

## Post-traumatic Stress Disorder among Displaced People in Iraq

### إضطرابات ما بعد الصدمة لدى النازحين في العراق

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#### الخلاصة

**خلفية البحث:** شهد العراق عدد من الحروب والغزوات منذ عام ٢٠٠٣. وآخر أسوأ الأحداث التي شهدتها العراق هو غزو عصابات (داعش) للعديد من المناطق العراقية نهاية عام ٢٠١٣ وبداية عام ٢٠١٤. تسببت هذه الأحداث في نزوح وهجرة الملايين من العراقيين، ويعاني الأشخاص الذين عانوا من الهجرة والنزوح مشاكل و اضطرابات نفسية بسبب فقدانهم لمنازلهم وممتلكاتهم والإبتعاد عن محلات إقامتهم المعتادة وحياتهم الطبيعية، بالإضافة إلى ما تعرضوا له خلال نزوحهم. وقد ذكرت العديد من الدراسات السابقة أن الاضطرابات النفسية ما بعد الصدمة هو الإضطراب الأكثر شيوعاً بين النازحين.

**الهدف:** هدفت الدراسة إلى تقدير مدى انتشار اضطراب ما بعد الصدمة بين النازحين داخل العراق. **المنهجية:** استخدمت دراسة مقطعية باستخدام إستبيان صمم لهذا الغرض أجري على ٩٧ من النازحين في مخيم الجعدة، الذي يقع في بلدة القيارة في محافظة نينوى في العراق، وكانت فترة الدراسة من ١ ديسمبر ٢٠١٦ إلى ٣٠ أيار ٢٠١٧. وتم استخدام الحزمة الإحصائية القياسية للعلوم الاجتماعية (الإصدار ٢٢) لتحليل البيانات التي تم جمعها.

**النتائج:** الدراسة الحالية توصلت إلى أن ٥٩.٨% من المشاركين كانت أعمارهم تتراوح ما بين (٢٩-١٨) سنة. ٥٧.٧% من المشاركين كانوا ذكورا. ٦٠.٨% منهم كانوا نازحين من محافظة صلاح الدين. كما وتوصلت النتائج إلى أن ٦٧.٠% من النازحين المشاركين لديهم اضطرابات ما بعد الصدمة. وأشارت النتائج إلى أن هناك تأثير ملحوظ لجنس المشاركين على الإصابة بالمرض عند قيمة t-test (٠.٠٠٣). بينما أشارت الدراسة الحالية باستخدام الأنوفا إلى أن (العمر، الحالة الاجتماعية، المستوى التعليمي، المحافظة، فترة النزوح، وتاريخ المرض النفسي) جميعها عوامل لا تؤثر على الإصابة باضطراب ما بعد الصدمة كما في النتائج التالية وعلى التوالي (٠.٢٩٢، ٠.٧٦٢، ٠.٣٧٠، ٠.١١٠، ٠.٤٤٨، ٠.٦١٠). **الاستنتاج:** تستنتج الدراسة أنه لا يوجد دعم وعناية نفسية وعقلية بشكل ملموس في مخيمات النازحين بالرغم من أنه أغلب النازحين شخصوا بأن لديهم اضطرابات ما بعد الصدمة وفق نتائج الدراسة الحالية.

**التوصيات:** توصي الدراسة بوجوب توفير كوادر طبية وتمريضية ممن لهم إختصاص في الصحة النفسية في مراكز الرعاية الأولية في مخيمات النازحين.

**الكلمات المفتاحية:** النازحون، اضطرابات ما بعد الصدمة، النزوح الداخلي.

#### Abstract

**Background:** Iraq witnessed numbers of wars and invasions since 2003. The last worst trigger is the invasion of the criminal (ISIS) gangs in the end of 2013 and the beginning of 2014. These problems caused millions of displacement and migrants of the Iraqi people. People who experienced the migration and displacement are considered to be diagnosed with a difference of mental disorders because of losing their homes, belongings, habitual residence, and their normal life. In addition to what they have experienced through their displacement, several studies reported that posttraumatic stress disorder (PTSD) is the most common disorder among displaced people.

**Objective:** the present study aims to estimate the prevalence of posttraumatic stress disorder among internal displaced people in Iraq.

**Methodology:** This study was based on a cross-sectional design using a structured questionnaire conducted in 97 of displaced people in the Al-Jada's camp, which located in the Qayarah Township, Nineveh governorate, Iraq. The period of the present study was from 1st December 2016 to the 30th of May 2017. A Standard Statistical Package for Social Sciences (SPSS version 22) was used to analyze the collected data.

**The results:** the study resulted that 59.8 % of the participants were aged between (18 - 29) years old. 57.7% of the participants were male. 60.8 % of them were displaced from Salahudeen governorate. The results illustrated that 67.0 % have a PTSD. Finally, the findings of indicates a high significance at (.003) in independent t-test between the gender and PTSD. While the one-way ANOVA analysis indicates no significant impact between PTSD and (age, marital status, educational level, residential Governorate, displaced Period, and mental disorders history) on PTSD which indicate sequentially (.292, .762, .370, .110, .448, .610).

**Conclusion:** the study concludes that there were no actual mental and psychological support and treatment in the camp although that most of the displaced people have diagnosed with post traumatic stress disorder due to the displacement.

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**Recommendations:** the research extremely recommends that psychiatric nurses and physicians must be involved in the primary health care centers in the camps of displaced people

**Keywords:** displaced people, post-traumatic stress disorder, internal displacement.

## **Introduction**

Iraq has witnessed the biggest internally wave of displacement and migration of the Iraqi people since the terrorist invasion of (the criminal ISIS gangs) in the end of 2013 and the beginning of 2014. Iraqi migrants have been accommodated by neighboring countries, in particular in Turkey, Jordan, and Syria. On the other hands, the numbers of internally displaced people has rapidly and significantly increased from the beginning of military operations to freeing the cities from the grip of the Islamic state. Displaced people were hosted to another Iraqi governorates or camps (1,2).

To date, despite of there are no accurate statistics about the number of displaced people, particularly in Mosul city, because of the continuing of military operations and deterioration of the security and humanitarian situation; previous literatures reveal that the number of them has reached an alarming stage. This rapidly increasing draws an attention of Government, non-governmental and even international agencies to provide swiftly suitable strategies to address the displaced problems (1).

The term of "internal displacement" has been defined as the obligation by force the persons and people to flee involuntarily their living places, residential, homes, and cities but staying inside their countries' borders. This happened because of persecution, conflicts, disasters, violence, wars and violation of human rights (3).

People who experienced the migration and displacement are considered to be diagnosed with a difference of mental disorders because of losing their homes, belongings, habitual residence, and their normal life (4). In addition to what they have experienced through their displacement, several studies reported that posttraumatic stress disorder (PTSD) is the most common disorder among displaced people (5).

Vedebeck S. (2011) defined posttraumatic stress disorder as "a disturbing pattern of behaviour demonstrated by someone who has experienced a traumatic event: for example, a natural disaster, a combat, or an assault; begins three or more months following the trauma" (6). Because of what has cited above, the present study conducted to report one of the biggest problems that may face the Iraqi displacement people.

## **Objectives:**

The present study aims to estimate the prevalence of posttraumatic stress disorder among internal displaced people in Iraq. While the objectives of the study are:

- To estimate the prevalence of posttraumatic stress disorder among internal displaced people in AL-Jada's camp, in Mosul - Iraq.
- To explore whether if there is a relationship between the (PTSD) and some of the demographical data of displaced people such as age, gender, marital status, level of education, residential governorate, displaced period, and mental disorders history.

## **Methodology**

This study was based on a cross-sectional design using a structured questionnaire as the tool of inquiry. Several statements of this questionnaire were quoted from previous literatures and published questionnaires which relevant to the topic of the present study. For example, Harvard Trauma Questionnaire (Arabic Version) and DSM-V Diagnostic Criteria for PTSD (7,8). It consist of three parts, the first one was based on the demographical data such as age, gender, residence, level of education and other relevant data. The second part has fifteen questions applied for assessing the trigger of displacement. The answers to these questions were by using either yes or no. The third part consists of twenty statements relevant to post-traumatic scale is to assess the

posttraumatic stress disorder (PTSD). The answers on these statements were by using a five point scale [not at all (0), a little (once a week), sometime (2-3 times a week, very much (4-5 times a week), extremely (daily)] to indicate the assessment of each statement. The tool was translated to the Arabic language because the target sample of this study was the people who speak the Arabic language. The data for this research was collected in the Al-Jada's camp, which located in the Qayarah Township, Ninevah governorate, Iraq. The period of the present study was from 1<sup>st</sup> December 2016 to the 30<sup>th</sup> of May 2017. A Cronbach alpha of (.896) is reported for the (42) items of the questionnaire by using the SPSS (version 22). This indicated a high internal consistency and reliability. The survey sample utilized a systematic random sample to eliminate the ethical issues. A target number of the sample was 9% of displaced people (aged from 18 – more than 69). Only 97 of the participants were completely filled the questionnaire, therefore; the other three questionnaires have ignored. To eliminate the ethical issues that faced most researchers, the researchers asked the participants to sign a voluntary consent form before filling the questionnaire. It is therefore the participation in this study was completely voluntary participating. In addition, the researchers noticed the participants that all their information would be kept in anonymity and confidentiality. To analyze the collected data of this study reaching the results, a Standard Statistical Package for Social Sciences (SPSS version 22) was used. Descriptive analysis was used to analyze the characteristics distribution of the participants. Then, the following mathematical equation was used to assess the trauma at the cut point of (22.50):

Trauma assessment: answers (yes) + answers (no) ÷ 2.

The participants who have ( $\leq 22.50$ ) were considered as having trauma (table 5). In addition, the following mathematical equation was used to assess the post-traumatic disorders at the cut point of (2.5): DSM-V total score = sum of items (1-20) ÷ 20

The participants who have ( $\leq 2.5$ ) were considered as having trauma<sup>(7)</sup> (table 7).

## Results:

**Table (1): Frequency distribution of the sample characteristics (N=97)**

	Variables	Frequencies	Percent
<b>Gender</b>	Male	<b>58</b>	<b>59.8</b>
	Female	39	42.2
<b>Age / years</b>	( $\leq 20$ -29)	<b>55</b>	<b>56.7</b>
	(30-39)	22	22.7
	(40-49)	13	13.4
	(50-59)	3	3.1
	(60- more)	4	4.1
<b>Marital Status</b>	Single	36	37.1
	Married	<b>56</b>	<b>57.7</b>
	Divorced	0	5.2
	Widowed	5	37.1
<b>Educational Level</b>	Illiterate	3	3.1
	Read and write	4	4.1
	Primary school	19	19.6
	Intermediate school	24	24.7
	Secondary school	<b>25</b>	<b>25.8</b>
	University and above	22	22.7
<b>Residential Governorate</b>	Ninevah	36	37.1
	Salahudeen	<b>59</b>	<b>60.8</b>
	Karkuk	2	2.1

Table (1) shows that 58% of the participants were male, 55% of them were aged between ( $\leq 20$ -29).

**Table (2): Frequency distribution of the displacement period of the sample**

Displacement period	Frequencies	Percent
Less than 3 months	9	9.3
More than 3 months	88	<b>90.7</b>
Total	97	100.0

Table (2) indicates that only 9.3% of the participants were displaced for less than three months.

**Table (3): Frequency distribution of the mental disorders history among the sample**

Mental disorders history	Frequencies	Percent
Have a history of mental illness	2	2.1
Don't have history of mental illness	95	<b>97.9</b>
Total	97	100.0

Table (3) illustrates that 97.9% of the sample have no history of mental illnesses.

**Table (4): Frequency distribution of the sample's answers on trauma assessment scale**

F.	Question	Yes %	No %
1.	Have you lost one of your relatives / friends in the war?	80.4	19.6
2.	Have you been mistreated or tortured before, or during the war?	67.0	33.0
3.	Have any of your relatives or friends been subjected to mistreat or torture before, or during the war?	82.5	17.5
4.	Did you see someone wounded or dead during the war or displacement?	80.4	19.6
5.	Have you seen a person being mistreated or killed during the war or displacement?	71.1	28.9
6.	Have you seen fighting or bombing in the place where you were displaced during the war or displacement?	80.4	19.6
7.	Have you been injured or disabled during the war or displacement?	32.0	68.0
8.	Have any of your relatives or friends been injured or disabled during the war or displacement?	71.1	28.9
9.	Have you become homeless or without food during the war or displacement?	70.1	29.9
10.	Were you alone during the war or displacement?	33.0	67.0
11.	Did the displacement affect you negatively?	84.5	15.5
12.	Have you adapted to the lifestyle of the displaced?	61.9	38.1
13.	Do you think the war will end in your country?	49.5	50.5
14.	Do you think that you will not return to your home / town soon?	76.3	23.7
15.	Do you want to return to your city / home soon?	95.9	4.1

Table (4) results that 84.5% of the displaced people were affected negatively by the displacement despite of the 67% of them were not being alone during the war or displacement.

**Table (5): Frequency distribution of displacement trigger assessment among the sample**

Trauma assessment	Frequencies	Percent %
Have trauma (22.50 – 30)*	83	<b>85.6</b>
Don't have trauma (15 – 22.49)	14	14.4
Total	97	100.0

\* Trauma assessment: answers (yes) + answers (no) ÷ 2

Table (5) shows that 85.6% of the participants were have trauma as aresult of the war and the displacement.

**Table (6): Frequency distribution of the sample's answers PTSD scale**

Freq.	Statement	Never %	A little %	Sometimes %	Very much %	Extremely %
1.	I have disturbing memories about the incident	21.6	17.5	21.6	17.5	21.6
2.	I have nightmares about the incident	38.1	21.6	13.4	15.5	11.3
3.	I feel that the incident will be repeated again	44.3	13.4	14.4	10.3	17.5
4.	I feel annoyed and emotional distress when I remember the incident	14.4	18.6	11.3	19.6	36.1
5.	I feel physical disturbances when I remember the accident	30.9	14.4	20.6	15.5	18.6
6.	I try to avoid the feelings and thoughts that remind me the incident	23.7	13.4	13.4	16.5	33.0
7.	I try to avoid activities, situations, and places that remind me the incident	20.6	11.3	13.4	23.7	30.9
8.	I cannot remember the details of the incident	41.2	15.5	14.4	13.4	15.5
9.	I see myself, people and the world negatively	37.1	12.4	26.8	8.2	15.5
10.	I feel weak.	37.1	12.4	26.8	8.2	15.5
11.	I cannot trust people	45.4	11.3	9.3	13.4	20.6
12.	I blame myself and people for what happened	41.2	8.2	10.3	14.4	25.8
13.	I have negative feelings like fear / anxiety / anger / shame and others	37.1	7.2	15.5	14.4	25.8
14.	I lost the interest and desire for the daily activities and life	27.8	13.4	10.3	18.6	29.9
15.	I feel strange and keep distant from others	24.7	13.4	19.6	8.2	34.0
16.	I feel it is hard to have positive feelings	32.0	16.5	22.7	13.4	15.5
17.	I act aggressively and violently with others	45.4	12.4	16.5	11.3	14.4
18.	I have trouble sleeping, e.g. insomnia	37.1	17.5	12.4	12.4	20.6
19.	I have a problem with the concentration	26.8	14.4	23.7	11.3	23.7
20.	I suffer from anorexia	37.1	16.5	15.5	7.2	23.7

Table (6) shows that most answers indicate PTSD diagnosis and these results illustrated in table (7).

**Table (7): Frequency distribution of having post-traumatic disorders among the sample**

Current PTSD	Frequencies	Percent
Have PTSD ( $\leq 2.5$ )*	65	67.0
Don't PTSD ( $> 2.5$ )	32	33.0
Total	97	100.0

\* DSM-V total score = sum of items (1-20)  $\div$  20

Table (7) illustrated that 67% of the participants have diagnosed as PTSD as a results of there answers in table (6).

**Table (8): Independent Samples Test analysis between PTSD and the gender group mean of the sample**

Gender		N	Mean	Std. Deviation	Std. Error Mean
PTSD	Male	58	1.74	.442	.058
	Female	39	1.56	.502	.080
				PTSD	
				Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances		F		9.452	
		Sig.		.003	S
t-test for Equality of Means		t		1.833	1.788
		df		95	74.377
		Sig. (2-tailed)		.070	.078
		Mean Difference		.177	.177
		Std. Error Difference		.097	.099
		95% Confidence Interval of the Difference		Lower Upper	
				-.015	-.020
				.369	.375

Table (8) presents that there is a significance at (.003) for female with their Std. Deviation (.502).

**Table (9): One-way ANOVA analysis between PTSD and the sample demographical data, the displacement period, and the history of mental disorders**

Variables		Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	1.112	4	.278	1.257	.292
	Within Groups	20.332	92	.221		
	Total	21.443	96			
Marital Status	Between Groups	.123	2	.062	.272	.762
	Within Groups	21.320	94	.227		
	Total	21.443	96			
Educational Level	Between Groups	1.215	5	.243	1.093	.370
	Within Groups	20.229	91	.222		
	Total	21.443	96			
Residential Governorate	Between Groups	.984	2	.492	2.260	.110
	Within Groups	20.460	94	.218		
	Total	21.443	96			
Displacement Period	Between Groups	.130	1	.130	.580	.448
	Within Groups	21.313	95	.224		
	Total	21.443	96			
Mental Disorder History	Between Groups	.059	1	.059	.263	.610
	Within Groups	21.384	95	.225		
	Total	21.443	96			

\*The comparison is significant at the (0.05) level (2-tailed)

Table (9) indicates no significant impact for the related factor on PTSD. For instant, Age factor indicates (.292), educational level indicates (.370), and mental disorder history factor shows (.610). All of these results indicate no significant impact at (0.05).



## **Discussion:**

Table (1) presents the frequencies of the socio-demographical data. It shows that the heavier distribution of respondents present in the (18 - 29) age groups, representing 59.8% of the total survey sample. It also shows that 57.7% of the participants were male. 57.7% of the sample were married. The results are also presented that 25.8% of the participants were having a secondary educational level.

Due to the location of the camp that the data were collected from, the data in (table 1) illustrate that 60.8% of them were displaced from Salahudeen governorate, 37.1% were displaced from Nineveh governorate, and only 2.1% were displaced from Kirkuk governorate. Table (2) indicates the frequency distribution of the displacement period of the sample. It presents that 90.7% were displaced for more than three months.

In addition, although the results in a table (3) illustrate that 97.9% of the participants do not have a history of the mental disorders, table (5) indicates that 85.6% of the displaced people assessed as having a trigger of displacement trauma. These results concluded from table (4) which presents for example, that 84.5% of the participants answered (yes) on the question (Did the displacement affect you negatively?), while only 4.1% of them answered (no) on the question (Do you want to return to your city / home soon?). The results are also presented in table (7) that 65 % of the sample diagnosed as a posttraumatic stress disorders people depending on the results of the participants' answers on the DSM-V scale that illustrated in table (6). Recent researches conducted on internal displacement people and migrants emphasize that both internal displacement people and migrants experienced different symptoms of mental disorders in particular PTSD (4, 5, 9,10).

Finally, table (8) indicates a high significance at (. 003) this result means the PTSD rated in female more than male at (Std Deviation.502) for female. This may due to the physiological, psychological and mental structure in the females. Whereas table (9) presents One-way ANOVA analysis between PTSD and the sample demographics data, the displacement period, and the history of mental disorders. The ANOVA test concludes the significant impact of the (age, marital status, educational level, residential Governorate, displaced Period, and mental disorders history) on PTSD which indicate sequentially (.292, .762, .370, .370, .448, .610). It indicates no significance to be found among the group means that were tested between PTSD and the demographical data of the participants. All these results reflect the events of the displacement and how they have been disastrous. Likely, several previous studies conclude that no significance was found between the PTSD among their participants except in the gender group mean. For example, Ssenyonga J. *et al* (2013) resulted, in his study on Congolese refugees, that there is a significant predictor of PTSD in female and trauma load (10). Moreover, Richards, A. *et al* (2011) showed that female gender, married people predicted symptoms of mental disorders in particular PTSD (11).

## **Conclusion**

The study concludes that there were no actual mental and psychological support and treatment in the camp although that most of the displaced people have diagnosed with post traumatic stress disorder due to the displacement.

### Recommendations:

The study recommends the followings:

1. Initiating of mental health programs focused on displaced people in order to treat them behind the physical care.
2. Further studies are needed to indicate the factors that may increase the PTSD.
3. The research extremely recommends that psychiatric nurses and physicians must be involved in the primary health care center in the camps of displaced people.

### References:

1. Iraqi Ministry of Displacement and Migrations. National Policy on Displacement. Online periodic publications.(July, 2008).
2. International Organization for Migration. IOM Iraq: Review of Displacement and Return in Iraq. Online periodic publications.(August, 2010).
3. Brookings-Bern Project on Internal Displacement. The Brookings Institution. Protecting Internally Displaced Persons: Manual for Law and Policymakers.(October, 2008)
4. Al Shawi, AF. Prevalence of Depression Symptoms among Internal Displaced People in Iraq: A Pilot Study. *J Community Med Health Care*.(2016). 1(1): 1002.
5. Francois K., Nada R. Zahreddinea, Michel G. Maragela, (et al.). Post-traumatic stress disorder in a sample of Syrian refugees in Lebanon. *ComprehensivePsychiatry* .(2017) .(72),41–47.Retrieved from:[www.sciencedirect.com](http://www.sciencedirect.com)
6. Viedebeck, S. Psychiatric–Mental Health Nursing. (5<sup>th</sup> ed.). Wolters Kluwer Health Lippincott Williams & Wilkins. (2011).P.p. 504.
7. Iraqi Mental Health Professionals, and MarwaShoeb. Harvard Program in Refugee Trauma. Iraqi Version- Arabic. (2006).
8. Edna B. Foa. PTSD Diagnostic Scale for DSM-V. (2013).
9. Veysi, C.; Zeliha, Ö.; Ürün, Ö.; Murat, Y.; Christian, P.; and TürkanAkkaya-K. Psychiatric symptoms and disorders among Yazidi children and adolescents immediately after forced migration following ISIS attacks. *Neuropsychiatr*. (2016). (30).145–150.
10. Ssenyonga, Joseph O.; Vicki. O.; and David K. Posttraumatic Growth, Resilience, and Posttraumatic Stress Disorder (PTSD) Among Refugees. *Procedia - Social and Behavioral Sciences*. (2013). (82). 144 – 148.
11. Richards, A.; Ospina-Duque, J.; Barrera-Valencia, M.; Escobar-Rincón, J.; Ardila-Gutiérrez, M.; Metzler, T.; and Marmar, C. Posttraumatic Stress Disorder, Anxiety and Depression Symptoms, and Psychosocial Treatment Needs in Colombians Internally Displaced by Armed Conflict: A Mixed-Method Evaluation. *Psychological Trauma: Theory, Research, Practice, and Policy*. Online publications. (April, 2011).