Intergroup Contact, Empathy Education, and Native-Refugee Relations in Lebanon

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Motivation

- Research questions:
  - Can intergroup contact improve refugee-host relations?
  - Are there gains from combining contact with empathy education?
- Anti-refugee prejudice on the rise (Valentino et al. 2017, Selsky 2024)
- Practitioners see contact and empathy education as promising interventions
- But: Limited evidence on refugee-native contact
- And: Empathy training may strengthen effects of contact (though could also imagine the opposite...)

Our approach

- Partner with Lebanese NGO (Amel Association) to design contact and empathy-training RCT for Syrian and Lebanese youth
- Design experiment around well-established family psycho-social support (FPSS) program

Open questions in contact research

- If cooperative and egalitarian, social contact should reduce prejudice (Allport 1954)
- Explosion in contact RCTs (especially in past 10 years)
  - Finseraas 2016, Scacco and Warren 2018, Mousa 2020, Lowe 2021, Corno et al. 2022, Zhou and Lyall 2024
  - Contact has small positive effects, particularly in curbing discriminatory behavior
- Studies rarely look at "new neighbors"
- Few studies focus on possible moderators of contact

Context: Syrian refugees in Lebanon

- 1.5 million Syrian refugees arrived since 2011
- Syrian refugees make up 25 % of Lebanon's population
- Highly restrictive and discriminatory policies
  - Syrians banned from certain occupations (law, medicine)
  - Barred from buying property
  - Movement restrictions
  - Recent forcible deportations
- Social tensions focus on access to employment, state assistance and international aid
- Exacerbated in the wake of 2019 economic crisis
- Few opportunities for meaningful contact – e.g., temporal school segregation

Partner organization: Amel Association

- Founded 1979: Wartime medical, psychological services
- Today: Anti-poverty, mental health programming
  - Heavy focus on child protection
- FPSS: Flagship child protection program, serving 8,000 children since 2011
- FPSS participants: Syrian (65%), Lebanese (35%)
- Funding: UNICEF, IPA, Yale, WZB

Experimental design

- Intervention: 12 weeks of FPSS programming
  - 2-3 hour sessions once per week
  - 10-12 students per group
- Participants: 1000 Lebanese and Syrian children, age 11-15
  - Outreach through ads at local public schools
  - Approx 60% Syrian, 40% Lebanese
- Course content: basic course focused on mental health
  - Empathy: active listening, conflict management, working in diverse communities
  - Health: nutrition, exercise, substance abuse, digital health
- Outcomes: prejudice, participation in cultural events, conflict management skills
- Random assignment: homogeneous vs. heterogeneous FPSS group; empathy vs. health curriculum

Hypotheses

Expected effect sizes:

	Health curriculum	Empathy curriculum
Homog. group	*Control*	Moderate
Mixed group	Moderate	Large

Measurement

- Baseline (youth and parents), 1–2 weeks pre-intervention
- Endline (youth and parents), 1-2 weeks post-intervention
  - Youth outcomes: curriculum-related skills and knowledge, explicit prejudice, policy attitudes
  - Parent outcomes: also asked about future migration intentions
- Behavioral measures, 3-4 weeks post-intervention
  - Participation in real events: RSVP, attendance at outgroup-themed cultural event

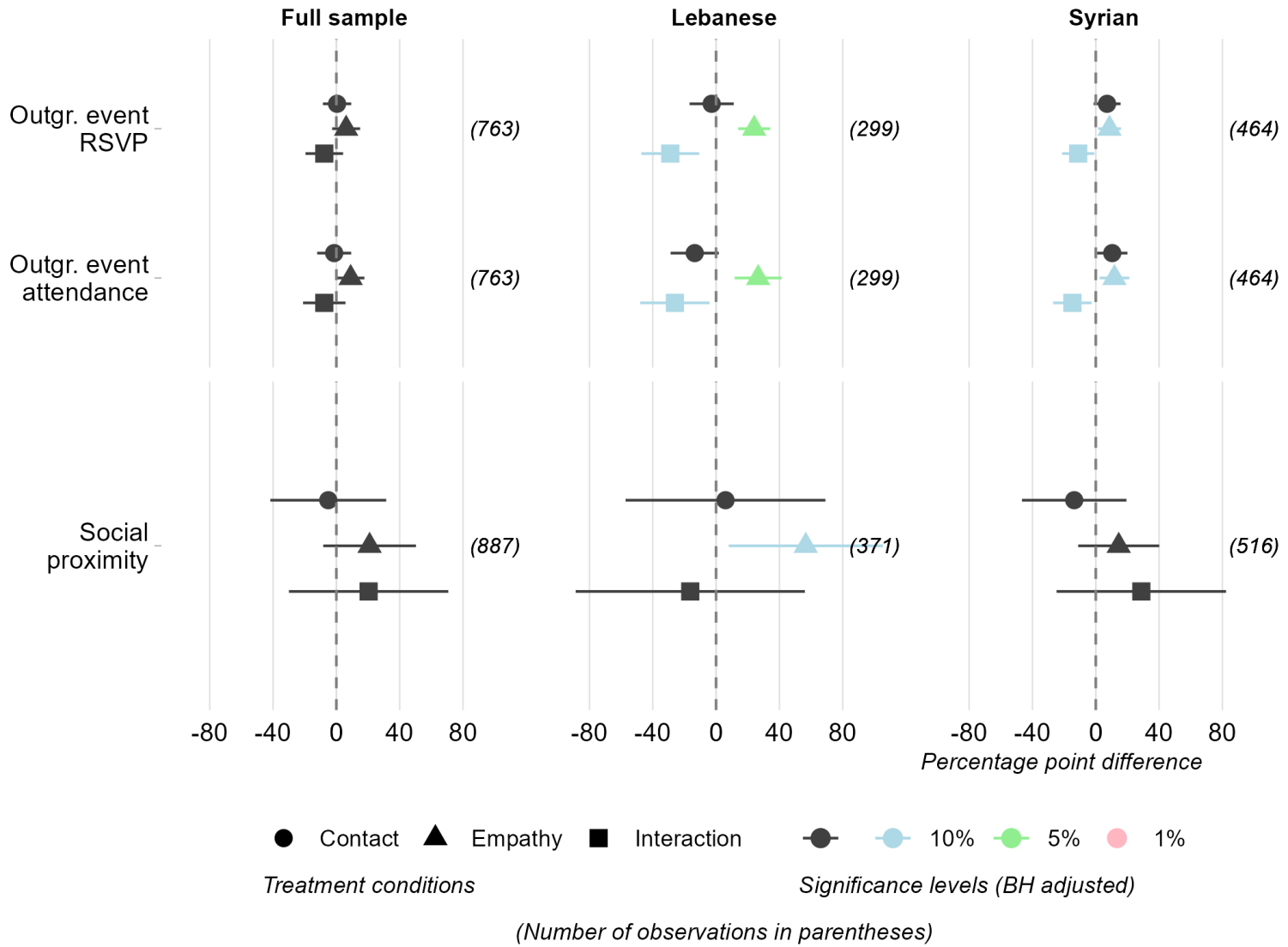
Analysis

- OLS regression with Lin estimator:

$$Y_{i,1} = \beta * Contact_i * Empathy_i * (X_{i,1} + Y_{i,0})$$

- Controls: nationality, age, gender, study cohort, education, timeslot availability, baseline levels of the outcome variable, outgroup friendships, and outgroup contact
- Estimands: ATE (compared to pure control) and interaction effect of both treatments

Results



Circles, triangles, and squares represent coefficient estimates for contact treatment, empathy education treatment, and their interaction, obtained from a linear regression model with Lin estimator and standard errors clustered at the group level. Lines indicate 90% confidence intervals.

Simpsons paradox

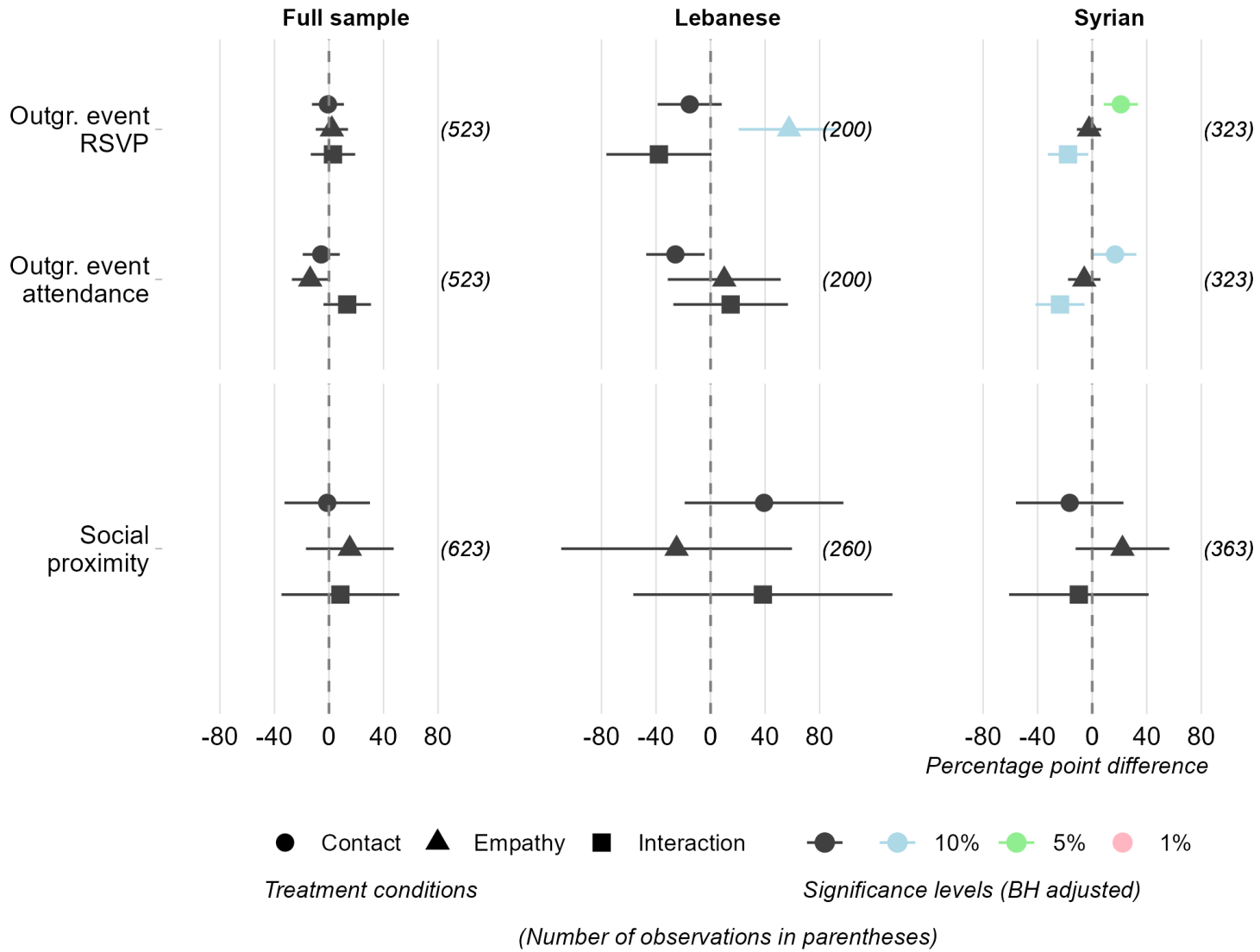
Possible remedies:

- Report as-is and discuss
- Interacting nationality with all covariates, report marginal effects
- Meta-analyze subgroups

Conclusions

- In a naturalistic field experiment in a conflict setting...
  - Contact alone has limited effects (particularly for Lebanese)
  - Empathy education has positive attitudinal and behavioral effects
  - Combining contact and empathy is less effective than empathy alone
- Given (high!) costs of inducing contact in conflict settings – empathy training may be a better investment

Appendix: Spillover results on parents



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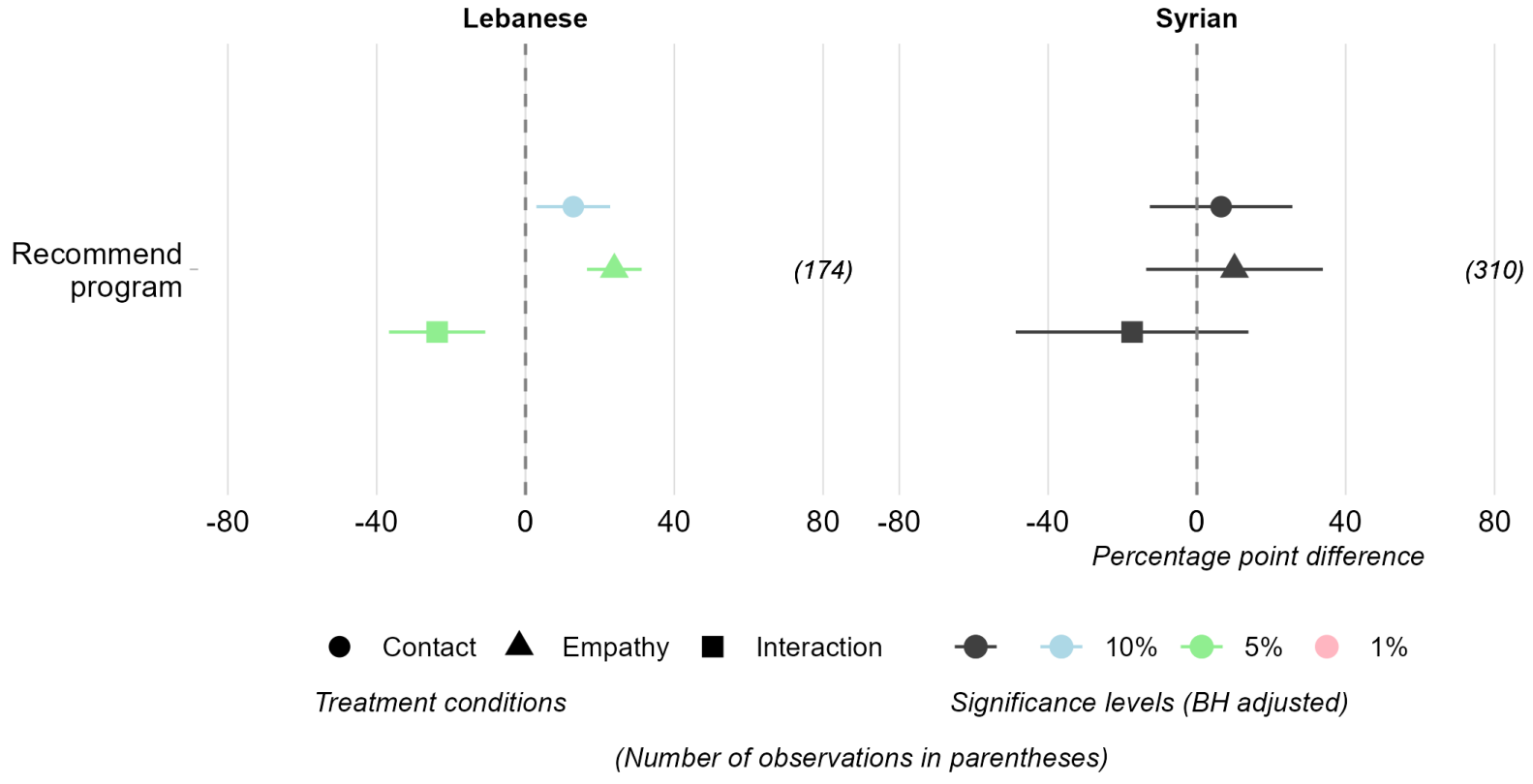
Appendix: Program recommendation



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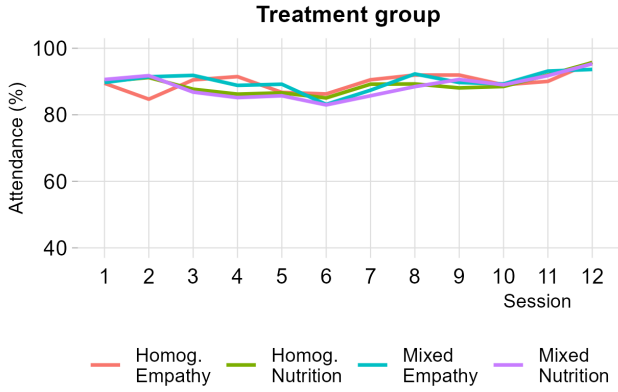
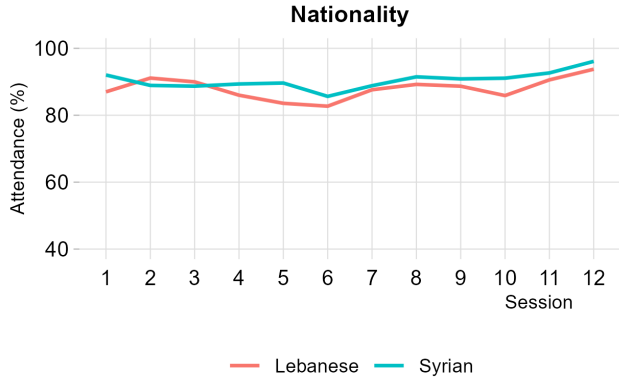
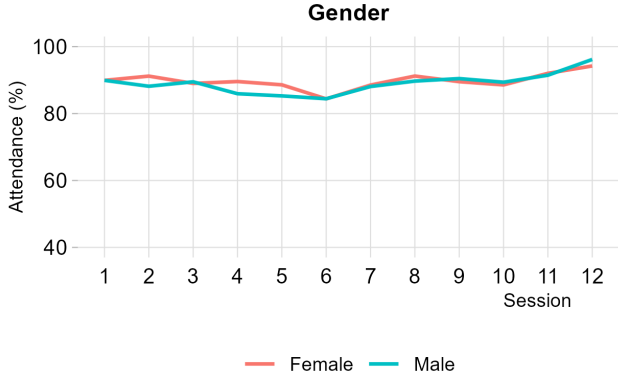
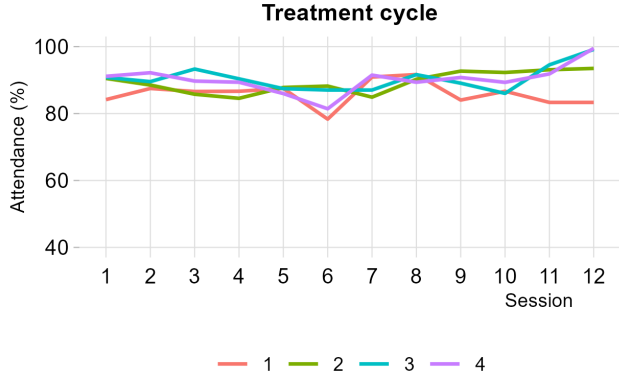
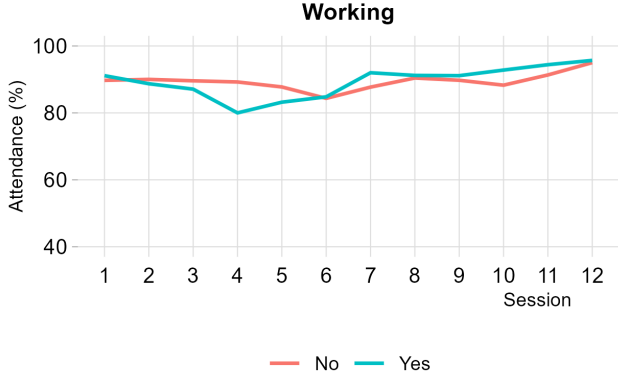
Appendix: Compliance

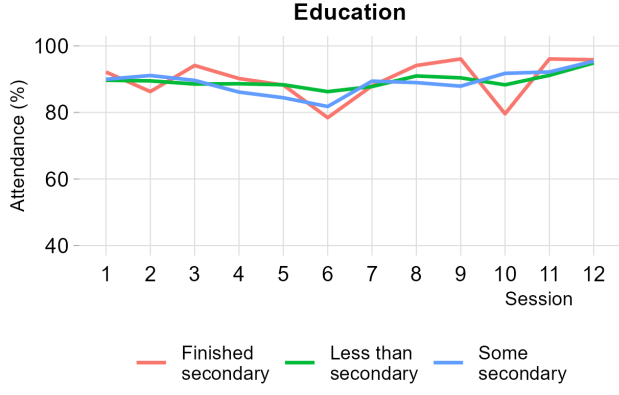












Appendix: Outcome measures

Variable	Item(s)	Question text
Prejudice	*common*	How much do you think you have in common with kids from Syria/Lebanon?
	frndly	In general, Syrian/Lebanese people are friendly toward Lebanese/Syrians.
	famfri	My family would be supportive if I became close friends with someone Syrian/Lebanese.
	frifri	My Lebanese/Syrian friends would be supportive if I became close friends with someone Syrian/Lebanese.
	closfri	I can imagine becoming close friends with someone Syrian/Lebanese
Conflict skill	*stepin*	Imagine two of your friends got into an argument and they ask for your help resolving it. How comfortable would you feel about stepping in to help?
Conflict knowledge	*confli*	Which of the following statements do you most agree with? "Conflict is a normal part of life / Conflict should never happen."
Emotional skill	frnsad	When a friend is sad, with some effort, I am able to understand why.

Appendix: Marginal effects for behavioral outcomes

	Outgroup event RSVP (1)	Outgroup event attendance (2)
Panel A: Pooled		
Contact	0.120	0.083
	(0.089)	(0.104)
Empathy	0.317***	0.375***
	(0.082)	(0.087)
Both	0.022	0.078
	(0.101)	(0.106)
Observations	761	761

Marginal effects in standard deviations relative to control, with standard errors clustered at the group level, estimated with linear regression of outcome on contact treatment, empathy treatment, and nationality, each fully interacted with mean-centered covariates (age, gender, study cohort, education, timeslot availability, and outcome at baseline) (* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$).

Appendix: Marginal effects for behavioral outcomes by nationality

	Outgroup event RSVP (1)	Outgroup event attendance (2)
Panel B: Lebanese		
Contact	-0.018	-0.232
	(0.154)	(0.184)
Empathy	0.470***	0.523***
	(0.147)	(0.135)
Both	-0.137	-0.097
	(0.175)	(0.173)
Panel C: Syrian		
Contact	0.209*	0.286**
	(0.119)	(0.119)
Empathy	0.219**	0.279**
	(0.097)	(0.115)
Both	0.125	0.190
	(0.119)	(0.123)
Observations	761	761

Marginal effects in standard deviations relative to control, with standard errors clustered at the group level, estimated with linear regression of outcome on contact treatment, empathy treatment, and nationality, each fully interacted with mean-centered covariates (age, gender, study cohort, education, timeslot availability, and outcome at baseline) (* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$).

Appendix: Marginal effects for attitudinal outcomes

	Social proximity (1)	Conflict knowledge (2)	Conflict skill (3)	Emotional skill (4)
Panel A: Pooled				
Contact	-0.043	0.025	-0.266**	-0.177*
	(0.105)	(0.129)	(0.105)	(0.091)
Empathy	0.206***	-0.124*	-0.267***	-0.263***
	(0.076)	(0.073)	(0.078)	(0.079)
Both	0.218**	-0.091	-0.165	-0.003
	(0.097)	(0.113)	(0.103)	(0.088)
Observations	873	873	873	873

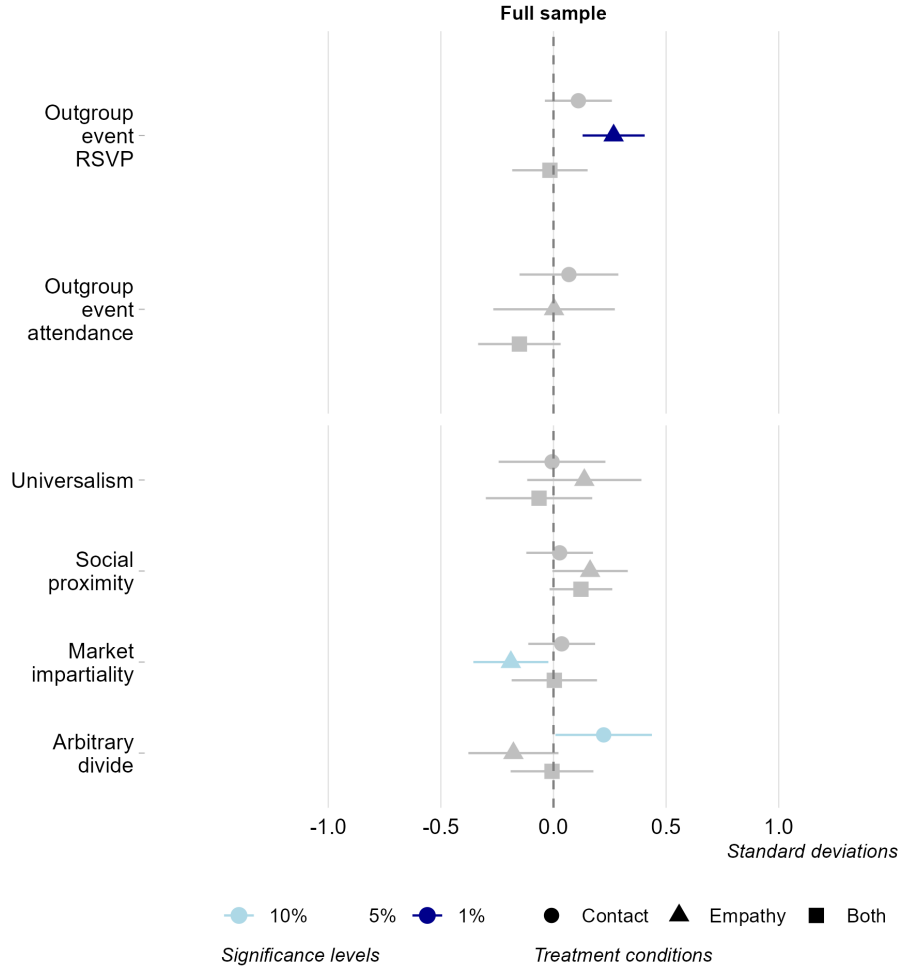
Marginal effects in standard deviations relative to control, with standard errors clustered at the group level, estimated with linear regression of outcome on contact treatment, empathy treatment, and nationality, each fully interacted with mean-centered covariates (age, gender, study cohort, education, timeslot availability, and outcome at baseline) (* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$).

Appendix: Marginal effects for attitudinal outcomes by nationality

	Social proximity (1)	Conflict knowledge (2)	Conflict skill (3)	Emotional skill (4)	Allow Syrians to stay (5)
Panel B: Lebanese					
Contact	0.014	-0.049	-0.345***	-0.181*	0.168
	(0.173)	(0.120)	(0.109)	(0.099)	(0.106)
Empathy	0.336**	-0.236***	-0.594***	-0.445***	0.429***
	(0.145)	(0.084)	(0.107)	(0.123)	(0.111)
Both	0.331**	-0.175	-0.102	-0.015	0.347***
	(0.158)	(0.108)	(0.131)	(0.099)	(0.119)
Panel C: Syrian					
Contact only	-0.086	0.078	-0.208	-0.174	
	(0.115)	(0.191)	(0.141)	(0.133)	
Empathy only	0.111	-0.041	-0.027	-0.129	
	(0.073)	(0.113)	(0.110)	(0.103)	
Both	0.135	-0.029	-0.211	0.005	
	(0.115)	(0.169)	(0.137)	(0.107)	
Observations	873	873	873	873	366

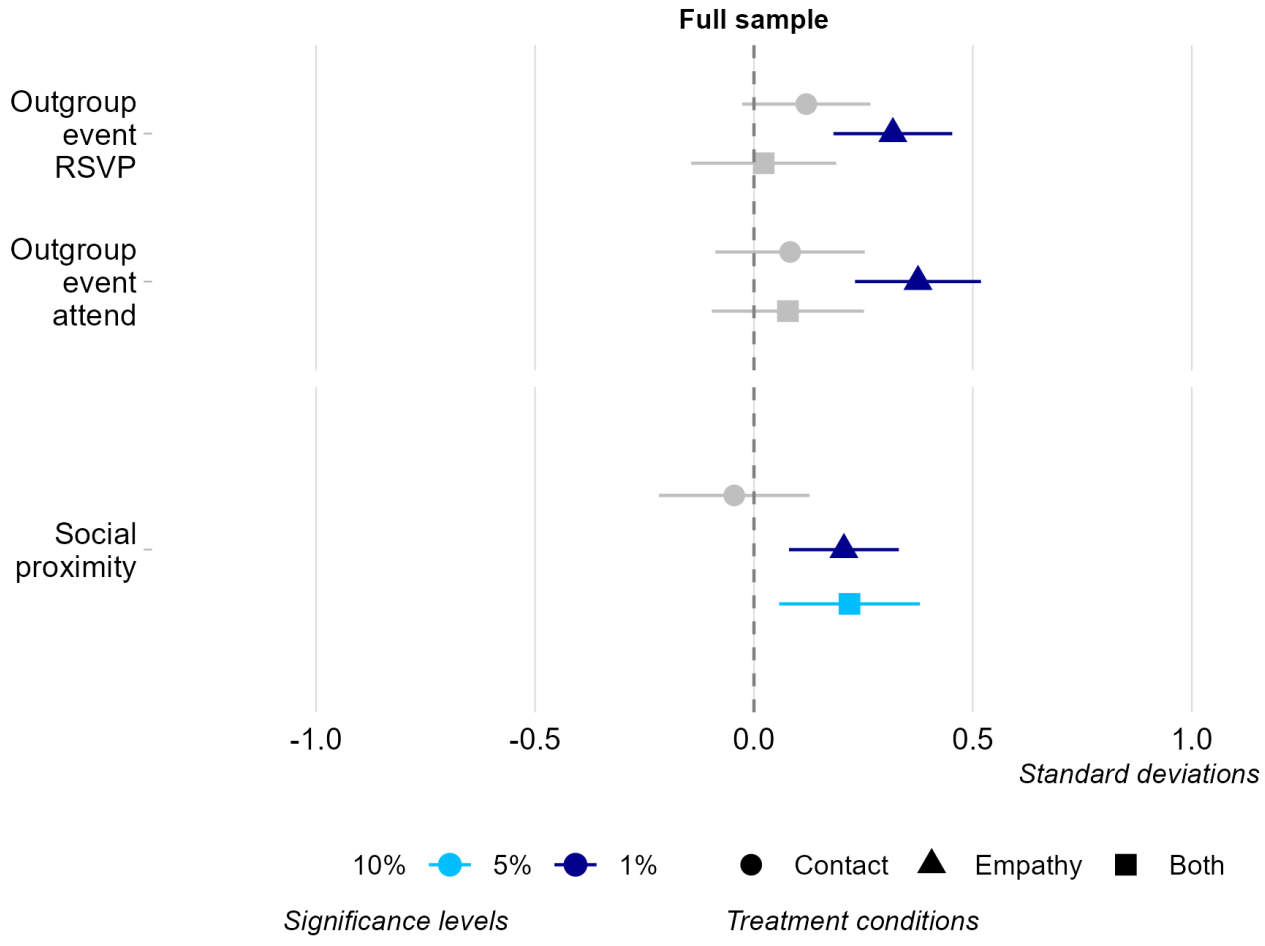
Marginal effects in standard deviations relative to control, for average Lebanese and average Syrian, with standard errors clustered at the group level, estimated with linear regression of outcome on contact treatment, empathy treatment, and nationality, each fully interacted with mean-centered covariates (age, gender, study cohort, education, timeslot availability, and outcome at baseline) (* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$).

Appendix: Marginal effects for spillover effects on parents



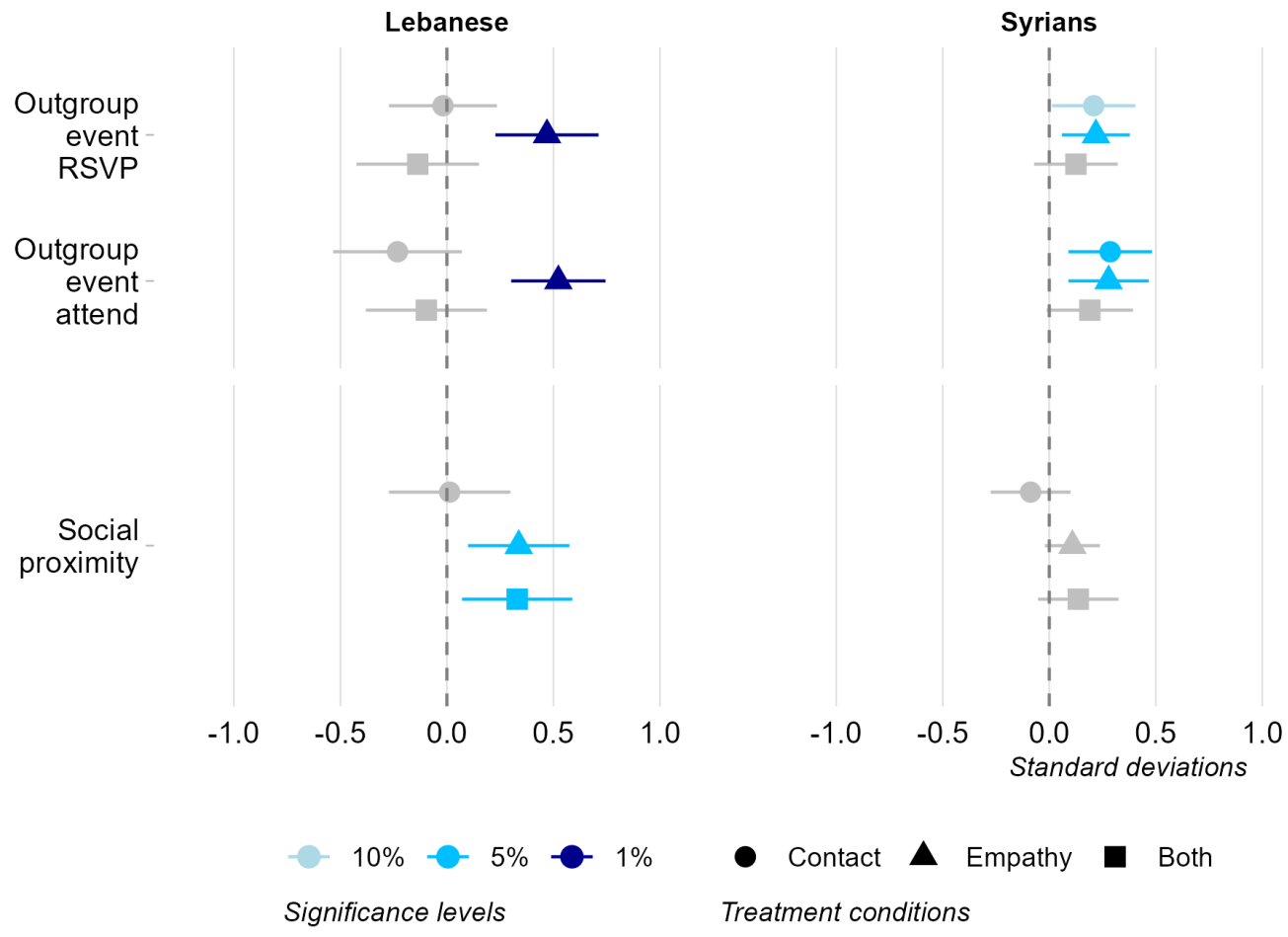
Circles, triangles, and squares represent marginal treatment effect estimates at subgroup means for contact treatment (vs. homogeneous group assignment), empathy training treatment (vs. nutrition curriculum), and combined contact and empathy training treatment (vs. nutrition curriculum in homogeneous group). Lines indicate 90% confidence intervals.

Appendix: Marginal effects plot (1)



Circles, triangles, and squares represent marginal effect estimates of contact treatment (vs. homogeneous group assignment), empathy training treatment (vs. nutrition curriculum), and combined contact and empathy training treatment (vs. nutrition curriculum in homogeneous group). Lines indicate 90% confidence intervals.

Appendix: Marginal effects plot (2)



Circles, triangles, and squares represent marginal effect estimates of contact treatment (vs. homogeneous group assignment), empathy training treatment (vs. nutrition curriculum), and combined contact and empathy training treatment (vs. nutrition curriculum in homogeneous group). Lines indicate 90% confidence intervals.