# NEAR EAST UNIVERSITY

## INSTITUTE OF APPLIED AND SOCIAL SCIENCES

# THE PSYCHOLOGICAL CONSEQUENCES OF INTERNAL DISPLACEMENT AMONG TURKISH CYPRIOTS

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**Deniz Ergün : The psychological consequences of internal displacement among Turkish Cypriots**

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## ABSTRACT

In Cyprus, during the period of 1963-1964 ethnic conflict and 1974 war many Turkish Cypriots were displaced by the Greek Cypriot forces. The psychological impact of dislocation over the Turkish Cypriot people who were subject to this is not yet known as it has not been investigated up to the present day. This study aims to carry out an investigation to find out the psychological impact of displacement on internally displaced persons.

Amongst the participants of a research conducted on the psychological effects of Annan Plan, 129 Turkish Cypriots, who had experienced at least a form of violence because of the ethnic conflict in Cyprus, were chosen. 83 people out of 129 were subject to displacement, and 43 of them were non-displaced people.

Data relevant to the participants of this survey were obtained by administering a questionnaire to them. The first part of this questionnaire was prepared by the researcher and issues about demographic characteristics, war-related traumatic experiences and their level of seriousness, and other sort of traumatic incidents experienced due to other reasons were investigated. At the second part of the questionnaire, the Traumatic Stress Symptom Checklist (TSSC) and Brief Symptom Inventory (BSI) were used to investigate the symptoms of the post-traumatic process.

Outcomes indicate that the internally displaced persons (IDPs) were subject to traumatic incidents more than the others and these traumatic incidents appeared due to reasons such as the killing of a relative and displacement, captivity or killing of family members. The rate of PTSD of IDPs is 20%, and this rate is significantly higher than the PTSD rate of non-displaced persons. The comparison of BSI in terms of the psychological problems of the displaced and non-displaced persons did not reveal a significant difference. However, significant differences have been found at depression and somatization points of the BSI subscale. The rate of depression symptoms of IDPs is 20% and IDPs had higher level depression symptoms than non-displaced persons. The somatization subscale points are higher in non-displaced persons.

This study reveals the psychological effects of displacement on IDPs. As happens everywhere in the world, displaced people in Cyprus experienced many clashes and war-related traumatic events, and as a result of this, suffered from mental health problems.

# ÖZET

Kıbrıs'ta 1963-1964 etnik çatışma ve 1974 savaşında birçok Kıbrıslı Türk Kıbrıslı Rumlar tarafından göç etmeye zorlandı. Kıbrıslı Türkler arasında göçe zorlanmanın psikolojik sonuçları konusu ile ilgili araştırma yapılmadığından dolayı hala bilinmemektedir. Bu çalışma iç göç yaşayan kişilerde göçün psikolojik etkilerini araştırmak için yapılmıştır.

Annan Planının psikolojik etkileri hakkında yapılmış olan bir çalışmanın içeriğinde yer alan denekler arasından, Kıbrıs'ta en az bir çatışma deneyimi yaşamış olan 129 kişi seçilmiştir. Bu 129 kişi arasında, 83 kişi iç göç yaşayanlar ve 43 kişi de göç yaşamamış olanlardır.

Bu çalışmada kullanılan 129 denekle ilgili olan bilgiler kendilerine uygulanan anket ile elde edilmiştir. Anketin ilk bölümü araştırmacı tarafından hazırlanmış ve demografik özellikler, savaşa özgü travmatik olaylar ve ve bunların ciddiyet dereceleri, ve geçmişte herhangi bir olay neticesinde yaşanmış travma tecrübeleri incelenmiştir. Anketin ikinci kısmında travma sonrası süreçte oluşan semptomları incelemek için Travma Sonrası Stres Belirtileri Tarama Listesi (TSSBT) ve Kısa Semptom Envanteri (KSE) kullanılmıştır.

Bulgular, iç göç yaşayanların daha fazla travmatik olaylara maruz kaldıklarını ve bu travmatik olayların akrabasının öldürülmesi, aile üyelerinin göçe zorlanması, esir alınması ya da öldürülmesi gibi deneyimlerin sonucu olarak ortaya çıktığını göstermiştir. İç göç yaşayanların Travma sonrası stress bozukluğu (TSSB) oranları %20 dir ve iç göç yaşamayanlara göre anlamlı yüksektir. KSE puanlarının iç göç yaşayan ve yaşamayanlarla karşılaştırılmasında psikolojik sıkıntı açısından herhangi bir anlamlı fark göstermemiştir. KSE'nin depresyon ve somatizasyon alt ölçek puanlarında anlamlı fark bulunmuştur. İç göç yaşayanlarda depresyon oranı %20 dir ve iç göç yaşayanlar yaşamayanlardan yüksek depresyon semptomuna sahiptir. Somatizasyon alt ölçeği puanları göç etmeyenlerde yüksektir.

Bu çalışma iç göç yaşayanlarda, göçe zorlanmanın psikolojik etkilerini ortaya koymaktadır. Tüm dünyada olduğu gibi, Kıbrıs'ta da iç göç yaşayan insanlar savaş ve çatışmalarla ilgili birçok travmatik olay deneyimlemişler ve ruhsal sağlık problemlerinden yakınmışlardır.

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# INTRODUCTION

Immigration is one of the most permanent themes of human history which did not lose its actuality with passing of time and also it has become a major and increasingly demanding central issue facing many governments all over the earth.

Immigration is defined as the more or less permanent movement of persons or groups over a significant distance [29]. However the term "immigration" is not enough to describe movement of human being in the world. There are varieties of human movement across the earth and these are differentiated from each other in terms of many aspects.

Immigration can be differentiated between internal immigrations, within the same country, international immigration within one continent [67]. Immigration can also be defined according to motivation and emotional atmosphere as voluntary, forced, ideological and political immigration and also according to legal aspects as legal and illegal migration [55].

There have been many immigrations by individually, small groups and large groups as consequences of economical difficulties, wars and political conflicts. Because of this reason, many scientific researches have been carried out in the fields of sociology, economy, psychiatry and psychology focusing their attention to investigate reasons, effects and consequences of immigration.

Since 1980 there has been a dramatical increase in the attention paid to the psychological problems of refugees. The number of scientific articles with the combination of 'trauma', 'Posttraumatic Stress Disorder (PTSD)' and 'refugee' increased; almost half of all psychological articles on refugees during last five years make reference to the concept. To determine this attention Ingleby (2005) examined the number of articles published. He proposed that the analysis of medical literature (MEDLINE) database from 1977 to 1995 showed a dramatical increase. The psychology literature of PsycINFO database showed the same general pattern but the expansion between 1977 and 1995 is much more marked [57].

Many studies deal with the issue of refugees' traumatic experiences and their consequences on their mental condition and also their adaptation process to the new settings. In contrast, internally displaced people (IDP) have received much less attention. The United States Committee for Refugee showed that at the end of 2004 approximately 35.5 million of the world's population had been forced to leave their homes from organized violence. Nearly 23.6 million people became IDPs and 11.9 million went abroad to become refugees. Today the major refugee burden is in the Middle East, Africa, South and Central Asia because of the conflicts and human rights violations [141].

Immigration whether external, internal or voluntary, forced has various effects on individuals and populations. Usually immigration causes physical, sociological, cultural, economical, and environmental changes. Both migrants and native population tries to adapt to the changes. Migrants experience an ongoing accumulation of losses, challenges, life changes and adaptation pressures during the exile/acculturation and resettlement/repatriation periods [88].

The existence of the immigration found to be effective to the human mental health. The ratio of the mental health problem found to be less on the voluntary migrants. In contrast, forced migrants' ratio of mental health problems found to be higher [110].

People who have to displace because of the internal conflict, may encounter include exposure to war-related violence, sexual assault, torture, incarceration, genocide, and the threat of personal injury and annihilation [71,79,95]. Several researches on the mental health of refugees have focused on understanding the etiological role of war-related experiences in the development of PTSD and depression [71,91, 96].

Many studies reported that the experience of exile may itself account for a significant amount of the variance in the patterns of psychological distress commonly seen in refugees [92, 93,110,134].

During the period of 1930s and 1940s there was much genocide toward the Jewish population by the Nazis in Europe. As a result many people died and forced for

displacement. It was a general belief that such genocide will never take place again, but 1990s armed conflict among Serbia-Croatia and Bosnia caused many genocide, formation of concentration camps and massgraves, many people forced to displace in the heart of Europe. Approximately more than 2 million people became refugee and internally displaced person [140].

In Cyprus, during the period of 1963-1964 many people were forced for displacement as a consequence of intercommunal violence. The Turkish Cypriots were abandoned their own lands and houses and moved to the Turkish Cypriot enclaves. The political conflicts and much genocide of the Greek Cypriots toward the Turkish Cypriot required the intervention of Turkey as a guarantor country in 1974. During this period many Turkish and Greek Cypriots became internally displaced people. They fled from their land and their own houses.

The psychological consequences of internal displacement is yet unknown in Cyprus. There is no direct research about understanding the psychological condition of IDPs. The most complex problem of Cyprus conflict is properties which the IDPs left behind. Many discussions are being made about who can return to their homes and who can not.

It has been a long time that much interference is being made by many countries to resolve the conflict and to end the two side regionalism but most of them have failed. The closest resolution was the Annan Plan and it made a hope for many people that will resolve the conflict. Especially Turkish Cypriots had the most desire to demolish the barriers and boundaries between the two community's fortunately acceptable conditions. Huge demonstrations were made which were done by the political parties and the community came together to give an answer about their future to the whole world. There was a separation in the Turkish Cypriots in the approach towards the Annan Plan. Some of them want a solution in a peaceful manner living with Greek Cypriots and some of them had the fear of or were confused because of the traumatic experiences in the history. Although many polls of public opinion were done about the consequences of the referendum, neither the government nor other social organizations were interested in the psychological outcomes of the IDP of Turkish Cypriots.

This research is conducted to explore the psychological impact of forced displacement on IDP. In addition, this study also tries to determine the differences in mental health problems between IDP and non-IDP.

# CHAPTER I

# POSTTRAUMATIC STRESS DISORDER

## 1.1. Definition of Psychological Trauma

Many professionals are interested in the psychological damage resulting from terrifying, uncontrollable, unpredictable life events. Early psychiatrists tried to explain psychological trauma as a source of psychopathology. Psychiatry as a profession has had a very troubled relationship with the idea of environmental stressor alters people's psychology and biology. John Eric Erichsen who was an English surgeon described the psychological problems of severely injured patients to organic causes. Herman Oppenheim was first to use the term "Traumatic neurosis". According to Oppenheim, functional problems based to the molecular changes in central nervous system. Traditionally professionals associated PTSD with cardiac neurosis because of the frequent occurrence of cardiovascular symptoms in combat soldiers and so they described PTSD as "soldiers' heart". Charles Samuel Myres was the first to use the term "shell-shock" in the literature [53,143]. Shell Shock was caused by damage done to the brain by exploding shells [25]. Since shell-shock could be found in soldiers who had never been directly exposed to gunfire, Myres suggested that the explanation of emotional disturbance for this clinical picture is enough [143].

Briquet who was a French psychiatrist started to make the first connection between the symptoms of hysteria and childhood histories of trauma and he reported specific traumatic origins as the cause of his patients' illnesses. In the 19th century sexual abuse was well documented by Tardieu a French professor of forensic medicine and Alfred Fournier who described false memories in children who were thought to have experienced sexual abuse. Jean-Martin Charcot and his colleagues focused on suggestibility and simulation of the neurological diseases. Edouard Stierlin who was a Swiss psychiatrist was the first researcher of disaster psychiatry. He suggested that emotions can cause serious long-term psychoneurotic problems. During World War I, Bonhoeffer who was a German psychiatrist and his colleagues regarded traumatic neurosis as a social illness. According to them the real cause of traumatic neurosis

among their patients was the availability of compensation and it occurred primarily in predisposed individuals such as patients with psychogenic disorders and personality problems. In 1926, according to The National Health Insurance Act traumatic neurosis was not to be compensated but it was incurable if and as long as patients were answered pensions or other compensations [143].

In the 19th century many professionals tried to explain if the trauma is reality imprint or intrapsychic elaboration. Charlot and Pierre Janet reported that the symptoms of hysterical patients had their origins in histories of trauma. According to Janet, when individuals experience vehement emotions, frightening experiences are not capable to match with the existing schemas. So the memories related with the trauma can not be integrated into personal awareness. And also Janet found that his traumatized patients seemed to react to reminders of the trauma with responses that had been relevant to the original threat and they become attached to the trauma. Freud and his colleagues thought that something becomes traumatic because it is dissociated and remains outside conscious awareness. Because of the hysterical patients' incapability of getting rid of their traumatic memories, Freud defined the issue "fixation on the trauma". Freud developed two model of trauma. One was the unbearable situation model and the other was the unacceptable impulse model [53,143].

Abram Kardiner a psychiatrist of United State (U.S) war veterans suggested that the pathological traumatic syndrome consist of an altered conception of the self in relation to the world. It is based on the trauma and having nightmares, startles reactions, irritability and aggressive reactions [143].

After a long time, psychologists begun to interest in trauma, Ronnie Janoff-Bulman suggests that each person hold core assumptions which are sustained in our daily life and motivate us to overcome difficulties and plan for the future. The world is benevolent and is meaningful and the self is worthy, according to her these three assumptions are most significant. She suggested that when people were exposed to any traumatic event without protection then these assumptions about the world and the self may change [18].

Similar explanations in philosophical approach come from Derek Bolton and Jonathan Hill. They suggested that each person must have core beliefs to maintain their life in the world. These beliefs include that the world is predictable and provides sufficient satisfaction of needs and the self is component. When the traumatic event happened which is unpredictable and unpleasant, the person may feel helplessness. This feeling of helplessness causes conflict between the core beliefs and subsequent situation. As a result regarding all these explanations, psychological trauma is defined as some kind of internal breach or damage to existing mental structures [18].

### 1.2 Potentially Traumatizing Events

In the U.S two studies were conducted about lifetime prevalence of PTSDs one among women and the other among women and men. Resnick (1993) made a research about prevalence of civilian trauma and PTSD in a representative national sample of women. Findings showed that lifetime exposure to any of traumatic event was 69% and overall sample prevalence of PTSD was 12.3% lifetime [118].

A study about epidemiology of trauma on different demographic groups which was done by Norris (1992) showed that in a sample of 1000 adults 69% experienced at least one traumatic event in their lifetime [102].

Norris (2003) found lifetime prevalence of exposure trauma 76% in Mexico [103]. Another study revealed that 72% of sample reported some form of trauma [38].

Many studies explored that exposure to specific traumatizing events. Like child abuse, rape, disasters, technological disasters, war, and accident

#### 1.2.1 Child Abuse

Child abuse is defined as behaviors which negatively effect the physical and psychological development of a child, that are not accidental and can be prevented and done by a person who is responsible to the well-being of child. Regarding cultural differences and specialist decision is important for diagnose of child abuse [115].

Children who are exposed to child abuse may show PTSD symptoms in short term and long term periods [89]. In a study about sexual abuse results showed that there were children who met the criteria of PTSD. Another study about 11 adult that had exposure to incest in childhood findings showed that there were high relation between trauma and chronic PTSD [81].

### 1.2.2 Rape

Mostly rape is defined as the nonconsensual oral, anal or vaginal penetration of the victim by the penis, fingers, or other parts of the body, or objects, using force, threats of bodily harm, or by taking advantage of a victim incapable of giving consent. 94% of rape victims are diagnosed as PTSD immediately after an assault and lifetime prevalence is 15% among the victims of rape [44].

At a study about prevalence of civilian trauma and PTSD in a representative national sample of women in U.S findings showed that one third of 4.008 women who participated to the study reported a crime such as sexual or physical assault [118].

Another study of victim attributions and post-rape trauma findings suggested that most rape victims do not blame their behavior, their character, or themselves in general and that victims rate the causes of the rape as generally external. They tend to blame other factors and self-blame is associated with the increased post-rape depression [48].

Psychological outcomes of rape include cognitive changes, anxiety/fear, and depression, problem with the sexual functioning, social adjustment problems and PTSD [77].

### 1.2.3 Disaster

Disasters affect large number of people. They may divide into two forms: those caused by nature for example earthquakes; hurricane, and those caused by humans for example nuclear accidents, large fires [62].

At a study about characteristics of children presented with emotional-behavioral symptoms related to Marmara earthquake, the distribution of their diagnoses were 38% adjustment disorder, 25.5% PTSD and 16.5% acute stress disorder [33].

Hurricane victims are at risk and often can develop psychological symptoms. These include depression, sadness, hopelessness, being overwhelmed, difficulty in concentration and anxiety, sleep disturbance and PTSD [35].

Chernobyl nuclear disaster is an example of the disasters which are caused by the human being. At a study about the long-term mental health effects of nuclear trauma in recent Russian immigrants in the U.S, findings showed that Russians who had lived closer to the disaster, and had greater exposure to it, currently experience higher levels of anxiety and posttraumatic reactions than those who lived at a further distance [47].

### 1.2.4. Motor Vehicle Accident

Motor vehicle accidents (MVA) are a widespread experience in industrialized world [16]. Norris showed that the lifetime frequency of traffic accidents is 23% and a PTSD rate 12%. This event alone would yield 28 seriously distressed persons for every 1.000 adults in the U.S. [102]. The study about psychological predictors for chronic PTSD after motor vehicle accidents showed that the prevalence of PTSD was 23.1% at 3 months and 16% at 1 year [36]. A follow-up study results showed 30% have PTSD after 3 months and 17% have PTSD after 6 months of the accident [107].

### 1.2.5. Terrorist Attacks

Terrorism is viewed as "the use of force or violence by individuals or groups which is directed toward civilian populations and intended to instill fear as a means of coercing individuals or groups to change their political and social positions". Each day the frequency of the terrorist attacks increase. It causes many deaths and injury and also psychological problems among the civilian population [8].

The study conducted after the 9/11 terrorist attacks showed that September 11th attacks have had widespread affect across the country and they found great variability in acute and posttraumatic response among individuals who observed the attacks directly [131].

At another study about Dutch who experienced with terrorism in the 1970s, prominent negative effects in the four week as a consequence of the traumatic event were found to be tenseness, insomnia, fears which are the symptoms of PTSD [8].

### 1.2.6. War

War involves a wide range of violent and traumatic experiences. These are immediate threat of death or physical injury, witnessing injury or death of others, involvement in injuring or killing others, acts of rape, capture, and prisoner of war experiences such as torture, deprivation [21]. Wars produce a wide variety of psychological effects because of the war nature and its context. Nearly 30% of Vietnam veterans experienced PTSD and 25% of them experienced subclinic forms of the PTSD [62]. Many researches deal with this issue and indicate that individuals who exposed to severe trauma develop posttraumatic stress disorder. A study of psychological assessment of Aviators captured in World War II (WW II) was done to the 33 WW II aviators who were held as prisoners of war. Results showed that Minnesota Multiple Personality Inventory (MMPI) profiles elevated and the lifetime PTSD was 33% [132].

Engdahl (1997) examined the PTSD in a community sample of former prisoners of war. The lifetime prevalence of PTSD was 54% and 30% met criteria of current PTSD. The

prisoners of war group who were exposed most severe traumatic experiences had lifetime rates 84% and current rates of 58% for PTSD [39].

Another study dealt with the combat exposure and adult psychosocial adjustment among U.S army veterans serving in Vietnam. Findings showed that 15% of 2.490 male army veterans met the criteria for PTSD and who experienced high and very high levels of combat were twice as likely to report adult antisocial personality disorder [7].

In a research of assessment of PTSD and other mental disorders in WW II and Korean Conflict prisoners of war survivors and combat veterans, findings show that prisoners of war reported the most extreme trauma and showed highest prevalence of lifetime and current mental disorders and PTSD [132].

A study about disorders of extreme stress following warzone military trauma which 84 of inpatient of the residential rehabilitation program participated in the study findings showed that 29% were diagnosed PTSD and 27% were classified as Disorder of Extreme Stress Not Otherwise Specified [45].

### 1.3 Response to Psychological Trauma

There are three main characteristics of the response to psychological trauma

#### 1.3.1. Intrusions

After the trauma many people re-experience the trauma in the form of nightmares, flashbacks and the frequencies of them increase immediately after the traumatic event. People with PTSD have impairment in the capability to integrate traumatic experiences with other life events. Traumatic events include intensive emotions and impression and these occur when individuals expose to the reminder of the trauma. Flashbacks, nightmare, startle response, explosive aggressive outbursts, interpersonal reenactment, character style and pervasive life themes are example of the intrusive responses. Sometimes memories related prior traumatic experiences may occur after the subsequent trauma. This is called domino effect. For example long-forgotten memories

of childhood abuse were reminded by the sexual assault in adulthood. Traumatized people may generalize stimulus and an irrelevant stimuli may become reminders of trauma. For example, a combat veteran may become upset by the sound of rain because it reminds the monsoon season in Vietnam [142, 144].

### 1.3.2 Inability to Modulate Arousal

People with PTSD react to certain physical and emotional stimuli as a threat of the traumatic event. Because of this people suffer hypervigilance, exaggerated startle response and restlessness. Researches suggest that many traumatized people suffer from extreme physiological arousal in response to a wide variety of stimuli [83, 94].

Chronically hyperaroused individuals' automatic nervous system loses function of paying attention to potentially important stimuli and causes easily triggering of stress reaction. Physical sensations lose their function after repeated irrelevant firing of warning and so they may not serve guidance for action [144].

Sometimes people with PTSD tend to experience intense negative emotions in response to minor stimuli and they overact or freeze. This is because the hyperarousal cause problems in psychological and biological process and these cause difficulties with attention and concentration and these difficulties make distortions in information processing [144].

### 1.3.3. Avoiding

When traumatized people are exposed to intrusive reexperiences of trauma, than they start to organize their lives avoiding and reducing the reminders of the trauma and the related emotions. There are many ways to avoid such thoughts; using alcohol or substance, keep unpleasant experiences from the conscious awareness or keep away from reminders [143]. The aversive quality of traumatic experiences can motivate to the development and use of the avoidance strategies which include emotional or cognitive suppression, denial, dissociation, memory distortion, or involvement in activities that numb or distract [20].

A study about avoidance, reexperincing and hyperarousal on children and adolescents with diagnosis of PTSD after the earthquake, showed that psychological avoidance, constricted emotional and helplessness found common avoidance responses [37].

### 1.4. Evaluation of Diagnose of PTSD

PTSD is a psychological condition that reflects the development of characteristic symptoms following exposure to high magnitude life stressors [3]. Before 1980 posttraumatic syndromes were defined by a variety of names, including shell shock, traumatic neurosis, and soldier's heart. The American Psychiatric Association (APA) published its first edition of Diagnostic and Statistical Manual (DSM-I) in 1952 and psychiatrists who served in the military in World War II included diagnosis of "gross stress reaction" which occur among soldiers in combat. According the diagnosis this reaction is temporary condition and it should disappear after remove from the stress stimuli and there should not be any history of mental health problems. In 1968 APA published the second version of DSM and it did not include any mention of combat-related disorders or any classification of stress reaction. This kind of stress reaction lumped under the heading of "inability to adjust to adult life". Many of professionals stated that politics played a large role at the compilation of the DSM II. May be that is the reason that PTSD did not appeared until 1980. In 1980 APA published the third version of DSM and PTSD was first appeared in this version. In DSM III PTSD was classified as a mood disorder and divided into two forms acute and chronic. DSM III-R which was the revised edition, PTSD classified as in the DSM III but gave up dividing into two forms. Finally in 1994 the fourth version of DSM for PTSD was written to clarify several criteria [18,25,62].

DSM IV Diagnostic Criteria for Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual and threatened death or serious injury, or a threat to the physical integrity of self or others

(2) the person's response involved intense fear, helplessness, or horror. Note: in children, this may be expressed instead by disorganized or agitated behavior

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

(1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed

(2) Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content.

(3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur upon awakening or when intoxicated) Note: in younger children, trauma-specific reenactment may occur

(4) Intense psychological distress at exposure to internal of external cues that symbolize or resemble an aspect of traumatic event

(5) Physiologic reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma

(2) efforts to avoid activities, places, or people that arouse recollections of the trauma

(3) inability to recall an important aspect of the trauma

(4) markedly diminish interest or participation in significant activities

(5) feeling of detachment or estrangement from others

(6) restricted range of affect (e.g., unable to have loving feelings)

(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

(1) difficulty falling or staying asleep

(2) irritability or outbursts of anger

(3) difficulty concentrating

(4) hypervigilance

(5) exaggerated startles response

E. Duration of the disturbance (symptoms in criteria B, C and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if: Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if: with delayed onset: onset of symptoms at least six months after the stressor [3].

### 1.4.1. Prevalence

The lifetime prevalence of PTSD is estimated to be from 1 to 3 percent of general population and 5 to 15 percent may experience sub-clinical forms of the disorder. In high risk groups who experienced traumatic events, the lifetime prevalence rates range from 5 to 75 percent [62]. PTSD can appear at any age but most prevalent group is young adults [17,62,102].

Men and women have experienced different forms of traumatic event. Witnessing someone being badly injured or killed, being involved in a fire or natural disaster, and being involved in a life-treating accident are the most common events overall but these are more common in men than in women. Men also have experienced physical attack, being threatened with a weapon, combat, held captive, or kidnapped. Women have mostly experienced rape, childhood neglect and physical abuse and sexual molestation [128].

### 1.4.2. Risk Factors for Course of PTSD

Not every traumatized person develops PTSD, not every individual is at equal risk for traumatization. There are many factors that are risk for developing PTSD related to the trauma;

#### 1.4.2.1. Characteristics of the Stressor

The severity of the event found to be highly related with the posttraumatic symptomatology. A study about risk factors for PTSD among Vietnam Veterans showed that combat severe exposure predicted PTSD more strongly than any other risk factors [76]. Brewin (2000) examined risk factors for PTSD in trauma-exposed adults, results showed that severity of trauma had stronger affects [17]. Another research which was deal predictors of PTSD symptoms following September 11, 2001 findings showed that a traumatic event's meaning is associated with PTSD [113]. Additionally many research about this area found the same results that severity of the trauma had a strong effect on the prediction of PTSD [21, 34, 67, 68, 69, 106,119].

#### 1.4.2.2. Victim Variables

There are many factors that are considered as associated with posttraumatic state. Brewin et al. (2000) according their research being younger, being female, having low socioeconomic state and education and intelligence, participate minority racial status had predictive effects on PTSD [17].

Ozer (2003) investigated about predictors of PTSD and symptoms in adults among the 2.647 studies which deal PTSD. Findings showed that who reported problems in psychological adjustment prior to experiencing the stressor reported higher PTSD symptoms than those who disavowed prior adjustment problems. And also individuals who reported family history of psychopathology reported higher PTSD symptoms [106]. Individuals' previous history of other traumatic or stressful events may affect the response to the subsequent traumatic event. Breslau (1999) examined previous exposure to trauma and PTSD effects of subsequent trauma with 2.181 individuals in southeast

Michigan. History of any previous exposure to traumatic events was associated greater risk of PTSD and multiple previous events had a stronger effect than a single previous event [19]. Many research stated that who reported prior traumatic event their life had a high levels of PTSD symptoms [17,24,34,67,69,106,112,118,148].

#### 1.4.2.3. Social Support

The interpersonal violence literature reported that posttraumatic states may vary intensity as a function of the level of social acceptance and support after the stressor. Social response to the victim is not independent of trauma characteristics or victim variables. Some traumatic events are socially acceptable such as victim of hurricane; earthquake and certain traumatized person receive prejudicial treatment such as racial minority, immigrants, gay man and lesbians [21].

Social support by friends, family, professionals and others can mediate the intensity of posttraumatic stress. Research findings stated that after the traumatic event poor social support may contribute strongly or moderately to PTSD [17,39,76].

#### 1.4.2.4. Reaction to the Stressor

Individuals who interpret a traumatic experience more negatively are more at risk for posttraumatic difficulties because of cognitive predisposition and the nature of the trauma. Cognitive predisposition includes for example the idea that life events is outside of one's control. This cognition cause perception of challenges and prevent individuals to recovery with the traumatic experiences. The reaction to the stressor or trauma can be changeable according to different individuals. A severe trauma may cause response of fear or helplessness or both whereas another person may response in a similar manner to a much lower trauma. This is depending on the previous traumatic events and its coping strategies and also consequences of coping strategies [21, 70].

### 1.4.3. Theoretical Models of PTSD

#### 1.4.3.1. Behavioral Theory

Two-factor learning theory which was belonging to Mowerer has been applied to the development of PTSD among combat veterans by Keane in 1985 [63]. According to behavioral model, traumatizing event is an unconditional stimulus that causes great fear and anxiety. That is, it considers PTSD to be a classically conditioned emotional response. Repeated exposure to the aversive stimulation, nonthreatening cues become associated with the traumatic event re-evokes memories of the event and the conditioned fear response. For example a war veteran may respond to the sound of gunshots or a passing helicopter, as if he/she were in combat. As a result many people try to avoid to the distress of the trauma reminders so they reduce it and also prevent habituation of the fear response to stimuli associated with the event. But the theory cannot explain that many people experiences flashbacks absence of the cues. That is the limitation of this theory [12,144].

#### 1.4.3.2. Cognitive Theory

Cognitive model include two types of model of PTSD. Social-cognitive approach PTSD occurs when the individuals is involved in events that they cannot be reconciled with the individual's view of the world. For example one may die in an accident, may shatter previous beliefs of invulnerability. After that the defense mechanisms of numbing or denial are evoked to avoid ego-damaging discrepancy. And also compete with a second innate drive of completion tendency. The completion tendency may help the individuals to integrate memories of trauma into existing world schema. At the same time defense mechanisms try to stop these memories entering consciousness. When defense mechanisms are breaks the completion tendency process than memories intrude into consciousness in the form of flashbacks, nightmares and unwanted thoughts or emotional memories which are the symptoms of PTSD. When the trauma-related information is integrated into general belief systems than symptoms will cease. [12,142].

Second approach is information processing that emphasizes the representation of the trauma-related information in the memory. According to this model there are two kinds of memories, verbally accessible memories which may come to conscious with deliberately and situationally accessible memories that may come to conscious without deliberate recall. These are the memories that take the form of nightmares, flashbacks and triggered by the verbally accessing memories or other external stimuli. Resolution of the conflict between the previously held schemas and new information depends on the activation of situationally accessing memories should provide information that allow cognitive readjustment to the trauma. After that the symptoms will not occur long time [12].

### 1.4.3.3. Psychodynamic Theory

Psychodynamic model emphasize the impact of a traumatic event on the person's self concept and view of others to the understanding of traumatic stress. When conscious and unconscious representations of the self and others tiggered by the trauma which are discrepant with usual views then defenses mobilized to cope with the discreapant meanings and painful emotions. According to this model, traumatic events reactivated a previous mental schemas which yet unresolved psychological conflict. For example it reactivated schemas concerning danger, injury, and protection, activating concerns from childhood and adolescents regarding safety, trust, risk, injury, loss parental protection, dependency, and autonomy. The revivial of the childhood trauma result in regression and the use of the defense mechanisms. The ego relives and thereby tries to master and reduce the anxiety. When these posttraumatic shifts in self-concept are unaddressed over time, a deterioration in character functioning may be result [41,85].

#### 1.4.3.4. Biological Theory

The amygdale and hippocampus are two areas of limbic system and they are thought to be implicated in the processing of emotionally charged memories. The amygdale integrates internal representations of the external world in form of memory images with emotional experiences associated with those memories and it guides emotional behavior by projections to the hypothalamus, hippocampus, and basal forebrain. The hippocampus record in memory the spatial and temporal dimensions of experience and has ability to categorize and storage of incoming stimuli in memory [142].

Norepinephrine and cortisol are two stress hormones which are appear particularly implicated traumatic memories. In general increases in these hormones enhance memory but the levels that may occur at times of traumatic stress may give harm to the brain tissue and this causes damages in the memory systems. Norepinephrine release cause high states of arousal and fear and intense visual flashbacks [12].

# CHAPTER II

# IMMIGRATION

## 2.1. Definition of Immigration

Immigration can be defined simply as leaving on place of residence for another. It is a dynamic process and moves of distance may be short from one block to the next or more far from one continent to the next [29].

## 2.2. Types of Immigration

The terminology of forced migrants, means people who have been displaced from their usual place of residence by threats or the use of force. Forced migration is the oldest form of relocation. From the existence of human being wars and internal conflict resulted enslavement of the enemies and triggered the expulsion of the communities [88].

Forced migrants include two different types of groups. One of them is refugees who are people 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country' [127].

The other group is internally displaced for whom there is no precise legal definition as a rule internally displaced persons are defined but as being in a refugee-like situation without having crossed an international border. The Analytical Report of the Secretary-General of UN and the Representative's Comprehensive Study define internally displaced person as "Internally displaced can be defined as persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects armed conflict, situations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border" [127,139].

The main difference between IDPs and refugees is that the internally displaced remain within the borders of their own country. Refugee status entitles individuals to certain rights and international protection but IDP is not a legal status because they are still under the administration of their own government.

Internal displacement recognized gradually through the late 1980s and became prominent on the international agenda in the 1990s. The concept of internal displacement is not new. In 1949 the Greek government argued to United Nation (UN) General Assembly that people displaced internally by war should have the same access to international aid as refugees. This argument was repeated by India and Pakistan.

### 2.3. Reasons of the Immigration

Many negative factors are described by the potential migrant who include religious or political persecution, economic deprivation, ideological rejection of the dominant norms, or other forms of alienation [135]. It will be classified broadly as socioeconomic and conflict related.

#### 2.3.1. Socioeconomic Reasons of Immigration

The changes in economic organization and the reduction of state capacity have contributed to poverty and inequality, and that this can be an explanation. The process of migration begins and maintains because of the pull factors of the industrial societies and the push factors of the developing countries. Such as unemployment versus job opportunities, religious persecution versus religious freedom, marginal status versus full acceptance factors motivates people to leave a permanent residence and those that attract them to another setting [127,135].

#### 2.3.2. Conflict Related Reasons of Immigration

Violent conflict and persecution are the key explanatory variables for displacement within and across borders. The causes of conflict-induced displacement can be divided into two categories;

#### 2.3.2.1. Root Causes

The causes are initiated a conflict and its displacement. The very few internally displaced are uprooted by inter-state conflict. Most of the internally displacement are caused by a combination of internal conflicts and direct foreign military intervention. The causes are including deep structural problems such as racial, ethnic and religious as well as gross inequities within country [23]. At the end of the Second World War in 1945, the number of armed conflict increased dramatically. And it decreases the ending of the Cold War. On the other hand the level of conflict is high and there are current developments in Middle East. At the end of the 2003, 35.5 million people had been forced to leave their homes and most of these 23.6 million people remained within borders of their own country and 11.9 million went abroad.

#### 2.3.2.2. Proximate Causes

There is little systematic research about immediate triggering causes of displacement. Proximate causes include such as deterioration of land and restricted access to food and other necessities caused by war, rather than by the war itself [23].

### 2.4. Changes after Immigration

There are three forms of change which are thought to be structure of the immigration process;

#### 2.4.1. Social Change

The process of immigration causes distribution of kin and friend relationship in the previous setting. Migrants have difficulties to develop strong and primary relationships in the new location. The disengagement of kin groups or friends and difficulty to develop new relation make migrants to feel isolated and unsupported. Most of them develop social relations among migrants of the same origin and receive support from these kinds of groups. But in large societies the acceptance of the migrants depends on society's receptiveness to newcomers [135].

### 2.4.2. Cultural Change

The adaptation to the new setting requires learning language, norms and values which are belong to the destination. The size of the cultural gap shows the amount of the necessarities of learning things. When the migration is from one part of a city to another, this means minimal gap migrant will not experiences large amount of cultural change [135].

### 2.4.3. Physical Change

In long distance migrants are being exposed to the environmental changes include, climate, sanitation level, dietary habits, exposure to pollution and exotic disease. Changes of conditions in the new setting cause's changes in the lifestyle of the migrants include, change in nutrition, clothing, housing and so on [135].

## 2.5. Psychological Consequences of Immigration

Migrants are a vulnerable group that is at risk for mental health problems. In the context of psychosocial perspective the relationship between migration and health can be explaining four major theoretical formulations. One is social isolation which the person experience strong feeling of loneliness, alienation, desocialization, low self esteem and inability to sustain social relationship. Second one is cultural shock, the experience of living in an unstructured, incompletely defined social field. Third one is, goal striving stress, describe a unique aspect of the migrant's adjustment problem, that of unfulfilled aspiration. The last theory cultural change describes the disrupting effect of the cultural change on the psychological orientation of the new migrants undergoing acculturation [55].

There are many reasons such as they often have endured trauma before and during their escape, they may have had cultural conflict and adjustment problem and most have had *many losses including family, country...etc.*

The stressors that thought to be affecting the migrant can be divided into two stages. First stage called premigration trauma which events experienced just prior to migration that were a chief determinant of the relocation such as witnessing war trauma, physical and emotional torture, imprisonment, loss of family members to displacement and death, and fear for personal safety. Second stage called postmigration trauma which include after the change of locale new stressors arrive such as employment issues, altered and absent of social network, inadequate living condition [46].

A meta-analytical study of Porter and Haslam investigated the psychological consequences and their moderators of forced displacement in Yugoslavia. It includes 12 studies that are dealing with the issue of refugee mental health in the former Yugoslavia. Findings showed that refugees suffer significantly more mental health impairment than nonrefugees. According to this research in the contexts of mental health worse outcomes were found for refugees living in institutional accommodation, experiencing restricted economic opportunity, displaced internally with their own country, repatriated to a country they had previously fled. And also demographic characteristic such as being older, more educated, female, had higher prediplacement socioeconomic status and rural residence found to be related with mental health. [116].

In another study, Mollica (1999) tried to determine the risk factors that are associated with disability in Bosnia refugees. The study include 534 participant who are Bosnia refugee adults living in a camp established by the Croatia. Results indicated that 39.2% and 26.3% participant reported symptoms of depression and PTSD respectively. Older age, trauma experiences and chronic medical illness were associated with disability [97].

Many studies report refugee to be at higher risk of psychiatric disorders such as depression, psychosis, somatic compliant, anxiety, Posttraumatic Stress Disorder [64,120].

### 2.5.1. Depression

Depression is a mental state of depressed mood characterized by feelings of sadness, despair and discouragement. There are often feelings of low self esteem, guilt and lack of self worth. Depression ranges from normal feelings of the blues through dysthymia to major depression [62].

Several researches revealed rates of depression among refugees [97,145]. These symptoms can be comorbid with adjustment problems and PTSD [95]. A longitudinal study of psychiatric symptoms, disability, mortality and emigration among Bosnian refugees which was done by Mollica (2001) indicated that former Bosnia refugees continued to exhibit psychiatric disorder and disability 3 years after the initial assessment. For example 43% people continue to meet the DSM-IV criteria for depression alone or comorbid with PTSD [98].

Sır (1998) investigated the affect of forced migration on mental health in Southeast of Turkey. Results showed that displaced people had high depression ratio in Beck Depression Inventory and also the SCL-90-R than control group [130].

A study of the mental heath issues among Iraq Gulf War Veteran Refugees in the U.S. showed that the participants with PTSD had significantly higher scores on depression [59].

Nicholson (1997) investigated the influence of preemigration and postemigration stressors on mental health status among Southeast Asian refugees. Results indicated that 40% of participants suffered depression and also postemigration and preemigration factors were strong predictors of mental health [101].

Studies investigated the predictor factors of depression among refugee population and found various type of predictors. For example, Carlson (1991) investigated trauma experiences, posttraumatic stress, dissociation and depression in Cambodian refugees. Results showed that 80% of the participants had depression in clinical feature. And also

they found that there was a relationship between the severity of the traumatic events and appearance of the depression symptoms [27].

The relationship of depression and traumatic event can be explained by the learned helplessness theory, which suggests that outcomes are uncontrollable. Many researches have suggested that a sense of helplessness resulting from traumatizing events is destructive to a person's sense of worth and sense of efficacy. This psychological phenomenon is often associated with depression [43].

A study which investigated the relationships among premigration stresses, acculturation stresses, personal efficacy and depression in Vietnamese Americans showed that psychological traumas and stressful experiences undermine a sense of personal efficacy and increase symptoms of depression. Depression increases as a result of acculturation stresses and low personal efficacy [137].

In contrast, Heptinstall (2004) investigated the depression and PTSD in refugee children in London. Research result showed that higher depression scores were significantly associated with postmigration stresses which include insecure asylum status and severe financial difficulties [52].

### 2.5.2. Psychosis

The word psychosis is used to describe in which a person does not contact with reality. A person may experience unusual or distressing perception such as hallucinations and delusions which may be accompanied by reduced ability to cope with usual day to day activities. And also does not realizing that there is anything wrong with themselves [62].

The relationship between psychosis and migration were investigated because of the increased rates of psychiatric mental illness especially schizophrenia and other psychoses among migrants [26].

Researcher proposed five hypotheses to explain the increased rates of psychoses seen among migration. These were demographic differences between host populations and

migrant population in age and gender, with the migrants having more vulnerable individuals, higher rates of schizophrenia in the sending country, selective migration of those already predisposed to schizophrenia, the experience of migration and its aftermath and a tendency to misdiagnose schizophrenia in migrant group [28].

Zolkowska (2001) investigated the risk factor of migration for psychosis in Sweden. Result showed that migrants had significantly increased risk for admission for Schizophrenia or other non-affective psychoses [149].

### 2.5.3. Somatization

The process by which psychological needs are supposedly expresses in physical symptoms that do not have a detectable or known organic basis. It refers to the tendency to be overly sensitive to and complain of relatively mild physical problems and complaints. Most often associated with depression [62].

Many researches have shown that migrant experience significantly more stressful events and psychological distress and therefore they have high risk for somatization. Bichescu (2005) examined the long-term consequences of traumatic experiences of former political detainees in Romania. Findings indicated that 48% of them frequently diagnosed somatization [14].

However there are no direct studies that evaluated the prevalence and risk factors of somatization in a large community sample of recent migrants. A few study deal with the examination of somatic presentation of distress among migrants.

In another study, Ritsner (2000) investigated somatic distress in a migrant population in Israel. 966 of Jewish migrants who came from Soviet Union within the previous 30 months participated to the study. Result showed that the prevalence of somatization in 6 month rate for the entire group was 21.9%. Somatization was more frequent in distressed migrants [120].

Another study which investigated psychological consequences of forced internally displacement in Turkey found that somatic disorder rate was 10% in the internally displaced people. Sır et al also found higher somatic scores in the displaced group than non-displaced [130].

### 2.5.4. Anxiety

Anxiety is a complex combination of the feeling of fear, apprehension and worry caused by anticipation of internal or external danger [62]. Anxiety is another common psychological problem in migrants.

Terheggen (2001) investigated the nature and impact of traumatic experiences among Tibetian refugee in India. Findings indicated that suffering a large number of traumatic events result with more psychological distress, higher level of anxiety than those with fewer or no traumatic experiences [136]. A study reported that 35% nonclinical sample had clinical anxiety [101].

Another study about determination of the psychopathology in a sample of children who had experienced war in Bosnia result showed that 23% of children reported anxiety. [108].

### 2.5.5. PTSD

The prevalence of PTSD among refugee populations varies widely from 7% among Vietnamese refugees (Hinton et al., 1993) to 86% among Cambodian refugees [27].

To remain the definition of trauma means that the individual has experienced, witnessed or been confronted with an event or events that include actual or threatened death or injury or a threat to the physical integrity of others. Internal or external refugees may be exposed to many different forms of traumatic event. These are exposure of war-related violence, sexual assault, torture, genocide, threat of personal injury, lose of close relatives and family members and also properties [71,79,95].

In regarding internal displacement IDPs may be forced toward unhealthy or inhospitable environment, family groups may be separated or disrupted, especially children, the elderly, or pregnant women may experience profound psychosocial distress related to displacement, removal from source of income and livelihood may add to physical and psychosocial vulnerability for displaced persons, may disrupt schooling for displaced children and adolescents [141].

The research conducted by Jamil et al (2004) about the mental health conditions of Iraq immigrants who arrived in the U.S. in the 1990s after the Persian Gulf War showed that Iraq refugees had more PTSD and heath problems than in other clients [59].

Several studies have focused upon posttraumatic reactions and predictive factors in refugee population. The number and severity of traumatic events were found to be related with the PTSD symptoms among the refugees [1,11,122]. Blair's (2000) study of the risk factors associated with PTSD and major depression among Cambodian refugees in Utah showed that experiencing higher number of traumas was associated with higher levels of both PTSD and major depression [15].

Dahl (1998) study which conducted among 209 displaced women in Bosnia-Herzegovian showed that the number of traumatic events associated with PTS-cases. For example women who reported four or more traumatic experiences had higher PTS [32]. In a study of validation of PTSD among Vietnam refugees showed that the number of traumatic experiences was related with the severity of PTSD-related symptoms [40]. Another study about determination of pre-migration and postmigration experiences on the mental health of refugees showed that violent death of family members were highly associated with PTSD scores [52]. In a study about estimation the prevalence of mental illness in Guatemalan refugees result showed that 11.8% met the symptom criteria for PTSD. Witnessing the disappearance of others and being close to death were found to be assocaited with PTSD symptoms [122].

# CHAPTER III

# CYPRUS

## 3. 1. History of Cyprus

To understand the conditions of ethnic conflicts between Turkish Cypriot and Greek Cypriot community, one requires to known well the history of Cyprus in an objective manner. Many factors play role on initiation and maintenance of Cyprus conflict.

Cyprus is an island which is located in the Eastern Mediterranean Sea. Many countries today perceive Cyprus as an island of unsink "Plane Ship" or "Small Island with a Big Problem". Cyprus has been the focus of the political importance because of its strategic position on the main routes between Europe and Asia. Ruel said that Nicosia has wild airline area which includes Cairo, Suez Canal, Akaba Gulf, some part of a Jordan, wide part of Israel and Syria. In addition, army bases in Cyprus can reach wide area which include West Iran, Iran Gulf, some part of Arab islands, on south some part of Egypt, on north some part of Greece, Trace, Macedonia, border of Bulgaria, and also going from Black sea of Turkey to some part of West Caucasus. This put forward the importance of Cyprus for many countries in north, south, west and east [65].

Cyprus was colonized in about the thirteenth century BC by Phoenicians, Egyptians, Assyrians, Persians, Macedonians, Romans, Byzantiness, Lusignans, Venetians, Ottomans, and British.

Beginning from 1571, the island was conquested by the Ottoman Empire. During the colonization of Ottoman Empire many Turkish people transferred from Turkey to the island. Ottoman Empire provided responsibility of the inhabitants to Greek Orthodox community. The Turkish and Greek Cypriot lived together peaceably in general [66, 99].

After the end of the war between the Ottoman Empire and Russia in 1877, the administration of Cyprus passed to Britain in accordance with defense alliance between

Britain and the Ottoman Empire in 1878. In 1925 when Ottoman Empire entered into the World War I on the side of Germany Cyprus is annexed by Britain and subsequently the island becomes a British Grown colony and also under the Britain rules. The two ethnic communities lived together without cultural integration. Greek Cypriot community became increasingly dissatisfied with British rule in Cyprus in the 1920s. At this time the enosis movement emerged against British colonial regime. The original goal of that movement was self-determination and union of Cyprus with Greece. The struggle against British hegemony gave way to a church led anti-colonialist movement known as EOKA (Ethniki Organosis Kyprion Agoniston). The British reacted to EOKA through force and repression up until the mid-1950s. The British internally supported and worked together with the Turkish Cypriot and externally, highlighted Turkey's strategic interests in Cyprus. Turkish Cypriot had negative concerns about enosis during the 1940s and especially after the plebiscite in which the Greek Cypriot community unanimously voted in favor of enosis in 1950. The Turkish Cypriots largely were still content with British rule and rejected union with Greece. In 1956 Turkish Cypriots' armed movement Volkan against to the EOKA started. In 1957 the EOKA movement gave rise to a parallel Turkish Cypriot anti-enosis movement or a movement toward geographic separation between two ethnic communities known as taksim and formed a paramilitary organization called TMT (Türk Mukavemet Teşkilatı) [66].

Because of the warm relationship with Turkey, Greece was not actively involved in Cyprus during the 1920s and 1930s. In the early 1940s Greece began to be actively involved in Cyprus. Initial involvement of Greece was a diplomatic pressure on Britain and followed by mobilization within the UN. But Greek diplomacy was failed and the EOKA fighters led by Georgios Grivas began a guerilla struggle against the colonial regime. In April 1955 the first EOKA bombs exploded [105].

The Greek Cypriot and Greece want enosis while the Turkish Cypriot and Turkey responded with demands for taksim. This led the both side at loggerheads with each other. The compromise solution between of enosis and taksim was independence. The British wanted to retain full sovereighty of the island. In 1959 Greek and Turkish Prime Ministers worked out agreement in Zurih and a fully-fledged treaty was signed by British and Archbishop Makarios and Fazıl Küçük in London. Both sides agreed on a

basic structure for the new, independent Republic of Cyprus and ruled out both enosis and taksim. British also retain sovereignty over the military bases of Dhekelia and Akrotiri. At the same time parties signed Treaties of Guarantee and for Alliance. The Treaties of Guarantee was intended to ensure the independence, territorial integrity and security of the Republic of Cyprus and also the Treaty gave Britain, Greece and Turkey the right to take action with the sole aim of re-establishing the state of affairs established by the Treaty. So the three guarantors could have opportunity to intervene in the internal affairs of island jointly or independently to ensure compliance with the Treaty and to prevent both enosis and taksim. The Treaty of Alliance was a defense pact to safeguard the independence and territorial integrity of the Republic of Cyprus. The Treaty allowed Greece and Turkey to station troops in Cyprus. And also Britain had sovereignty in the ninety-nine square miles [66, 105].

In 1960 the basic structure of the Republic of Cyprus established in Constitution with elements of communal autonomy. Bi-communality was ensured through a detailed, complex arrangement providing for community representation and powersharing. The government established according to a presidential system with a Greek Cypriot President and a Turkish Cypriot Vice-President who would elect by the separate communities. It included a cabinet of seven members of Greek Cypriot and three members of Turkish Cypriot and also legislature would consist of a fifty-member House of Representatives elected through separate electoral lists. Communal representation would be determined on a 70:30 ratio and there would be the same ethnic quota for the civil service and the police force. The 60:40 ratios would apply to the armed force. The judicial system would consist of a Supreme Constitutional Court, a High Court of Justice and lower courts also characterized by bi-communal representation. Separate communal chambers would be set up to deal with educational, religious, cultural and personal status matters. Finally in each of the island's five largest towns there would be separate municipalities for the two communities [105].

During the period of 1963-64 communal conflict appeared. Many Greek Cypriots who were regarding enosis expressed their dissatisfaction with the agreements. In their view, the Turkish Cypriots who represented 18% of the island's population, should have been granted minority rights rather than an almost equal share in government arrangements.

On 3 November 1963 President Makarios presented Vice-President Küçük with a thirteen point proposal include the stage for unitary, centralized state with minority rights for the Turkish Cypriot community. Ankara and Vice-President Fazıl Küçük rejected the proposed amendments. This occurred tension on both side and Turkish Cypriot officials leave all public positions. At the same time, violence broke out between communal paramilitary groups. Several intercommunal fighting continued in March and April 1964. The violence between the Greek Cypriot police and the Turkish Resistance Movement and between Greek and Turkish Cypriot paramilitary groups led to numerous deaths and the forced displacement of over 20.000 Turkish Cypriots from mixed villages. Tension between Greece and Cyprus was started with Greece's efforts to destabilize Makarios' government and it had been exacerbated by the Greece military and the growing Greek interference in the internal affairs of the island. On 15 July 1974 Greek National Guard staged a coup to oust the Archbishop's regime and extend the dictatorship to Cyprus. Because of this Turkey intervened militarily on 20 July 1974, invoking its rights under the Treaty of Guarantee and took control of a narrow, ten-mile strip of coastline around Kyrenia. After the first attack, the parties met in Geneva in August 1974. They agreed on an exchange of prisoners and UN protection for the Turkish Cypriot enclaves. The Turkish and Turkish Cypriot sides proposed a bi-zonal federal system. President Glafcos Clerides then asked for an adjournment of 36-48 hours for consultations. Many Turkish Cypriots were lived throughout the island and they were treated by Greek Cypriot forces. Much genocide occurred at that time to Turkish Cypriot by the Greek Cypriot forces. So Turkey did not wait, attacked a second time and took control of 37% of the island's territory. The intervention and ensuing Vienna agreements on population exchange in April/May 1975 led to the displacement of 140-160.000 Greek Cypriot from north and 60.000 Turkish Cypriot from the south. Both areas were almost ethnically cleaned but approximately 13.000 Greek Cypriot remained in the northern Cyprus, living in the isolated Karpass area. Furthermore, Turkey has encouraged immigration to northern Cyprus from the mainland [66, 99, 105].

In 1974 Cyprus has been divided into two distinct zones. In the north, the Turkish Cypriot community first declared the Turkish Federated State of Cyprus in 1975 and then in 1983 declared the Turkish Republic of Northern Cyprus (TRNC). In the south,

the Greek Cypriots retained title of the Republic of Cyprus. The "Green Line" dividing the two communities separate zones since the 1974 partition of the island. There has been lack of any social, cultural or economical links between the two communities. In the social and cultural spheres, links between the communities have been inhibited by territorial separation. New generations of Cypriots grew up without any form of contact with other community until April 2003 when the Turkish Cypriot side opened the Green Line. The media and education systems exacerbated this situation by reminding young generations of the injustices and atrocities of the past. In the economic sphere, the embargo imposed on the north by the Republic of Cyprus destroyed almost all the economic links that had existed through trade and joint business [65].

The UN has been directly involved in Cyprus since the early 1960s, when intercommunal violence reached. After the event of 1974 and division of the island, secretaries-general worked to bring about a solution of the Cyprus problem. After partition UN Security Council (UNSC) Resolution 367 based on a solution an independent, sovereign, bi-communal and bi-zonal federation in 1975. This resolution paved the way for the high-level agreements of 1977 between Rauf Denktaş and Makarios and those of 1979 between Denktaş and Kyprianou. The international community still upholds the high-level agreements, but their substance is so general that it could accommodate any negotiating position. The impossibility of achieving a compromise depends on the main differences between the two parties. The Turkish Cypriot vision emphasizes separate sovereignty. This means that a federal state would emerge from the aggregation of the Greek and Turkish Cypriot sovereign federated states and only a federation by aggregation would ensure political equality between the two communities. The Greek Cypriots accepts the concepts of a bi-communal, bi-zonal federation but emphasizes the single and indivisible sovereignty of the Republic of Cyprus. The political equality has interpretive differently by both sides. According to the Turkish Cypriot political equality means equality between the two federated states and the federal level, and equality of the two communities within federal level through widespread unanimity of decision making and numerical equality. In contrast Greek Cypriot accepted a principle of political equality predominantly entails equality between the two federated states but rejected the equality of the federated states vis-à-vis the centre. This means that the federated states would have only a limited set of regional

power and at the centre, the key principles would be those of proportionality and majority rule. Another disagreement is Turkish immigrants and the three freedoms of movement, settlement and territory. The Turkish Cypriots demanded a territory large enough to be economically self-sufficient and thus sustain Turkish Cypriot sovereignty. The Greek Cypriot was rejected this vision. According to them the boundary should take place into account the demographic balance on the island. Greek Cypriot at the same vision wants to repatriate Turkish immigrants. Sure that Turkish Cypriots rejected it. The Greek Cypriot the three freedoms, settlement and property should be liberalized according to the idea of single sovereignty. The Turkish Cypriot rejected this position according the idea of their right to separate. Perception of Security threats is making another disagreement. The Greek Cypriot perceives threat from Turkey rather than Turkish Cypriot and rejects the ideas of Turkish Cypriots that Turkey alone could protect the security of Turkish Cypriot state.

This vision of both sides has not been change know. Many attempt of negotiations failed. The closer one of the resolution of the Cyprus Conflict was the Annan Plan which presented acceptable solutions but the result was same as the prior failure.

### 3. 2. Turkish Cypriot Community and Immigration

In 1571 Cyprus was conquered by the Ottoman Empire. Turkish troops who are from region of Toros such as Karaman, İçel, Bozok, Alaiyye, Teke, Manavgat started to settle on the island by the force of Sultan of the Ottoman Empire. Approximately 30.000 of Turks were living in Cyprus at that period and because of the emigration to Turkey and also after the transfer of the administration to the British more than 100.000 of Turkish Cypriots emigrated to third countries like UK, Canada and Australia in the period of 1963-74, the number of Turks living in Cyprus has increased very slowly [42].

The turning points of Turkish Cypriots were the war between Ottoman Empire and Russian in 1877. The war was end defeat of Ottoman Empire and it signed a treaty with British about hiring the Cyprus in September 1878. There are positive and negative consequences of being colony of the British. First of all, British cultures, rules were easily accepted by the population of Cyprus. At the same time both communities were

interacted with each other. On the other hand, the colony politics of British was strengthening the political activity of Greek Cypriots through enosis [42].

The political, economical and social pressure of Greek Cypriots and the negative consequences of British culture and civilization and also the food deprivation in Cyprus forced the Turkish Cypriots displacement. Between the periods of 1878-1960 and 1960-1974 many Turkish Cypriots were displaced from Cyprus internally or externally [42].

Large number of Turkish Cypriots was displaced in Silifke, Anamur, Alanya, Antalya region in the 1923s. In 1960 every month many of Turkish Cypriot emigrates to Turkey or third countries like UK, Canada and Australia, Germany. Along of the history Turkish Cypriots forced to displacement both internally, village to village, region to region and externally [42].

Displacement in Cyprus can not be explained with the terms of persistent or temporary. They are displacing because of the social and political issues and the argument was accepted from most of the people that displacement is the fate of the Turkish Cypriots. The reason of the displacement in the Turkish Cypriots involve education, getting rich, to earn money and a new life ideas [42].

Greek Cypriots causalities and displacements: Greek Cypriots living in majority Turkish Cypriot areas such as the village of Akıncılar and the town of Lefke were displaced as TMT gain control of those areas [42].

### 3.3. War-Related Causes of Displacement in Cyprus

Regarding the displacement of Cypriot in the context of political reasons there are two important causalities:

#### 3.3.1 Intercommunal Violence in 1964

On December 21, 1963 serious violence erupted in Nicosia when a Greek Cypriot patrol, checking identification documents, stopped a Turkish Cypriot couple on the edge

of the Turkish quarter. A hostile crowd gathered, shots were fired, and two Turkish Cypriots were killed. Many constables were followed immediately by a major Greek Cypriot attack by the various paramilitary forces against the Turkish Cypriot in Nicosia and Larnaca. Some 700 Turkish Cypriot hostages' men, women and children, were seized in the northern suburbs of Nicosia. The mixed suburb of Omorphita suffered the most from an independent gang of Greek Cypriot irregulars led by Nikos Sampson who made a full assault on the Turkish Cypriot population. There was destruction of Turkish villages. Approximately 20.000 Turkish Cypriot forced displacement to Turkish Cypriot enclaves. Twenty-four Turkish villages and Turkish houses in seventy-two mixed villages were abandoned. Most of moves seem to have been spontaneous but in some cases the people were ordered to leave [100].

The Cyprus Government imposed an economic blockade against the enclaves. The passage of specific strategic materials was prohibited that shows how severely affected economic activity [105].

### 3.3.2. Displacement during in July-August 1974

When the military junta of the Greece removed the legal president, Turkey intervened to Cyprus in July 1974. In the period of 20-22nd July, many Greek Cypriots fled from north to south because they considered being in danger of becoming the theatre of military operations. During the second attack in 14-16 August 1974, whole areas were evacuated by the Greek Cypriots. There is no exact number of people who displaced during this time. But USCR reported that 18.000 to 20.000 Greek Cypriots fled to the south and approximately 50.000 to 60.000 Turkish Cypriots fled to the north, including many who had been displaced before [100].

For over 30 years 210.000 ethnic Greek and Turkish Cypriot have been internally displaced which is the longest-standing internal displacement situation in Europe. The internally displacement people (IDPs) no longer have humanitarian needs in Cyprus as the vast majority of protracted displacements in the world. The Turkish Cypriots have built a new life in north under the control of Turkish Republic of Northern Cyprus and so have Greek Cypriot in south under the control of Republic of Cyprus. In both parts of

the island the IDPs integrated by the respective authorities. In the South IDPs received strong support from Greek Cypriot government by the special programmed that includes social and tax benefits. In the North Turkish Cypriot government allocated properties that left by the Greek Cypriot owners, to the displaced person [58].

The Greek Cypriot IDPs in south have desire to return and recover their lost properties in the North. The Greek Cypriot government has strongly supported the claim of displaced to raise awareness of the rights of the displaced and compel the Turkish Cypriot authorities to comply with them [58].

# CHAPTER IV

# RESEARCH METHODOLOGY

## 4.1. The Importance of the Study

Internal displacement became the great human tragedies of our time. Today international public attention continues to focus on refugees or external migration. In contrast, internally displacement has received much less attention, although their number is nearly twice as high as refugees. Internal displacement is a global crisis which affected 52 countries across all continents and approximately 25 million people forced displacement within their own place. Many of them became victims of attacks by rebel groups or were forced to flee communal violence. But the protection of forced displace people was undermined in the context of counterinsurgency campaigns intensified under the guise of the war on terror. There is not any international law to protect and assist people displaced within their countries.

Turkish Cypriot community since their existence has persistently experienced many traumatic events because of the social changes and ethnic conflicts. They experienced genocide, deaths, injuries, humiliate and also because of their Turkish nationality they forced internal displacement to specific areas. Today in Cyprus conflict is unresolved and basically a dilemma for every human being in Cyprus. Cyprus conflict caused internal displacement of 210.000 ethnic Greek and Turkish Cypriot for over 30 years which is the longest-standing internal displacement situation in Europe.

There are some nonscientific studies which deal the issue of the communities' ideas about their future. Neither has government nor civilian community organizations focused on the psychological conditions of the Turkish Cypriot community or IDPs. Because of this reason this research tried to find out the traumatic events that experienced during conflicts and war, and its psychological consequences on IDPs with comparing nondisplaced Turkish Cypriots. This study is not a representative study but a pilot study which will calling the attention of specialist and inspire more detail and representative research on this topic.

## 4. 2. The Purpose and the Problem Statements of the Study

Being forced to internal displacement is one of the most traumatic experiences of the human being. Internal displacement is different from the refugee and voluntary displacement. IDP has experienced more traumatic events and psychological problems rather than non-IDP.

In Cyprus, during the period of 1963-1964 many people forced for displacement as a consequence of intercommunial violence. The Turkish Cypriots were abandoned their own lands and houses and moved to the Turkish Cypriot enclaves. The Political conflicts and much genocide of the Greek Cypriots toward the Turkish Cypriot required the intervention as a guarantor country of Turkey in 1974. During this period many Turkish and Greek Cypriot became internally displaced person. They fled from their land and their own houses.

The psychological consequences of internally displacement is yet unknown in Cyprus. There is no direct research about understanding the psychological condition of IDPs. The aim of the study is to explore the psychological impact of displacement on IDPs in Cyprus. The study tried to expose the traumatic events and its psychological consequences on IDPs.

The problem statements of the research can be summarized as follow:

1. To compare war-related traumatic events between displaced and non-displaced persons.
2. To compare the type and severity war-related traumatic events between displaced and non-displaced persons.
3. To compare PTSD mean scores and cut-off scores between displaced and non-diplaced persons
4. To expose the effect of displacement with comparing PTSD mean scores and cumulative war-related traumatic events between four group (non-diplaced who were or were not exposured war-related traumatic event and displaced persons who were or were not exposured war-related traumatic events)

5. To compare mental health problems between displaced and non-diplaced persons.
6. To compare war-related traumatic events and demographic characteristic with PTSD and depression mean scores among displaced persons.

### 4.3 Limitations

1. The sample of this study is limited with 129 people who randomly drawn from Alayköy, Gönyeli and Lapta in North Cyprus.
2. The results of the study would comprise other samples which have same feature.

### 4.4 Definitions

**Psychological Trauma:** Some kind of internal breach or damage to existing mental structures.

**Posttraumatic stress disorder:** Disorder that include experiencing emotional stress such as combat experience, natural disaster, assault, rape and serious accidents and consist the reexperiencing of trauma through dreams and waking thought, persistence avoidance of reminders of the trauma and persistent hyperarousal.

**Internal displaced people (IDP):** Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of, or in order to avoid the effects armed conflict, situations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border

**Mental Health:** A relatively enduring state of being in which an individual is reasonably satisfying to self, as reflected in his/her zest for living and feeling of self-realization.

# CHAPTER V

# METHOD OF THE STUDY

## 5.1 The Sample of the Study

This study uses participants drawn from a study about the psychological effects of the Annan Plan among Turkish Cypriots and Turkey settlers who will redisplace according to Annan Plan [31]. The sampling procedure of original study reflect that goal. The study designed randomly and stratified sampling quota was used for comprasion purposes and to keep the samples from each village as similar as possible. Age (35 and older), gender (male/female), nationality (Turkish Cypriot/ from Turkey) and geographical region (Alayköy/Gönyeli/Lapta) was used as strata. Participants were recruited from Alayköy, Gönyeli and Lapta villages of Cyprus. Criterion for selecting these villages were to find internally displaced population, population who will redisplace and also non-displaced population for comparison. Alayköy was a village that most of the public was Greek Cypriot and most of the houses belonged to Greek Cypriots and after 1974 intervention Greek Cypriots left their houses and Turkish Cypriots accommodated these houses by the Turkish Cypriot government. And according to Annan Plan these Turkish Cypriots would redisplace. Lapta have the same feature but the area would not be given back to the Greek Cypriots according to Annan Plan and the population in Lapta now is at low risk for future redisplacement. In contrast Gönyeli was actually a Turkish Cypriot village and the population was not displaced and would not displace according to Annan Plan. The original study includes 408 participants; 158 people who are from Turkey and 250 people who are from TRNC. In the present study the main selection criteria was being from Turkish Cypriot and experienced at least one war in Cyprus. The 158 people were eliminated because of their Turkey nationality and 121 people were eliminated because of they had never experienced war. So 129 people who are from TRNC and who had experienced at least one war in Cyprus participated to the present study.

In the original cross-sectional survey, face-to-face interviews were done by the fourth grade voluntary students of Psychology Department of Near East University. Before

starting to interviews each student were informed about the research and the questionnaire and also they filled three questionnaires for practice and questions were discussed. Introducer cards were designed that should be attach during the interviews. During the data collection students were continuously connected with investigator. Data was collected within two weeks.

Interviewers proceeded in specific order when selecting household for eliminating interviewer bias. First they started from the centre of the villages and went north, east, south and west and covered squares, that is to say they started at the lowest number on the right-hand side of a street and went to every third house. At the first turn they would turn right and would continue contacting households on right-hand side until they complete the square. Then they would cross to the next square and continue the same way. The research covered every third household.

In the present study for comparison purposes of IDPs and nondisplaced persons, 129 of participants whose nationality is Turkish Cypriot and who experienced at least one war were retained from the original study.

**5.2 Instruments:**

The interview comprised four parts administered in the following sequences:

A demographic questionnaire was administered to obtain pertinent background information. It includes; sex, age, marital status, education level, whether or not they are working, monthly income, position of their houses, legal position of their house (whether or not their house belong to the Greek Cypriot), whether or not the district will given back to the Greek Cypriot and also opinions of the participants about their security and socio-economical level after the settlement of Greek Cypriots in North Cyprus.

In the second part of the questionnaire includes questions was formed by the researcher to determine experienced previous trauma history about childhood abuse, natural disaster, fire or explosion, traffic accident, physically assault, sexually assault, to be in

war or internal conflict area, torture or similar maltreatment, events like a murder or suicide, sudden death of the love person, sudden separation from the love person, family violence, sudden quit from job or severe financial difficulties, workplace accident, other stressful life events. And also war-related experiences were asked regarding the type and severity of traumatic events. This include questions such as hearing, witnessing and experiencing to displacement, injury, prisoner or death of friend, relative, family member and self which are rated 'yes' or 'no' statements.

The third part of the questionnaire includes Traumatic Stress Symptom Checklist (TSSC) to determine posttraumatic symptoms that were related the participants' previous traumatic events. It is developed by Başoğlu et al. The checklist is relating to 17 DSM-IV PTSD items and six symptoms of depression in the last week, responses are scored on a 0-3 point scale. The interval consistency of the three subsets, all 23 items, 17 PTSD items and 6 depression were .94, .92 and .84, respectively. The cutoff point for PTSD is 25 which is optimal cutoff score and 38 cutoff point of the total points of TSSC scores is the cutoff point for depression. The results of comparison of TSSC and CAPS rating showed minimal difference but not statistically significant [10].

The forth part of the questionnaire includes the Turkish language of the Brief Symptom Inventory (BSI) were used to determine mental health problems of the participants which is a 53-item reversion of the Semptom Checklist-90 (SCL-90-R). Derogatis (1992) developed the BSI for screening various psychological symptoms. The Turkish version of BSI standardization was done by Nesrin Hisli Şahin and Ayşegül Durak (1994). Responses are scored on a 0-4 point scale, with higher mean scores indicating greater levels of psychological distress and of ten symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism and additional items. The Cronbach Alpha interval consistency of coefficient is 0.96 and 0.95. The coefficients for subscales are varying from 0.55 to 0.86 [125].

### 5.3 Data Analysis

All analyses were performed by using the SPSS 13.0 for Windows. Group differences for continuous variable such as age, severity of traumatic event, TSSC and BSI score were evaluated by means of Student t test. Group comparison for categorical variables were such as gender, marital statue, education level, work statue, monthly income, house legal position, lifetime and last six months traumatic events and war-related traumatic events were calculated by Chi-square. And also comparison of cumulative war-related traumatic events and displacement condition were analyzed by Two-Way Variance Analyze (ANOVA).

# CHAPTER VI

## RESEARCH FINDINGS

6.1 Demographic characteristics of participants:

129 participant drawn from the original study to investigate about the psychological impact of displacement experiences and also the determination of differences in mental health between internally displaced and non-displaced persons in North Cyprus. 86(66.7%) of them were displaced person and 43(33.3%) of them were non-displaced persons.

**Table 1** The comparison of average age between displaced and non-displaced persons.

| | Non-displaced persons M±SD | Displaced persons M±SD | T(p) |
|---|---|---|---|
| Age | 52.14±12.11 | 54.61±11.35 | -1.142 (0.256) |

The mean age of the 129 participants were found 53.80±11.62 (range: 35-82). There were no statistical significant difference between displaced persons and non-displaced according to their age.

**Table 2** The comparison of gender between displaced and non-displaced persons.

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Female | 21 (48.8) | 43 (50) |
| Male | 22 (51.2) | 43 (50) |

$X^2$=0.016 p=0.901

There were no statistically significant difference between displaced persons and non-displaced according to their gender.

**Table 3** The comparison of marital status between displaced and non-displaced persons.

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Single | 1 (2.3) | 4 (4.7) |
| Married | 40(93) | 70 (82.4) |
| Widowed | 1 (2.3) | 8 (9.4) |
| Divorced | 1 (2.3) | 3 (3.5) |

$X^2$=2.964 p=0.397

There were no statistically significant difference between displaced persons and non-displaced according to their marital status.

**Table 4** The comparison of education level between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| May read and write | 1 (2.3) | 2 (2.4) |
| Primary graduate | 23 (53.5) | 42 (49.4) |
| Middle school graduate | 2 (4.7) | 11 (12.9) |
| High school graduate | 12 (27.9) | 20 (23.5) |
| University graduate | 5 (11.6) | 10 (11.8) |

$X^2$=2.245 p=0.691

There were no statistically significant difference between displaced persons and non-displaced according to their education levels.

**Table 5** The comparison of work status between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Working | 24 (55.8) | 27 (31.4) |
| Nonworking | 19 (44.2) | 59 (68.6) |

$X^2$=7.150 p=0.007*

There were statistically significant difference between displaced persons and non-displaced according to their work status. The majority of displaced persons were (68.6%) nonworking.

**Table 6** The comparison of monthly income between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| 550 million or down | 1 (2.3) | 16(18.8) |
| 550 million-1 billion | 19 (44.2) | 31 (36.5) |
| 1 billion -2 billion | 14 (32.6) | 24 (28.2) |
| 2 billion -4 billion | 9(20.9) | 14(16.5) |

$X^2$= 6.783 p=0.079

There were no statistically significant differences between displaced and non-displaced person according to their monthly income.

**Table 7** The comparison of accommodation between displaced and non-displaced persons:

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Bought by self | 28(65.1) | 19(22.1) |
| Bought by assistance of government | 15(34.9) | 67(77.9) |

$X^2$=22.911 p=0.000*

There were statistically significant difference between displaced persons and non-displaced according to their belongingness of their house. The majority of displaced persons were (77.9%) getting their house by assistance of Turkish Cypriot government.

**Table 8** The comparison of house of participants whether is Turk or Greek properties between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Turk property | 34 (79.1) | 11 (12.9) |
| Greek property | 9 (20.9) | 74 (87.1) |

$X^2$=54.775 p=0.000*

There were statistically significant differences between displaced persons and non-displaced according to their house position. The majority of displaced persons were (87.1%) settle to the Greek Cypriot displaced persons properties that left behind in 1974.

**Table 9** The comparison of area that planned for giving back to Greek Cypriot authority between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Giving | 3 (7) | 38 (44.2) |
| Not giving | 40(93) | 48 (55.8) |

$X^2$=18.306 p=0.000*

There were statistically significant differences between displaced persons and non-displaced according to their house position. More than half of the displaced person were (55.8%) living in area that planned for giving back to the Greek Cypriot authority according to the Annan Plan.

**Table 10** The comparison of the opinion about their security when living with the Greek Cypriot between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Worse | 9 (20.9) | 39 (45.3) |
| Same | 26 (60.5) | 23 (26.7) |
| Better | 8 (18.6) | 24 (27.9) |

$X^2$=14.175 p=0.001*

There were statistically significant differences between displaced persons and non-displaced according to their opinion about their security when they will live together with Greek Cypriots. 45% of displaced persons thought that their security will be worse if they live together with Greek Cypriots. %20.9 of non-displaced persons agrees with them.

**Table 11** The comparison of the opinion about their socioeconomic condition when living together with the Greek Cypriot between displaced and non-displaced persons

| | Non-displaced persons n(%) | Displaced persons n(%) |
|---|---|---|
| Worse | 5 (11.6) | 27 (31.4) |
| Same | 9 (20.9) | 22 (25.6) |
| Better | 29 (67.4) | 37 (43) |

$X^2$=8.115 p=0.017*

There were statistically significant differences between displaced persons and non-displaced according to their opinion about their socioeconomic condition when living with the Greek Cypriot. 31.4% of displaced persons thought that their socioeconomic condition will be worse. Only 11.6% of non-displaced persons agree with them.

**6.2** The comparison of exposed traumatic events between displaced persons and non-displaced persons

**Table 12** The comparison of once time life prevalence of exposed traumatic events between displaced persons and non-displaced persons

| | C | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (P) |
|---|---|---|---|---|---|
| 1.Child abuse | 129 | No | 35 (81.4) | 68 (79.1) | 0.096 (0.756) |
| | | Yes | 8 (18.6) | 18 (20.9) | |
| 2.Natural disaster (torrent, earthquake, hurricane) | 128 | No | 31 (72.1) | 60 (70.6) | 0.031 (0.859) |
| | | Yes | 12 (27.9) | 25 (29.4) | |
| 3. Fire or explosion | 129 | No | 24 (55.8) | 51 (59.3) | 0.143 (0.705) |
| | | Yes | 19 (44.2) | 35 (40.7) | |
| 4.Traffic accidents (car, ship, train, airplane) | 129 | No | 22 (62.9) | 53 (61.6) | 1.290 (0.256) |
| | | Yes | 21 (48.8) | 33 (38.4) | |
| 5.Physical assault (being assaulted and beaded) | 129 | No | 35 (81.4) | 71 (82.6) | 0.026 (0.871) |
| | | Yes | 8 (18.6) | 15 (17.4) | |
| 6. Sexual assault | 129 | No | 41 (95.3) | 82 (95.3) | 0.000 (1.000) |
| | | Yes | 2 (4.7) | 4 (4.7) | |
| 7. Experience of conflict or war | 129 | No | 11 (25.6) | 11 (12.8) | 3.315 (0.069) |
| | | Yes | 32 (74.4) | 75 (87.2) | |
| 8. Torture and similar assault | 129 | No | 41 (95.3) | 73 (84.9) | 3.055 (0.080) |
| | | Yes | 2(4.7) | 13 (15.1) | |
| 9.Death events like murder and suicide | 129 | No | 35 (81.4) | 74 (86) | 0.473 (0.491) |
| | | Yes | 8 (18.6) | 12 (14) | |
| 10. Sudden and unexpected death from love one | 129 | No | 14 (32.6) | 23 (26.7) | 0.474 (0.491) |
| | | Yes | 29 (67.4) | 63 (73.3) | |

| | C | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| 11. Sudden and unexpected illness of love one | 127 | No | 16 (37.2) | 46 (54.8) | 3.507 (0.061) |
| | | Yes | 27 (62.8) | 38 (45.2) | |
| 12. Sudden and unexpected separation from love one | 129 | No | 34 (79.1) | 60 (69.8) | 1.255 (0.263) |
| | | Yes | 9 (20.9) | 26 (30.2) | |
| 13. Domestic violence | 129 | No | 36 (83.7) | 77 (89.5) | 0.892 (0.345) |
| | | Yes | 7 (16.3) | 9 (10.5) | |
| 14. Sudden and unexpected unemployment, serious financial problems | 129 | No | 20 (46.5) | 48 (55.8) | 0.995 (0.318) |
| | | Yes | 23 (53.5) | 38 (44.2) | |
| 15. Industrial accident | 129 | No | 36 (83.7) | 77 (89.5) | 0.892 (0.345) |
| | | Yes | 7 (16.3) | 9 (10.5) | |
| 16. Other specific stressful events and experiences | 129 | No | 37 (86) | 78 (90.7) | 0.641 (0.423) |
| | | Yes | 6 (14) | 8 (9.3) | |

*p<0.005 statistical significant differences
**C: the number of response

There were no statistically significant differences between displaced and non-displaced persons according to their once lifetime prevalence of exposure traumatic events.

**Table 13** The comparison of once time last six months prevalence of exposure traumatic events between displaced persons and non-displaced persons

| | C | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| 1.Child abuse | 129 | No | 43 (100) | 84 (97.7) | 1.016 (0.314) |
| | | Yes | ------- | 2 (2.3) | |
| 2.Natural disaster (torrent, earthquake, hurricane) | 128 | No | 42 (97.7) | 85 (100) | 1.992 (0.158) |
| | | Yes | 1(2.3) | ------- | |
| 3. Fire or explosion | 129 | No | 43 (100) | 86 (100) | ------- |
| | | Yes | ------- | ------- | |
| 4.Traffic accidents (car, ship, train, airplane) | 129 | No | 41 (95.3) | 80 (93) | 0.267 (0.606) |
| | | Yes | 2 (4.7) | 6 (7) | |
| 5.Physical assault (being assaulted and beaded) | 129 | No | 42 (97.7) | 84 (97.7) | 0.000 (1.000) |
| | | Yes | 1 (2.3) | 2 (2.3) | |
| 6. Sexual assault | 129 | No | 43 (100) | 86 (100) | ------- |
| | | Yes | -------- | ------- | |
| 7. Experience of conflict or war | 129 | No | 43 (100) | 86 (100) | ------- |
| | | Yes | ------- | ------- | |
| 8.Torture and similar assault | 129 | No | 42 (97.7) | 85 (98.8) | 0.254 (0.614) |
| | | Yes | 1 (2.3) | 1 (1.2) | |
| 9.Death events like murder and suicide | 129 | No | 43 (100) | 85 (98.8) | 0.504 (0.478) |
| | | Yes | ------- | 1 (1.2) | |
| 10. Sudden and unexpected death from love one | 129 | No | 42 (97.7) | 85 (98.8) | 0.254 (0.614) |
| | | Yes | 1 (2.3) | 1 (2.3) | |
| 11. Sudden and unexpected illness from love one | 129 | No | 40 (93) | 83 (96.5) | 0.787 (0.375) |
| | | Yes | 3 (7) | 3 (3.5) | |

| | C | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| 12. Sudden and unexpected separation from love one | 129 | Yes | 40 (93) | 83 (96.5) | 0.787 (0.375) |
| | | No | 3 (7) | 3 (3.5) | |
| 13. Domestic violence | 129 | Yes | 42 (97.7) | 86 (100) | 2.016 (0.156) |
| | | No | 1 (2.3) | ------- | |
| 14. Sudden and unexpected unemployment, serious financial problems | 129 | No | 39 (90.7) | 79 (91.9) | 0.050 (0.824) |
| | | Yes | 4 (9.3) | 7 (8.1) | |
| 15. Industrial accident | 129 | No | 40 (93) | 85 (98.8) | 3.225 (0.073) |
| | | Yes | 3 (7) | 1 (1.2) | |
| 16. Other specific stressful events and experiences | 129 | No | 39 (90.7) | 84 (97.7) | 3.146 (0.076) |
| | | Yes | 4 (9.3) | 2 (2.3) | |

*p<0.005 statistical significant differences
**C: the number of response

There were no statistically significant differences between displaced and non-displaced persons according to their traumatic experiences at last six months.

**Table 14** The comparison of experiencing specific conflict in Cyprus between displaced and non-displaced persons.

| | C | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| Witnessed the 1963 conflict | 129 | Yes | 28 (65.1) | 64 (74.4) | 1.213 (0.271) |
| | | No | 15 (34.9) | 22 (25.6) | |
| Witnessed the 1963-1974 conflicts | 128 | Yes | 38 (90.5) | 82 (95.3) | 1.143 (0.285) |
| | | No | 4 (9.5) | 4 (4.7) | |
| Witnessed the 1974 war | 129 | Yes | 43 (100) | 86 (100) | ------- |
| | | No | ------- | ------- | |

*p<0.005 statistical significant differences
**C: the number of response

There were no statistically significant differences between displaced and non-displaced persons according to the exposure specific conflicts and war in Cyprus.

**Table 15** The comparison of self-reported main traumatic event between displaced and non-displaced persons.

| | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$(p) |
|---|---|---|---|
| War-related traumatic events | 33 (86.8) | 67 (91.8) | 0.683 (0.409) |
| Traumatic events otherwise | 5 (13.2) | 6 (8.2) | |

There were no statistically significant differences between displaced and non-displaced persons according to the self-reported traumatic events. The majority of displaced and non-displaced persons reported war-related traumatic events.

**Table 16** The comparison of mean scores of severity of war-related trauma between displaced and non-displaced persons:

| | Non-displaced persons M±SD | Displaced persons M±SD | t(p) |
|---|---|---|---|
| Hearing war-related trauma | 11.77±3.15 | 12.60±3.53 | -1.305 (0.194) |
| Witnessing war-related trauma | 4.00±3.70 | 6.48±4.54 | -3.024 (0.003)* |
| Experiencing war-related trauma | 1.09±0.48 | 2.37±0.70 | -10.731 (0.000)* |

There were statistically significant differences between displaced and non-displaced persons according to mean score of severity of war-related trauma. Displaced persons were experienced and witnessed war-related trauma higher than non-diplaced persons.

**Table 17** The comparison of exposure war-related traumatic events between displaced and non-displaced persons

| | | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| Friend | forced to displacement | No | 4(9.3) | 9(10.5) | 0.043 |
| | | Yes | 39(90.7) | 77(89.5) | (0.836) |
| | injured | No | 3(7) | 11(12.8) | 1.002 |
| | | Yes | 40(93) | 75(87.2) | (0.317) |
| | Were taken to prisoner | No | 6(14.3) | 11(12.8) | 0.055 |
| | | Yes | 36(85.7) | 75(87.2) | (0.815) |
| | murdered | No | 10(23.3) | 18(21.2) | 0.072 |
| | | Yes | 33(76.7) | 67(78.8) | (0.788) |
| Relatives | forced to displacement | No | 8(19) | 8(9.3) | 2.450 |
| | | Yes | 34(81) | 78(90.7) | (0.118) |
| | injured | No | 18(41.9) | 37(43) | 0.016 |
| | | Yes | 25(58.1) | 49(57) | (0.900) |
| | Were taken to prisoner | No | 18(41.9) | 28(32) | 1.081 |
| | | Yes | 25(58.1) | 58(67.4) | (0.298) |
| | murdered | No | 23(53.5) | 30(34.9) | 4.099 |
| | | Yes | 20(46.5) | 56(65.1) | (0.043)* |
| Family member | forced to displacement | No | 25(58.1) | 19(22.4) | 16.211 |
| | | Yes | 18(41.9) | 66(77.6) | (0.000)* |
| | injured | No | 27(62.8) | 44(57.4) | 1.250 |
| | | Yes | 16(37.2) | 40(47.8) | (0.264) |
| | Were taken to prisoner | No | 29(67.4) | 34(40) | 8.603 |
| | | Yes | 14(32.6) | 51(60) | (0.003)* |
| | murdered | No | 33(76.7) | 48(56.5) | 5.051 |
| | | Yes | 10(23.3) | 37(43.5) | (0.025)* |

| | | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|---|
| Self | injured | No | 42(97.7) | 76(88.4) | 3.180 |
| | | Yes | 1(2.3) | 10(11.6) | (0.0759 |
| | Were taken to prisoner | No | 40(93) | 67(77.9) | 4.631 |
| | | Yes | 3(7) | 19(22.1) | (0.031) |
| | Killed someone | No | 41(95.3) | 81(94.2) | 0.076 |
| | | Yes | 2(4.7) | 5(5.8) | (0.783) |

There were statistically significant differences between displaced and non-displaced persons according to their exposure war-related traumatic events. Displaced persons exposure more traumatic events than non-displaced persons. 65.1% of displaced persons loss their relatives, 77.6% of displaced persons family member forced to displacement, 60% of displaced persons family member were taken to prisoner and 43.5% of displaced persons loss their family member during the war.

**6.3** The mean overall scores of Traumatic Stress Symptom Checklist and Brief Symptom Inventory

**Table 18** The comparison of traumatic stress symptom checklist mean scores between displaced and non-displaced persons:

| | Non-displaced persons M±SD | Displaced persons M±SD | T (p) |
|---|---|---|---|
| Traumatic Stress Symptoms Checklist | 8.767±7.27 | 14.65±11.15 | -3.135 (0.002)* |
| Traumatic stress symptoms Checklist depression subscale | 10.63±9.30 | 17.89±13.94 | -3.085 (0.003)* |

*p<0.005 statistically significant

There were statistically significant differences between displaced and non-displaced persons according to mean scores of Traumatic Stress Symptoms Scale. Displaced person traumatic stress symptom scale (0.002) and depression subscale (0.003) mean scores are higher than non-displaced persons.

**Table 19** The comparison of PTSD between displaced and non-displaced persons:

| | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$(p) |
|---|---|---|---|---|
| Traumatic stress symptoms Checklist | No | 41(95.3) | 68(80) | 5.322 (0.021)* |
| | Yes | 2(4.7) | 17(20) | |

There is a statistically significant difference between displaced and non-displaced persons according to cut-off score TSSC

**Table 20** The cumulative effect of war-related trauma on PTSD means scores

| | | Non-displaced persons | | Displaced persons | |
|---|---|---|---|---|---|
| Traumatic event | | NO | YES | NO | YES |
| Friend displaced | n | 9 | 39 | 9 | 71 |
| | M | 8.67 | 9.33* | 13.56* | **14.70** |
| | SD | 9.76 | 7.36 | 11.52 | 11.21 |
| | | F=2.862, df=3 p=0.040 | | | |
| Friend injuried | n | 3 | 40 | 11 | 74 |
| | M | 2.67 | 9.23* | 12.36 | **14.80** |
| | SD | 3.79 | 7.29 | 10.50 | 11.25 |
| | | F=3.684, df=3 p=0.014 | | | |
| Friend prisoned | n | 6 | 36 | 12 | 74 |
| | M | 8.00 | 8.64* | 9.00 | **15.42** |
| | SD | 2.83 | 7.73 | 9.07 | 11.16 |
| | | F=4.894, df=3 p=0.003 | | | |
| Friend murdered | n | 10 | 33 | 19 | 66 |
| | M | 9.70 | 8.48* | 11.11 | **15.45** |
| | SD | 10.43 | 6.19 | 11.41 | 10.94 |
| | | F=4.098, df=3 p=0.008 | | | |
| Relative member displaced | n | 9 | 34 | 8 | 77 |
| | M | 9.22 | 8.65* | 11.37 | **14.80** |
| | SD | 7.28 | 7.37 | 13.29 | 10.93 |
| | | F=3.364, df=3 p=0.021 | | | |
| Relative member injuried | n | 18 | 25 | 37 | 48 |
| | M | 9.39 | 8.32* | 12.49 | **16.02** |
| | SD | 7.94 | 6.89 | 10.73 | 11.30 |
| | | F=4.034, df=3 p=0.009 | | | |
| Relative member prisoned | n | 18 | 25 | 28 | 57 |
| | M | 11.11 | 7.08* | 13.68 | **14.88** |
| | SD | 8.64 | 5.71 | 12.11 | 10.71 |
| | | F=3.757, df=3 p=0.013 | | | |
| Relative member murdered | n | 23 | 20 | 30 | 55 |
| | M | 10.65* | 6.60* | 9.83* | **17.02** |
| | SD | 8.34 | 5.19 | 8.56 | 11.61 |
| | | F=7.620, df=3 p=0.000 | | | |
| Family member displaced | n | 25 | 18 | 20 | 65 |
| | M | 8.96* | 8.50 | 11.60 | **15.37** |
| | SD | 7.12 | 7.67 | 11.72 | 10.88 |
| | | F=3.839, df=3 p=0.011 | | | |
| Family member injuried | n | 27 | 16 | 46 | 39 |
| | M | 9.81 | 7.00 | 13.54 | **15.59** |
| | SD | 8.34 | 4.69 | 10.73 | 11.62 |
| | | F=3.652, df=3 p=0.014 | | | |

| | | Non-displaced persons | | Displaced persons | |
|---|---|---|---|---|---|
| Traumatic event | | NO | YES | NO | YES |
| Family member were taken to prisoner | n | 29 | 14 | 35 | 50 |
| | M | 8.93* | 8.43 | 13.66 | **15.06** |
| | SD | 6.66 | 8.65 | 11.86 | 10.67 |
| | | F=3.205, df=3 p=0.026 | | | |
| Family member murdered | n | 33 | 10 | 49 | 36 |
| | M | 9.70* | 5.70* | 11.39* | **18.69** |
| | SD | 7.74 | 4.47 | 9.22 | 12.21 |
| | | F=7.847, df=3 p=0.000 | | | |
| Being injured | n | 42 | 1 | 76 | 9 |
| | M | 8.88 | 4.00 | 15.06 | 9.55 |
| | SD | 7.32 | ----- | 11.14 | 10.33 |
| | | F=4.014, df=3 p=0.009 | | | |
| Were taken to prisoner | n | 40 | 3 | 66 | 19 |
| | M | 8.85 | 7.67 | 14.85 | **13.21** |
| | SD | 7.40 | 6.11 | 10.88 | 12.18 |
| | | F=3.207, df=3 p=0.026 | | | |
| Have to kill someone | n | 41 | 2 | 80 | 5 |
| | M | 8.56 | 13.00 | 14.60 | **12.60** |
| | SD | 7.33 | 5.66 | 11.26 | 9.63 |
| | | F=3.252, df=3 p=0.024 | | | |

*means that are statistically different from the means reported by displaced persons with traumatic event.

In general, to compare the cumulative effect of war-related trauma on PTSD mean scores between displaced and non-displaced persons, there were statistically significant differences according the war-related traumatic events. Displaced persons had more frequently experience war-related traumatic events and also had higher mean scores than non-displaced persons.

Findings showed that there were statistically significant differences in PTSD mean scores between displaced persons whom friends forced to displacement, injured, were taken to prisoner, murdered, relative member forced to displacement, injured, were taken prisoner and non-displaced persons who experienced same traumatic events.

Displaced persons whom relative and family member were murdered had high and statistically significant difference between non-displaced persons who were and were not experienced and displaced who were not experienced the same traumatic event. Displaced persons who experienced loss of close persons had higher PTSD mean scores rather than the three other groups.

**Table 21** The comparison of the global severity index, positive symptom index and positive symptom distress index mean scores between displaced and non-displaced persons:

| | Non-displaced persons M±SD | Displaced persons M±SD | T (p) |
|---|---|---|---|
| Global Severity Index | 0.530±0.334 | 0.535±0.422 | -0.066 (0.947) |
| Positive Symptom Index | 15.731±8.48 | 16.26±10.06 | -0.298 (0.767) |
| Positive Symptom Distress Index | 0.034±0.12 | 0.031±0.01 | 1.446 (0.151) |

There is no statistically significant difference between displaced and non-displaced persons according to their global severity index, positive symptom index and positive symptom distress index. Global severity index, positive symptom index and positive symptom distress index mean scores were in the normal range.

**Table 22** The comparison of mean scores of Brief Symptom Inventory subscales

| Subscales | Non-displaced persons M±SD | Displaced persons M±SD | T (p) |
|---|---|---|---|
| Somatization | 0.814±0.765 | 0.529±.0.669 | 2.164 (0.032)* |
| Obsessive-compulsive | 0.632±0.439 | 0.602±0.0.480 | 0.342 (0.733) |
| Interpersonal Sensitivity | 0.489±0.564 | 0.682±0.527 | -1.922 (0.057) |
| Depression | 0.326±0.381 | 0.521±0.482 | -2.322 (0.022)* |
| Anxiety | 0.477±0.495 | 0.646±0.678 | -1.452 (0.149) |
| Hostile | 0.577±0.496 | 0.546±0.660 | 0.270 (0.787) |
| Fobic anxiety | 0.219±0.276 | 0.289±0.457 | -0.932 (0.353) |
| Paranoid thought | 1.084±0.780 | 0.941±0.714 | 1.034 (0.303) |
| Psychoticism | 0.153±0.265 | 0.198±0.325 | -0.771 (0.442) |
| Additional items | 0.419±0.5928 | 0.403±0.528 | 0.152 (0.879) |

There is a statistically significant difference between displaced and non-displaced persons according to depression and somatization mean scores of subscales. Displaced persons had higher mean scores of depression symptoms than non-displaced persons (0.022). Non-displaced persons had higher mean scores of somatization symptoms than displaced persons (0.032).

**Table 23** The comparison cutoff score of BSI subscale between displaced and non-displaced persons:

| | | Non-displaced persons n(%) | Displaced persons n(%) | $X^2$ (p) |
|---|---|---|---|---|
| Somatization | No | 28(65.1) | 69(82.1) | 4.570 |
| | Yes | 15(34.9) | 15(17.9) | (0.003)* |
| Obsessive-compulsive | No | 34(79.1) | 69(81.2) | 0.081 |
| | Yes | 9(20.9) | 16(18.8) | (0.776) |
| Interpersonal Sensitivity | No | 35(81.4) | 58(68.2) | 2.489 |
| | Yes | 8(18.6) | 27(31.8) | (0.115) |
| Depression | No | 41(95.3) | 68(79.1) | 5.799 |
| | Yes | 2(4.7) | 18(20.9) | (0.016)* |
| Anxiety | No | 35(81.4) | 61(73.5) | 0.975 |
| | Yes | 8(18.6) | 22(26.5) | (0.556) |
| Hostile | No | 33(76.7) | 69(81.2) | 0.347 |
| | Yes | 10(23.3) | 16(18.8) | (0.556) |
| Fobic anxiety | No | 42(97.7) | 76(89.4) | 2.707 |
| | Yes | 1(2.3) | 9(10.6) | (0.100) |
| Paranoid thought | No | 22(51.2) | 48(56.5) | 0.325 |
| | Yes | 21(48.8) | 37(43.5) | (0.569) |
| Psychoticism | No | 42(97.7) | 84(97.7) | 0.000 |
| | Yes | 1(2.3) | 2(2.3) | (1.000) |
| Additional items | No | 37(86) | 69(18.8) | 0.476 |
| | Yes | 6(14) | 16(18.8) | (0.490) |

There were statistically significant differences between displaced and non-displaced persons according to their cutoff score in somatization and depression subscales.. Displaced persons had higher depression level than non-displaced persons (0.016) and non-displaced persons had higher somatizotion level than displaced persons (0.003).

**Table 24** The comparison of demographic characteristics and PTSD mean scores among displaced persons:

| | | *n* | *PTSD* M±SD | t(p) |
|---|---|---|---|---|
| Gender | | | | |
| | Female | 43 | 18.05±11.39 | 3.141 |
| | Male | 42 | 10.83±9.68 | (0.002)* |
| Marital statue | | | | F df(p) |
| | Single | 4 | 7.00±4.83 | |
| | Married | 69 | 13.85±11.56 | 2.132 |
| | Divorced | 3 | 23.67±8.74 | 3(0.103) |
| | Widowed | 8 | 20.25±6.82 | |
| Work statue | | | | t(p) |
| | Nonworking | 59 | 16.85±11.67 | 3.099 |
| | Working | 26 | 9.11±7.46 | (0.000)* |
| Education level | | | | F df(p) |
| | May read and write | 2 | 5.00±2.83 | |
| | Primary graduate | 42 | 18.48±11.71 | |
| | Middle school graduate | 11 | 10.73±6.54 | 2.132 3(0.103) |
| | High graduate | 20 | 11.65±11.54 | |
| | University graduate | 9 | 8.89±6.83 | |
| Monthly income | | | | F df(p) |
| | 550 million- above | 16 | 20.25±9.69 | |
| | 550 million-1 billion | 31 | 14.93±12.27 | 2.293 |
| | 1 billion -2 billion | 24 | 12.79±10.28 | 3(0.084) |
| | 2 billion- 4 billion | 13 | 10.54±9.26 | |

There were statistically significant differences among displaced persons on the PTSD mean score according to their gender and work statue. Female gender and nonworking displaced persons PTSD mean scores were higher than male gender and working displaced persons.

**Table 25** The comparison of war-related trauma and PTSD mean scores among displaced persons:

| | | | n | PTSD M±SD | t (p) |
|---|---|---|---|---|---|
| Friend | forced to displacement | No | 9 | 13.56±11.52 | 0.263 (0.793) |
| | | Yes | 76 | 14.59±11.16 | |
| | injured | No | 74 | 14.80±11.25 | -0.674 (0.502) |
| | | Yes | 11 | 12.36±10.50 | |
| | were taken to prisoner | No | 11 | 8.18±9.04 | 2.050 (0.043) |
| | | Yes | 74 | 15.42±11.16 | |
| | murdered | No | 18 | 11.22±11.72 | -1.433 (0.156) |
| | | Yes | 66 | 15.45±10.94 | |
| Relatives | forced to displacement | No | 8 | 11.37±13.29 | -0.828 (0.410) |
| | | Yes | 77 | 14.80±10.93 | |
| | injured | No | 37 | 12.49±10.73 | 1.461 (0.0.148) |
| | | Yes | 48 | 16.02±11.30 | |
| | were taken to prisoner | No | 28 | 13.68±12.11 | -0.464 (0.644) |
| | | Yes | 57 | 14.88±10.70 | |
| | murdered | No | 30 | 9.83±8.56 | -2.974 (0.004)* |
| | | Yes | 55 | 17.02±11.61 | |
| Family member | forced to displacement | No | 19 | 10.32±10.50 | -1.794 (0.076) |
| | | Yes | 65 | 15.37±10.89 | |
| | injured | No | 44 | 13.73±10.94 | -0.752 (0.454) |
| | | Yes | 39 | 15.59±11.62 | |
| | were taken to prisoner | No | 34 | 13.76±12.02 | 0.519 (0.253) |
| | | Yes | 50 | 15.06±10.67 | |
| | murdered | No | 48 | 11.62±9.16 | -3.033 (0.003)* |
| | | Yes | 36 | 18.69±12.21 | |

| | | | n | PTSD M±SD | t (p) |
|---|---|---|---|---|---|
| Self | injured | No | 76 | 15.06±11.13 | 1.413 |
| | | Yes | 9 | 9.56±10.33 | (0.161) |
| | were taken to prisoner | No | 66 | 14.85±10.88 | 0.563 |
| | | Yes | 19 | 13.21±12.18 | (0.575) |
| | Kill someone | No | 80 | 14.60±11.26 | 0.388 |
| | | Yes | 5 | 12.60±9.63 | (0.699) |

There were statistically significant differences in the PTSD mean scores of displaced persons whom relatives (0.004) and family member (0.003) were murdered among displaced persons.

**Table 26** The comparison of demographic characteristics and depression subscale of BSI mean scores among displaced persons:

| | | n | Depression M±SD | t(p) |
|---|---|---|---|---|
| Gender | | | | |
| | Female | 43 | 0.67±0.55 | 2.916 |
| | Male | 43 | 0.37±0.35 | (0.005)* |
| Marital statue | | | | F df(p) |
| | Single | 4 | 0.33±0.47 | |
| | Married | 70 | 0.51±0.48 | 0.465 |
| | Divorced | 3 | 0.67±0.58 | 3(0.707) |
| | Widowed | 8 | 0.64±0.52 | |
| | | | | t(p) |
| | Nonworking | 59 | 0.60±0.53 | 2.345 |
| | Working | 27 | 0.34±0.31 | (0.021)* |
| Education level | | | | F df(p) |
| | May read and write | 2 | 0.67±0.47 | |
| | Primary graduate | 42 | 0.60±0.53 | |
| | Middle school graduate | 11 | 0.33±0.26 | 0.822 4(0.515) |
| | High graduate | 20 | 0.49±0.56 | |
| | University graduate | 10 | 0.433±0.27 | |
| Monthly income | | | | F df(p) |
| | 550 million- above | 16 | 0.57±0.42 | |
| | 550 million-1 billion | 31 | 0.61±0.60 | 0.818 |
| | 1 billion -2 billion | 24 | 0.45±0.37 | 3(0.488) |
| | 2 billion- 4 billion | 14 | 0.40±0.44 | |

There were statistically significant differences among displaced persons on the PTSD mean score according to their gender and work statue. Female gender (0.005) and nonworking (0.021) displaced persons depression subscale of BSI means score was higher than male gender and working displaced persons.

**Table 27** The comparison of war-related trauma and depression subscale of BSI mean scores among displaced persons:

| | | | N | Depression M±SD | T (p) |
|---|---|---|---|---|---|
| Friend | forced to displacement | No | 9 | 0.78±0.88 | -1.705 |
| | | Yes | 77 | 0.49±0.41 | (0.092) |
| | injured | No | 11 | 0.65±0.67 | 0.958 |
| | | Yes | 75 | 0.50±0.45 | (0.341) |
| | were taken to prisoner | No | 11 | 0.54±0.62 | 0.177 |
| | | Yes | 75 | 0.52±0.46 | (0.860) |
| | murdered | No | 18 | 0.65±0.70 | 1.216 |
| | | Yes | 67 | 0.49±0.40 | (0.228) |
| Relatives | forced to displacement | No | 8 | 0.29±0.23 | -1.423 |
| | | Yes | 78 | 0.54±0.50 | (0.158) |
| | injured | No | 37 | 0.47±0.45 | -0.806 |
| | | Yes | 49 | 0.56±0.50 | (0.422) |
| | were taken to prisoner | No | 28 | 0.54±0.51 | 0.270 |
| | | Yes | 58 | 0.51±0.47 | (0.788) |
| | murdered | No | 30 | 0.35±0.33 | 2.397 |
| | | Yes | 56 | 0.61±0.52 | (0.019)* |
| Family member | forced to displacement | No | 19 | 0.54±0.68 | 0.378 |
| | | Yes | 66 | 0.50±0.40 | (0.706) |
| | injured | No | 44 | 0.52±0.53 | -0.021 |
| | | Yes | 40 | 0.52±0.44 | (0.983) |
| | were taken to prisoner | No | 34 | 0.56±0.59 | 0.607 |
| | | Yes | 51 | 0.49±0.40 | (0.546) |
| | murdered | No | 48 | 0.47±0.49 | 1.037 |
| | | Yes | 37 | 0.58±0.48 | (0.303) |

| | | | N | Depression M±SD | T (p) |
|---|---|---|---|---|---|
| Self | injured | No | 76 | 0.54±0.49 | 1.317 |
| | | Yes | 10 | 0.33±0.34 | (0.191) |
| | were taken to prisoner | No | 67 | 0.53±0.48 | 0.396 |
| | | Yes | 19 | 0.48±0.51 | (0.693) |
| | Kill someone | No | 81 | 0.54±0.48 | 1.548 |
| | | Yes | 5 | 0.20±0.36 | (0.125) |

There were statistically significant differences in the depression subscale of BSI mean scores of displaced persons whom relatives were murdered among displaced persons. Displaced persons whom relatives were murdered during the war had higher depression symptoms than displaced persons whom relatives were not murdered.

# CHAPTER VII

## DISCUSSION

The result of the present study indicated that displaced persons had higher PTSD symptoms rather than non-displaced persons. In this research 20% of displaced persons had PTSD symptoms. PTSD has been reported all over the world in refugee populations. The prevalence of PTSD from refugee population varies widely. Population-based studies reported a prevalence of PTSD ranging from 3.5% to 86% [27, 145]. In the study of Croatia refugees, Turner (2003) found 38%, Sack (1994) found 18% and Southeast Asian refugees who lives in U.S reported 14% of PTSD symptoms [101,123,138].

In the study of Mayan refugee camps in Chiapas who had lived more than 20 years, Sabin (2003) found 14% PTSD and also another study of Cambodian community living in U.S more than 2 decades since the end of the Cambodian civil war, Marshall (2005) found that they have had high rates of PTSD symptoms [87,97,122]. In the present study PTSD symptom findings indicated that more than 30 years have passed since the end of the 1974 war and displaced persons had high rates of PTSD than non-displaced persons.

PTSD symptoms can be reactivate by the current stressors with the feature of remind of posttraumatic event [72]. In a follow-up study of refugees from the former Yugoslavia living in Sweden indicated that there were no change average symptom levels. The author reported that the follow-up ratings were made during in time to the war in Croatia when the mass media carried an abundance of reports on atrocities and this could well have had a retraumatizing effect on the subjects, reactivating symptoms [74]. The present study was made close in time to the response of Annan Plan and during that period there were images about 1963-1964 conflict and 1974 war especially horrible violence toward Turkish Cypriot by Greek Cypriots. This could have had a retraumatizing effect on displaced persons in north Cyprus.

Continuousness of PTSD symptoms for years depends not only past traumatic events [5, 13,52,93] but also the current stressors such as unemployment and studies reported that being female gender may contribute to the ongoing of symptoms [13,80,116,147]. In the present study within displaced persons who are nonworker and female gender had higher PTSD mean scores.

The present study indicated that displaced persons experienced more war-related traumatic events such as relatives were murdered, family member forced to displacement, were taken to prisoner and murdered rather than non-displaced persons. Many of the refugee studies reported that loss of close person is a predictor of frequency of PTSD symptoms [61,129]. Furthermore, the frequency of war-related traumatic event had increasing effect on PTSD symptoms [91]. In a study about mental health of internally displaced persons in Nepal indicated that who experience greater than three traumatic events had higher PTSD symptoms [5].

According to the Brief Symptom Inventory scores, displaced and non-displaced persons were not showed any psychopathology. The results indicated that both groups have ability to cope with stress. In a study about comparison of refugee, displaced and non-displaced persons' coping strategies in Croatia, researcher indicated that displaced and non-displaced persons use coping strategies in a similar frequency and effectiveness [75].

The present study showed that 20% of displaced and %4.7 of non-displaced persons had depression symptoms. Displaced persons have higher depression symptoms. Most of the population-based study indicated that the rates of depression ranging 15% to 80% amongst refugees [27,78,95,110,130].

Many researches reported that depression symptoms incrementally associated with the adaptation process of the new settings [52,93,101]. Vamık Volkan in his analytic study reported that after the war of 1974 Turkish Cypriot community was not having seriously adaptation problems to the new condition [146]. Especially Turkish Cypriot displaced persons, were not experience any postmigration stressors. The geographic structure, speaking language was same and they settled houses which left behind of Greek Cypriot

and in a good condition. In this context, the present study indicated that displaced persons were not show pathological depression because of the absence of postmigration stressors.

The studies which investigated the effect of different life events on disorders revealed that especially loss events had have association with depression [6,22,124]. The present study showed that within displaced persons 78.8% loss their friend, 65.1% loss their relatives and 43.5% loss their family member during the war. Displaced persons had more loss experience rather than non-displaced persons. In addition, psychological response to loss of properties could have had similar feature with psychological reponse to loss of close person and that may cause high ratio of depression symptoms in displaced persons [2]. Socio-demographic factors and gender is predictor factor for depression symptoms. Being female gender and unemployment associated with higher rates depression symptoms [30,87,122].

The present study indicated that 17.9 displaced person had somatic complaints. Some of the studies reported that somatic complaints were associated with depression [84] and some of them not showed any association [113]. The studies which investigated the relationship between migration and somatization findings indicated that displaced persons have a higher risk of somatization. In a large international study that used data 14 countries indicated that the overall prevalence rate for somatization was 19.7%. There were no studies that have evaluated the prevalence of somatization in a large community of recent displaced persons. However few studies dealed migrant somatic complaints Pang and Lee (1994) reported 7.3% of somatic complaints on Korean migrants [109] and Ritsner (2000) reported 21.9% and high rate of somatic complaints were related with distress on Jewish migrants in U.S [120]. In a study about the psychosocial complaints of forced internally displacement in Turkey reported that 10% of displaced persons had somatic complaints [2]. Another study about the effect of forced internal displacement in the Southeast of Turkey showed that displaced persons had a higher somatic symptoms rather than non-displaced persons [130]. However the present study revealed that non-displaced persons had higher somatic complaints rather than displaced persons. The explanation of this suprising finding is very hard and required deep discussions. Somatic complaints may appear with current psychosocial

stressors or if there is a chronic somatization the symptoms can be reactivated [50]. The persons, who could not reveal their response to life stresses, may use somatic complaints as defense mechanism However to determine somatic complaints it requires to evaluate four major categories. If the persons current presentation were a normal reaction to stressful circumstance, an adjustment disorder, somatization due to major depression or an anxiety disorder, or a primary form of chronic somatization [62].

The present study was done close in time to the response of Annan Plan and the two communities answer would determine whether Turkish Cypriots and Greek Cypriots live together. This period can be evaluated as very stressful for Turkish Cypriot community. Non-displaced persons reported more positive opinion for future with living Greek Cypriots but displaced persons opinions were more negative. Regarding the stressful condition, non-displaced persons who had positive expectations from future, were revealed somatic complaints as response to current stress. In contrast, displaced persons who had negative opinion from future may express their stress with depression symptoms. This explanation is controversial and requires follow-up study.

There are some methodological limitations with this study. First, the study sample is not representing the whole displaced persons in North Cyprus during the war. Second, the scales that used in this study do not have reliability and validity in Turkish Cypriot community.

## CONCLUSION

The present study indicated the psychological consequences of forced displacement in IDPs. As all over the world, displaced people in Cyprus had experienced many traumatic events related war or conflicts and had mental health problems and also worry about their future.

In general Turkish Cypriot community is traumatized because of the ethnic conflicts and wars. Before giving any decision authorities should understand the communities' psychological condition, their fears and worries. The authorities should provide to Turkish Cypriot community especially to the IDPs safety and certain future.

Researches should focus firstly on Turkish Cypriot communitys' mental health and also affective predictors. Further research should develop war-related trauma scale specific for Cyprus and make a representative study to deeply understand the negative effects of ethnic conflict and its psychological consequences. In addition health-related programs should develop to improve menthal health of the Turkish Cypriot community and to finish the prejudice to live with Greek Cypriot community.

The psychological health of the community will show the continuousness of the government and in general provide healthy mankind.

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## APPENDIX A

ANKET FORMU

**Bölüm 1**

**Sosyo-demografik bilgi formu**

1. Ad-Soyad.....

2.Adres.....

3. Cinsiyet Kadın Erkek

4. Doğum yılınız.....

5. Doğum yeriniz.....

6. Kaç yıldır KKTC'de yaşıyorsunuz.....

7. Şuan bulunduğunuz bölgede kaç yıldır yaşıyorsunuz.....

8. Daha önce hangi bölgede yaşadınız.....

9. Kaç yıldır.....

10. Medeni durumunuz

a) Bekar b) Evli c) Ayrı yaşıyor

d) Boşanmış e) Dul f) Birlikte yaşıyor

11. a)Çalışıyor b) Çalışmıyor

12. Eğitim durumu

a) Okur-yazar değil b) Okur-yazar c) İlkokul

d)Ortaokul e)Lise f)Yüksekokul/üniversite

13. Eve giren aylık gelir?

a) 550 milyon ve altı b) 550 milyon-1 milyar c) 1 milyar-2milyar

d) 2 milyar-4 milyar e) 4 milyar ve üstü

14. Oturduğunuz evinize nasıl sahip oldunuz?

a) Kendi olanaklarımla b)Devlet yardımıyla

15. Oturduğunuz evin konumu nedir?

a) Türk malı b) Rum malı

16. . Annan planı ile referendum sonrası rumlara verilecek bölgede mi yaşıyorsunuz?

a) Evet b)Hayır c) Bilmiyorum

17. Eğer cevabınız evet ise nereye yerleştirileceğinizi biliyormusunuz?

a) Evet b)Hayır c) Bilmiyorum

18. Annan Planı ile çözümden sonra Rumların bölgenize yerleşmesi ile güvenliğiniz hakkında ne düşünüyorsunuz?

a) Kötü olacak b) Aynı kalacak c) İyi olacak

19. Annan Planı ile çözümden sonra Rumların bölgenize yerleşmesi ile güvenliğiniz hakkında ne düşünüyorsunuz?

a) Kötü olacak b) Aynı kalacak c) İyi olacak

**Bölüm 2**

Aşağıdaki travmatik olayları hayat boyu ve son altı ayda yaşayıp yaşamadığınızı belirtiniz.

| | Hayat boyu | Son altı ay |
|---|---|---|
| 20.Çocukluktaki kötü olumsuz olaylar ihmal, istismar, şiddet, cinsel taciz ve ilişki | | |
| 21. Doğal felaket( sel,deprem,kasırga) | | |
| 22. Yangın veya patlama | | |
| 23. Trafik kazası | | |
| 24. Fiziksel saldırı (saldırıya uğrama, dövülme tekmeleme, yumruklama) | | |
| 25. Cinsel Saldırı (vurulma, bıçaklama,bıçakla tehdit edilme) | | |
| 26. Çatışama veya savaş bölgesinde bulunma (asker veya sivil olarak bulunma) | | |
| 27. İşkence veya benzeri kötü muamele | | |
| 28. Sevdiğiniz birinin ani ve beklenmeyn ölümü | | |
| 29. Sevdiğiniz birinin ani ve beklenmeyen ciddi hastalığı | | |
| 30. Sevdiğiniz birinden ani ve beklenmeyen şekilde ayrılma | | |
| 31. Aile içi şiddet | | |
| 32. Ani ve beklenmeyen bir iş kaybı, ciddi ekonomik güçlük | | |
| 33. İş kazası | | |
| 34. Diğer herhangi çok stresli olay veya yaşantı | | |

35. 1963 Kıbrıs'ta yaşanan olaylara tanık oldunuz mu?

a) Evet b) Hayır

36. Kıbrıs'ta 1963-1974 dönemine tanık oldunuz mu?

a) Evet b) Hayır

37. Kıbrıs'ta 1974 harekat dönemine tanık oldunuz mu?
a) Evet b) Hayır

Aşağıdaki savaşla ilgili travmatik yaşantılardan hangilerini yaşadınız?

Hiç=0 Bir kez=1 Birkaç kez=2 Çok sık=3

| | Gördüm | Duydum |
|---|---|---|
| 38.Arkadaşım zorunlu göç etti | | |
| 39.Arkadaşım yaralandı | | |
| 40.Arkadaşım esir düştü | | |
| 41.Arkadaşım öldürüldü | | |
| 42.Akrabam zorunlu göç etti | | |
| 43.Akrabam yaralandı | | |
| 44.Akrabam esir düştü | | |
| 45.Akrabam öldürüldü | | |
| 46.Aile üyelerinden biri zorunlu göç etti | | |
| 47.Aile üyelerinden biri yaralandı | | |
| 48.Aile üyelerinden biri esir düştü | | |
| 49.Aile üyelerinden biri öldürüldü | | |
| 50.Arkadaşım zorunlu göç etti | | |
| 51.Arkadaşım yaralandı | | |
| 52.Arkadaşım esir düştü | | |
| 53.Arkadaşım öldürüldü | | |
| 54.Akrabam zorunlu göç etti | | |
| 55.Akrabam yaralandı | | |
| 56.Akrabam esir düştü | | |
| 57.Akrabam öldürüldü | | |
| 58.Aile üyelerinden biri zorunlu göç etti | | |
| 59.Aile üyelerinden biri yaralandı | | |
| 60.Aile üyelerinden biri esir düştü | | |
| 61.Aile üyelerinden biri öldürüldü | | |
| Aşağıdaki savaşla ilgili travmatik yaşantılardan hangilerini yaşadınız? | | |
| 62.Zorunlu göç ettim | | |
| 63.Yaralandım | | |
| 64.Esir düştüm | | |
| 65.Öldürmek zorunda kaldım | | |