

The adaptive problems of female teenage refugees and their behavioral adjustment methods for coping

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Abstract: This study aimed at identifying the levels of adaptive problems among teenage female refugees in the government schools and explored the behavioral methods that were used to cope with the problems. The sample was composed of 220 Syrian female students (seventh to first secondary grades) enrolled at government schools within the Zarqa Directorate and who came to Jordan due to the war conditions in their home country. The study used the scale of adaptive problems that consists of four dimensions (depression, anger and hostility, low self-esteem, and feeling insecure) and a questionnaire of the behavioral adjustment methods for dealing with the problem of asylum. The results indicated that the Syrian teenage female refugees suffer a moderate degree of adaptation problems, and the positive adjustment methods they have used are more than the negatives.

Keywords: adaptive problems, female teenage refugees, behavioral adjustment

Introduction

Asylum is considered to be a social event or phenomena that usually occur in a historical and political context, which in turn holds in significant negative effects on the communities in general and on individuals in particular. It is considered as one of the worst incidents that the communities were exposed to, which leads to changes in the structure of the new community, in addition to the massive and sudden changes in the lives of refugees.¹ Asylum is one of the most difficult life experiences; it may be the only option for saving life because most of those, who decided to abandon their countries, homes, cultures, and civilizations, did that for the purpose of saving their own lives as well as their children.²

Given the negative impacts of asylum on families and children, it is perceived as a negative event and a severe mental shock for all community members. It is also a dangerous event that threatens societies and requires lots of planning and preparation for the tremendous numbers of people who may be forced to leave their home country and move to another country or the interior asylum, seeking security, safety, and rescue. Refugees suffering from mental, social, and family troubles move to different societies because they were exposed to various painful events and experiences such as killings, torture, or loss of family members. These painful experiences are reflected on them and their families, particularly children, either kids or teenagers, who may experience several psychological disorders as well as posttraumatic stress disorder (PTSD).³

The change made by asylum in the lives of kids and teenagers can cause huge psychological difficulties due to changes in daily routine, living in a new strange

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community, leaving their schools and friends, and living in a poor environment. All these put tremendous pressures on children, so they may face difficulties in adapting, creating feelings of depression and grief, and severe fear of the unknown.⁴

The problem

This paper seeks to answer the following question:

What is the level of adaptive problems that Syrian teenage female refugees suffer from, and their positive and negative behavioral methods for adapting with asylum?

Research objectives

1. What is the level of the adaptive problems that Syrian teenage female refugees suffer from in the government schools within the First Zarqa directorate?
2. What are the positive and negative behavioral methods used by the female refugees to adapt with the problems of asylum?

Importance of the study

Identifying the problems that the Syrian teenage female refugees suffer from and their negative behavioral methods for coping with asylum could provide solutions for them and suggest recommendations for coping methods.

Operational definitions

Female Syrian refugee adolescents: the females aged 12–16 years old, who moved to Jordan as a result of war conditions in their home country.

Adaptive problems: the degree the student gets on the scale of adaptive problems prepared for this study.

Adaptation methods: the degree the student gets on the questionnaire of behavioral styles adopted by the female refugee adolescents to cope with their asylum in Jordan.

Theoretical framework

Asylum

The word “refugee” is defined as every person who was forced to leave his/her original homeland in search of shelter, having justifiable fear of being exposed to persecution as a result of racism, religion, nationalism, belonging to a certain social party, or because of political opinion, and being unable to go back because of fear of being exposed to persecution.²

Every year, all around the world, millions are forced to abandon their homes only to join the refugee population.⁵ Civilians can be targeted by the political violence. Therefore,

they have no choice but to escape to other areas or to leave their country for another seeking safety.⁶

The number of Syrian refugees in the Hashemite Kingdom of Jordan reached nearly 937,830 people with some of them living in camps and others outside. These huge numbers of human beings, who forcibly left their country in fear of death, torture, and persecution and who need many economical resources and various services within all life domains, forming huge mental, social, and economical burdens to Jordan and also to Syrian refugees.⁷ According to Ministry of Education statistics, the total number of Syrian refugee students in Jordan was 121,882 (30,476 males and 91,406 females).

Of the total number of Syrian students registered in the government schools within the Zarqa region, 4,873 were male students and 5,834 were female students.

Refugees come from all over the world after being exposed to difficult conditions or experiencing different types of oppression, which in turn reflected on them and their families. Most of those who have experienced asylum as a result of wars suffered from PTSD. This resulted in them showing particular behavioral traits such as suicides, problems with alcohol and drugs, and other psychological troubles. Some of the refugees who were exposed to torture demonstrated mental problems that are more dangerous than those who were not tortured.³

As a result of asylum, families enrolled in the new community become poorer, and the children and adolescents may live with their parents or without them. They live in refugee camps, which are often unsatisfactory because of the harsh troubles and conditions they usually experience inside these camps.¹ Refugees and their families, during the initial stages of migration which include leaving their original countries, usually suffer from the difficulty of adapting to and coping with the new culture. Accepting the host country’s culture and leaving the original country’s culture can be a huge shock to the family, making the family members to feel as if they are defeated and broken, and consequently unsafe.⁸

The family members may face painful situations, such as like being threatened by forceful separation from family or death, physical violence, and torture, leading them to experience PTSD.¹ They also experience emotional disorders such as depression, grief, isolation, and withdrawal behavior in addition to the social disorders such as inability to interact with peers, not willing to go to school, as well as psychophysical disorders such as conflict, stomach aches, and other pains.⁴ The kids who are <8 years old show signs of exhaustion, tiredness, irregular behaviors, increase in

hostility, attachment, and depression.⁸ The most common mental disorder seen in migrants and stricken people is PTSD.⁹

Adolescence

The term “adolescent” means transition from childhood to adulthood, and it extends between the ages of 13 years and 19 years, 2 years earlier or after 1–2 years (Al-Mtiri, unpublished data, 2007). Adolescence is considered one of the important growth phases, particularly this stage is considered significantly important for the individual’s personal formation, and it may result in troubles for the adolescent and his/her family. Scholars call this stage as the transformational stage.¹⁰

Adolescence is characterized by being in the preparation phase for practical life and taking responsibility.¹¹ But the adolescents usually face several difficulties and challenges such as psychological conflicts, social pressures,¹² identity crisis,¹³ confusion, or lack of clarity among parents and teachers regarding concepts such as authority, freedom, and the difference between adults’ and adolescents’ point of view regarding these concepts (Mhaidat, unpublished data, 2011), and choices and decisions, which identify their future life.¹²

The previously mentioned difficulties and challenges faced by adolescents within normal safe and loving families become more tense and severe when the adolescent finds himself/herself amid a hard experience or a huge mental shock, such as migrating and leaving their original land. Asylum is considered one of the compressing life experiences, leading to several pressure sources such as the decline in the living standard.

Related studies

The study by Dahl et al¹⁴ aimed at identifying the shocking events and anticipating PTSDs among the Bosnian refugee women who had left their country. The sample was composed of 209 women, aged 15–70 years old. The result showed that the levels of PTSD were increasing.

Also, Perez et al¹⁵ conducted a study for identifying the spreading of PTSD among school children; the sample comprised 493 kids, aged 5–14 years old. The study was done using mental health interviews and PTSD scale. The findings showed that PTSD can spread among children who were exposed to war in a higher degree than those who were not exposed.

In a study conducted by Meis et al,¹⁶ a sample consisting of 301 soldiers used the PTSD scale, the social adaptation scale, and the depression scale. The results indicated that there is a relationship between PTSD and the social and

mental adaptation disorders, since soldiers were suffering from nightmares, isolation, and sleeplessness.

Ahmad et al¹⁷ conducted a study for the purpose of identifying the general features that characterize PTSD among kids living in refugee camps to the north of Darfur. The sample consisted of 5,200 kids and teenagers. The study found that PTSD is the most prevalent disorder.

Uguak¹⁸ conducted a study with the aim of identifying the importance of social and mental needs for migrating children who suffer from PTSD in schools and who experienced war in the south of Sudan. The sample contained 235 kids, aged 8–14 years old, and the results indicated that 63 children suffered from PTSD. The study utilized different activities such as games and using theater for treating children, and a clear improvement was achieved.

Methods

Participants

The sample used in this study comprises all female Syrian refugee adolescents enrolled at grades sixth, seventh, eighth, ninth, tenth, and first secondary within government schools at the First Zarqa Educational Directorate. The sample included 210 female students who were chosen randomly from ten secondary schools as listed in Table 1. This study was approved by Hashemite University human ethics committee. Students who voluntarily agreed to participate were included in the study, and all participants provided informed written consent.

Instruments

Adaptive problems measure

After reviewing the previous literature related to the topic of asylum impact on female Syrian adolescents and the adjustment problems they suffer from, in addition to conducting survey interviews with ten female refugees, the researchers found that the most common adjustment problems among the refugee kids are feeling unsafe, anger, depression, and low self-esteem. Based on these, a scale for measuring adaptation problems was created, including four submeasures

Table 1 Distribution of the sample according to the class

Class	Number	Percentage
Sixth grade	36	17.15
Seventh grade	42	20
Eighth grade	44	21
Nineth grade	42	20
Tenth grade	30	14.3
First secondary	16	7.6
Total	210	100

Table 2 Results of independent samples *t*-test for independent samples according to high and low groups

Class	Mean	SD	Difference between two mean values	Degrees of freedom	<i>t</i> -test	Significance level
Higher	131.20	6.215	-28.20	18	-11.870 ^a	0.000
Lower	159.4	4.222				

Note: ^aStatistically significant at the level ($\alpha=0.05$).

Abbreviation: SD, standard deviation.

and using available measures such as the list of adjusted symptoms by Derogatis and others, Lynett's (1998) measure for controlling anger, Maslow's measure for feeling safe that was translated to Arabic by Dawani and Deerani (1983), and the self-esteem measure that was developed by Al-Khateeb (Al-Khateeb, unpublished data, 2004).

Data input

After collecting the study tool from the sample participants, a degree was extracted for each examinee representing the level of their adaptive problems, by translating the answer sheet of the tool items from a verbal scale into a quantitative scale. This was done by giving the answer (Yes) 1 score and the answer (No) 2 scores, then the mean values were calculated for all scores recorded for the items. The degree of having problems was classified according to the averages of the participants' answers on each item as follows: (1–1.33) low level, (1.34–1.67) moderate level, and (1.68–2) high level, based on the formula:

(Value of the highest alternative – Value of the lowest alternative/total of the levels) or $2 - 1/3 = \text{nearly } (0.33)$ (1)

Then (0.33) was added to (1), it became (1–1.33), which defines the lowest level of the adaptive problems, the moderate level was (1.34–1.67), and the highest level was (1.68–2).

Validity

Face validity by ten specialists in counseling as a jury gave their evaluation about the adaptive problems measure items. The cutting point for accepting any item was 80% agreement among the jury.

Table 3 Results of alpha coefficient test

Domain	Number of items	Alpha coefficient
Depression	18	0.804
Hostility and anger	24	0.880
Self-esteem	25	0.795
Feeling safe	27	0.860
Total	94	0.936

The discriminative validity

The *t*-test for two independent samples was applied on the data of 30 students, outside the study sample, by comparing the difference between mean of the high and low 50%. The *t*-test results showed a significant difference at 0.000, as shown in Table 2.

After finding out the significances of validity and reliability for the tool, its items were modified by omitting some and altering others, and the final version contained 94 items.

Reliability

The reliability of the adaptive problems measure for the female Syrian refugees was calculated by using the internal consistency, Cronbach's alpha equation, as shown in Table 3.

In Table 3, the values of alpha coefficient were high and that means the availability of a high degree of reliability in the tool domains and in it as a whole.

The questionnaire of behavioral adaptive methods

This questionnaire consists of 22 items, including 12 negative and nine positive items. A Likert-type scale was used that includes "always, usually, often, sometimes, rarely, and never". Five marks were given to "always" and one mark was given to "never".

Validity

Face validity by ten specialists in counseling as a jury gave their evaluation about the questionnaire items. The cutting point for accepting the items was 80% agreement among the jury.

Reliability

Internal consistency

The reliability coefficient of the behavioral adaptive methods questionnaire was calculated using Cronbach's alpha equation, as shown in Table 4.

Table 4 Results of alpha coefficient test

Scale	Domain	Number of items	Alpha coefficient
Behavioral methods for adaptation	Positive	9	0.715
	Negative	13	0.868
	Measure	22	0.834

In Table 4, the values of alpha coefficient were high and that means the availability of a high degree of reliability in the tool domains and in it as a whole.

Data analysis

To achieve the study goals and to answer its questions, SPSS (Version 17.0) was used to carry out the statistical analysis process and reach the targeted goals within the study frame. The significance level 0.05 was accredited that matches a confidence level of 95% for illustrating the tests' results. The researcher used the following statistical methods:

1. Reliability:

Cronbach's alpha equation was used to test the degree of internal consistency of the tool.

2. Pearson correlation coefficient:

It was used for measuring the validity of the study tool.

3. The descriptive statistical analysis:

Some statistical methods related to the scales of central tendency and standard deviation were used, for example:

- Arithmetic mean:

It was used for the participants' responses on the study questionnaire while answering the first question, where the practicing degree was identified according to the following classification: (1–1.33) low, (1.34–1.67) medium, (1.68–2) high.

- Standard deviation:

It was used to measure and reveal the extent of dispersion for the participants' responses around the mean. The more the standard deviation decreases, the best is achieved. Low standard deviation refers to little dispersion in the answers around the mean.

- Frequencies and percentages:

They were used to describe the sample.

Results

To assist in understanding the results of this study, questions have been divided into two types.

Table 5 Mean and standard deviations for the students' responses of adaptation problems

Domain	Number of items	General mean	Item mean	SD	%	Degree
Depression	18	26.63	1.48	4.472	73.97	Medium
Hostility and anger	24	33.87	1.41	5.732	70.56	Medium
Self-esteem	25	40.98	1.64	4.882	81.96	Medium
Feeling safe	27	37.51	1.39	6.644	69.46	Medium
Total degree for the scale	94	138.99	1.48	18.980	73.93	Medium

Abbreviation: SD, standard deviation.

Results of the first question

“What is the level of adaptive problems female Syrian refugee adolescents suffer from in government schools within the First Zarqa directorate?”

To answer this question, mean and standard deviations were calculated for the students' responses on each domain of the four domains of adaptation problems, in addition to the total degree of the scale. Table 5 clarifies the results of this question, noting that the scale used was dual (Yes–No). Levels of adaptive problems based on item mean are (1–1.33) the lowest level, the moderate level (1.34–1.67), and the highest level (1.68–2). Levels of adaptive problems based on general mean are (94–125.20) low, (125.96–156.98) moderate, and (157.92–188) high.

Table 5 shows that female Syrian refugees perceive themselves to have moderate adaptive problems while attending government schools, where the mean for their responses on the entire items of the scale was 138.99, with a percentage of 73.93% of the sample whose marks were within the moderate category; thus, these adolescents suffer from adaptation problems with a moderate degree, based on the general mean.

To identify the level of these adaptation problems that these female Syrian refugee adolescents suffer from, mean, standard deviations, and percentages were calculated for each item in the four domains: depression, feeling unsafe, hostility and anger, and low self-esteem.

First: depression domain

Table 6 refers to these mean and percentages for each item of the depression domain. It is clear in Table 6 that most of the participants' responses are around the mean, which indicates a moderate degree, where the number of the medium-degree items was 13 items out of 18, three items indicate the low degree, and two items signify the high depression degree.

Second: hostility and anger domain

Regarding the domain of hostility and anger, its total items were 24. Table 7 shows that there are adaptation problems related to hostility and anger, where the mean of their degrees was 70.56. This mean is located within the medium level of anger and hostility. Table 7 displays the entire degree for each of the domain items.

It is clear in Table 7 that most of the participants' responses are around the mean, which indicates a moderate degree of problems, where the number of the medium-degree items was 13 items out of 24, while the items that indicate a high degree of anger and hostility were two. Low degrees were represented by nine items.

Table 6 Mean and percentages for each item of the depression domain

No	Items	Mean ^a	SD	%	Degree
1	I feel idle and inactive	1.53	0.502	76.5	Medium
2	I think of ending my life	1.48	0.503	74	Medium
3	I cry easily	1.28	0.450	64	Low
4	I blame myself for the events I pass through	1.31	0.465	65.5	Low
5	I feel lonely	1.34	0.487	67	Medium
6	I worry about things in an exaggerated way	1.33	0.474	66.5	Low
7	I feel disinterested in what is occurring	1.48	0.503	74	Medium
8	I feel despair regarding the future	1.57	0.497	78.5	Medium
9	I feel everything in this life is tiresome	1.34	0.478	67	Medium
10	I feel myself to be insignificant	1.52	0.503	76	Medium
11	I feel myself responsible for everything bad or wrong that is happening around me	1.53	0.502	76.5	Medium
12	I blame myself for every mistake made	1.49	0.503	74.5	Medium
13	I wake up earlier than usual every day and I find it difficult to go back to sleep	1.38	0.488	69	Medium
14	My appetite for food is not as good as it used to be	1.61	0.491	80.5	Medium
15	I no longer have an appetite for eating at all	1.70	0.460	85	High
16	I notice that I am losing weight	1.82	0.390	91	High
17	I feel this life doesn't deserve to be lived	1.54	0.501	77	Medium
18	I feel sad and miserable in an intolerable way	1.37	0.485	68.5	Medium

Note: ^aLevels of adaptive problems (based on item mean) are (1–1.33) the lowest level, the moderate level (1.34–1.67), and the highest level (1.68–2).

Abbreviation: SD, standard deviation.

Third: low self-esteem domain

Regarding the domain of low self-esteem, its total items were 25. Table 8 shows that the mean related to low self-esteem domain was 81.96. This mean is located within the moderate level of low self-esteem. Table 8 displays the degree for each of the domain items.

It is clear in Table 8 that the number of medium-degree items was ten of 25 items, whereas the number of items that scored high level of low self-esteem was 14. On the other hand, only one item was of low level.

Results showed that most answers were around the general mean, and it illustrates that there are moderate problems with low self-esteem domain.

Fourth: feeling unsafe domain

Regarding the domain of feeling unsafe, its total items were 27. Table 9 shows that there are adaptation problems

Table 7 Mean and percentages for each item regarding the hostility and anger domain

No	Items	Mean ^a	SD	%	Degree
19	I feel myself easily provoked or annoyed	1.29	0.455	64.5	Low
20	I feel moody upsets which I can't control	1.32	0.470	66	Low
21	I feel motivated to hit, injure, or harm someone	1.57	0.497	78.5	Medium
22	I feel urgently motivated to break or damage things	1.47	0.502	73.5	Medium
23	I join lots of arguments or discussions	1.25	0.437	62.5	Low
24	I have bouts of yelling	1.55	0.500	77.5	Medium
25	I get angry and shout when talking	1.39	0.491	69.5	Medium
26	I throw things when I become angry	1.44	0.499	72	Medium
27	I feel angry most of the time	1.18	0.390	59	Low
28	I rarely feel angry	1.71	0.470	85.5	High
29	When I feel angry, I have bouts of strange ideas	1.26	0.444	63	Low
30	When I feel angry, I threaten people and break things	1.48	0.503	74	Medium
31	When I feel angry, I think of revenge	1.49	0.503	74.5	Medium
32	When I feel angry, I shout and insult	1.26	0.444	63	Low
33	When I feel angry, I cry	1.16	0.370	58	Low
34	I feel angry at my mother	1.44	0.499	72	Medium
35	I feel angry at my father	1.38	0.488	69	Medium
36	I feel angry at my relatives	1.40	0.493	70	Medium
37	I feel angry at my colleagues	1.46	0.501	73	Medium
38	I feel angry at myself	1.26	0.444	63	Low
39	I feel angry at most people	1.21	0.407	60.5	Low
40	I get angry when I am at home	1.47	0.502	73.5	Medium
41	I get angry when I am at school	1.75	0.437	87.5	High
42	When I get angry, I try to calm myself	1.66	0.478	83	Medium

Notes: ^aLevels of adaptive problems (based on item mean) are (1–1.33) the lowest level, the moderate level (1.34–1.67), and the highest level (1.68–2). General mean: (50–66.67) low, (66.68–83.34) medium, (83.35–100) high.

Abbreviation: SD, standard deviation.

related to feeling safe, where the mean was 69.46. This mean is located within the moderate level.

It is clear in Table 9 that most of the participants' responses are around the mean, which indicates a moderate degree, where the number of the moderate items was 13 of 27, while only one item indicated a high degree of feeling unsafe was one, and the low were eight items.

The second question

“What are the positive and negative behavioral methods used by the female refugees to adapt and cope with the problem of asylum?”

Table 8 Mean and percentages for each item of the low self-esteem domain

No	Items	Mean ^a	SD	%	Degree
43	I feel that all whom I deal with like me	1.44	0.499	72	Medium
44	My friends like to be friends with me	1.77	0.423	88.5	High
45	I am popular among my colleagues	1.66	0.478	83	Medium
46	I feel my father loves me	1.70	0.460	85	High
47	I feel my brothers and sisters love me	1.69	0.465	84.5	High
48	I trust others	1.34	0.478	67	Medium
49	I feel ambitious to achieve the best	1.67	0.474	83.5	High
50	I feel my intelligence is higher than average	1.47	0.502	73.5	Medium
51	I am able to do important tasks	1.69	0.465	84.5	High
52	I feel I have a strong personality	1.61	0.491	80.5	Medium
53	I feel I can take responsibility sometimes	1.78	0.416	89	High
54	I like my physical appearance	1.71	0.455	85.5	High
55	I feel shy about my body and appearance	1.67	0.474	83.5	High
56	I can't participate in any activity till the end	1.53	0.502	76.5	Medium
57	I feel frustrated if others don't agree with my actions or opinions	1.24	0.430	62	Low
58	I believe I do the right things	1.82	0.390	91	High
59	I believe my ideas and opinions are right	1.75	0.437	87.5	High
60	I can talk about my opinions without being embarrassed	1.53	0.502	76.5	Medium
61	I follow others depending on their wealth and position	1.74	0.444	87	High
62	I don't give a good impression to others	1.61	0.491	80.5	Medium
63	I like dealing with all my colleagues	1.77	0.423	88.5	High
64	People say they like me	1.63	0.485	81.5	Medium
65	I deal gently with others	1.90	0.306	95	High
66	People will continue to hate me despite whatever efforts I exert	1.77	0.423	88.5	High
67	I set plans which I am sure I will implement	1.51	0.503	75.5	Medium

Notes: ^aLevels of adaptive problems (based on item mean) are (1–1.33) the lowest level, the moderate level (1.34–1.67), and the highest level (1.68–2). Degree: (50–66.67) low, (66.68–83.34) medium, (83.35–100) high.

Abbreviation: SD, standard deviation.

To answer this question, mean and standard deviations were calculated for the students' responses on the questionnaire of behavioral methods for adaptation with asylum.

Positive behavioral adaptation methods

Table 10 clarifies the results. It is clear in Table 10 that most of the participants' responses are around the mean, which indicates a moderate degree of a positive adaptation, where the number of the moderate-degree items was six of nine,

Table 9 Mean and percentages for each item of the feeling unsafe domain

No	Items	Mean ^a	SD	%	Degree
68	I usually want to be with others	1.13	0.334	56.5	Low
69	I lack self-confidence	1.40	0.493	70	Medium
70	I feel I get enough praise	1.60	0.493	80	Medium
71	I worry for a long time because of insults I am exposed to	1.22	0.416	61	Low
72	I feel lonely even when I am with friends	1.33	0.474	66.5	Low
73	I feel I am optimistic	1.49	0.503	74.5	Medium
74	I am a cheerful person in general	1.31	0.465	65.5	Low
75	When meeting others for the first time, I feel they will not like me	1.49	0.503	74.5	Medium
76	I have a vague fear of the future	1.36	0.482	68	Medium
77	I feel I am a lucky person	1.38	0.488	69	Medium
78	I spend much time worrying about the future	1.34	0.478	67	Medium
79	I believe I am a burden on others	1.54	0.501	77	Medium
80	I feel happy for others' happiness and good luck	1.67	0.474	83.5	High
81	I often feel I am ignored, not receiving enough interest	1.44	0.499	72	Medium
82	I pity myself when things go wrong	1.37	0.485	68.5	Medium
83	Feeling inferior worries me	1.28	0.450	64	Low
84	In general, my spirits are high	1.41	0.495	70.5	Medium
85	My feelings can be easily hurt	1.16	0.370	58	Low
86	I feel I am not adapting to life properly	1.34	0.478	67	Medium
87	I behave normally	1.64	0.482	82	Medium
88	I feel people in general are untrustworthy	1.36	0.482	68	Medium
89	I have lots of faithful friends	1.45	0.500	72.5	Medium
90	I have a happy family	1.38	0.488	69	Medium
91	I often become upset with people	1.15	0.359	57.5	Low
92	I feel people sometimes laugh at me	1.34	0.478	67	Medium
93	I can work with others harmoniously	1.64	0.482	82	Medium
94	I feel the world doesn't treat me fairly	1.28	0.450	64	Low

Notes: ^aLevels of adaptive problems (based on item mean) are (1–1.33) the lowest level, the moderate level (1.34–1.67), and the highest level (1.68–2). Degree: (50–66.67) low, (66.68–83.34) medium, (83.35–100) high.

Abbreviation: SD, standard deviation.

while the items that indicate a high degree were two, and one in the low degree.

Negative behavioral adaptation methods

Table 11 shows the results. It is clear in Table 11 that most of the participants' responses are in the low level, which indicates that less negative methods are used by the participants, where the number of the low-degree items was eleven of 13, and one item for each of the moderate and high level. This result confirms the results showing that positive methods are used by the participants to help cope with their refugee problems.

Table 10 Mean and percentages for each item of the positive methods

Rank	No	Items	Mean ^a	SD	Adaptation degree
1	3	I do worship like praying, fasting, and asking God	4.73	0.683	High
2	7	I spend time studying to gain success	4.41	0.895	High
3	9	I busy myself doing home chores	3.37	1.235	Medium
4	1	I practice sports or exercise	3.30	1.143	Medium
5	5	I watch TV sometimes	3.21	1.133	Medium
6	6	I express my suffering through drawing or doing hand crafts	2.89	1.361	Medium
7	4	I write diaries and poetry	2.72	1.319	Medium
8	8	I do visits to get to know many people	2.60	1.229	Medium
9	2	I work after formal working hours	1.31	0.923	Low
Positive methods			3.20	0.45	Medium

Note: ^aDegree: (1–2.33) low, (2.34–3.67) medium, (3.68–5) high.

Abbreviation: SD, standard deviation.

Discussion

Results related to the first question

What is the level of adaptation problems that female Syrian refugee adolescents suffer in government schools within the First Zarqa area?

Findings indicate that the female refugee adolescents suffer from adaptation problems in a level of 73.93% on the whole

Table 11 Mean and percentages for each item of the negative methods

Rank	No	Items	Mean ^a	SD	Adaptation degree
1	10	I smoke to forget my problems	4.94	0.412	High
2	13	I cry for long periods of time	2.67	1.206	Medium
3	16	I sit alone for long hours in order not to see any one	2.25	1.350	Low
4	12	I sleep for long periods of time	2.18	1.063	Low
5	20	I spend a long time day-dreaming	2.16	1.345	Low
6	22	I spend a long time communicating via phone	1.89	1.031	Low
7	17	I stop eating for long long periods of time	1.79	1.035	Low
8	14	I invent troubles and quarrels with others	1.48	0.856	Low
9	11	I have sexual relations with several partners	1.26	0.694	Low
10	19	I plan revenge and sabotage on others	1.16	0.521	Low
11	15	I tried suicide or harming myself	1.12	0.409	Low
12	18	I have sleeping pills	1.10	0.479	Low
13	21	I take drugs	1.03	0.217	Low
Negative methods			1.93	0.41	Low

Note: ^aDegree: (1–2.33) low, (2.34–3.67) medium, (3.68–5) high.

Abbreviation: SD, standard deviation.

scale and regarding the subdimensions as following: depression, 73.97%; hostility and anger, 70.56%; low self-esteem, 81.96%; and feeling unsafe, 69.46%. This result agrees with the study by Burnett and Peel,⁴ which pointed out that refugees suffer from huge pressures, creating the feelings of depression, grief, and severe fear from the unknown. War experiences are considered to be harsh and painful, such as death threats, witnessing death, torture, or being threatened by it. Other experiences such as destruction of homes, losing sources of income, and insecurity because of their homes being raided day and night make the people extremely afraid. It also agrees with the study by Kantemir³, which showed that kids and adolescents who experienced asylum and were exposed to torture events suffer from severe mental disorders as well as PTSD. It also agrees with the study by Saidoom and Thabet,¹⁹ which showed that the university students in the Gaza Strip suffer from severe shocks and variations in their mental health such as worry and depression due to the location of universities near areas of bombing and destruction, which causes a fear for their lives. These results again support the study by Skotnicka,²⁰ which was conducted on the Polish soldiers after coming back from the Iraqi war, where it was found that the soldiers who experienced the war were having a high level of anger, suffering from physical–mental disorders such as exhaustion, increase in heart rate, and tiredness.

Results related to the second question

What are the positive and negative behavioral methods used by the female refugees to adapt with the problems of asylum?

The study found that the most used behavioral methods among the female refugees were the positive adaptation ones, where the item (I practice sportive exercises) got the highest responses, in addition to the item (working after formal hours). This may be ascribed to the fact that the sample contained females who usually act away from negative adaptation methods, in addition to the large sympathy and wide acceptance refugees got from the schools' teachers and administrators. Moreover, there were the educational consultants who were qualified within the government schools through passing experimental courses for dealing with kids of crises in order to help this class of people in emotional expression and self-expression. These results match the ones achieved by Nahla's study,²¹ which revealed that the female Palestinian refugees were forced to work and get out of school in order to help carry out family affairs and to get a financial income for the family. Fleeing one's native country creates a new burden in the new country, providing food and shelter, as well as providing school requirements, which makes asylum a new cause of stress and pressure. In addition to the enormous psychological difficulties that refugees suffer as a result of their flight

from war, witnessing terrifying sights and experiencing many scenes of violence, murder, and destruction, many refugees are forced to quit school and work full-time or part-time jobs, especially males. Syrian families in Jordan rely on foreign aid that are not sufficient to cover the family's needs. Therefore, Syrians resort to working part-time jobs, which causes them to lose job stability and most of them are of school-going age yet do not attend. These results contradict the findings of Kantemir's study,³ which showed that many refugee children and adolescents tried suicide, having problems in using alcohol and drugs. Many refugees may resort to drugs to lessen the effects of psychological stress of war and life-threatening experiences and the difficulty to adjust in the new country. That may not apply to this study, because it was conducted on teenage girls in government schools, which often enforce good behavior, obedience, and morality. Based on what the study came up with, I recommend the following:

1. Conducting more studies that involve refugee families.
2. Using cognitive behavioral remedy programs for easing the impact of asylum on kids and adolescents.
3. Providing teachers and educational consultants with training programs for dealing with kids suffering from crises.
4. Providing families of refugees with training programs to help develop their skills for coping with new situations.

The limitations of the study

- The sample of the study was restricted to female Syrian refugee adolescents in government schools within the First Zarqa region only.
- The sample included the female Syrian refugee adolescents within the age group 12–16 years old, so the results will be limited to this class of students.
- The results of the study will be identified by the tools used as well as the procedures implemented to examine their validity and reliability.

Disclosure

The author reports no conflicts of interest in this work.

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