

**NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCE
GENERAL PSYCHOLOGY MASTER PROGRAM**

MASTER'S THESIS

**COMPARING RESILIENCE, POST TRAUMATIC STRESS DISORDER AND
DEPRESSION BETWEEN INTERNALLY DISPLACED AND NON-
DISPLACED PERSON AMONG ADOLESCENCE**

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**NICOSIA
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Comparing resilience, post-traumatic stress disorder and depression between internally displaced and non-displaced person among adolescence

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ABSTRACT

This study focused on comparing Resilience, post-traumatic stress disorder and Depression between internally displaced person and non-internally displaced person among adolescence, in Kurdistan region of Iraq. The people who had been internally displaced from Shangal to Sharia due to some constant attacks from a group of terrorists named ISIS.

The study explored resilience, depression and Post-traumatic Stress Disorder (PTSD) differences between internally displaced person and non-internally displaced person among Kurdish adolescents. The Participants were Yazidi Kurds who had been internally displaced and non-Internally displaced people in Kurdistan Region of Iraq. The participants of the current study were consisted of 200 participants (104 females and 96 males) and divided into two groups. The first group consisted of 103 participants. They were people who internally displaced from shangal to Sharia. The second group consisted of 96 non-displaced people who were selected randomly from Sharia.

The current research revealed that internally displaced individual are more prone to post-traumatic stress disorder and depression than their non-internally displaced person counterparts. However, the experience of being internally displaced and its effect on their welfare makes them register high resilience scores. This population often faces substantial stressors, such as problems with food, healthcare, shelter, education, employment, finances, and discrimination which may become perpetuating factors for mental disorders.

Keyword: Resilience, PTSD, Depression, Internally displaced person

Ulkesi icinde zorunlu goc eden ve etmeyen ergenlerde dayaniklilik, travma sonrasi stres bozuklugu ve depresyon duzeylerinin karsilastirilmesi

Sargol Naboureh

Haziran 2016, 42 sayfa

ÖZ

Bu çalışma, Irak'ın Kürdistan bölgesindeki ulkesi icinde zorunlu goc eden ve etmeyen ergenler arasında dayaniklilik, TSSB ve depresyon karşılaştırması yapmıştır. ISID adlı terörist grubundan bazı sabit saldırılara maruz kalan kişiler Shangal'dan Sharia'ya yerinden edilmiştir.

Çalışma, goc etmiş ve etmemiş ergenler arasındaki dayaniklilik, Travma Sonrası Stres Bozukluğu (TSSB) ve depresyon farklarını araştırmıştır. Katılımcılar, Irak'ın Kürdistan bölgesinde yerlerinden edilen ve edilmeyen Yazidi Kürtleriydi. Çalışmanın katılımcıları 200 kişiden (104 kadın ve 96 erkek) oluşuyordu ve iki gruba ayrılmıştı. İlk grupta 103 katılımcı vardı. Bu kişiler Shangal'den Sharia'ya göç eden kişilerdi. İkinci grup, Sharia'dan gelişigüzel seçilmiş 96 yerinden edilmemiş kişiden oluşmaktaydı

Bu çalışma yerlerinden edilmiş kişilerin TSSB ve depresyona goc etmeyen kişilere kıyasla daha yatkın olduğunu ortaya çıkarmıştır. Ancak, mülteci olma tecrübesi ve bunun onların refahı üzerindeki etkisi yüksek dayaniklilik puanı kaydetmelerini sağladı. Bu nüfus sıklıkla ruhsal bozukluklar için süregelen faktörler olabilecek gıda, sağlık, barınma, eğitim, istihdam, mali ve ayrımcılık ile ilgili sorunlar gibi ciddi stres kaynaklarıyla karşı karşıya kalmaktadır.

Anahtar Kelimeler: Dayaniklilik, TSSB, Depresyon, Ülke içi mülteci

DEDICATION

Every challenging work needs self-efforts as well as guidance of elders especially those who are very close to our hearts. I dedicate my dissertation with a special feeling of gratitude to my beloved mom and dad whose words of encouragement and push for tenacity rings in my ears.

I praise Prof. Ahmad Mohammadpur, a man who dedicated his life to the service of science and Kurdish society via his distinguished researches.

I dedicate this dissertation to my brother Yusef hatami and his dear wife Namam Qurbani, the special people that who have never left my side.

I also dedicate this work to my dearest friend Nasim Armand the best girl who always make the good time better, and the hard times easier.

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ABBREVIATION

IDPs:	Internally displaced person
Non-IDPs:	Non-internally displaced person
ISIS:	The Islamic State of Iraq and Syria
PTSD:	Post-traumatic stress disorder
DASS:	Depression Anxiety Stress Scale
PCL-C:	PTSD Checklist-Civilian Form
CD-RISC-25:	Connor-Davidson Resilience Scale 25

INTRODUCTION

This study focuses on resilience among IDPs and non-IDPs Yazidi's adolescence that experienced traumatic event. The Islamic State of Iraq and Syria (ISIS) captured the city of Shangal in Kurdistan region of Iraq on the 3rd of August 2014. Thousands of Yazidis' fled up Mount Shangal of out fear of the approaching ISIS militants. So this hardship event make me to focus on resilience among IDPs and non-IDPs adolescence. Large numbers of children and adolescents have been forced to across the world for reasons ranging from armed conflict and persecution to economic pressures and natural disasters. Most people who are forcibly displaced remain within or near the country from which they fled; typically living in camps until the situation at home improves, allowing their return (UNDP, 2009). There has been much interest in the notion of resilience, described by Rutter (1987) as the process of overcoming rather than succumbing to the effects of exposure to risks during an individual's life. So children who encounter high-risk situations might show resilience because they draw on sufficient protective factors to buffer them against adversity (Catherine Panter, 2010)

This interest make me to seeks to explore resilience, depression and PTSD differences between IDPs and non-IDPs among Yazidi Kurdish adolescence. The study is a comparison between two groups, the IDPs in Kurdistan region of Iraq that displaced from shangar to sharia due to ISIS war and lives in camp there, the second one is a group that non internal displaced and living in the sharia. The study aims to compare these two groups, to test whether there is a difference in resilience, and psychological problem, the group that had been forced to flee or the group that remained in their native town.

1.1. Resilience

Decades of research on resilience has revealed the development of constructive psychology. Resilience has been defined as the capacity to recover quickly from difficulties. Tugade and Fredrickson (2004, p. 320) argued that “psychological resilience refers to effective coping and adaptation although faced with loss, hardship, or adversity”.

According to MacDonald, 2004, resilience is the ability to grow and develop in face of adversity. Resilience represents the personal characteristics that enable a person to thrive in the face of hardship. Resilience is defined as an individual’s ability to adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial worries, among others. Research has shown that emotional and physical resilience is to a degree, something you are born with. Some individuals are less upset by life changes, this can be observed in infancy and tends to be stable throughout one’s lifetime. There are other factors that affect emotional resilience including age, gender and exposure to trauma.

Psychologists have found a number of factors that are crucial elements of resilience namely, optimism, high self-esteem, problem-solving skills, sociability and the ability to create emotional distance from destructive relationships and to sustain supportive relationships. These traits come more naturally to some people than to others, but we can all learn to develop them in ourselves (MacDonald, 2004).

1.1.1 Resilience in adolescence

The early resilience studies that were conducted were concentrated on the qualities of the individual child and/or adolescent. Anthony (1974) described the resilient child as invulnerable or invincible. This innate capacity (resilience) helps children develop social competence, problem- solving skills, a critical consciousness, autonomy, and a sense of purpose (Benard and Bonnie, 1995). Resilience is built when children are allowed to genuinely struggle with difficulty and when they learn that they can learn from their mistakes.

Children have the capability to learn resilience, however, some children may be highly sensitive and have a bit of negativity that make it hard for them to develop resilience. According to Catherine Panter 2010, children who encounter high-risk situations show resilience because they draw on sufficient protective factors.

Resilience was measured using a well-validated self-report instrument that assesses individuals' perceptions of their abilities to recover effectively from adversity (David, Forde & Stein, 2009).

Masten (2001) shares the view of many researchers about the special quality that resilient children possess. Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptation systems. If those systems are protected and in good working order, development is robust even in the face of severe adversity. If these major systems are impaired, antecedent or consequent to adversity, then the risk for developmental problems is much greater, particularly if the environmental hazards are prolonged.

1.2 Internal displaced person (IDPs)

According to the UNHCR Guiding Principles on Internal Displacement, internally displaced persons (also known as "IDPs") are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence. IDPs do not cross an international border to find a safe place but have remain inside their home countries. Even if they leave their home for the same reasons as refugees, they have all of their rights and protection under both human rights and international humanitarian law.

Statistics show that an estimated 18 million children are forcibly displaced as a result of war, conflict, a third of them being asylum seekers or refugees who have migrated across international borders and two thirds of them are internally displaced within their country of origin. Most internally displaced persons live in camps within or near the country from which they fled. They stay in camps until the situation in their home country subsides permitting their return. About 0.5 million children seek asylum in high-income countries every year. In middle and low income countries, displaced children are mainly

referred to a refugees. internally displaced and Refugees children are often exposed to organized violence and territorial disputes or threats arising from cultural, religious, and political differences (Qouta, Punamaki, El Sarraj Ajdukovic & Ajdukovic, 2003).

A large number of children and adolescents and their family have been forced to migrate because of reasons including war, economic pressure, natural disasters, armed conflict and persecution. According to the UNDP (2009), displaced individuals remain near or within their country of origin, the inkling being to return once the situation at home improves. There has been an increase in interest in resilience as described by Ruther (1987) as the process of overcoming rather than succumbing to the effects of exposure to risks during an individual's life. The study focused on adolescents because research shows that this age group and younger are more likely to show resilience.

1.3 Psychological effect on IDPs

Global distresses about the costs of political violence, disasters, malnutrition, maltreatment, disease and other threats to human development and well-being have sparked a surge of international interest in resilience science (Masten & Ann, 2014).

The number of displaced persons is increasing due to war and armed conflict around the world. The displaced persons experience many traumatic event and hardships as well as misfortunes which expose their mental wellness to great risk and psychological disorders which may result in posttraumatic stress and depression due to cumulative stressors that have been experienced. The refugee children are highly vulnerable to developing behavioral and emotional problems. Children that have been isolated having witnessed violence and torture and witnessed the killing of their dear ones, are most likely to experience mental problems since they are separated from their parents or their parents may be too overwhelmed or unable to attend to their emotional needs (APA).

The physical injuries of war and displacement are easily recognizable but psychological effects are not so this war affected them with PTSD and depression that should those child be under treatment and therapy.

1.3.1 Post-traumatic stress disorder

According to APA, PTSD, or post-traumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as war, assault, combat, crime, an accident or natural disaster. Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event either experiencing it or witnessing it. People with PTSD may relive the event via intrusive memories, flashbacks and nightmares, avoid anything that reminds them of the trauma, and have anxious feelings they didn't have before that are so intense their lives are disrupted. Posttraumatic stress disorder (PTSD) as a pathological anxiety that usually occurs after an individual experiences or witnesses severe trauma that constitutes a threat to the physical integrity or life of the individual or of another person (T Allen Gore et al, 2015).

Avoidance of places or situation that remind one of the event, and easily scared or started the symptoms usually appear within three months of the traumatic event, but may surface several months or even years later.(Ken Duchworth, 2012)

1.3.2 Depression

According to APA Depression (major depressive disorder) is a common and serious medical illness that negatively affects the way you think, how you feel, and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and a loss of interest in activities once enjoyed, decrease energy, low self-esteem, and poor concentration on the afflicted. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at home and at work.

Symptom of depression include poor morale, sleeping problem either insomnia and hypersomnia, recurrent thought of death or suicide, weight loss or gain, hopelessness, disinterest in social activities and eating problems where one eats too much or too little (Davidson & Farlane, 2006).

1.4 Isis Group

The Islamic State of Iraq and Syria (ISIS) proclaimed itself to be worldwide caliphate, with Abu Bakr al-Baghdadi being given the position of caliph, it also renamed itself ad-Dawlah al-Islamiyah 'Islamic State' on 29 June 2014. It made a declaration that

all authority, military, political and religious over all Muslims worldwide belong to ISIS, and that the legality of all emirates, groups, and organizations, becomes null by the expansion of the khilāfah's (caliphate's) authority and arrival of its troops to their areas". The United Nations has held ISIS accountable for war crimes and human rights abuses, and Amnesty International has reported ethnic cleansing by the group on a historic scale. The group has used mass shootings, beheadings and crucifixions to terrorize their enemies. ISIS has used text from the Koran and Hadith to justify their actions but Muslims have denounced them. The European Union and its member states along with the United Nation has named the group a terrorist organization.

ISIS captured the cities of Zumar, Shangal and Wana in Northern Iraq on the 3rd of August 2014. Thousands of Yazidis' fled up Mount Shangal of out fear of the approaching ISIS militants. An American intervention came because of the Yazidis' need for water and food on the 7th of August 2014. The intervention was also because of the threat of massacre announced by ISIS on the Yazidis as well as the desire to protect US citizens in Iraq and support Iraq in its fight against ISIS. According to BBC and Zachary Laub, 2015 an aerial bombing campaign in Iraq.

1.5 Yazidi and Shangal

The Yazidis (also Yezidi, Êzidî) are a Kurdish religious community whose syncretic but ancient religion Yazidism (a kind of Yazdânism) is linked to Zoroastrianism and ancient Mesopotamian religions; however Yazidis form a distinct and independent religious community and have their own culture. They live primarily in the Nineveh Province of Iraq. Additional communities in Armenia, Georgia, Turkey, Iran, and Syria have been in decline since the 1990s as a result of significant migration to Europe, especially to Germany (Nicky Woolf, 2015).

Many people in the world have been traumatized because of their religious and cultural beliefs, the Iraq Yazidie community is one of them, on the history of Yazidian they had many time suffered to genocide, but this study mentioned the genocide that happened at 3rd of August 2014. ISIS captured the cities of Zumar, Shangal and Wana in

Northern Iraq on the 3rd of August 2014. Thousands of Yazidis' fled up Mount Shangal of out fear of the approaching ISIS militants. An American intervention came because of the Yazidis' need for water and food on the 7th of August 2014. The intervention was also because of the threat of massacre announced by ISIS on the Yazidis as well as the desire to protect US citizens in Iraq and support Iraq in its fight against ISIS. According to BBC and Zachary Laub, 2015 an aerial bombing campaign in Iraq. Since the summer of 2014 when the genocide was taking place by ISIS, many of Yazidis have been killed by the terrorists. Many of their women have been kidnapped for purposes of rape and sexual slavery. Many of their children have been murdered. Many of their elderly and men have been slaughtered. Their homes were taken. Their temples were destroyed. ISIS even killed the animals that were a source of food for Yazidis (Khidir Domili, 2015).

LITERATURE REVIEW

Several studies have been done to explore the relationship between resilience and psychological problems namely, a study done in 2007 by Aslam on resilience among individuals in earthquake affected areas and it was found to be inversely related with depression anxiety and stress. According to Banano 2006, an inverse correlation was found between post psychological problems among the survivors of terrorist attacks. In a study done by Moon and Kang 2006, on the relationship between resilience and depression among adolescents with congenital heart disease showed a significant negative relationship between resilience and depression. Regression analysis showed that depression of adolescents was explained by 54% of the resilience.

According to a study done by Mujeeb 2012 on resilience, stress, anxiety and depression among internally displaced persons, people who had been internally displaced had lower levels of resilience than Non-displaced persons. The study also showed that women experienced more stress depression and anxiety but less resilience than men. An inverse correlation between resilience and stress, anxiety and depression was found in the results. Factors such as family loss during internal displacement was found to be positively related to stress, anxiety and depression but negatively associated with resilience.

A study done on displacement in Afghanistan shows a situation of high gendered vulnerabilities but low resilience. Complications ranged from urban environments that limit coping mechanisms to the lack of long-lasting solutions, (Majidi and Hennion, 2014).

Youssef et al 2013 evaluated the effect of childhood trauma exposure and the role of resilience on both suicidal ideation and depression. It was an evaluation for PTSD, depressive and suicidal symptoms, combat exposure, childhood trauma and resiliency. Suicidal ideation and Depressive symptoms were the outcome measures. Results showed that childhood trauma were significantly associated with suicidal ideation and depressive symptoms. Resilience was negatively associated with suicidal ideation and depressive symptoms, suggesting a potential protective effect.

According to Tinghog 2007, Non-European immigrants in Sweden were at a higher risk of psychological problems such as anxiety and depression because of increased exposure to risk factors such as poor social support, financial instability and unemployment. A study done by Jacob and Blais in 1991 on younger refugees children showed that trauma evokes eating disorders, development problems, sleep disorders, depression, anxiety, learning disorders and fear.

A study by Ergun, 2004 which investigated Turkish Cypriots who had been internally displaced and non-displaced people found that displaced people had higher level of PTSD and depression symptoms than non-displaced people and also in the study was found that displaced people had higher level of depression than non-displaced. According to study done by Daoud (2011) Internal displacement and psychological problems among the palestinian minority in Israel revealed that there was a significant positive correlation among internally displaced and psychological problems such as anxiety and depression. Another study was measured the affecting of depression and anxiety regarding the people who had been internally displaced to China. The result of the study indicated that there was a significant difference among internally displaced and the psychological problems such as depression. The study also revealed that internally displaced person had higher level of anxiety and depression than non-displaced person (Cao, 2012).

METHODOLOGY

3.1 Aim of the study

The study seeks to explore resilience, depression and PTSD differences between IDPs and non-IDPs among Yazidi Kurdish adolescence. The study is a comparison between two groups, the IDPs in Kurdistan (north of Iraq) that displaced from Shingar to Sharia due to ISIS war and lives in camp there, the second one is a group that non-internal displaced and living in the Sharia. The study aims to reveal the differences in resilience and other elements between the group that forced to leave their homes and crossed an national border or the group that remained in their native city.

3.2 Hypothesis of the study

H0- there is no difference in resilience among IDPs and non-IDPs.

H1- IDPs have less resilience level than non-IDPs.

H2- IDPs have more PTSD level than non-IDPs.

H3- IDPs have more depression level than non-IDPs.

3.3 Research design

A quantitative research method will be used in the project. Quantitative research is the systematic empirical investigation of observable phenomena via statistical, mathematical or computational techniques. Survey study will be used for comparing the resilience between IDPs and non-IDPs. The nature of the participants in the study does not allow for randomisation, therefore, non-randomly sampling will be employed in the study.

3.4 Sample

The Participants were Kurds who had been internally displaced and non-Internally displaced in Kurdistan Region of Iraq. The participants of the current study were consisted of 200 participants (104 females and 96 males) and divided into two groups. The first group consisted of 103 participants. They were people who internally displaced from Shingar to Sharia. The second group consisted of 96 non-IDPs who were from Sharia.

The volunteer participants consists of 2 groups, the IDPs (shangal group) in kurdistan living in camps (north of iraq) and the second one is a kurdish people that non-IDPs (Sharia) and stay in their town. A sample of 200 participants will be used in total.

3.5 Instrument

Fourth instruments were used in the current study.

3.5.1) Socio demographic form

3.5.2) Depression Anxiety Stress Scale (DASS)

3.5.3) PTSD Checklist-Civilian Form (PCL-C)

3.5.4) Connor-Davidson Resilience Scale 25 (CD-RISC-25)

3.5.1 Socio demographical

A socio-demographic questionnaire is developed by the researcher that about the personal information of participants which include questions on age, gender, educational level, place of birth, place of current residence, born position, how many sisbilig, father's born place, mother's born place, father's identity, mother's identity, father's education level, mother,s education level, social support, primery need, who do you live with now, where are you living now, lost of loved one, did you find your self in war, witness of war ,witness of death and people in injury, being hungry for many days, getting injure during their flee (see Appendix A).

3.5.2 Depression Anxiety scale (DASS)

The depression anxiety stress scale (DASS) questionnaire developed by lovibond & lovibond, 1995(see Appendix B). This scale translated by Nizar Ismat Ali for first time from English to Kurdish, and was used to survey study about the anxiety and depression levels among internally displaced in Kurdistan Region of Iraq (Ismat, 2015). But Cronbach's Alpha for Kurdish scale in this survey was found as ($\alpha = .903$) and P value ($p = 0.000$). DASS is used to measure depression and anxiety. The scale was designed to evaluate aspects of depression, anxiety and stress using a multidimensional approach in adolescents and adults. But in this research just used depression measure.

The scale consisted of 14 items. These items were related to the depression which evaluates hopelessness, devaluation of life, lack of pleasure, self-depreciation, etc. Participants were asked to use 4 point frequency scales to rate the extent to which they have experienced. Each item was marked from 0 to 3, and each number means the following:

“0” (Did not apply to me at all)

“1” (Applied to me to some degree, or some of the time)

“2” (Applied to me to a considerable degree, or a good part of time)

“3” (Applied to me very much, or most of the time)

3.5.3 PTSD Checklist-Civilian Form (PCL-C)

PCL-C for DSM-IV Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division (Weathers et al, 1993) (see Appendix C). PCL-C scale is originally in English language and subjects of the study were Kurds so the questionnaire was translated into Kurdish language. Two legal translator who were native Kurdish speakers translated the scale from English to Kurdish and sing it and two others made back translation. Cronbach's Alpha for Kurdish scale was found as ($\alpha = .830$) and P value ($p = 0.000$). The PCL is a self-report instrument can be read and applied by the participants themselves or read to them either in person or over the phone, it can be completed in approximately 10 minute. PCL can be scored in several ways: - 1. add up all items for total severity score (range = 17-85) can be obtained by collecting points from each of the 17 items that have a response options ranging from 1(Not at all) to 5(Extremely). 2. The response categories 3–5 (Moderately or above) as symptomatic and responses 1–2 (below moderately) as non-symptomatic, then use the following DSM criteria for a diagnosis: - Symptomatic response to at least 1 “B” item (Questions 1–5), - Symptomatic response to at least 3 “C” items (Questions 6–12), and - Symptomatic response to at least 2 “D” items (Questions 13–17) (National Center of PTSD, 2012).

3.5.4 Connor-Davidson Resilience Scale (CD-RISC-25)

Psychometric assessment of the Connor-Davidson resilience scale highly valid and reliable self-rating scale that measures resilience in any setting to Assess individual resilience, one questionnaire comprising 25 items (CD-RISC-25) that can be answered within 15 minutes (Connor & Davidson, 2003) (see Appendix D).

Suitable for administration by a range of clinical professionals along with researchers in a variety of research projects. Available in over 45 languages including.

Volunteer Read each statement and mark in the number of each statement that best indicates their feelings about the statement. For example, if you strongly disagree with a statement, tick the circle to the left of "0". If you strongly agree, tick the circle to the left of "4", etc.

CD-RISC-25 resilience scale is originally in English language and subjects of the study were Kurds so the questionnaire was translated into Kurdish language. Two legal translator who were native Kurdish speakers translated the scale from English to Kurdish and sing it and two others made back translation to ensure the reliability and validity of the scales. Cronbach's Alpha for Kurdish scale was found as ($\alpha = .831$) and P value ($p = 0.000$).

3.6 Procedure of the Study

The form of the study was distributed among the participants who were internally displaced and study in camp's school, and non-displaced people who study in government school also, 35-40 minutes were given to each participant to fill the form. And two teacher were in class until researcher read all question to them and during the process of the study, all participants were free to ask the researcher as well. So, at the end of the session the data were collected from the participants.

3.7 Statistical Analysis

The form will be given to the participants and 35-40 minutes will give to each volunteer participate. So, during the process the participants are free to ask the researcher. Finally the form will be collected. SPSS statistical method will be used to analyze the data with Chi-Square for Comparison of the socio-demographic characteristics of IDPs and

non-IDPs. Independence T-test, ANOVA and Correlation analyze is the mean one in this research that used to assess the relationship between IDPs with non-IDPs resilience.

RESULTS

The average age of the 60.8% (n=59) non-IDP participants is between (13-15) years old and 66% (n=68) IDP participants age is between 13-15 years old. 52% (n=104) of participants were female and 48% (n=96) of participants were male. All IDPs parents and non-IDPs are Yezidi Kurdish from Kurdistan Region of Iraq, 48.5% (n=97) of the participants were born in sharia that they are Non-displaced and 52.5% (n=103) of the participants were born in Shangal that they are displaced. 48.5% (n=97) IDPs parents are from Shangal and 52.5% (n=103) non-IDPs parents are from sharia. All non-IDPs are living in their home but on the other hand 77.7% (n=80) of IDPs participants are living in camp and 19.4% (n=20) are living in unfinished building. IDPs are living with many person in a room that 35% (n=36) are living with 1-5 person per room, 53.4% (n=55) are living with 6-10 person per room and 11.7% (n=12) are living with 11-15 person per room. During the process of displaced 34.4% (n=22) of IDPs were in war for 1-5 days, 50% (n=32) of IDPs were in war for 6-10 days, 14.1% (n=9) of IDPs were in war for 11-15 days, 1.6% (n=1) of IDPs were in war for more than 16 days.

4.1 Comparison of the socio-demographic characteristics of IDPs and non-IDPs

Table 1.

Comparison of the age characteristics of IDPs and non-IDPs.

Age	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
10-12	27	26.2	13	13.4	40	20.0
13-15	68	66.0	59	60.8	127	63.5
16-18	8	7.8	25	25.8	33	16.5
Total	103	100.0	97	100.0	200	100

$X^2=14.128$, $df=2$, $p=0.001$

There is a statistically significant age difference between IDPs and non-IDPs according to chi-square method ($X^2=14.128$, $df=2$, $p=0.001$). IDPs was found younger in age group than non-IDPs.

Table 2.*Comparison of the gender characteristics of IDPs and non-IDPs.*

Gender	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Female	54	52.4	50	51.5	104	52.0
Male	49	47.6	47	48.5	96	48.0
Total	103	100.0	97	100.0	200	100.0

 $X^2=0.016, df=1, p=0.901$

There is no statistically significant gender difference between IDPs and non-IDPs according to chi-square method ($X^2=0.016, df=1, p=0.901$)

Table 3.*Comparison of the education level characteristics of IDPs and non-IDPs.*

Education level	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
7 th Grade	99	96.1	45	46.4	144	72.0
8 th Grade	3	2.9	30	30.9	33	16.5
9 th GRADE	1	1.0	22	22.7	23	11.5
Total	103	100.0	97	100.0	200	100.0

 $X^2=61.390, df=2, p=0.000$

There is a statistically significant education level difference between IDPs and non-IDPs according to chi-square method ($X^2=61.390, df=2, p=0.000$). IDPs was found in lower class group in education than non-IDPs.

Table 4.*Comparison of the born position of IDPs and non-IDPs.*

Born position	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
First born	23	22.3	18	18.6	41	20.5
Second born	47	45.6	55	56.7	102	51.0
Last born	31	30.1	24	24.7	55	27.5
Only child	2	1.9	0	0.0	2	1.0
Total	103	100.0	97	100.0	200	100.0

 $X^2=3.952, df=3, p=0.267$

There is no statistically significant Born position difference between IDPs and non-IDPs according to chi-square method ($X^2=3.952, df=3, p=0.267$).

Table 5.*Comparison of the sibling characteristics of IDPs and non-IDPs.*

How many sibling	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
1-3	11	10.7	12	12.4	23	11.5
4-6	42	40.8	31	32.0	73	36.5
7-9	42	40.8	38	39.2	80	40.0
10-12	7	6.8	13	13.4	20	10.0
13-15	1	1.0	3	3.1	4	2.0
Total	103	100.0	97	100.0	200	100.0

 $X^2=4.525, df=4, p=0.340$

There is no statistically significant siblings difference between IDPs and non-IDPs according to chi-square method ($X^2=4.525, df=4, p=0.340$). Mostly the 4-9 siblings are found in both IDPs and non-IDPs.

Table 6.

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Father's education	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Non-educated	32	31.1	11	11.3	43	21.5
Primary	35	34.0	37	38.1	72	36.0
Secondary	17	16.5	33	34.0	50	25.0
High school	11	10.7	4	4.1	15	7.5
University	8	7.8	12	12.4	20	10.0
Total	103	100.0	97	100.0	200	100

$X^2=19.335$, $df=4$, $p=0.001$

There is a statistically significant Father's education difference between IDPs and non-IDPs according to chi-square method ($X^2=19.335$, $df=4$, $p=0.001$). IDP was found mostly in non-educated and primary level and non-IDPs mostly in primary and secondary.

Table 7.*Comparison of the mother education characteristics of IDPs and non-IDPs.*

Mother's education	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Non-educated	58	56.3	19	19.6	77	38.5
Primary	30	29.1	50	51.5	80	40.0
Secondary	10	9.7	22	22.7	32	16.0
High school	5	4.9	5	5.2	10	5.0
University	0	0.0	1	1.0	1	0.5
Total	103	100.0	97	100.0	200	100.0

 $X^2=30.100, df=4, p=0.000$

There is a statistically significant mother's education difference between IDPs and non-IDPs according to chi-square method ($X^2=30.100, df=4, p=0.000$). IDPs and non-IDPs are mostly same in non-educate and primary level of mother's education just in secondary level we have more non-IDPs than IDPs.

Table 8.*Comparison of the social support characteristics of IDPs and non-IDPs.*

Social support	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Very good	46	44.7	14	14.4	60	30.0
Good	21	20.4	30	30.9	51	25.5
Middle	11	10.7	22	22.7	33	16.5
Bad	12	11.7	3	3.1	15	7.5
Very bad	13	12.6	28	28.9	41	20.5
Total	103	100.0	97	100.0	200	100

 $X^2=33.059, df=4, p=0.000$

There is a statistically significant social support difference between IDPs and non-IDPs according to chi-square method ($X^2=33.059, df=4, p=0.000$). IDPs and non-IDPs are mostly mark in very good and good but in very bad level non-IDPs marked more than IDPs.

Table 9.*Comparison of the primary need characteristics of IDPs and non-IDPs.*

Primary need	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Very good	24	23.3	41	42.3	65	32.5
Good	26	25.2	40	41.2	66	33.0
Middle	8	7.8	12	12.4	20	10.0
Bad	6	5.8	3	3.1	9	4.5
Very bad	39	37.9	1	1.0	40	20.0
Total	103	100.0	97	100.0	200	100.0

 $X^2=45.177, df=4, p=0.000$

There is a statistically significant primary need difference between IDPs and non-IDPs according to chi-square method ($X^2=45.177, df=4, p=0.000$). IDPs and non-IDPs are mostly same in very good and good level and in very bad level most of IDPs marked in this level.

Table 10.*Comparison of living together characteristics of IDPs and non-IDPs.*

who do you live with now	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Parents	90	87.4	95	97.9	185	92.2
Only mother	7	6.8	2	2.1	9	4.5
Only father	0	0	0	0	0	0
Brother& sister	4	3.9	0	0.0	4	2.0
Friends	1	1.0	0	0.0	1	0.0
Others	1	1.0	0	0.0	1	0.5
Total	103	100.0	97	100.0	200	100.0

 $X^2=8.741$, $df=4$, $p=0.068$

There is no statistically significant who live with difference between IDPs and non-IDPs according to chi-square method ($X^2=8.741$, $df=4$, $p=0.068$). 97.9 percent of Non-IDPs live with their parents, 87.4 percent of IDPs live with their parents and 6.8 percent of IDPs living with the mother only.

Table 11.

Comparison of the where the participants live characteristics of IDPs and non-IDPs.

Where do you live	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Home	3	2.9	97	100.0	100	50.0
Camps	80	77.7	0	0.0	80	40.0
Unfinished building	20	19.4	0	0.0	20	10.0
Total	103	100.0	97	100.0	200	100.0

$X^2=188.350$, $df=2$, $p=0.000$

There is a statistically significant where do you live difference between IDPs and non-IDPs according to chi-square method ($X^2=188.350$, $df=2$, $p=0.000$). IDPs are mostly living in camps and unfinished building and non-IDPs are living in their home.

4.2 Comparison of the war life characteristics of IDPs and non-IDPs.

Table 12.

Comparison of the lost loved one in ISIS war characteristics of IDPs and non-IDPs.

Lost loved one	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Father	3	4.8	1	33.3	4	6.2
Mother	1	1.6	0	0.0	1	1.5
Sister	4	6.5	0	0.0	4	6.2
Brother	2	3.2	1	33.3	3	4.6
Friends	10	16.1	1	33.3	11	16.9
Relative	22	35.5	0	0.0	22	33.8
Others	20	32.3	0	0.0	20	30.8
Total	103	100.0	97	100.0	200	100.0

$X^2=12.170$, $df=6$, $p=0.058$

There is no statistically significant lost loved one difference between IDPs and non-IDPs according to chi-square method ($X^2=12.170$, $df=6$, $p=0.058$). Some of IDPs lost their relative and friends and others.

Table 13.*Comparison of the war witness characteristics of IDPs and non-IDPs.*

War witness	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Yes	64	62.7	0	0.0	64	32.3
No	38	37.3	96	48.5	134	67.7
Total	103	100.0	97	100.0	200	100.0

 $X^2=89.004, df=1, p=0.000$

There is a statistically significant war witness difference between IDPs and non-IDPs according to chi-square method ($X^2=89.004, df=1, p=0.000$). 62.7 % percent of IDPs are witness of war and non-IDPs are not witness of war.

Table 14.

Comparison of the Do you see people in injury war characteristics of IDPs and non-IDPs.

Do you see people in injury	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Yes	33	32.0	0	0.0	33	16.5
No	70	68.0	97	100.0	167	83.5
Total	103	100.0	97	100.0	200	100.0

$X^2=37.219$, $df=1$, $p=0.000$

There is a statistically significant witness of people in injury difference between IDPs and non-IDPs according to chi-square method ($X^2=37.219$, $df=1$, $p=0.000$). 32% IDPs are witness of people in injure.

Table 15.*Comparison of the Witness of death characteristics of IDPs and non-IDPs.*

Witness of death	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Yes	39	37.9	0	0.0	39	19.5
No	64	62.1	97	100.0	161	80.5
Total	103	100.0	97	100.0	200	100.0

 $X^2=45.625, df=1, p=0.000$

There is a statistically significant witness of death difference between IDPs and non-IDPs according to chi-square method ($X^2=45.625, df=1, p=0.000$). 37.9% of IDPs are witness of death.

Table 16.

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Stay hungry many days	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Yes	68	66.0	0	0.0	68	34.0
No	35	34.0	97	100.0	132	66.0
Total	103	100.0	97	100.0	200	100.0

$\chi^2=97.029$, $df=1$, $p=0.000$

There is a statistically significant stay hungry difference between IDPs and non-IDPs according to chi-square method ($\chi^2=97.029$, $df=1$, $p=0.000$). 66% (n=68) of IDPs are stay hungry for many days.

4.3 Comparison of the IDP and non-IDP participants according to mean scores of DASS depression scale, PTSD Checklist-Civilian Form (PCL-C) and Connor-Davidson Resilience Scale 25 (CD-RISC-25)

Table 17.

Comparison of Depression, PTSD and Resilience level of IDPs and Non-IDPs

Scales	IDP	Non-IDP	t	p
	Mean±SD	Mean±SD		
DASS Scales Total	24.05±10.728	14.18±7.925	-7.354	0.000
PCL-C Scales Total	59.84±14.909	45.28±13.911	-7.133	0.000
CD-RISC-25 Scales Total	62.24±14.507	55.78±14.462	-3.152	0.002

In the table 3.17 shows the mean score of DASS Scales total scores of the IDPs participants indicated 24.05±10.728 (n=103) and the mean score of DASS Scales total scores of the non-IDPs depression indicated 14.18±7.925 (n=97). There is a significant difference between IDPs and non-IDPs of participants of DASS Scales total mean scores (t=-7.354, p=0.000). IDPs participants have more depressive than non-IDPs. the mean score of PCL-C Scales total scores of the IDPs participants indicated 59.84±14.909 (n=103) and the mean score of PCL-C Scales total scores of the non-IDPs PTSD indicated 45.28±13.911 (n=97). There is a significant difference between IDPs and non-IDPs of participants PCL-C Scales total mean scores (t=-7.133, p=0.000). IDPs participants have more PTSD than non-IDPs. the mean score of CD-RISC-25 Scales total scores of the IDPs participants indicated 62.24±14.507 (n=103) and the mean score of CD-RISC-25 Scales total scores of the non-IDPs Resilience indicated 55.78±14.462 (n=97). There is a significant difference between IDPs and non-IDPs of participants of CD-RISC-25 Scales

total mean scores ($t=-3.52$, $p=0.002$). IDPs participants have more Resilience than non-IDPs.

Table 18.*Comparison of the PTSD characteristics of IDPs and non-IDPs.*

PTSD	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
PTSD below 50	24	28.6	60	71.4	84	100
PTSD 50 or more score	79	68.1	37	31.9	116	100
Total	103	51.5	97	48.5	200	100

 $X^2=30.483, df=1, p=0.000$

There is a statistically significant PTSD difference between IDPs and non-IDPs according to chi-square method ($X^2=30.483, df=1, p=0.000$). 71.4% (n=60) of non-IDPs are under PTSD below 50 and 68.1 % (n=79) of IDPs are in PTSD 50 or more score.

Table 19.*Comparison of the Depression characteristics of IDPs and non-IDPs.*

DEPRESSION	IDPs		Non-IDPs		Total	
	n	%	n	%	n	%
Normal	10	26.3	28	73.7	38	100.0
Mild	7	23.3	23	76.7	30	100.0
Moderate	20	40.0	30	60.0	50	100.0
Severe	23	79.3	6	20.7	29	100.0
Extremely severe	43	81.1	10	18.9	53	100.0
Total	103	51.5	97	48.5	200	100.0

 $X^2=49.437$ df=4, p=0.000

There is a statistically significant Depression characteristics difference between IDPs and non-IDPs according to chi-square method ($X^2=49.437$, df=4, p=0.000). More of non-IDPs are in normal, mild and moderate level of depression and more of IDPs are moderate, severe and extremely severe level of depression.

4.4 Correlation of the IDP and non-IDP participant's scores of DASS depression scale, PTSD Checklist-Civilian Form (PCL-C) and Connor-Davidson Resilience Scale 25 (CD-RISC-25)

Table 20.

Correlation of Depression, PTSD according to Resilience level of IDPs and Non-IDPs

Scales	IDP			Non-IDP		
	CD-RISC-25 Scales			CD-RISC-25 Scales		
	n	r	p	n	r	p
DASS Scales	102	0.067	0.503	97	0.289	0.004
PCL-C Scales	103	0.331	0.001	97	0.002	0.316

Its reported that there is a significant relationship between PTSD ($r=0.331$, $p=0.001$) and Depression ($r=0.067$, $p=0.503$) in IDPs participants and also same relationship are seen in non-IDPs group according to pearson correlation analysis. Both IDPs and non-IDPs group there is a weak positive correlation between PTSD and Depression.

Table 21.*Correlation of Depression, Resilience according to PTSD level of IDPs and non-IDPs*

Scales	IDP			Non-IDP		
	PCL-C Scales			PCL-C Scales		
	n	r	p	n	r	p
DASS Scales	102	0.611	0.000	97	0.767	0.000
CD-RISC-25 Scales	103	0.331	0.001	97	0.316	0.002

Its reported that there is a significant relationship between Depression ($r=0.611$, $p=0.000$) and Resilience ($r=0.331$, $p=0.001$) in IDPs participants and also same relationship are seen in non-IDPs group according to pearson correlation analysis.

DISCUSSION

The present study compared the level of resilience, PTSD and depression between internally displaced and non-displaced person in Kurdistan Region of Iraq. It is concluded that IDPs were experiencing more depression, PTSD, and resilience as compared to non-IDPs. Study showed that the resilience is significantly positive correlated to depression and PTSD.

This research pointed out that the internal displaced persons have higher level of resilience than non-displaced person. This is against the assertion of several studies. Some studies revealed that people who had been internally displaced, had lower level of resilience than non-displaced person. Such as a research was designed by Mujeeb and Zubair (2012) to explore resilience, stress, anxiety and depression among internally displaced persons. Results of the study showed significant inverse correlation between resilience and stress, anxiety and depression. Moreover, family loss during internal displacement was found to be significantly positively related with stress, anxiety and depression and negatively associated with resilience. Also another study supported that IDPs had lower level of resilience than non-IDPs such as a study that designed by Youssef et al., (2013) which evaluated the effect of childhood trauma exposure and the role of resilience on both suicidal ideation and depressive symptoms. The study revealed that childhood trauma exposures were significantly associated with suicidal ideation and depressive symptoms. In addition, resilience was negatively associated with depressive symptoms and suicidal ideation. These findings suggest that evaluation of childhood trauma is important in the clinical assessment and treatment of suicidal ideation and depressive symptoms among military personnel and veterans.

Other studies that support an inverse correlation between resilience and post psychological problems include a study done on survivors of terrorist attack (Banano, 2006). Resilience among individuals in earthquake affected areas was found to be inversely related with anxiety, stress and depression (Aslam, 2007). Relationship of resilience and depression among adolescents with congenital heart disease also revealed

significant negative relationship between resilience and depression while regression analysis showed that depression of adolescents was explained by 54% of the resilience (Moon & Kang, 2006).

The research reveal that the IDP population scored higher on resilience than non-IDP. Resilience has been defined as the ability to maintain and transform living standards to facilitate for change such as displacement without compromising one`s long term prospects (Department of International Development). The results of the current study are against the contention of several studies including Majidi and Hennion, (2014), a research done among Afghan displaced women who were found to score low on measures of resilience. However, unlike the women in Afghanistan who were relocated in informal settlements in the outskirts of big cities or in invisible settings like moving in with relatives, Iraqi IDPs live in especially designed camps were they can receive the assistance they require to adjust to their new environment. IDPs receive healthcare, shelter and psychological therapy service, they also benefit from social support from family and fellow IDPs which helps strengthen their resilience. Displaced people make new social networks and find new sources of livelihood with the aid of governmental and non-governmental organizations. Furthermore, among young people personal injury and life threatening events increase negative psychological symptoms and also result in lower resilience scores. This is known as the dose-response gradient of traumatic experience; it entails that more intense exposure to trauma will result in lower resilience scores. However, in displaced populations who are no longer in immediate danger, resilience was more strongly associated with economic and social factors than with the presence of mental disorder (Siriwardhana, 2015), (Peek and Stough 2010). This explains why although Iraqi IDPs have more psychological disturbances, they also higher resilience. More so, resuming of formal education in the setting of displacement provides a sense of normalcy and hope which in turn leads to higher resilience score among children and adolescents. Non-IDPs in Iraqi have lower resilience score like the IDPs in Afghanistan because they do not receive social support apart from their families, they both are vulnerable and dependent on their immediate surroundings which makes poverty a key problem for them.

In this study we found that IDPs have higher level of PTSD and depression than non-IDPs. Childhood traumas such as life threatening events or loss of family members in combat increase the chances of an adolescent scoring high on the depression scale. Continuous or intense early childhood trauma predisposes IDPs to developing mental disorders such as depression, anxiety, post-traumatic stress disorder (PTSD) and psychoses are greater among displaced populations than that of stable populations. (Bhugra D, Jones P, 2001).

This study revealed that the internally displaced person had higher level of Depression than non-displaced person. Several studies also revealed that people who had been internally displaced had higher level of depression and PTSD than Non-displaced person such as a study by Daoud regarding Internal displacement and psychological problems among the Palestinian minority in Israel revealed that there was a significant positive correlation among internally displaced and psychological problems such as anxiety and depression. (Daoud, 2011, p.66). Also, found that displaced person had higher levels of depression and anxiety than non-displaced persons. A study also investigated that IDPs had higher level of psychological problems such as depression and anxiety. In a study regarding Turkish Cypriots who had been internally displaced and non-displaced people found that displaced people had higher level of PTSD Symptoms than non-displaced people and also in the study was found that displaced people had higher level of depression than non-displaced. (Ergun 2004).

In a study done to explore the effect of displacement to China in terms of depression and anxiety, results of the study indicated that there was a significant correlation between internal displacement and the psychological problems such as depression. The study also revealed that internally displaced person had higher level of anxiety and depression than non-displaced person (Cao, 2012). A study on internal displacement on the psychological problems such as depression and anxiety of Turkish children and adolescents, the study revealed that there was a significant difference among the displacement and the psychological problems. And found that displaced person had higher levels of anxiety and depression than non-displaced. (Erol et al., 2004).

This study revealed that the internal displaced persons have higher level of PTSD than non displaced person participants. Many researches about psychological problem such as posttraumatic stress disorders and depression had reported that participants who had been displaced had higher levels of anxiety and depression than normal people who were non-displaced such as a study by (Tinghog et al ., 2007). Non-European immigrants in Sweden are considered to be at particularly higher risk of psychological problems such as anxiety and depression because increased exposure to risk factors like poor social support, unemployment and financial instability. Another study found that younger refugee children experiencing trauma typically exhibit sleep disorder, eating disorders and development problem, while older refugee children typically display depression, fear, anxiety and learning difficulties. (Jacob and Blais, 1991).

CONCLUSION

The current research revealed that internally displaced individuals are more prone to PTSD and depression than their non-IDP counterparts. However, the experience of being internally displaced and its effect on their welfare makes them register high resilience scores. This population often faces substantial stressors, such as problems with food, healthcare, shelter, education, employment, finances, and discrimination which may become perpetuating factors for mental disorders. This necessitates the need for the government, Non-governmental organisation and the general public to work together to improve the assistance offered these traumatized individuals.

This support should include financial and psychological support through psychotherapy and social support. Further studies should be carried out to investigate the individual and environment factors that predispose this population to depression and PTSD so specialized assistance can be designed from the data. Individual factors to be researched could include nature of specific traumatic encounter before displacement and medical history while environmental factors to be studied include interpersonal experiences upon resettlement.

This study is accomplished with the internally displaced person camps in Kurdistan region in 2015-2016. As the study has achieved its aims, but still there are some limitations:

According to the number of the participants of the current study, the small number of participants which are 200, might not be representative for all of the big number of the internally displaced person. The study was carried out only with adolescence between 10 to 18 years old. It doesn't include the other range of age. It can be investigated among adults also.

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APPENDENCES

Dear Participant Please take a few minutes to read the following information on this research carefully before you agree to participate. If at any time you have a question concerning the study, please feel free to ask the researcher who will provide more information. The study is being conducted by Sargol Naboureh under the supervision of Prof. Dr Mehmet Cakici. It aims to investigate the resilience, PTSD and depression levels among internally displaced in Kurdistan Region of Iraq. The data and the information of the participants will be kept confidential and will mealy be used for academic purpose.

APPENDIX A (English & Kurdish version)

Socio demographical form

1. Age-----
2. Gender Female Male
3. The level of education-----7 8 9 10
4. Born position in family
5. First born second born youngest child only child
6. How many sibling do you have: Sister ----- Brother -----
7. Place of born -----
8. Father born -----
9. Mother born-----
10. Father identity -----
11. Mother identity-----
12. Education of father: primary secondary high school university
13. Education of mother: primary secondary high school university
14. Level of social support: very good good medium bad very bad
15. Primary need: very good good medium bad very bad
16. Who do you live with now: parents only mother only father
siblings friend relative others
17. Where are you living now: your home camp others-----
18. If you are living in camp, how many people living in one room-----
19. Are death in family: father mother sister brother best friend
relative others
20. Do you find yourself in war: Yes No
21. If you was in war how many days you was in war -----
22. Do you see people in injure yes No
23. Do you see people in death: Yes No
24. Do you stay hungry for many days? yes No

APPENDIX B (English & Kurdish version)

DASS Depression scale

The items about Depression:				
0	Did not apply to me at all			
1	Applied to me to some degree, or some of the time			
2	Applied to me to a considerable degree, or a good part of time			
3	Applied to me very much, or most of the time			
1	I couldn't seem to experience any positive feeling at all	0	1	2 3
2	I just couldn't seem to get going	0	1	2 3
3	I felt that I had nothing to look forward to	0	1	2 3
4	I felt sad and depressed	0	1	2 3
5	I felt that I had lost interest in just about everything	0	1	2 3
6	I felt I wasn't worth much as a person	0	1	2 3
7	I felt that life wasn't worthwhile	0	1	2 3
8	I couldn't seem to get any enjoyment out of the things I did	0	1	2 3
9	I felt down-hearted and blue	0	1	2 3
10	I was unable to become enthusiastic about anything	0	1	2 3
11	I felt I was pretty worthless	0	1	2 3
12	I could see nothing in the future to be hopeful about	0	1	2 3
13	I felt that life was meaningless	0	1	2 3
14	I found it difficult to work up the initiative to do things	0	1	2 3

(The Depression Anxiety Stress Scale (DASS) questionnaire developed by Lovibond & Lovibond, 1995)

Ö Pass depression scale

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. ä p æ í ä	4
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. Æ ä í p ä é í ä	6
. ä ä è ä Ö í ä ä	7
. è Ö é è ä ä ä ä ä í ä ä	8
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. ä p ä Ö ä Ç í É ä	12
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APPENDIX C (English & Kurdish version) PTSD Checklist-Civilian Form (PCL-C)

= b g h f i Wh] c b g ' h c ' d U h] Y b h . ' [6 Y ' c k '] g ' U ' '] g h ' c Z ' d f c V ' in response to stressful life experiences. Please read each one carefully, and then fill in the circle of the response to indicate how much you have been bothered by that problem IN THE PAST MONTH " Ĩ ' D ' Y U g Y ' Z] ' ' '] b ' C B 9 ' c d h] c b ' c b ' m ' Z c f ' Y U W \ ' e i Y g

	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being <i>on edge</i> or <i>always on guard</i> ?					
17.	Feeling <i>jumpy</i> or easily startled?					

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ليستا رهوشا دهرونی پشتی صهدمی - فورما سفیل (PCL-C)

رینمایي بؤ نهخوشا؛ لڅارئ لیستهکه ب ناریشه وگازندنځین خهلی هندک جارن ههین بهرامبر نهمونین ژیانن یین سهخت. هیقیدارین هر نیک ژوان باش بخوینه وپشتی هنگی بازنه‌ی تزی بکه داکو دیارکه‌ی لهه‌یقا بووری تو چهند توشی وی ناریشن بووی . هیقیدارین نیک ههلبزارتن داننې بؤ هر پسیارکې.

#	بهرسفلان	نمخیز ئیکجبار (١)	پیچک (٢)	نلانچی (٣)	گهلمک (٤)	زنده گهلمک (٥)
١.	بیرهاتن، هزر، وینه یان نهمونین نهخوش ژرابردووی یین دووباره ونهخوش ؟					
٢.	خهونین دووباره ونهخوش ژنهمونین رابردووی ؟					
٣.	ژنیشککې فه دلفی یان ههست دکه‌ی ههروکې نهمونین نهخوش دووباره روی ددهنمه (ههروکې تو کراتیکرنا وان سفک دکه‌ی)؟					
٤.	ههست ب دلته‌نگیهکا مهن دکه‌ی دمې تشتهک بیرا ته دنیته نهمونین نهخوش یین رابردووی ؟					
٥.	کار دانه‌فین جهستهمی بؤته چیدین وکی (لیدانا دلی، ناریشن همناسی، یان خوهانن) دمې تشتهک بیرا ته دنیته نهمونین نهخوش یین رابردووی ؟					
٦.	ته نطیت هزر د نهمونین نهخوش یین رابردووی بکه‌ی یان بهحسی وان بکه‌ی یان ههستین گریدای پیقه ؟					
٧.	خو دویرتیخی ژچالکی وههلوپستین بیرا ته دنیته نهمونین نهخوش یین رابردووی ؟					
٨.	بزهحمت بیرا ته دنیته هندک پشکین گرتگ ژنهمونین نهخوش یین رابردووی ؟					
٩.	تو نییدی پویته‌ی نادهیه هندک تشتن بهری نوکه ته پویته ددانن وخوشی پیڈبرن؟					
١٠.	تو ههست دکه‌ی تو یی دویری یان یی فمهمتیای ژخه‌لکی؟					
١١.	ههست دکه‌ی سوژین ته نالغن پانزی نهشی ههستین حمزیکرنی دیارکه‌ی بؤ کهسین نیزیکی ته ؟					
١٢.	ههست دکه‌ی پاشهروژا ته دهیته کورترگرن ؟					
١٣.	بزهحمت دلفی یان بزهحمت دمینی نفستی؟					
١٤.	زویکا ههست ب ههلوچوونن یان ب توربوونن دکه‌ی ؟					
١٥.	بزهحمت دشیی تهرکیزی بکه‌ی ؟					
١٦.	ههست دکه‌ی هرگاډ دحالمتی هشیاری دای یان دحالمتی زېردفانین دای؟					
١٧.	زویکا ههست ب توربوونن یان مهندهوشیی دکه‌ی؟					

* نهمجانی گشتی سرجه‌می گشتی یین هر ١٧ پسیارابه.

* نه‌گهر نهمجانی گشتی ماستر بیت یان یهکسان بیت بؤ ٥٠ نفه ناماوه دکمت بؤ هه‌بوونا ناستمکې بلند ژنیشانین توند کو نفیت پشتی هنگی بهینه

هه‌لسه‌نگانن بریکا هه‌لسه‌نگاننده‌کا هه‌رمی .

سرجه‌می خالا ()



APPENDIX D (English & Kurdish version)

Connor-Davidson Resilience Scale 25 (CD -RISC -25) ©

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		not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1.	I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have at least one close and secure relationship that helps me when I am stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Past successes give me confidence in dealing with new challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Good or bad, I believe that most things happen for a reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I give my best effort no matter what the outcome may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Ò ç ^ } Á , @ ^ } Á c @ ā } * • Á [[\ Á @ [] ^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	During times of stress/crisis, I know where to turn for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I prefer to take the lead in solving problems rather than letting others make all the decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I think of myself as a strong person when dealing with ā ~ ^ q • Á & @ æ ^ } * ^ • Á æ } á Á ā ~ ~	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Q } Á à ^ æ ā } * Á , ā c @ Á ā ~ ^ q • Á } [act on a hunch without knowing why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I have a strong sense of purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I feel in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	I like challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	I work to attain my goals no matter what roadblocks I encounter along the way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	I take pride in my achievements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Marital status: single

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Education

2015 – till now Master student at general psychology in Near East University/Cyprus

2013 – 2015 Diploma at trauma therapy in ZPTN, Wings of hope, Jiyan foundation

2011 - 2013 Diploma at English language in American Lebanese institute

2005 - 2009 Bachelor in Salahaddin University in sociology department/Kurdistan

Work experience

2009 – till today social worker in government school

2012 - 2013 social worker in Jiyan foundation (volunteer)

2009-2012 coach of soccer schools teams in Norwegian organization

Language

Kurdish (sorani & badini) native (writhing and speaking)

English fair (writhing and speaking)

Persian fluent (writhing and speaking)

Turkish & Arabic understanding

Additional ability and qualities

A great ability in dealing with children

A great ability in talking and convincing people

A great ability in handing and solving problems

An interesting in study more and more English language

A good knowledge of making program and schedules

Highly known in MS office microdot (ICDL) and SPSS program for analysis data

Working with teams and supporting colleagues

Hobbies

Taekwondo, swim, painting

References

Available upon request