying the needy families, carries out case management, helps families prioritize needs, to plan a possible response and to harmonize the assistance provided. The access or lack of access to humanitarian assistance, under these circumstances risk to have adverse affects on the psychosocial wellness of the individuals in need.

## **Loss and-or re-adaptation of roles**

### *Within the household*

Many stakeholders reported that Iraqi men increasingly stay at home, thereby losing their traditional role of being breadwinners within the family. It was found that among the 178 families interviewed, 11.2% of the households in Lebanon, and 12.5% of all households in Jordan, the wife or the children were working, while the husband is not.

This is an increasing phenomenon in both countries, mainly due to the illegal or volatile status of the family and market demand. On the one hand, women and youth are allegedly less likely to be detained or repatriated because of their illegal status. On the other hand, as for many migration flows worldwide, women and children, accepting less professional jobs are more marketable in the informal job market.

Men, who in the Iraqi patriarchal structures have a very prominent role in the family, mainly associated with providing for the family, safety, and security, are in these cases, progressively losing their role and mandate. This has consequences on the sense of autonomy of these men, as one of the interviewees affirmed: “what a shame a man can feel to ask his wife for pocket money!”. This also reflects on the relationship between children and parents, mainly fathers, some of whom referred to themselves as being “dull” within the family. Another father mentioned, “...I used to stare for one second in my children’s eyes and they knew what I meant... Today, I cannot tell my son, don’t be late, don’t go out... even for my daughter I’m not the hero anymore”.

On the other hand, women tend to accept the situation in a resilient way, and be supportive of their husbands. "... I am sure he will compensate me once we go back home... He's an Arab man, an oriental man, an Iraqi man, his pride will never let him seek help from anyone", said a woman whose husband was kidnapped and tortured before their arrival to Lebanon and is therefore unable to work.

### Separated families

Another issue that is causing change in family relations and dynamics is the one of separated families.

In Jordan, 20% of the interviewed families, and 10% of the ones in Lebanon, are separated because of security or other types of problems. In most surveyed households, interviewees are wives living in the host country with the younger children, while the husband stays in Syria or in Iraq. Older children usually stay by themselves or with the mother. In few cases, older sons live with the father.

The separation of the family brings about fears, preoccupations, anxiety related to security conditions, sadness, and sense of loneliness. In some cases, this situation is exacerbated when the wife and/or the children has to also provide for distant relatives added to their own immediate family members. As one of the interviewed female head of household in Jordan puts it, "my husband keeps on saying that he would prefer to be pursued and killed rather than be fed by a woman or disregarded by his son and his daughter".

### Family violence

All of these issues, linked with the general distress present in the family, and the usual mechanism of reiteration of external violence within the family setting, are increasing family violence. At least one quarter of the participant women's focus group reported acts of domestic abuse. As one of the participants said "... A well raised Iraqi women should tolerate everything in silence... my husbands has no other way to get rid of his anger". In few cases, violence against children was reported as well.

A significant number of parents, especially mothers, reported their lack of preparedness to respond to the sudden changes in the behavior of their children. In fact, many stressors, including difficult adaptation to the new school curriculum, and consequent learning difficulties, lead to change in the behavior of children. Many mothers report a consequent lack of communication between them and their children. This lack of preparedness in some cases is causing both sides to adopt aggressive behavior. During focus groups in Lebanon, one third of the mothers reported that they beat their children once or more per day, sometimes for no relevant reason. This causes further distress in both the mother and the children. Some mothers reported emotional outburst following these episodes.

### *In the society*

The loss of role does not happen only within the family

“...I used to be a doctor, teaching at the university, a well-known person ... here no body would know who I am if I don't have a job... I'm a refugee, an Iraqi refugee, no more,” said a 45 year old man interviewed in Jordan.

In fact, the de-professionalization (more generally the necessity to readapt social roles in the new environment) is considered one of the main stressors by almost 1/3 of the respondents.

Qualified Iraqis are unlikely to find a qualified job. Moreover, people who held important roles in their original communities are not necessarily recognized as such in the new environment. The poor social life, and the impossibility to act publicly, and therefore assume public roles, jeopardizes the recognition of these individuals among their peer community as well. This brings about feelings of frustration, anger, sense of inferiority and incapacity, shame and self-isolation among individuals, and a sense of disorientation in the Iraqi community at large.

### **Unemployment and exploitation**

The loss of role is directly connected with the issue of unemployment.

Unemployment is a widespread phenomenon among the Iraqi population. Apart from a small number of displaced Iraqis who have been able to regularize their status, refugees are not allowed to work. In 30% of the interviewed families in Jordan, and 21% of the families in Lebanon, no member of the family is employed. They rely on savings, help from friends-relatives, and humanitarian assistance, or a combination of all these. An additional 12% in Jordan and 12% in Lebanon rely solely on humanitarian assistance to survive. However, since savings are diminishing, many Iraqis are obliged to work, and the sole chance they have is to work illegally. As for heads of households who report having a job, two thirds of interviewees in Jordan and Lebanon, have an irregular or under-the-table one.

However, working does not necessarily mean improving the living conditions. Iraqi adults, who manage to find an illegal job, are often exploited by the employer who takes advantage of their illegal status to pay them less or not pay them at all, since they are not in a position to file an official claim.

Most of the respondents in Lebanon did not mind talking about their salary, and reported an average income of approximately 500.000 LBP (333.33 US\$), which, especially in Beirut, is considered a low salary.

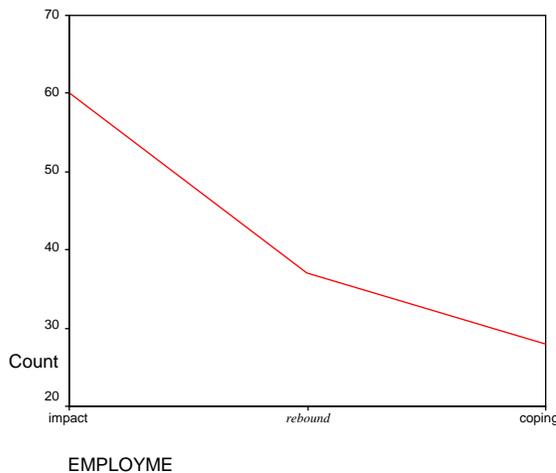
Some stakeholders have also reported that in Lebanon some employers, who are aware of Iraqis desperate need to regularize their status, demand a “fee” for sponsoring a refugee's application for regularization.

In Jordan, interviewees were very reluctant to answer to the question regarding family income. Only 30% responded, most of them reported incomes between 100 US\$ and 500 US\$. The reasons behind this reticence were identified by the interviewers, as follows:

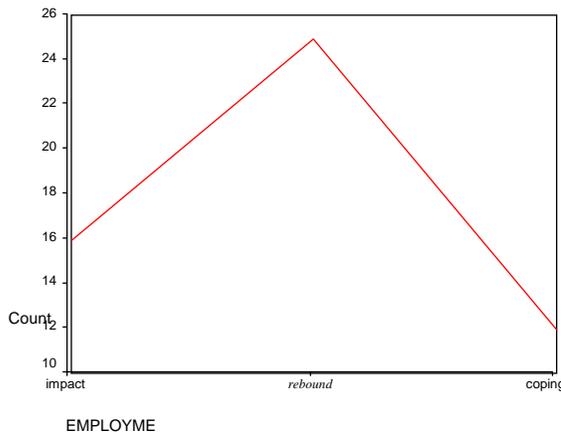
- Unwillingness to disclose information to their peers, due to shame, sense of privacy, or to avoid comparisons.
- Perceived risk of creating problems to their employers, since they work under the table.
- Fears that the amount would be revealed, endangering their possibility to receive humanitarian help. This option is probably, due to the fact that most interviewees actually answered the question, but asked interviewers not to report it. Moreover, this explains the difference in attitudes in Jordan and Lebanon, since in Lebanon humanitarian help and services are less available and less organized than in Jordan, especially Amman.

Both in Lebanon and Jordan, finances of the respondent’s families are often devoted to satisfaction of basic needs only. Therefore, recreational activities, and additional services become unaffordable.

Another issue of concern, from a psychosocial perspective, is that many individuals, who were self-employed in Iraq, are obliged to work as employees in host countries. In Jordan, the decrease in liberal jobs is of 50%, in Lebanon of 75%. The adaptation from a liberal to an accountable position, linked with the under the table status of the job, and low wages, brings about distressful consequences, including frustration, anger, and sadness.



In Jordan the employment domain, shows that 60 households are in phase 1 (*impact*), 37 households in phase 2 (*rebound*) and 28 households are in phase 3 (*coping*). According to the results of the observation, and consistently with other results, employment is still a priority mainly due to the high rate of unemployment.



Looking at the psychosocial indicators used in Lebanon, in the employment domain, 16 households are in phase 1 (*impact*), 25 households in phase 2 (*rebound*) and 12 households are in phase 3 (*coping*). This confirms that employment is probably the main priority to address within the Iraqi community in Lebanon at this stage, to achieve psychosocial wellness.

### *Child labor and general devaluation of the value of education*

In Jordan and Lebanon, many interviewees among the stakeholders reported also cases of child labor. This is supported by the results of the assessment in Lebanon, a total of 15 children among 53 families interviewed are working, 11 of them are between 6 and 15. In Jordan instead the phenomenon seem to be more limited, since only 6 children between 6 and 18 are working, and most of them are above 15. Children can be employed in the illegal job market to help the family to make a living or to work on behalf of male adults. This creates an environment of poor of stimuli and limited chances for personal development. Looking for job can be a decision of the minor himself. More than 30% of the male adolescents above the age of 15 do not believe that attending school could help them improve their social and economic status. In a situation where flexibility and adaptation are valued over competence, and with presence of urgent needs, and since the parents are unemployed mainly because they are over qualified, the devaluation of self-improvement and education become prevalent. This is a constant of emergency displacement, and it usually raises a series of mid term and long-term repercussions. Some adolescents in particular, in this kind of situation, tend to look for easy and quick income, and become subject to involvement in criminal networks and petty crime.

In all the cases interviewed young adolescents reported that, whenever they get some irregular paid activities, it comes with abuse (especially long delays before being paid) and exploitation.

The above-mentioned considerations however apply to boys more than girls do. Most of the young girls value studying to a great deal, and plan to join university, while few considered marriage as their life plan.

### **Schooling**

A very relevant issue frequently mentioned by the stakeholders interviewed concerns schooling. Some Iraqis children drop out from school. While stakeholders equally address the issue in both Countries, the interviews with families would suggest a different scenario. In Lebanon withdraw from school is quite consistent, with 28 children not attending school among the interviewed families. In Jordan, instead 12 children only below 18 do not attend school, among the 125 interviewed families. 5 children are between 6 and 15, and 7 between 16 and 18. In both countries, most of the elder children are working, and this is the main reason for their withdrawal. The youngest ones do not go to school for various reasons, including working, but mainly fears of the parents, discrimination, and economic constraints.

There is an obstacle in accommodating Iraqi children in public schools, which are often already overcrowded and lack structural and human resources. Moreover, the public school system, especially in Lebanon is not up to standards. Few Iraqi families can afford to enroll their children in private schools due to the high costs of enrollment. Having missed several years of education due to war when they were still in Iraq, and in the host countries when they were yet not allowed to attend schools, Iraqi children lag behind their peers and end up in classes with student who are much younger than themselves. It is more difficult for Iraqi youth to access higher education.

Iraqi children tend to perform poorly in school in both countries. This may be due to psychological issues, like sense of disorientation, sense of inferiority towards the resident

children, the isolation and lack of stimuli in which many children live. Issues that are more practical can also cause it. For example, the difference between the school curricula in Iraq and that in host countries, the prolonged absence of Iraqi children from school, as well as precarious living conditions as they often live in overcrowded households, where studying may be difficult at times.

In both countries, catch up classes and school help, that have addressed both the pedagogical and the psychosocial constraints in an integrated manner, were particularly successful.

### **Relationships with neighbors and host community**

It has to be stressed that most respondents are living in neighborhoods inhabited by people of their same cultural-religious group. This is particularly evident in Lebanon, where Iraqis tend to follow the quite rigid sectarian separation that characterizes the country's urban and rural organization. While sectarianism is a common trend in Iraq today, this was not the case before 2003. Therefore, many respondents, who were displaced before 2003 or in the immediate aftermath of the "Operation Iraqi freedom", are not at ease with having to live with in mono-confessional environments.

Most of the families interviewed in Jordan and Lebanon are grateful to the host country, and recognize the empathy of their neighbors. However, they naturally find it easier to relate to and create bonds with other displaced Iraqi families, rather than with members of the host community. In fact, at least two thirds of the respondents prefer to form social relations with other Iraqi displaced families.

It was noticeable in Lebanon more than in Jordan that some families reported discrimination and a feeling of isolation and total exclusion from the host community. "...My dear Lebanese neighbor gives me all her dirty, useless furniture and clothes but would never say hello if she meets me or one of my family members on the stairs", said one of the displaced Iraqi women

In Jordan, cases of mistreatment and discrimination against Iraqis have been reported by stakeholders, in schools and particularly towards Iraqis belonging to religious minorities, namely Sabeian and Sh'ia.

In Jordan, many stakeholders have often reported complete isolation of some families from both the local community and the rest of displaced Iraqis. Being isolated and lonely, many Iraqi families do not have any opportunity to share with others their experiences and feelings, nor to activate any solidarity networks or to collect and share useful information. Furthermore, such isolation often prevents Iraqis from finding out about services provided by national and international organizations and the support they could get from them, which further exacerbating their sense of isolation and helplessness. Even families who are more integrated feel as "second class citizens".

As commonly found in these situations, parents believe that children are more able to create relations with the host community, due to the fact that they attend school, play in the neighborhood, and are more resilient and feel less the consequences of uprooting.

However, in Lebanon some children, especially younger ones, tend to be reluctant to build relationships with the host community. This is a reflection of the attitude of their families, driven by the fears related to their illegal status. Moreover, children school attendance is lower among families interviewed in Lebanon than in Jordan. Schools are the main space for socialization with the host community for children.

#### *Lack of recreation and leisure*

Recreation and leisure, which are an important component of the social functioning of individuals and pave the way to their integration, are also deteriorating due to certain constraints. Most of the interviewed caseload reported a deteriorated social life, due to fears related to their legal status, and to financial constraints. Since most resources are dedicated to cover basic needs, leisure, recreation and socialization activities become unaffordable. Moreover, in both Lebanon and in Jordan, free of charge spaces for socialization, social centers, leisure activities and community events barely exist. Even when activities are offered free of charge, the cost of transportation may cause problems. "... With 1500 LBP I would rather buy bread for my family", reported a father of five children.

For some stakeholders leisure and socialization are particularly important for young men. Single men appear to be a vulnerable group according to some stakeholders, since they are missing the support of a wife or of their family.

According to many professionals, the insecure condition suffered by Iraqis in Jordan and Lebanon entails heavy consequences also for children, whose freedom of movement can be very limited by their parents' concern about safety and security. Indeed, prompted by the lack of safe spaces, Iraqi parents can sometimes prevent their children from going to school, or even play outdoors or to participate in activities offered by national and international NGOs.

Playing is one of the rights of the child, and is a very important element in his-her development, capacity to express, communicate, and reframe the everyday experience in a safe way. When asked which games they usually play, children below the age of 12 reported a multitude of traditional games.

Games reported by boys are active and collective. Sports are the most recurring in all ages, especially football and basketball. Girls' games are mostly confined to the house, while boys tend to play outside. In fact, girls tend to be more concerned about security than boys are. Many girls above the age of 12 identified the lack of and consequent need for recreational places where they could gather with their friends on regular basis.

#### *Constraints in celebrating traditional rituals*

The possibility to celebrate traditional rituals is paramount in the psychosocial wellbeing of displaced communities, especially when the displacement is protracted or becomes endemic.

When asked if they can celebrate their traditional rituals, most respondents in Jordan affirmed that they can still celebrate them, including weddings and funerals. There are a few exceptions: Sabians interviewed in Jordan reported discrimination related to their beliefs and rituals, and the impossibility to practice them. Muslim Sh'ia living in Sunni neighborhoods also reported minor

cases of intolerance. They regard mainly the impossibility to perform the yearly celebration of Ashura, such as the martyrdom of the Sh'ia confession initiators Hassan and Hussein, by the hand of Sunni leaders.

In Lebanon, most of the families affirmed that the host community has never prohibited their ritual activities, weddings and funerals. However, they are limited by social and economical constraints.

Social constraints are determined by the fact that, even in mono-confessional and mono-sectarian environments, rites and habits differ consistently between the Lebanese and the Iraqis. As one interviewee living in a neighborhood inhabited by people of his confession puts it, “we are deprived from the right to celebrate even our funerals... because we are Iraqi refugees.

Other constraints to the celebration of rituals are the lack of suitable spaces and premises, and the fear of gathering, due to the possible intervention of Police against those who reside illegally in host countries.

However, a different narrative emerges from interviews with Christian Iraqis currently displaced in Beirut. In fact, they can now enjoy the freedom of performing or participating to rites and celebrations more than in Iraq in the last years.

### **Relations with the native country**

A very important symbolic element in the psychosocial wellness of individuals is the relation they keep with the native country.

Respondents, regardless of their plan, insisted on the importance of keeping tight bonds with their native country, by staying in touch with relatives and friends. They do in any possible way, including phone messages and calls, emails when internet is available, and letters. However, these communications are often made difficult by financial and logistical constraints.

Most respondents look everyday for news about Iraq, through TV, radios broadcast, newspapers or oral narratives of friends and newcomers.

It is important to note that in Jordan many interviewees frequently used the words “roots” and “uprooting”.

Most parents, both in Lebanon and Jordan try to keep the bond between their children and their native country, through memories, stories, and family accounts from the past. By contrary, they have different approaches towards the children's exposure to what is happening today in Iraq. Most of them try to avoid the children's exposure to such images, stories and narratives because “...they should only remember the Iraq they know, not the one they show on TV”, as stated by a Priest.

Nonetheless, few cases in Jordan reported that they do not mind if their children are exposed to such kinds of scenes because “they have to see what is going on and understand what happened to their country... and understand the reason why they left” , as one father said. This

politicization of the bonds of the child with the native country is understandable but concerning. It may be at the basis of violent discourses that many stakeholders identified, especially for younger adolescents, when relating to their country of origin.

This is supported by the results of the interviews.

Children were asked to describe their home nation, each in three words.

Very young children (below 6) were able to answer this question easily, especially boys. They gave direct prompt answers, as one of them aged 5, whose father was kidnapped and tortured before displacement said “my nation, my flag, my love”. Girls were more reticent and shy.

Boys and girls below 10 described their native country as “the light of my eyes”, “the paradise of God on Earth”, “my home”, “my heart, “crying and bleeding heart”.

Children above ten described their nation with definitions as “constant violence”, “blood”, “bombed cars” and “shootings” were recurrent words in the interviews.

Among males above 10, war games are quite recurrent and political discourses quite high. When asked to refer to their most precious wishes, male adolescents, referred to practical, and sometimes more political contents like “going back home”, “liberate my occupied land”. Particularly concerning is the appearance of political and martyrdom narratives, as a 13 year old boy in Jordan phrased it “...I wish I could blow myself and die as a martyr to rescue my country”.

Many people kept photos of their houses and properties, and in some cases of their ruined remains. “Even if a ruin, that’s all what was left for us”, “even if it’s destroyed it reminds us that we belong there”, “it is our land” are some of the phrases used by interviewees, while showing the pictures to interviewers and facilitators of focus groups. This attitude was noticed particularly among Christian communities; therefore, it is not related with a real intention to go back to Iraq. In fact, no respondents from the Christian community in Lebanon plan to go back to Iraq, even if the security situation improves.

Therefore, the bond with the country of origin, felt by most respondents regardless of their migration plan for the future, is a symbolic, rather than a programmatic issue. In this respect, activities that could pluralize, ritualize, and communicate this bond, frame and give a sense to the suffering would improve to a great deal the psychosocial well-being of individuals and communities, avoiding frustrations and giving a collective sense to the experience.

### **Severely traumatized individuals**

A significant percentage of the respondents (21% in Jordan, 34% in Lebanon) were subjected to, before or while fleeing, direct experience of potentially highly traumatizing events, including witnessing of assassination of relatives and friends, being kidnapping and tortured, being raped. Stakeholders perceive this as a highly delicate issue that necessitates timely response. While, as already explained, the experience of these events does not necessarily lead to pathological consequences, it has to be noted that among the interviewed families who witnessed such atrocities the presence of distress indicators was much higher than among other families.

A comparative scheme related with the two most serious distress indicators (panic attacks and thoughts of death) describes the differences.

	Occurrences in families whose members experienced direct traumatic events	Occurrences in families whose members did not directly experience traumatic events
Thoughts of death	61,36%	38,06%
Panic Attacks	79,5%	45,52%

Moreover, the emotional tensions of individuals seem to have an effect on their families and their children as well. In these families children show a higher (1.5 times) incidence of behavioral uneasiness, including pulling hairs, bedwetting, tics, outbursts, speech problems, and isolation. Hence, according to most stakeholders, more professionalized psychosocial services and referral should be offered to these individuals, families, and to severely affected children.

In Lebanon, some services are available, including two Centers for rehabilitation of Victims of Torture (Restart, and Khyam Rehabilitation Center), and specialized NGOs (APEG) but not necessarily known or affordable to Iraqi families. In Jordan, the provisions are much more limited, and linked to psychiatric care only. There is an urgent need for capacity building.

### **Stakeholders' recommendations**

The stakeholders interviewed suggested a list of actions, both in an emergency and long-term perspective, to be implemented as follows:

- Mapping the humanitarian agencies provisions.
- Building an efficient referral and follow-up system.
- Involving the local community and the local authorities in the activities run for Iraqis.
- Including parents in the activities designed for children and youth.
- Providing Iraqis with safe spaces and community activities.
- For children, to enjoy educational and recreational activities.
- Encourage the creation of community networks for adults among displaced Iraqis as well as with host communities.
- Providing psychosocial activities for men (vocational training, recreational activities).
- Enhancing counseling centers to deal with trauma and mental health-related pathologies.
- Giving priority to the integration of Iraqis with the local community, since both return to Iraq and third country resettlement are undesired or unfeasible solutions.
- Addressing the problem of school drop-out for children and particularly for the youth.
- Activities targeting women (especially if those who heading their household) and for youth, while aiming to empower them (vocational trainings, income-generation projects).

- Enhance agencies' community outreach capacity through coordinated efforts through information sharing and the involvement of community leaders and intermediaries from the Iraqi community.
- Addressing the problem of labor exploitation, with special focus on exploitations of minors.
- Creating a psychosocial support system in Jordan: enhancement of local capacities in the psychosocial domain by training local staff in NGOs as well as in public health facilities (basic counseling) and long-term collaboration with local universities in order to develop specialized professionals (advanced counseling).

Concerning the role IOM should play, the surveyed stakeholders perceive IOM as a provider of capacity building and counseling centers, probably based on IOM initiatives in the region:

- Providing NGOs staff and field-workers with psychosocial training.
- Providing structures and safe spaces for recreational activities.
- Mapping the mental health services provisions in order to assess who is providing psychological and psychiatric support.
- Duplicate in Jordan the Executive Professional Master in Psychosocial Animation in War-torn Societies, which is currently ongoing in Lebanon.

### **Recommendations from Iraqi families**

When respondents were asked about their most urgent psychosocial needs, they prioritized them as follows:

- Recognized legal status.
- Need for assistance in planning for the future, including legal, social and psychological counseling, and for the integrating of the youth on the social, educational and professional levels. This mainly requested by female heads of households.
- More in-depth psychosocial assessments with field visits.
- Safe spaces for socialization and interaction with the host communities, including recreational centers for adults.
- Awareness and sensitization campaigns on the case of displaced Iraqis, addressed to host communities. This can include cultural integration activities.
- Awareness concerning available services.
- Family tracing (mainly in Jordan).
- Psychosocial assistance, family counseling and discussion groups. Female respondents, especially mothers, highlighted this need.
- Catch up classes and school help for children, in order to fill the gap created by the difference between the two curricula. However, this should be accompanied by psychosocial support, since, according to most parents, psychological and behavioral problems among children are the result of learning difficulties.
- Safe recreational spaces for children, free of charge.
- Vocational trainings, computer trainings, and language courses. This was particularly stressed by youth and young adults who plan to be reallocated to a third country.



## **Conclusions and Recommendations**



## **Conclusions**

Iraqis displaced in Jordan and Lebanon are facing several psychosocial threats, which often create an overall distressing environment. Most families interviewed in this assessment are still suffering the impact of the displacement experience, or are already in a rebound phase, which is from an emotional perspective the most painful stage in the process of displacement and re-adaptation to the new reality. The prolonged stay and possible stagnation of the families in the impact phase may be due to different factors. The main factor is that an overwhelming majority of respondents do not envisage the possibility of staying in the host country for a long period, but plan to return to Iraq , or go to a third country. This limits to a large extent the process of re-adaptation and re-rooting, and leads to a suspended status, in which people tend to relate to their past and their envisaged future, instead of living the present.

As a matter of fact, the plans of going to third countries or going back to Iraq may not be realistic for many Iraqis, since reallocations in third countries have been so far slow and cases of reallocation can be limited in numbers. Moreover, the situation in Iraq is still too unstable to be able to predict whether the improvement of security in certain parts of the country will be long lasting. Therefore, displaced Iraqis need to be helped to cope with the present, as much as to overcome the burdens they are currently facing. The overwhelming presence of distress indicators among the vast majority of interviewed families should be considered normal reactions to abnormal predicaments. Still, they should be responded to in order to avoid stagnation that can lead to individual, familial and social pathologies in the long run.

The difficult moments many Iraqi families are living, and their difficult adaptation to the new environment, are not only results of these families' plans, expectations and psychological distress. In fact, emotional wellbeing and integration are also constrained by objective social and material obstacles as well. These include the lack of a defined and permanent legal status, the difficult access to services, and the continuous exhaustion of savings and other sources of income. These factors are forcing many Iraqis to work under-the-table, making them subject to exploitation, abuse, and frustrations, and still being unable to fully provide for their basic needs.

A specific psychosocial programming can address but cannot solve the issues of legal status and provide durable solutions for the satisfaction of basic needs. Nevertheless, a more psychosocial oriented approach should be advocated in the harmonization and provision of the existing governmental and non-governmental services. In certain cases, the provision of services fails to be inclusive, and to prioritize the assistance provided, it is also perceived as humiliating by many among the beneficiaries. Service providers should consequently enhance their capacity to outreach and manage the cases.

Regarding the specific emotional suffering, Iraqi are unlikely to refer to mental health and psychosocial services, due to three main reasons a) a traditional stigmatization of such services in the origin country; b) the lack of or difficult accessibility of such services in the host countries, especially Jordan; c) lack of outreach.

Although traditional and spiritual healings are quite common in Iraq, they are not so easily available in the host countries, or host communities refer to different healing models than the ones prevalent in Iraq. Only 2 families out of all interviewed ones referred to the services of traditional healers. Moreover, only 5 families are aware of the existence of psychosocial services, and these are services provided within multifunctional centers.

While most respondents recognize their emotional suffering, they do not refer it to social causes, nor do they consult specialized services. Further, even though they recognize the collective nature of the suffering, they tend to respond to it on an individual basis, or within the circle of the close family. This exacerbates the tensions within the family, and often creates a very distressful environment. Moreover, in certain cases, it is leading to the misuse and abuse of inappropriate medications, including analgesics and painkillers.

Women in particular show a tendency not to share emotional suffering with family members for cultural and gender-related issues. Many mothers revealed that this causes them to adopt unnecessary aggressive behaviors with their children.

Another issue of major concern is the lack of opportunities for socialization due to fears related to the illegal status of Iraqis and the economic constraints. This is also the result of the lack of free of charge occasions for socialization in the host countries, the inexistence of an organized social network, and general withdrawal. Actually, this situation limits to a great extent people's capacity to form relations and their overall sense of wellness, this is affecting in particular women and children. For children the possibility of socializing and playing among peers is indispensable to their evolution, and to their capacity to understand reality.

The circumstances of displacement also lead to the modification, re-adaptation, and painful loss of family and social roles. This is particularly evident in families that are separated, where the husband is unemployed, and the families are supported by women and children.

Children seem to be more resilient to the challenges of the new situation. Nonetheless, there are poor or no services for the ones who suffer severe psychological discomfort. Moreover, many of them display behavioral and learning problems. The latter are due to issues, like the difference between curricula, and the lack of stimuli. Further, emotional components are also playing a role, like distress in the family, lack of socialization activities, and sadness.

Older teen-agers tend to indulge in political discourses, probably absorbed in the family, and internalize and intensify them. In Jordan, some teen-agers adopt narratives of war and martyrdom. In general, due to the situation, many youth tend to value the possibility of immediate gains over education and self-enhancement.

Finally, access to services for families and individuals who are severely traumatized is difficult in Lebanon, and very poor in Jordan. In Jordan, in particular, there are solely psychiatric services available. Moreover, psychiatric services are usually very badly received in the Iraqi community.

Despite the above-mentioned issues, most Iraqis families are showing a high level of resilience, they are able to proactively seek solutions, and can take care of their children and beloved ones. In some cases, they are also advocating for the interests of their own community.

Therefore, a timely intervention is necessary to avoid sedimentation of emotional problems, and alleviate the suffering of the displaced Iraqis. Nevertheless, the resilience showed, and the solutions identified by the Iraqi communities should not be overlooked. In fact, they should be the basis of any intervention aiming to help Iraqis.

### **General recommendations**

According to scholars in the psychosocial field, an effective and ethical psychosocial program **should:**

- Approach the clinical, social, psychosocial, cultural, historical, anthropological and political issues in a holistic circular manner, including all components in all steps of the project cycle (Losi).
- Aim at responding to needs self-identified by the beneficiaries' communities (Jones).
- Aim at empowerment and reconstruction of individual, group and community roles in the society (Schininà).
- Foster a non-medical approach, which includes medical components (Summerfield).
- Constantly refer to local cultures and traditional ways of healing (Losi).
- Constantly refer to existing community and individual coping strategies (Pupavac).
- Avoid application of prepackaged, westernized modalities of intervention (Summerfield).
- Foster and promote the participation of the beneficiaries.
- Since the combination of social and psychological creates an amorphous mass that covers virtually all human needs, a clear definition of the target is also paramount, while implementing a psychosocial program (Papadopoulos).

### **Psychosocial programs in conflict-driven displacement should avoid:**

- The “medicalization” of communities and individuals who are just having normal reactions to abnormal situations.
- The use of culturally inappropriate investigation and early diagnostic tools.
- To have non professionally equipped staff to perform diagnostic assessment and or early counseling.
- To initiate psychosocial processes which are not sustainable.
- Inappropriate explorations of the stressful experience.
- To indulge in awareness rising, when a referral system is lacking.
- To go against traditional and faith oriented coping mechanisms, that are a valid response on the short term.
- To offer widespread and short-term trauma counseling.
- To use programming focusing on a single diagnosis (e.g. PTSD).

- To divide the assistance provided between categories (women, children) while disregarding the needs of male adults and elderly.
- Addressing the needs of adults only through their function as parents. Even though the parental responsibilities and the concern for the children play a big role in the psychosocial wellness of parents, they may have other individual psychosocial needs.

**Psychosocial programs in conflict driven displacement should promote:**

- Social and protective activities for the entire population, including access to services and to a humanitarian assistance (including distribution), which are conscious of the psychosocial implications. These activities should support the communities in reestablishing community activities and rituals, including grieving rituals.
- Psychosocial training for community members.
- Trying to address the family as a whole.
- Information.
- Promotion of recreational, sporting, artistic and cultural activities, group discussions and support groups. However, only professional staff that is aware of the psychosocial implications of the activities proposed, should conduct these activities.
- Psychological care for individuals experiencing acute distress and those with pre-existing mental disorders, including psychological first aid.
- Support to programming that considers the wider range of urgent neuro-psychiatric needs rather than a single one (PTSD).
- Psychotropic help in exceptional cases only (especially pre existing cases) and always in the combination with non-medical forms of support.

**Specific recommended actions**

In the specific case of Iraqis displaced in Lebanon and Jordan, based on the findings of the assessment, the above-mentioned recommendations lead to a series of specific recommended actions that tackle from one the one hand psychosocial dimension of the general assistance provided, and on the other hand, the proper psychosocial programming.

**Actions to enhance the psychosocial dimension of the general services provided**

*Coordination, outreach, case management, dignified procedures*

Services provision is in certain cases characterized by

- a) Lack of information about the available provisions.
- b) Their offer is made on a confessional basis.
- c) They are fragmented.
- d) They are mostly centralized in the capital city.
- e) Fail in providing for the persons most in need.

- f) They are complicated by unfriendly bureaucratic procedures.

These factors result in a scenario where the first contact between the person in need and the service provider occurs only when that person requests the service. Moreover, while insuring transparency, the bureaucratic process linked with the provision of assistance is discouraging and undignified. The assistance, while helping individuals and families, risks overlooking their psychosocial wellness in the modalities of provision.

It is therefore recommended to:

- Establish or enhance outreach capacity in providing assistance.
- Establish or enhance coordination and dissemination of information about available services among service providers.
- Establish or enhance comprehensive dissemination of information about available services among the beneficiary community.
- Increase the capacity of service providers to act in a case management fashion.

These actions will help identifying the very needy persons, who face more constraints in accessing the services, to avoid duplication of assistance, and the consequent frustrations.

A case management approach is particularly important to assist the case of single female households, and unaccompanied minors. The displacement has often resulted in new responsibilities for women who have rarely been called upon to fully support the family in the past. Many of them are requesting help, in prioritizing their needs and organizing the plan of responses.

#### *Respect for existing capacities and traditional roles*

Many displaced Iraqis are finding it difficult to readapt their social and familial roles to the new situation. They feel diminished, or undervalued, and this brings to feeling to depression, isolation and withdrawal. It is therefore important to:

- Not consider displaced Iraqis as mere beneficiaries of assistance.
- Respect functions and social roles of assisted Iraqis.
- Involve them in devising and delivery of the services.
- Not neglect the needs of the adult males, while assisting their wives and children.

#### *Actions*

- Furthermore, promote the dissemination of the IASC Guidelines on Mental Health and Psychosocial in Emergency Settings among the humanitarian community, and not only the one dealing with psychosocial programs. This can include one-day workshop for IO and NGO leaders, and two-day workshops for humanitarian workers from all sectors.
- Create and implement a 4-day training module on psychosocial consequences of displacement and war to be offered to all humanitarian actors.
- Create and implement a 10-day in-service curriculum in outreach and case management for governmental and non-governmental humanitarian workers.

- Establish a system of collection, and dissemination of all available services among the beneficiary community. This can include monthly bulletins, mobile units or humanitarian gazebos in specific areas of the town.

### **Actions to enhance the technical capacity in the provision of psychosocial services**

While in Lebanon, a certain capacity for responding to the emotional threats of displacement and war exists, and psychological, psychosocial, psychoanalytical, and psychiatric expertise is present in the country, Jordan seems to be unequipped to respond to such needs. A series of actions to build a national capacity to respond to the mental health and psychosocial emergency related issues should be seriously looked into. Such capacity, once created for the specific needs of the displaced Iraqis, will remain in the country.

- Many actors suggest the duplication in Jordan of the IOM Masters in Psychosocial Animation in War Torn Societies currently ongoing at the Lebanese University. The Masters relies on a core of 25 most recognized trainers from the Middle East and international ones. These trainers instruct students, who have a degree in education, psychology, social work, sociology, public health, applied arts and theatre, to help populations to respond to the emotional challenges of war related displacement. Assessment, individual and group counseling, small-scale conflict management, and community reactivation methods, including arts and drama-therapy are among the subjects of the Masters. The Masters is designed in an “in service” fashion, therefore guaranteeing high-level education and provision of services in the meanwhile. Additionally, it could be repeated in Lebanon, therefore enhances the existing limited capacity. Based on the results of the assessment, the counseling component of the Masters should focus on family counseling as well as on individual one.
- This may lead to the formation of an expert group that devises a psychosocial emergency response plan in the host country, something that is missing in Jordan.
- It is necessary to provide intensive training for mental health professionals (psychiatrist, psychologists) on severe trauma-related pathologies and respective treatment-response, through the establishment of a mid-term national curriculum; this should include elements of child psychiatry, child psychology, and humanistic trauma response.
- It is necessary to develop a national ToT curriculum for teachers in order to make them aware of the psychosocial implications of displacement on pupils, and boost their capacity to provide responses to displaced children in a formal setting such as schools. This curriculum, comprising of 2 weeks of training and 1 week of validation, should take into account the relevant UNICEF Guidelines and the curriculum elaborated by IOM in Lebanon, for a training in “Psychosocial consequences of conflict driven displacement, and creative response in the classroom”. The training was tailored for the specific case of Iraqi pupils.

- Provide short-term training on psychosocial and displacement, as well as pastoral and religious counseling to an identified group of religious leaders. In fact, most Iraqis tend to participate in religious and traditional rituals. This could be a good opportunity to receive counseling and help.

### **Direct provision of psychosocial services**

Because of a series of cultural and other types of constraints that are extensively elaborated in the assessment report, Iraqis are unlikely to refer to services that are labeled as related to mental health. Furthermore, as mentioned earlier, Iraqis must be helped in prioritizing needs and manage them in a coordinated and dignified manner. This includes harmonization of services provided. Finally, the lack of unsafe places, as previously mentioned, is hindering socialization and social functioning of Iraqis to great deal.

Therefore, it is recommended:

- To pilot, in an identified region in Beirut and in Amman, multifunctional social centers-safe spaces.

These centers will provide:

- A set of recreational, socializing, vocational, and creative activities, both run by Iraqis, and by members of the host community. It will coordinate also activities run by active NGOs in the educational, recreational domain.
- The centers, safe spaces will additionally provide social and psychosocial counseling, and relevant referral, to individuals and families in need.
- The counseling could be provided by students of the envisaged Masters program, in an in service fashion.
- The centers should include an outreach-mobile unit.
- The centers should include Iraqis as service workshops providers, and host communities among the beneficiaries.
- Activities in the centers should include full information on existing provisions, and/or information gazebos.

In the safe spaces, or elsewhere, a need exists to set up:

- Age and gender specific activities for women and youth, including social and school counseling, discussion groups, and livelihood.
- Educational assistance (school help, catch up classes) which support children from both a pedagogical and an emotional aspects. The interconnectedness of the two issues has been disregarded so far.
- In this respect, play-therapeutic, art-therapeutic and drama-oriented models should be promoted, consistently with the results of the assessment.
- Awareness campaign through public media and community workshop on psychosocial issues directly targeting the Iraqi community.

- A national campaign for cultural integration in Jordan, comprised of a series of public communication, artistic and performative events organized by Iraqis and host communities together. This could take the form of a campaign called “All different, All equal”, and the establishment of grants to support consistent programs presented by promoters.
- Help Iraqis to frame and give a social value to their experience of suffering, through the creation of archives of Iraqi memory.

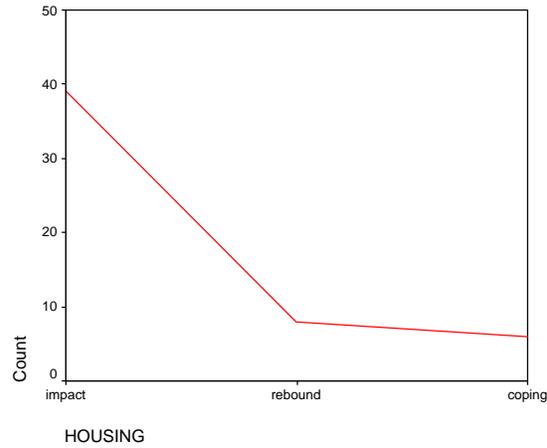
# **Annexes**



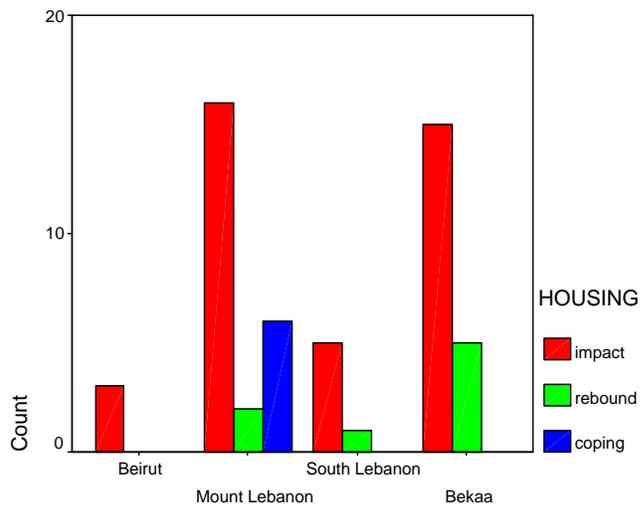
# Annex 1 – Psychosocial Indicators Schemes

## Lebanon

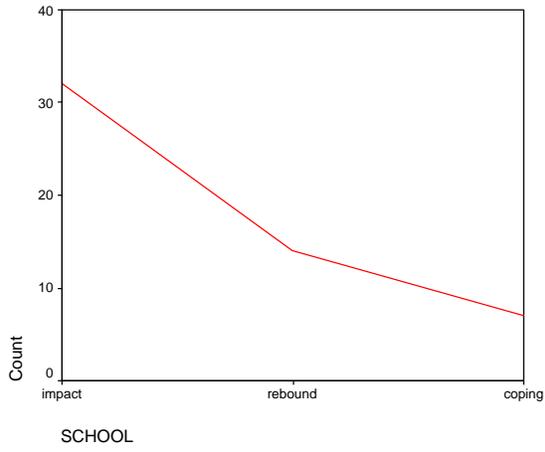
### Housing indicator



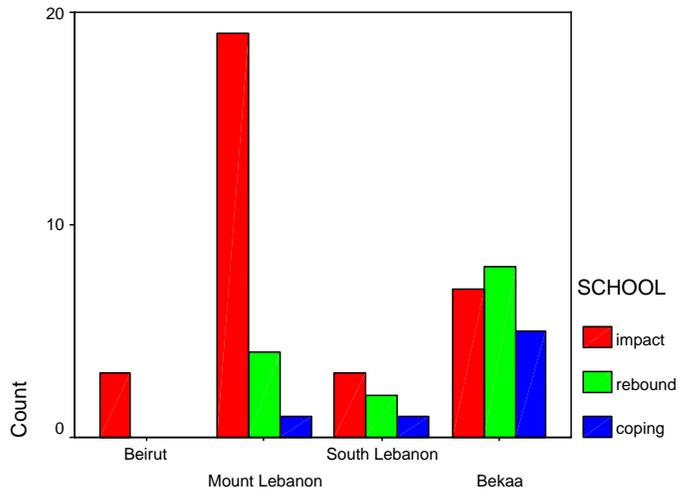
### Housing indicator by region



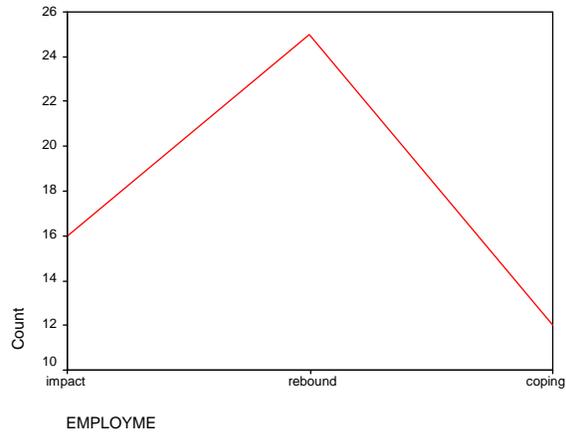
### Schooling indicator



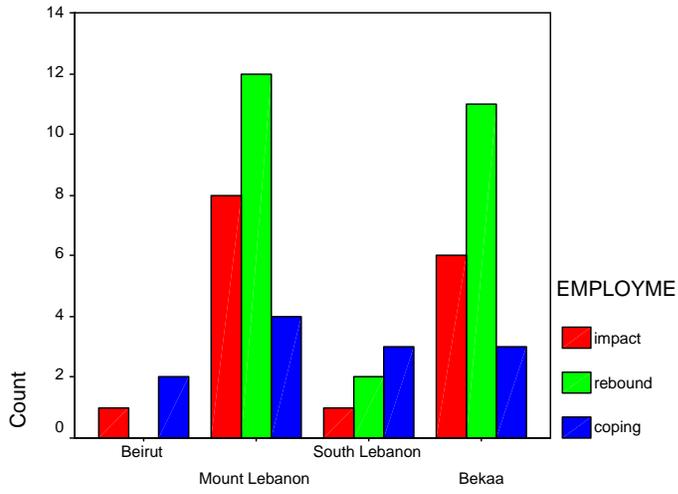
### Schooling indicator by region



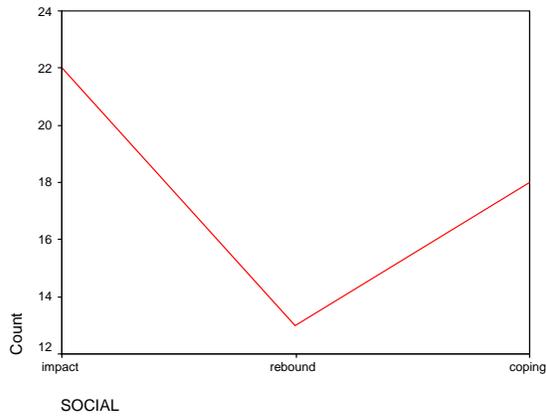
### Employment indicator



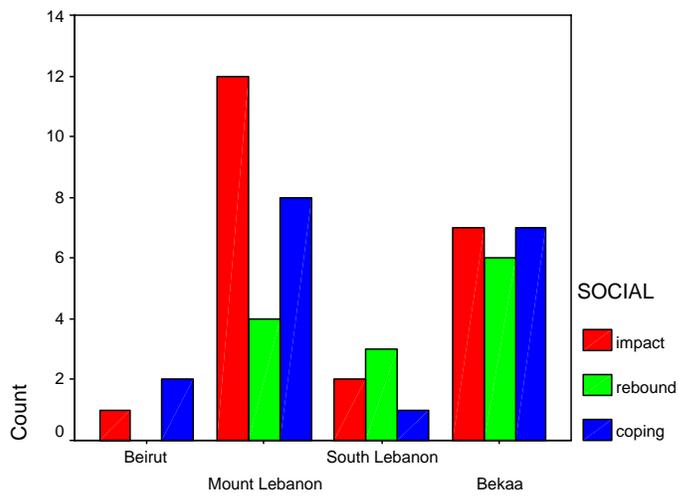
### Employment indicator by region



### Socialization indicator

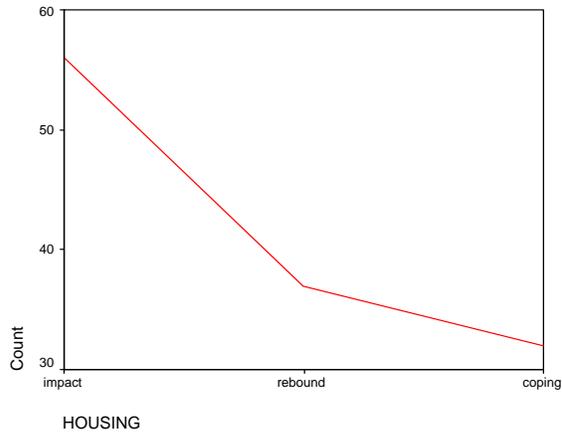


### Socialization indicator by region

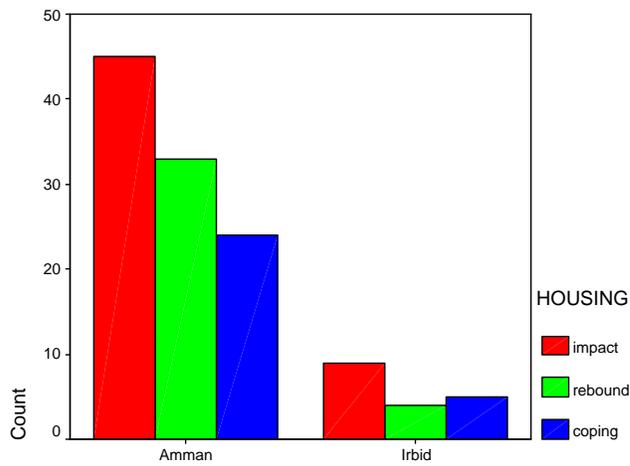


# Jordan

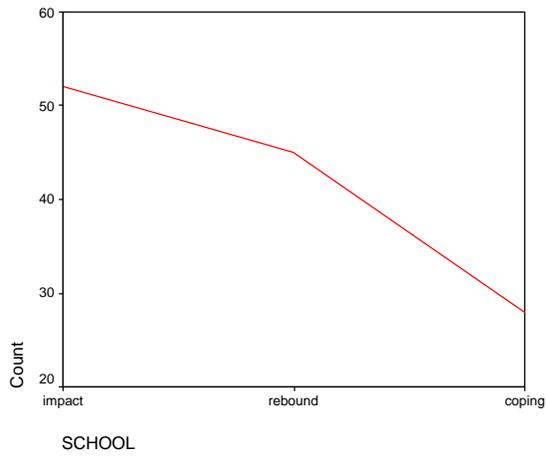
## Housing indicator



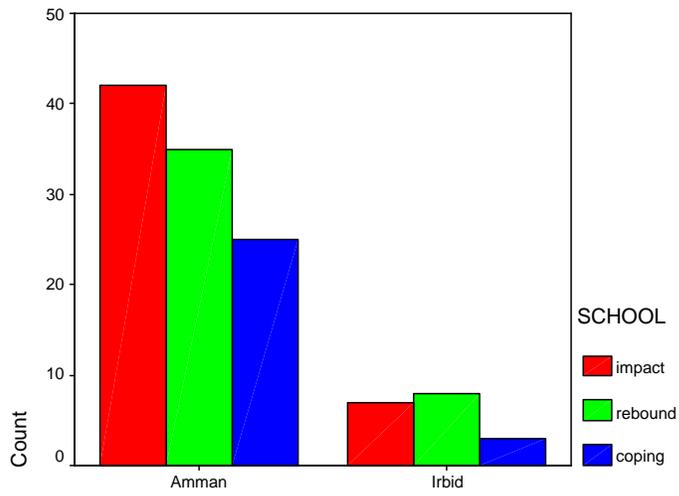
## Housing indicator by region



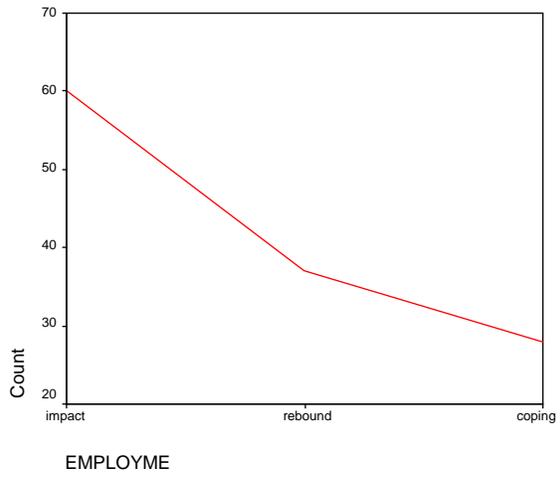
### Schooling indicator



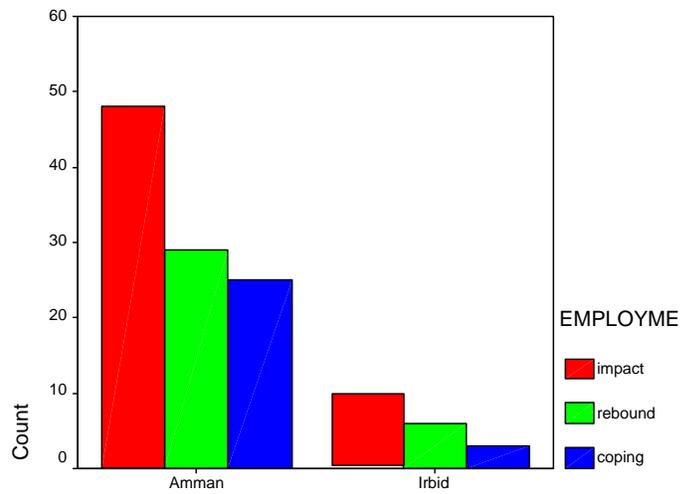
### Schooling indicator by region



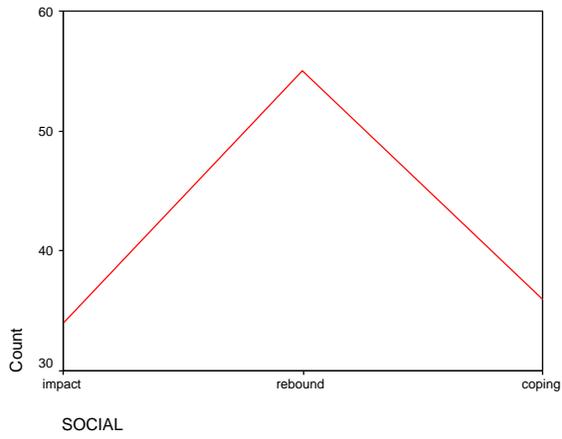
## Employment indicator



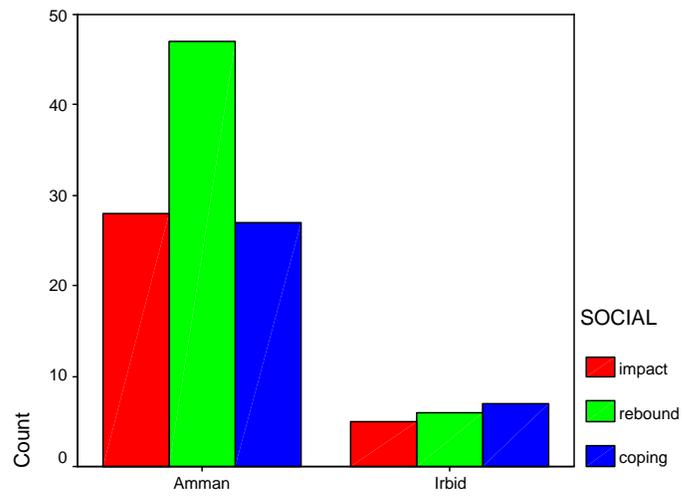
## Employment indicator by region



### Socialization indicator



### Socialization indicator by region



## Annex 2

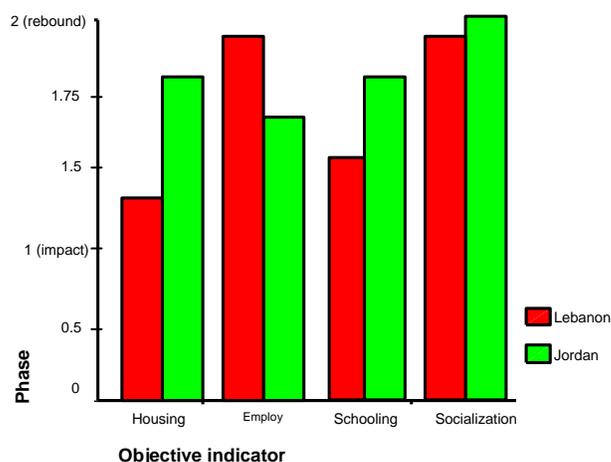
### Comparison in psychosocial indicators between male-headed households and female-headed households (Lebanon)

		<b>%Male HH /total male HH</b>	<b>% Female HH /total female HH</b>	<b>%households /total number HH</b>
<b>Housing</b>	Phase 1 (impact)	69%	85.71%	73.6%
	Phase 2 (rebound)	17.94%	7.1%	15.1%
	Phase 3 (coping)	12.82%	7.1%	11.3%
<b>Employment</b>	Phase 1 (impact)	12.82%	78.57%	30.2%
	Phase 2 (rebound)	58.97%	14.28%	47.2%
	Phase 3 (coping)	28.2%	7.1%	22.6%
<b>Schooling</b>	Phase 1 (impact)	56.41%	71.42%	60.4%
	Phase 2 (rebound)	25.64%	28.57%	26.4%
	Phase 3 (coping)	17.94%	0%	13.2%
<b>Socialization</b>	Phase 1 (impact)	53.84%	7.1%	41.5%
	Phase 2 (rebound)	25.64%	21.4%	24.5%
	Phase 3 (coping)	20.51%	71.42%	34.0%

### Comparison in psychosocial indicator scheme between male-headed households and female-headed households (Jordan)

		<b>%Male HH /total male HH</b>	<b>% Female HH /total female HH</b>	<b>%households /total number HH</b>
<b>Housing</b>	Phase 1 (impact)	28.98%	64.28%	44.8%
	Phase 2 (rebound)	28.98%	30.35%	29.6%
	Phase 3 (coping)	42.02%	5.35%	25.6%
<b>Employment</b>	Phase 1 (impact)	37.68%	60.71%	48.0%
	Phase 2 (rebound)	49.27%	5.35%	29.6%
	Phase 3 (coping)	13.04%	33.92%	22.4%
<b>Schooling</b>	Phase 1 (impact)	42.02%	41.07%	41.6%
	Phase 2 (rebound)	26.08%	48.21%	36.0%
	Phase 3 (coping)	31.88%	10.71%	22.4%
<b>Socialization</b>	Phase 1 (impact)	40.57%	10.71%	27.2%
	Phase 2 (rebound)	36.23%	53.57%	44.0%
	Phase 3 (coping)	23.18%	35.71%	28.8%

### Comparison of the four objective indicators between Jordan and Lebanon



### Relationship between the Psychosocial Indicator Scheme and the Distress Indicators among families who were scored above eight on the D.I

	Status in phases	Number of families
<b>Lebanon (37 families)</b>	4 in rebound	11
	4 in impact	4
	3 in rebound 1 in impact	9
	2 in rebound 2 in impact	6
	3 in impact 1 in rebound	5
	3 in rebound 1 in coping	2
	<b>Jordan (59 families)</b>	4 in rebound
4 in impact		1
3 in rebound 1 in impact		18
2 in rebound 2 in impact		12
3 in impact 1 in rebound		2
3 in rebound 1 in coping		2

**Occurrence of Death ideas and panic attacks among families who have a direct experience of traumatic events versus families who do not have**

	<b>% out of the number of families who have a direct experience of traumatic events</b>	<b>% out of the number of families who don't have a direct experience of traumatic events</b>
Death ideas	61.36%	38.06%
Panic attacks	79.5%	45.52%

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