

Assessment of Anxiety and Depression among Refugees with Exposure to Terrorism, in the middle of Iraq

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ABSTRACT

Terrorist attacks can have a profound impact on people who are exposed to them. This study carried out to assessment of Anxiety and Depression among Refugees with Exposure to Terrorism, in the middle of Iraq. The sample of the study was used 100 refugees with Exposure to Terrorism, selected to be a sample of the study. The setting of the study is confined to Salah Akha refugee's comp .

Aims of the study: 1. To assess anxiety and depression among Refugees with Exposure to Terrorism. 2. Find out the socio-demographic characteristics of among Refugees with Exposure to Terrorism. 3. Assess type of behavioral characteristics of anxiety and depression of Refugees with Exposure to Terrorism .

A questionnaire was constructed mainly to asses the behavioral characteristics of refugees with Exposure to Terrorism, .the constructions of items were based on the following scientific resources. The questionnaire includes the following: Part (1): Socio-demographical data of refugees with Exposure to Terrorism, to obtain general information and including:Age, gender, marital states, level of education .occupation. Part (2): Behavioral characteristic of anxiety and depression disorder. The statistical procedures were applied to determine the result of present study includes: a. Description statistic :This approach includes following statistic. a. Percentage(%) to calculate the description of sample. b. mean and standard deviation to estimate the value of some data.

Result: 1- It appears from the table that most frequent age group is 29-38 years and represents 30%, and least frequent group of 49-58 (10%), the mean of the ages (29.84). Most of the refugees were females (68%), married (65%). The table reveals that most of the refugees were with primary school education (43%), and 2% of them are graduated from the institute. Also the table shows that most of the refugees are unemployed and represents (78%). The majorities of the sample are feeling of weak and get tired easy, bothered by dizzy spell and have to empty his or her bladder often 24%. It appears from table (2) that majority of the sample are large of the time have feeling afraid for no reason at all 47%. It appears from table (3) that majority of the samples never have feeling of suicide 77%.

Key word: assessment, anxiety, depression, refugee exposure to terrorism .

وتقويم القلق والاكتئاب بين اللاجئين المتعرضين للإرهاب، في وسط العراق

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الملخص:

ان الهجمات الإرهابية تأثير عميق على الناس الذين تعرضوا لها، لذلك كانت هذه الدراسة لبيان هذا التأثير وتقويم القلق والاكتئاب بين اللاجئين المتعرضين للإرهاب، في وسط العراق. وتكونت العينة المستخدمة في الدراسة من (١٠٠) لاجئ تعرضوا للإرهاب، تم اختيارهم من مخيم صالح اغا.

تهدف الدراسة الى: ١ تقويم القلق والاكتئاب بين اللاجئين المتعرضين للإرهاب. ٢. معرفة الخصائص الاجتماعية والديمقراطية اللاجئين المتعرضين للإرهاب. ٣. تقويم الخصائص السلوكية لنوع للقلق والاكتئاب لهؤلاء اللاجئين.

اعداد الاستبيان أساسا على بيان تقويم الخصائص السلوكية لنوع للقلق والاكتئاب اللاجئين المتعرضين للإرهاب ، وتكونت بنوده من الموارد العلمية الآتية: الجزء (١): البيانات الاجتماعية والديمقراطية كالعينة، للحصول على معلومات عامة، ومنها: العمر، الجنس، مدينة الزوجية، والمهنة، التحصيل العلمي. الجزء (٢): السمة سلوكية للقلق واضطراب الاكتئاب. تم تطبيق الإجراءات الإحصائية لتحديد نتيجة الدراسة: وصف الإحصائية: ويشمل هذا النهج التالية

الإحصائية. ١. النسبة المئوية (%) لحساب وصف العينة. ب. يعني والانحراف المعياري لتقدير قيمة بعض البيانات.

النتائج: ١- يبدو من الجدول أن الفئة العمرية الأكثر شيوعاً هي (٢٩-٣٨) عاماً، وتمثل ٣٠٪، ومجموعة أقل تكراراً من الفئة (٤٩-٥٨) وتمثل (١٠٪)، ومتوسط أعمارهم (٢٩.٨٤). وكان معظم اللاجئين الإناث (٦٨٪)، متزوجون (٦٥٪). ويكشف الجدول أن معظم اللاجئين كانوا مع التعليم الابتدائي (٤٣٪)، و ٢٪ منهم من خريجي المعهد. كما تبين أن معظمهم من العاطلين عن العمل، ويمثل (٧٨٪)، وأغلبهم يشعرون بالضعف وسرعة التعب، والانزعاج، والدوار، ويجب أن تفرغ له أو لها المئانة في كثير من الأحيان ٢٤٪.

ويبدو من الجدول (٢) أن الغالبية العظمى من العينة يشعرون بالخوف لغير السبب بنسبة (٤٧٪). من الجدول رقم (٣) أن غالبية أفراد العينة أبداً أن يكون شعور الانتحار ٧٧٪
الكلمات المفتاحية: تقويم, القلق, الاكتئاب , اللاجئين المتعرضين للإرهاب

INTRODUCTION :

Terrorism can be understood to feature a political objective. The word terrorism is politically loaded and emotionally charged (Hoffman, Bruce .,1998

A broad array of political organizations have practised terrorism to further their objectives. It has been practiced by both right-wing and left-wing political parties, nationalist groups, religious groups, revolutionaries, and ruling governments (Encyclopædia Britannica, 2015.

The symbolism of terrorism can exploit human fear to help achieve these goals (Ruby, Charles L. , 2002

١) "Terrorism" comes from the French word *terrorisme* (Online Etymology Dictionary".,2009). and originally referred specifically to state terrorism as practiced by the French government during the 1793–1794 Reign of terror. The French word *terrorisme* in turn derives from the Latin verb *terrere* (e, *terreo*) meaning "to frighten" (Kim Campbell , 2001). The *terror cimbricus* was a panic and state of emergency in Rome in response to the approach of warriors of the *Cimbri* tribe in 105 BC. The Jacobins cited this precedent when imposing a Reign of Terror

during the French Revolution (quote , Geoffrey Nunberg, 2001). After the Jacobins lost power, the word "terrorist" became a term of abuse. Although "terrorism" originally referred to acts committed by a government, currently it usually refers to the killing of innocent people (Robert Mackey, 2009). for political purposes in such a way as to create a media spectacle. This meaning can be traced back to Sergey Nechayev, who described himself as a "terrorist" (Crenshaw, Martha, Terrorism in Context, p. 77). Nechayev founded the Russian terrorist group "People's Retribution" (Народная расправа) in 1869 (Arnold, Kathleen R., ed., 2011.

In November 2004, a Secretary-General of the United Nations report described terrorism as any act "intended to cause death or serious bodily harm to civilians or non-combatants with the purpose of intimidating a population or compelling a government or an international organization to do or abstain from doing any act" (UN Reform". United Nations. 2005.

Definitions of terrorism

Attack at the Bologna railway station on 2 August 1980 by the neo-fascist group Nuclei Armati Rivoluzionari. With 85 deaths, it is the deadliest massacre in the history of Italy as a Republic.

The definition of terrorism has proved controversial. Various legal systems and government agencies use different definitions of terrorism in their national legislation. Moreover, the international community has been slow to formulate a universally agreed, legally binding definition of this crime. These difficulties arise from the fact that the term "terrorism" is politically and emotionally charged (Hoffman , 1998). In this regard, Angus Martyn, briefing the Australian Parliament, stated,

The international community has never succeeded in developing an accepted comprehensive definition of terrorism. During the 1970s and 1980s, the United Nations attempts to define the term floundered mainly

due to differences of opinion between various members about the use of violence in the context of conflicts over national liberation and self-determination (Angus Martyn, 2002

These divergences have made it impossible for the United Nations to conclude a Comprehensive Convention on International Terrorism that incorporates a single, all-encompassing, legally binding, criminal law definition of terrorism (Diaz-Paniagua , 2008). The international community has adopted a series of sectoral conventions that define and criminalize various types of terrorist activities.

By distinguishing terrorists from other types of criminals and terrorism from other forms of crime, we come to appreciate that terrorism is :

- ineluctably political in aims and motives
- violent – or, equally important, threatens violence
- designed to have far-reaching psychological repercussions beyond the immediate victim or target
- conducted by an organization with an identifiable chain of command or conspiratorial cell structure (whose members wear no uniform or identifying insignia) and
- perpetrated by a subnational group or non-state entity (Bruce Hoffman, 2006). Types

Depending on the country, the political system, and the time in history, the types of terrorism is varying. The Task Force classified terrorism into six categories (Standards and Goals ,1976.(/

- Civil disorder – A form of collective violence interfering with the peace, security, and normal functioning of the community.
- Political terrorism – Violent criminal behaviour designed primarily to generate fear in the community, or substantial segment of it, for political purposes.
- Limited political terrorism – Genuine political terrorism is characterized by a revolutionary approach; limited political terrorism

refers to "acts of terrorism which are committed for ideological or political motives but which are not part of a concerted campaign to capture control of the state.

- Official or state terrorism – "referring to nations whose rule is based upon fear and oppression that reach similar to terrorism or such proportions". It may also be referred to as Structural Terrorism defined broadly as terrorist acts carried out by governments in pursuit of political objectives, often as part of their foreign policy.
- Data-terrorism – "The unjust storage or use of private information for economic, political or personal gains". Commonly seen in governments and countries like the United States, Canada and Australia. Large corporations such as Facebook are also guilty of using user data without confirming explicit user knowledge and consent to do so when joining.
- Passive terrorism – is an inert or quiescent behavior towards terrorism; an inaction, non-reaction, non-participation, non-involvement in countering terrorism. Passive terrorism describes a behavior of general public or government which silently allows the spread or promotion of terrorism by turning a blind eye or tolerating terrorism. Passive terrorism prevails when there is no deliberate effort or decision to either counter it or raise voice against it.

The term hasn't been widely defined or discussed openly as yet and has just been recently emerging in the wake of recent ongoing terrorism activities against or in the countries like Pakistan. The word "Passive" has its origin from 1350 – 1400; Middle English Latin *passivus* literally means submissive or to submit. "Terrorism" originated in 1795 from French *terrorisme*, from Latin *terror*; used as government intimidation during the reign of terror in France in 1795. Professor Daniel L Byman, in his article "Passive Sponsorship of Terrorism," (published in *Journal "Survival"* 2005), in the MIT Security Studies Seminar in 2004 defined the term "Passive Sponsorship of Terrorism" as the individuals

assistance of terrorists without their permission. A regime is guilty of passive sponsorship if it knowingly allows a terrorist group to raise money, enjoy a sanctuary, recruit, or otherwise flourish but does not directly aid the group itself. Professor Byman define the following characteristics of Passive support of terrorism:

The regime in question itself does not provide assistance but knowingly allows other actors in the country to aid a terrorist group; The regime has the capacity to stop this assistance or has chosen not to develop this capacity, and Often passive support is given by political parties, wealthy merchants, or other actors in society that have no formal affiliation with the government.

Several sources (Hudson, Rex A. , 2002),(Barry Scheider, and Jim Davis, 2009), (Philip P., 2007.(

have further defined the typology of terrorism:

a–Political terrorism

- Sub–state terrorism
- . ١ Social revolutionary terrorism
- . ٢ Nationalist–separatist terrorism
- . ٣ Religious extremist terrorism
 - Religious fundamentalist Terrorism
 - New religions terrorism
- . ٤ Right–wing terrorism
- . ٥ Left–wing terrorism
- State–sponsored terrorism
- Regime or state terrorism

b– Criminal terrorism

c– Pathological terrorism

During the past decade or so, terroris seems to have become an increasing part of everyday reality. Terrorist attacks have become more spectacular and have ever greater media exposure, and thus a more

profound impact on society. Because so many people are exposed to such attacks in one way or another, it is useful to clarify their possible effects on individuals. Besides physical injuries as a result of a bombing or a shooting, there are also many victims with psychological problems. The most common psychological problems are development of mood disorders and anxiety disorders, for example generalized anxiety disorder (GAD) (Ghafoori and colleagues 2009). An even more common and frequently studied psychological disorder that might result from a terrorist attack is post-traumatic stress disorder (PTSD).

Jonkhout (2012) for example, reports that exposure to a terrorist attack can actually lead to brain modification associated with the development of PTSD. Besides PTSD, major depressive disorder is also a psychological problem that frequently results from exposure to a terrorist attack. Symptoms of this disorder include depressed mood, losing pleasure in daily activities, fatigue, and concentration problems (American Psychiatric Association, 2010).

There are many studies about depression following exposure to terrorism, and the goal of the present review is to provide an overview of all the factors that can lead to and protect against the development of a depressive disorder following a terrorist attack. Such an overview might prove useful for developing interventions.

Risk and immunizing factors

Major depression as a result of a terrorist attack can be caused by many different factors. A review of the various studies reveals four different sets of factors, each with features that in some way have to do with an enhanced susceptibility to developing symptoms of a major depression. The different categories are direct/indirect exposure: gender and ethnicity psychological factors and coping, and genes. Because the focus of most of the studies was identifying risk factors for depression,

there is less information about immunizing factors. However, absence of risk factors can be seen as protecting factors. In this overview, the most important protecting factors will be taken into account .

Methodology

This study carried out to assessment of Anxiety and Depression among Refugees with Exposure to Terrorism, in the middle of Iraq. The sample of the study was used 100 refugees with Exposure to Terrorism, selected to be a sample of the study. The setting of the study is confined to Salah Akha refugee's comp .

Aims of the study:

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A questionnaire was constructed mainly to asses the behavioral characteristics of refugees with Exposure to Terrorism, .the constructions of items were based on the following scientific resources –:
The questionnaire includes the following:

Part (1): Socio-demographical data of refugees with Exposure to Terrorism, to obtain general information and including:Age, gender, marital states, level of education .occupation.

Part (2): Behavioral characteristic of anxiety and depression disorder.
The statistical procedures were applied to determine the result of present study includes: a. Description statistic :This approach includes following statistic. a. Percentage(%) to calculate the description of sample.

=%

b. mean and standard deviation to estimate the value of some data.

.)Arithmetic mean(\bar{X} :

$\bar{X} =$

Result:

Table (1): Distribution of the sample according to their socio-demographic characteristics:

Characteristic	Fr	%	mean
Age			
18-28	25	25	
29-38	30	30	
39-48	13	13	
49-58	10	10	
59- and over	22	22	
Total	100	100%	
Gender			
male	32	32	
female	68	68	
Total	100	100%	
marital state			
single	13	13	
married	65	65	
widow	22	22	
Total	100	100%	
Education level			
illiterate	42	42	
primary	43	43	
secondary	13	13	
institute	2	2	
Total	100	100%	
Employment			

Employed	22	22	
Unemployed	78	78	
Total	100	100%	

It appears from the table that most frequent age group is 29–38 years and represents 30%, and least frequent group of 49–58 (10%), the mean of the ages (29.84). Most of the refugees were females (68%), married (65%). The table reveals that most of the refugees were with primary school education (43%), and 2% of them are graduated from the institute. Also the table shows that most of the refugees are unemployed and represents (78%)

Table (2) Distribution of the sample according to the anxiety inventory:

Items Little or none of the time Some of the time A large part of the time Most of the time

Items		Little or none of the time		Some of the time		A large part of the time		Most of the time	
No		Fr	%	Fr	%	Fr	%	Fr	%
1	I feel afraid for no reason at all	7	7	28	28	47	47	18	18
2	I get upset easily or feel panicky	25	25	35	35	30	30	10	10
3	I feel like I'm falling apart and going to pieces	18	18	35	35	37	37	10	10
4	I feel that everything is all right and nothing bad will happen	13	13	40	40	32	32	15	15
5	My arms and legs shake and tremble	37	37	22	22	35	35	1	1
6	I'm bothered by headache, neck and back pain	33	33	35	35	22	22	10	10
7	I feel weak and get tired easy.	12	12	30	30	33	33	25	25
8	I feel clam and can sit still easily.	40	40	12	12	25	25	23	23
9	I can feel my heart beating fast.	30	30	42	42	28	28	0	0
10	I'm bothered by dizzy spells	15	15	28	28	45	45	12	12
11	I have fainting spells or feel like it.	22	22	33	33	35	35	10	10
12	I can breathe in and out easily.	35	35	30	30	25	25	10	10
13	I get feelings of numbness and tingling in my fingers, toes.	27	27	45	45	25	25	3	3
14	I'm bothered by stomach aches or indigestion.	20	20	35	35	15	15	25	25
15	I have to empty my bladder often.	18	18	35	35	27	27	20	20
16	My hands are usually warm and dry.	22	22	23	23	30	30	25	25
17	My face gets hot and blushes	12	12	18	18	45	45	25	25

18	I fall asleep easily and get a good night's rest.	15	15	25	25	35	35	25	25
19	I have nightmares.	30	30	8	8	37	37	20	20
20	I feel more nervous than usual	12	12	33	33	22	22	33	33

It appears from table (2) that majority of the sample are large of the time have feeling afraid for no reason at all 47% and least of them I'm bothered by stomach aches or indigestion 15% .

when the majority of them in a most of the time I feel more nervous than usual 33% and least of them My arms and legs shake and tremble 1% and Some of the time most of refugees feelings of numbness and tingling in my fingers, toes 45% and least of them have nightmares 8%. When ever Little or none of the time I can feel my heart beating fast 40% and least of them their feeling afraid for no reason at all 7%.

Table (3) Distribution of the sample according to their depression inventory:

Items Never Some time Always

Items	Never		Some time		Always	
	F	%	Fr	%	Fr	%
1.Felling of sadness	7	7	58	58	35	35
2-Pessimistic	50	50	35	35	15	15
3-Dissatisfaction	25	25	35	35	40	40
4-Feeling of guilt	70	70	20	20	10	10
5- Disappointment	40	40	48	48	12	12
6- Self-blame	55	55	27	27	18	18
7- Felling of suicide	77	77	15	15	8	8
8- Crying	32	32	10	10	58	58
9- Isolation	22	22	50	50	28	28
10- Decisions	28	28	32	32	40	40
11- Guilt and unattractive	10	10	42	42	48	48
12- Work and Interest	25	25	22	22	53	53
13- Insomnia	17	17	38	38	45	45

14- Feeling of tired	13	13	65	65	22	22
15- Loss of appetite	20	20	58	58	22	22
16- Loss of weight	10	10	65	65	25	25
17- Feeling of body ache	18	18	7	7	75	75

It appears from table (3) that majority of the sample never have feeling of suicide 77% and least of them are sadness 7%, and the majority of them some time feeling of tired 65% and least of them some time Feeling of body ache 7% and most of refugees always feeling of body ache 75% and least of them never feeling of suicide 8%.

Discussion :

There are many studies support the finding of this study related to socio-demographical characteristics. In regard to the age, the result indicates that occurs among middle thirties. In regard to the gender , the incidence of depressive and anxiety disorder is higher in women than in men by about 2 to 1 this is coincide the result of the present study, which indicates that females are higher frequent group 68% among the sample. Married group are the dominant group 65% which are indicate in this study. According to the educational level, the result reveals that 42% of the samples have basic education level and 43 and 42 % were primary and illiterate. It is believed that their conditions particularly low level of education associated with depression confirm that this characteristic is one of the causes. The result reveals that 78% of the samples are unemployed. This result is similar to other studies and there is relatively support for this finding .(Barile et. al., 2011), (Galea et. al., 2002), (Canetti et. al., 2010./

Frisch (2006), Townsend (2005) and Hays et al, (1995) found relatively similar symptomatic behavioral characteristics of depressed people. Depressed people preoccupied with, or ruminate over thought and feeling of worthlessness, inappropriate regard, helplessness or hopelessness, poor concentration, withdrawal from social situation and

activities, and thought of death or suicide. American Psychiatric Association (2000) stated that hypersomnia or oversleeping behavioral characteristic is less common, appetite often decrease, with resulting weight loss, although increased appetite and weight gain occasionally occur. The statement of American Psychiatric Association (2000) is similar to our finding of this study, the table shows that higher mean of behavioral characteristics were related to physical complains.

.Conclusions, Recommendations and Suggestions

In this study, an attempt has been made to assess the anxiety and depression among Refugees with Exposure to Terrorism

– It appears from the table that most frequent age group is 29–38 years and represents 30%, and least frequent group of 49–58 (10%), the mean of the ages (29.84). Most of the refugees were females (68%), married (65%). The table reveals that most of the refugees were with primary school education (43%), and 2% of them are graduated from the institute. Also the table shows that most of the refugees are unemployed and represents (78%).The majorities of the sample are feeling of weak and get tired easy, bothered by dizzy spell and have to empty his or her bladder often 24%. The majority of them their face gets hot and blushes 48%.Some of the time most of patients their hands are usually warm and dry 60%.whenever Little or none of the time patient have fainting spells or feel like it 86%.

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In the light of the present study, it is recommended that–:

–۲ Never forget that the terrorist act is designed to create psychological instability. Death and destruction are merely a means to an end. Terrorism is psychological warfare.

–۳ Encouraging the private sector to establish psychiatric services and sanitarium for persons who can offer .

–۴ Concerns about future attacks can heighten anxiety; correct information is power. Collaborate with mass media for the dissemination of accurate and ongoing information to all involved. Credible information calms the sense of chaos and provides rumor control. Age–appropriate reading and community activities help children cope with the situation. Limit continuous monitoring of television and radio coverage of the event, particularly around children who may have difficulty seeing vivid pictures of the event .

–۵ Take steps to re–establish a sense of physical safety for the public. Widely publicize these efforts for children, the elderly and those who are sick .

–۶ Re–establish normal communication, transportation, school and work schedules as soon as possible. The longer and greater the disruption, the greater the public’s perceived risk and lack of safety .

–۷ Symbols are a means of re–establishing community cohesion. Just as terrorists target locations that symbolize a part of America they

despise, a community can use flags, bumper stickers, and billboards as a sign of unity .

→ Initiate rituals to honor the dead, the survivors, and rescuers. Provide opportunities for those not directly affected to help with donations of money, food, clothing, blood, etc. Communicate that to carry on and succeed in life honors the dead. Otherwise, the terrorists are victorious .

It is suggested that:

. ١ Further study should be carried out to evaluate our own circumstances and to point out the family understanding of depression and anxiety symptoms of Refugees with Exposure to Terrorism upon their base an experimental research of psycho–educational interventions program for families to improve care manage depressive behavioral characteristics of those persons.

. ٢ A follow–up studies should be carried out to insure that similar behavioral characteristic of such persons surely identified and how it is dealt within community .

. ٤ Concerns about future attacks can heighten anxiety; correct information is power. Collaborate with mass media for the dissemination of accurate and ongoing information to all involved. Credible information calms the sense of chaos and provides rumor control. Age–appropriate reading and community activities help children cope with the situation. Limit continuous monitoring of television and radio coverage of the event, particularly around children who may have difficulty seeing vivid pictures of the event .

. ٥ Take steps to re–establish a sense of physical safety for the public. Widely publicize these efforts for children, the elderly and those who are sick .

. 7 Establish a network of local political, educational, medical, economic, and religious leaders to calm fears, provide crisis intervention and instill hope .

. 8 Re-establish normal communication, transportation, school and work schedules as soon as possible. The longer and greater the disruption, the greater the public's perceived risk and lack of safety .

. 9 Symbols are a means of re-establishing community cohesion. Just as terrorists target locations that symbolize a part of America they despise, a community can use flags, bumper stickers, and billboards as a sign of unity .

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. 11 Do no harm. Don't interfere with people's natural recovery mechanisms or interfere with tactical assessment and rescue efforts. 71

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