TRAUMATIC EVENTS AND POSTTRAUMATIC STRESS AMONG IRAQI KURDISH "ANFAL" SURVIVORS

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Submitted 8 July 2019; accepted 1 September 2019

ABSTRACT

Background: The 1988 "Anfal" military operations against Kurds of northern Iraq yielded high rates of morbidity and mortality. The present study aims to determine traumatic events experienced by "Anfal" survivors and level of posttraumatic stress disorder (PTSD) in Kurdistan region of Iraq.

Methods: One hundred thirty "Anfal" survivors were selected randomly from different populations in Duhok city/ Iraqi Kurdistan. They were interviewed and assessed psychologically using Harvard Trauma Questionnaire to examine their exposure to psychological traumas and to study the posttraumatic stress disorder (PTSD) symptomatology among them.

Results: "Anfal" survivors were exposed to various types of traumas. All respondents experienced lack of shelter, food and water and ill health without access to medical care. Witnessing murder was the most common traumatic event experienced by the participants. PTSD was found in (86.2%) of the respondents. Female gender was a significant risk factor associated with the diagnosis of PTSD.

Conclusions: "Anfal" survivors experienced multiple traumatic events with high rates of PTSD. Exposure to this disaster situation had a big impact on psychological status viewing huge needs in mental health among those survivors.

Duhok Med J 2020; 14 (1): 77-91.

Keywords: Traumatic, Posttraumatic stress, Anfal

Violations of human rights in Iraq is a very wide phenomenon and significant[1]. It has been a long-standing problem in Iraq, particularly during the Saddam Hussein era[2,3]. The most tragic images reflected in Iraqi Kurdistan; in which campaigns of genocide and crimes against humanity happened; and shocked the conscience of the world.

Kurdistan, with more than 25 million Kurds living in, is divided between Iraq, Iran, Syria, and Turkey[4]. During 1988, helicopter fires, artillery, and chemical weapons were used by Iraqi government against Kurdish people living in provinces of Duhok, Erbil, Sulaimany, and Kirkok. Family members were killed or disappeared. It's ordered by Iraqi president Saddam Hussein and led by Ali Hassan Al-Majid[5]. It was a Kurdish Genocide and the name "Anfal" was derived from Surat al-Anfal from the Holy Quran[6].

"Anfal" was considered as one of the terrifying genocide operations in the modern history[7]. Thousands of the villages were destroyed including mosques, churches and even the animals were burned by military attacks[4]. The

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population gathered and transported to prisons and camps, and the people were forced to relocate across Iraq after watching destruction of their homes[8].

"Anfal" survivors were exposed to many types of traumatic events that Baath regime made like systematical executed torture, imprisonment, rape, and they threatened and repressed people[9]. Iraq was the first country to use chemical weapons against his population in the north in 1988. Thousands of the families were placed in the Gajnikan (twenty-two kilometers west Erbil city)[10]. There were no buildings to protect from sun or cold, bad living conditions, and lack of food, water, or medical care[9].

In Nezarki fort, which is located in Duhok city and looks like a prison, men separated from the rest of people handcuffed, blindfolded and many were killed by hitting their heads by concrete blocks[11,12].

The population who experienced or witnessed "Anfal" campaign were suffered by those hurtful events, some of them psychologically, some physically and others both[3]. The survivors have a lot of mental health problems including PTSD symptoms[12]. PTSD is a severe condition that may develop after a person is exposed to one or more traumatic event[13].

The purpose of this study is to investigate the traumatic events experienced by the "Anfal" survivors. This will give acknowledge on long term effects of the "Anfal" military processes which were full of various methods of killing and torturing on Kurdish people. It can be regarded as a window through which the academic professionals and the entire world can look to the level of victimization of Kurdish people on the hand of dictatorial regimes in Kurdish history.

METHODS

Study setting and design

The study is a descriptive study. The sample was taken randomly and one of the authors interviewed them in the Directorate General of Martyrs Anfal affair in Duhok. The interviews were conducted from July 10th, 2012 through September 25th, 2012. Data were collected by face to face interviews and the socio-demographic characters were assessed using a semi-structured questionnaire. The quantities and qualities of trauma were assessment by Harvard Trauma Questionnaire (HTQ).

Target population and sample size determination

The sample was taken in Iraqi Kurdistan specifically in Duhok governorate. It includes those who were registered as "Anfal" survivors in the Directorate General of Martyrs and Anfal affair in Duhok. Systematic random sampling was utilized to select every 5th person from those registered people. From 140 "Anfal" survivors ten disagreed to take part. The remaining number of sample who agreed to participate in the study was 130 persons. Their ages were between 37 to 70 years (those who were 18 years and more at time of "Anfal").

Study instruments

A questionnaire was designed to measure the socio-demographic characteristics of "Anfal" survivors capable of identifying the gender, age, residence, marital status, religion, educational attainment, work status, and economic status of the family.

HTQ was used to assess actual traumatic events experienced by torture survivors and their physical, psychological and social complications[14]. It is a checklist written by the Harvard Program in refugee trauma[15]. Part I contain 17 traumatic life events and have been expanded in later versions to contain between 46 and 82 events. Part II and Part III include open-ended questions about the most hurtful event and head injury, and Part IV consists of 30 trauma symptom items. Part V is determining the torture history.

In this study we included only trauma events that Iraqi Kurdish "Anfal" survivors were experienced and respondents were to indicate 'yes' or 'no' depending on their experiences. It includes a measure for PTSD, assessing the three categories of symptoms: re-experiencing, avoidance and hyper arousal[16].

To obtain the linguistic validity for HTQ scale English version of scale was given to a linguistic professional from Duhok University, college of arts to translate it to Kurdish then retranslation done by other linguistic expert to English. Finally, the two versions in English were given to other linguistic professionals to compare the similarity rate between these versions and correct the Kurdish versions to have higher linguistic validity. This instrument obtained a good reliability, as shown in the table below:

Subscale name	N of Items	Cronbach's alpha based	Cronbach's alpha standardized
Trauma events	35	0.771	0.786
Head injury	6	0.352	0.293
Trauma symptoms	41	0.906	0.967
Past torture	34	0.906	0.903

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the scientific and ethical committees of the College of Medicine / University of Duhok and Directorate of Health, respectively. A permission to conduct the study was also obtained from the Directorate General of Martyrs and Anfal Affairs in Duhok. Then, informed written consents were obtained from each participant and information leaflets provided and explained by the interviewer including the aims of the study and confidentiality of information.

Interviews, data entry and analysis

"Anfal" survivors were interviewed by one of the authors who had been participated in a workshop on HTQ organized at psychiatry department of Azadi teaching hospital. On average, the trained clinical psychologist spent 60 minutes administrating the HTQ. HTQ Part 4 that explores the PTSD consist of (41) items with four options: (1) not at all, (2) A little, (3) Quite a bit, (4) Extremely. The individuals with total scores on DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) ≥2.5 were considered to have symptoms of PTSD.

Data were entered into excel sheets. All data were analyzed using the Statistical Package for Social Science (SPSS) version 19 software package. Descriptive statistics were used in summarizing the data like frequencies, and tables. Logistic regression analysis examined the socio-demographic factors related to the diagnosis of PTSD. Logistic regression allows the prediction of a discrete outcome such as PTSD/ no PTSD from a set of independent variables which can be continuous, discrete, dichotomous, or mix. Level of statistical significance was set at < 0.05.

RESULTS

A total of 130 survivors of military operations "Anfal" in Duhok city; Iraqi Kurdistan, aged 37-70 years old were surveyed. Table 1 shows the socio-demographic characteristics of the sample. Their mean age was 49.7 years (range is 33 and SD= 8.61). While the great majority of participants (84.6%) were between 40 and 46 years old, young people and elderly constituted only (7.7%) of the participants, 63 were females and 67 were males. Those from urban residence were forming (51.5%) of the sample and the remaining were from rural areas. Most of the participants were married (77.7%), Muslims (86.2%), illiterate (66.9%), unemployed (56.2%), and they had low economic status (51.5%).

Table 1: The socio-demographic characteristics of the participants (N=130 "Anfal" survivors)

Character	"Anfal" survivors N (percentage)
Age	
Young (<40 yr.)	10 (7.7%)
Middle age (40-64yr.)	110 (84.6%)
Elderly (>=65yr.)	10 (7.7%)
Gender	
Female	63 (48.5%)
Male	67 (51.5%)
Residence	
Urban	67 (51.5%)
Rural	63 (48.5%)
Marital status	
Single	17 (13.1%)
Married	101 (77.7%)
Divorced	2 (1.5%)
Widowed	10 (7.7%)
Religion	
Muslim	112 (86.2%)
Christian	18 (13.8%)
Education	
Illiterate	87 (66.9%)
Primary school	28 (21.5%)
High school	11 (8.5%)
University degree	4 (3.1%)
Work status	
Unemployed	73 (56.2%)
Employed	57 (43.8%)
Economic status	
Low	67 (51.5%)
Moderate	57 (43.8%)
High	6 (4.6%)

Types of trauma experienced during 1988 Iraqi military operations "Anfal" are presented in table 2. All the participants reported experiencing these traumatic events during the period of genocide: lack of shelter, food and water, ill health without access to medical care, and confiscation, looting, or destruction of personal property. Majority of survivors included in our study (93.8%-96.6%) reported combat situation, forced to leave hometown or expelled to flee city or country based on ancestral origin, religion, or sect, witnessed shelling, burning, or razing of residential areas, forced evacuation under dangerous conditions, present while someone searched home or being searched, physical and psychological torture, and witnessed chemical attacks. Various other different kinds of traumatic events were experienced by "Anfal" survivors as shown in table 2. Brain washing, kidnapping, and forced to physically harm someone were little reported.

Table 2: Frequencies of traumatic events experienced or witnessed by "Anfal" survivors (N= 130).

Traumatic event	"Anfal" survivors N (percentage)	SD
Lack of shelter	130 (100%)	0.000
Lack of food or water	130 (100%)	0.000
Ill health without access to medical care	130 (100%)	0.000
Confiscation, looting or destruction of personal property	130 (100%)	0.000
Combat situation	126 (96.6%)	0.173
Forced to leave hometown and settle in a different part of country	125 (96.2%)	0.193
Expelled to flee city or country based on ancestral origin, religion, or sect	125 (96.2%)	0.193
Witness shelling, burning, or razing of residential areas	124 (95.2%)	0.211
Forced evacuation under dangerous condition	123 (94.3%)	0.227
Present while someone searched home for people or things	123 (94.3%)	0.227
Torture physical or psychological	122 (93.8%)	0.241
Searched	122 (93.8%)	0.088
Witness chemical attacks on residential areas	122 (93.8%)	0.241
Witness desecration or destruction of religious shrine	112 (86.2%)	0.347
Oppressed because of ethnicity, nationality, religion	109 (83.8%)	0.369
Witness torture	97 (74.6%)	0.437
Witness beatings	89 (68.5%)	0.466
Physically harmed (e.g. beaten)	87 (66.9%)	0.472
Witness rotting corpses	81 (62%)	0.486
Forced separation from family members	80 (61.5%)	0.488
Witness mass execution of civilians	76 (58.5%)	0.495
Witness murder	73 (56.2%)	0.498
Received a body of a family member and prohibited from mourning burial rites (child, spouse, …etc)	71 (54.6%)	0.500
Imprisonment	70 (53.8%)	0.500
Serious physical injury of family member, friend or relative due to combat situation or landmine	69 (53%)	0.502
Serious physical injury from combat situation or Landmine	65 (50%)	0.501
Forced to hide	56 (43.1%)	0.497
Murder or death of friend due to violence	51 (39.2%)	0.490
Forced to betray someone and placing him/her at risk of death or injury	29 (22.3%)	0.418
Disappearance, hostage or kidnapping of family member (child, spouse, …etc)	26 (20%)	0.402
Murder or death of family member due to violence	25 (19.2%)	0.396
Other types (except rape) of sexual abuse or sexual humiliation	25 (19.2%)	0.396
Forced labor	23 (17.7%)	0.383
Rape	22 (16.9%)	0.376
Disappearance, hostage, or kidnapping of a friend	20 (15.4%)	0.362
Forced to pay for bullet used to kill family member	19 (14.6%)	0.355
Brain washing	15 (11.5%)	0.321
Kidnapped	12 (9.2%)	0.291
Forced to physically harm someone	11 (8.5%)	0.279

Table 3 shows the most hurtful or terrifying events experienced by "Anfal survivors". Witnessed murder was the most common hurtful or terrifying event that experienced by (39.3%) of participants followed by witnessed torture and witnessed chemical attacks on residential areas that experienced by (20%) and (18.5%) of them respectively.

Table 3: Frequencies of most hurtful or terrifying events experienced by "Anfal" survivors (N= 130).

Traumatic event	"Anfal" survivors N (percentage)
Witnessed murder	51 (39.3%)
Witnessed torture	26 (20%)
Witnessed chemical attacks on residential areas	24 (18.5%)
Witnessed beating	19 (14.6%)
Imprisonment	3 (2.3%)
Lack of food and water	1 (0.8%)
Confiscation or destruction of personal property	1 (0.8%)
Kidnapped	1 (0.8%)
Witnessed shelling or burning of residential areas	1 (0.8%)
Poisoning	1 (0.8%)

The number of trauma events recorded by "Anfal" survivors was shown in table 4. All participants have experienced more than 10 traumatic events during the military operations against Kurds. While most of survivors (67.7%) were severely traumatized (having experienced 20-29 traumatic events), only (23.8%) of them are moderately traumatized (having experienced 10-19 traumatic events).

Table 4: Cumulative trauma events recorded among "Anfal" survivors as assessed by HTQ. (N=130 "Anfal" survivors)

Severity	N of traumas/ person	"Anfal" survivors
Mildly traumatized	0-9	0 (0%)
Moderately traumatized	10-19	31 (23.8%)
Severely traumatized	20-29	88 (67.7%)
Extremely traumatized	30-39	11 (8.5%)

The majority of "Anfal" survivors (99.2%) were suffered from starvation and (98.5%) of them were experiencing to be near death due to starvation at that time. (Table 5) Beating to head was found in (14.6%) of survivors and suffocation or strangulation was reported by (10.8%) of them.

Table 5: Types of head injury and starvation experienced by "Anfal" survivors (N=130)

Item	"Anfal" survivors N	SD
Beating to head	19 (14.6 %)	0.355
Suffocation or strangulation	14 (10.8%)	0.311
Near drowning	2 (1.5%)	0.124
Others	7 (5.4%)	0.227
Starvation	129 (99.2%)	0.088
Near death due to starvation	128 (98.5%)	0.124

Overall, 112 (86.2%) of survivors met the threshold (>=2.5) for clinically significant PTSD symptomatology according to HTQ. (Table 6) Logistic regression analysis shows that age is not a predictor of PTSD diagnosis. Females were found to have higher mean for PTSD symptoms scores than males 3.4 (SD= 3.44) versus 2.9 (SD= 0.59). PTSD diagnosis was dependent on gender; significantly associated with female sex OR is 6.27; 95%CI[1.4-28.1] (P= 0.016). PTSD symptoms were less common in those having high school education degree, the mean is 2.9 (SD= 0.55) but the statistical association is not significant. Logistic regression analysis clarifies that apart from gender, no any other independent variables of socio-demographic data is significantly associated with PTSD symptoms.

Table 6: Means, percentages and logistic regression analysis for PTSD diagnosis by socio-demographic characters (N=130 "Anfal" survivors; PTSD N=112)

Character	PTSD cases N	Mean (SD) OR[95%CI]	*P value*
Age		0.97[0.9-1]	0.416
Gender		6.27[1.4-28.1]	0.016*
Female	60 (53.1%)	3.4 (3.44)	
Male	52 (46.9%)	2.9 (0.59)	
Residence		0.54[0.18-1.62]	0.273
Urban	59 (52.2%)	3.16 (0.58)	
Rural	53 (47.7%)	3.19 (0.56)	
Marital status		1.3[0.47-3.62]	0.613
Single	15 (13.3%)	3.19 (0.52)	
Married	85 (76.1%)	3.13 (0.58)	
Divorced	2 (1.8%)	3.16 (0.22)	
Widowed	10 (7.7%)	3.68 (0.26)	
Religion		4.6[0.53-40.22]	0.167
Muslim	95 (84.8%)	3.16 (0.59)	
Christian	17 (15.2%)	3.27 (0.44)	
Education		0.67[0.33-1.35]	0.269
Illiterate	76 (67.9%)	3.22 (0.57)	
Primary school	25 (22.3%)	3.16 (0.57)	
High school	8 (7.1%)	2.95 (0.55)	
University	3 (2.7%)	3 (0.54)	
Work status		0.85[0.2-3.48]	0.820
Unemployed	65 (58%)	3.33 (0.54)	
Employed	47 (42%)	2.98 (0.54)	
Economic status		1.69[0.67-4.28]	0.268
Low	58 (51.8%)	3.24 (0.54)	
Moderate	50 (44.6%)	3.15 (0.58)	
High	4 (3.6%)	2.77 (0.72)	

Abbreviations: CI, confidence interval; PTSD, post-traumatic stress disorder; OR, odds ratio (adjusted); *, significant (P < 0.05).

Ten "Anfal" survivors did not consent to participate in this study. Five of them did not feel comfortable to a degree that they left the interview when they were asked about trauma symptoms. Three women stopped answering questions and they cried and other two refused to participate and to give any explanations from the beginning.

DISCUSSION

This study presents evidence on the psychological impact of military operations "Anfal" by Iraqi regimen toward Kurds population. It concludes the exposure to psycho-trauma and determines the quantity and quality of traumatic events and the level of PTSD symptomatology among this population.

This study employed HTQ to investigate traumatic events among survivors by Iraqi military attacks in 1988. Contrary to the belief that stigma prevents torture survivors from talking about their mental health distress, according to Shannon PJ et al study, participants of our study readily described in details most of their traumas and psychological distress[17]. In this study, lack of shelter, food and water, ill health without access to medical care, and confiscation, looting, or destruction of personal property were the most frequent traumatic events experienced by all participants. Some studies reported high rates of traumatization during wars and conflict periods but not higher than this study[18]. To some degree similar findings were reported in other studies like in Northern Uganda in which the most common traumatic event was lack of food and water (89.9%) and lack of shelter (77.3%)[19]. Confiscation, looting and destruction of personal property was also documented high in other studies like in Kaduna, Northwestern Nigeria (96.1%)[20].

Other common traumatic events reported by more than (93.8%) of survivors were combat situation, forced to leave hometown or expelled to flee city or country based on ancestral origin, religion, or sect, witnessed shelling, burning, or razing of residential areas, forced evacuation under dangerous conditions, present while someone searched home or being searched, physical and psychological torture, and witnessed chemical attacks. A study on Iraqi refugees resettled in Australia revealed that about (81.9%) of them were forced to flee country[21].

Only (16.9%) of "Anfal" survivors reported sexual abuse and rape which is lower than what is presented in other studies on genocide[22]. Kurdish women may be shy to talk frankly about sensitive questions.

In our study the most hurtful or terrifying event reported by "Anfal" survivors was witnessing murder and torture. (Table 3) this was convenient with findings of a study on psychological trauma among Palestinian children and adults in west bank in which witnessing murder was regarded as a severe trauma leading to PTSD[23]. In Rwanda the worst events reported by survivors were mainly linked to witnessing violence throughout the period of the genocide[24]. Another study done over Rwandan children and

adolescents in the early aftermath of genocide revealed that 90% of them witnessed killing and their lives threatened[25]. This difference may be because of the fact that we do our assessment after 25 years from the "Anfal" events when during this long time most survivors may have coped, unlike the Rwandan survivors who undergone a study just in one year after their genocide in 1994.

The study revealed high exposure to trauma among the population of "Anfal" survivors, in which all of the respondents ever experiencing more than 10 traumatic events. (Table 4) The majority was severely traumatized and others were moderately traumatized. This is suggesting the violent nature of the military attacks toward Kurds. In Northern Uganda, 50% of participants reported 8 or more traumatic events[19]. The findings were different from other study on Burmese refugees in Australia in which mild and moderate traumatization were more common[26].

The majority of "Anfal" survivors were suffered from starvation and they experienced to be near death due to starvation at that time (99.2% and 98.5% respectively). (Table 5) This finding was similar to the rate reported, two decades after events, by Cambodian refugees who resettled in United States and experienced near death due to starvation (99%)[27]. Different types of traumas to head were experienced by the survivors. These findings were also reported in previous studies done on "Anfal" campaigns[28]. Beating the head was higher than what is documented in the long-term Afghan refugees in Pakistan (1.8%)[29].

The data on the prevalence of traumatic events among the "Anfal" survivors from the Kurds population living in Northern Iraq needs attention, especially those who have been exposed to multiple traumas. Previous researches confirm that multiple traumatic exposures are associated with a significantly higher risk of posttraumatic symptoms[30].

The level of PTSD recorded in this study (86.2%) was similar to Ahmad A. et al study which done five years after "Anfal" campaign[31]. In that study, (87%) of children and (60%) of adults met the clinical diagnosis of PTSD. In our study, PTSD rate remains amongst the high levels recorded globally in other wars and conflicts. This rate is higher than that documented after Rwanda Genocide in which the overall rate of 'probable PTSD' was (62%)[25]. The traumatic experiences of ethnic cleansing in Bosnian refugees were genocide in nature leaving (65%) of them to have PTSD[32].

Most of the data which collected from articles on population exposed to mass conflicts between years of 1980 and 2009 showed the rate of PTSD to be (30.6%) among the exposed populations[33]. A study done on 4 post conflict settings also showed lower prevalence rates of PTSD than in our study as following: (37.4%) in Algeria, (28.4%) in Cambodia, (15.8%) in Ethiopia, and (17.8%) in Gaza[34]. It was between (20.4%) to (40%) in Afganistan[35]. Among Guatemalan refugees in Mexico recorded to be (11.8%)[36].

Even after 25 years of "Anfal" processes, the rate of PTSD still remains high in our study unlike a study on Bosnian refugees showed that the prevalence rate of PTSD was decreasing by time from (76%)

meeting diagnostic criteria of PTSD on baseline, (33%) after 1 year, and (24%) after passage of 3 and 1/2 years[37]. This higher PTSD rate in our study than other studies can be explained by the severity of the methods of torture and the overall shape of genocide that make PTSD symptomatology remain in this higher rate. Among participants of this study, females met the criteria of PTSD diagnosis more than males. (Table 6) The same finding was clear in other studies like on Bosnian refugees, in which 44% of females and 8% of males diagnosed as having PTSD[37,25]. Our study did not show any significant relationship between PTSDS rates and other socio demographic data. Similar findings encountered in a research done in Rwanda in which PTSD symptomatology seems to have no any significant relationship with other independent factors like age, address, marital status, religion, education, occupation, and economic status. Many other studies show some similar findings[38].

The findings should be interpreted in the light of number of limitations. First, the sample size was not enough to detect the real and accurate prevalence of PTSD in the target population. This made the results to be hypothetical rather than conclusive. Second, the sample was taken from the registered population at the Directorate General of Martyrs Anfal affair in Duhok. This led to missing the cases that are not registered previously in that directorate. Third, the study was conducted 25 years after the military attacks therefore recall bias was possible but the nature of psycho-trauma made it possible that the survivors recollected their experience easily. Fourth, some "Anfal" survivors found difficulty to answer and declare on some sensitive trauma events because they were shy to give the needed details specially rape and sexual abuse history may have been underreported, especially among females. That is why the study results may not clarify all what happened to survivors and they are also not adequately reflect the influence of these traumatic events on their health completely.

CONCLUSION

In conclusion, survivors of systemic violence by Iraqi military attacks "Anfal" toward Kurds population in the Northern Iraq experienced multiple different traumatic events. Though exposure to psycho-trauma among "Anfal" survivors led to post genocide PTSD, which remained even after more than two and half decades of years. Although this study provides evidence on the needs of mental health interventions for "Anfal" survivors, further research is required to explore the prevalence of long-term mental distress and associated complications among "Anfal" survivors.

ACKNOWLEDGEMENT

We acknowledge the due of Duhok Directorate of Health for the help and statistical analysis.

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پوختە

رویدانێت ترومایێ و پەستا دەرونی پشتی ترومایا لدەف کوردێن عیراقی بێن قورتالبویی ژ ئەنفالا

پێشەکی وئارمانج: ئەو هێرشێن جەنگی ئەوێن کو ناڤێ (ئەنفال) داناینەسەر کو ل سالا 1988 هاتینە جیێ بەجێ کرن دژی کوردێن کوردستانا عیراقێ ریژەکا زور یا کوشتنێ و نەساخیا لدیف خو هێلا. ژبەر ڤێ چەندێ ئەڤ ڤەکولینە هاتە ئەنجام دان بو دیارکرنا رویدانێت ترومادار بێپ سەرێ ئەو کەسێن قورتال بوین و ریژا بەلاڤبوونا پێشێلبونا پەستا دەرونی یان زەبرا دەرونی لدەف وان.

ریکێن ڤەکولینێ: سەد و سیە کەسێن قورتال بوین ژ پروسێسێن ئەنفالان هاتنە ژێگرتن لباژێرێ دهوکێ ل کوردستانا عیراقێ پشتی رازیبونا وان لسەر بەشداربوونێ دناڤ ڤێ ڤەکولینێدا. چاڤپێکەفتن هاتنە کرن دگەل وان و هاتنە هەلسەنگاندن ژلایێ دەروونیڤە بکارئینانا پیڤەرێ هارڤارد یێ ترومایێ ژبو دیارکرنا توشبوونا وان بۆ ترومایێن دەرونی و نیشانێت زەبرا دەرونی.

ئەنجام: ڤەکولینێ دیارکر کو هەمی قورتالبوویێن ئەنفالا توشببوونە گەلەك جورێن ترومایا. هەمی ئەو کەسێن کو بەشداری کری دڤەکولینێدا توشبوونە نەمانا خانی و جهێن ئاکەنجیبوونێ و کێمبوونا خارنێ و ڤەخارنێ و نەساخیا بێی کو ماف هەبیت بگەهنە خزمەتێن ساخلەمیێ. دیتنا کوشتنێ بچاڤێن خو ژ هەمی جورێن دی بێن ترومایا بترس تر بۆ. ریژەیا بەلاڤبوونا زەبرا دەرونی 86.2٪ بو و لدەف ژنکان پتر یا بەربەلاڤ بو.

دەر ئەنجام: ئەنجامێن بدەستڤەهاتین دیارکر کو کەسێن قورتالبوین ئەنفالا ژبەر کو گەلەك جورێن ترومایێن دەرونی بسەری هاتبوون ڤێجا توشبوونە پێشێلبوونا زەبرا دەرونی یان پەستا دەرونی بریژەیەکا گەلەك بلند. ئەڤ کارەساتا هەنێ کارتێکرنەکا زور هەبوو لسەر ئاستێ وان یێ دەروونی بۆ وێ رادێ کو پێتڤییت مەزن ئینانە پێش چاڤ دبواریّ ساخلەمیا دەروونیدا.

الخلاصة

الحوادث الصدمية واضطراب الكرب التالي للرضح لدى الأكراد العراقيين الناجين من حملات الأنفال

الخلفية والأهداف: العمليات العسكرية المسماة بالأنفال التي تمت عام 1988 ضد أكراد شمال العراق تركت معدلات عالية من الأمراض. تهدف هذه الدراسة الى تحديد الحوادث الصدمية التي تعرض لها الناجون من حملات الأنفال و نسبة حدوث إضطراب الكرب التالي للرضح لدى الناجين في منطقة كردستان العراق.

طرق البحث: تم إختيار مئة و ثلاثون فردا نجوا من الحملات العسكرية (الأنفال) بطريقة عشوائية في مدينة دهوك/ كردستان العراق. تمت مقابلتهم و تقييمهم نفسيا بإستعمال إستبيان هارفارد للصدمة لفحص مستوى تعرضهم للصدمات النفسية و دراسة اعراض إضطراب الكرب التالي للرضح لديهم.

النتائج: أضهرت الدراسة أن جميع الناجين من الحملات العسكرية (الأنفال) قد تعرضوا الى أصناف متعددة من الصدمات النفسية. كل المشاركين في هذه الدراسة تعرضوا الى فقدان مساكنهم و نقص مياه الشرب و الغذاء و أمراض جسدية دون أن يمتلكوا حق مراجعة الخدمات الصحية. مشاهدة القتل كانت أكثر الحوادث الصدمية رعبا للناجين. نسبة إضطراب الكرب التالي للرضح كانت 86.2%. كان الإضطراب أكثر شيوعا لدى النساء.

الإستنتاجات: تعرض الناجين من حملات الأنفال العسكرية إلى صدمات نفسية متعددة أدى إلى إصابتهم بإضطراب الكرب التالي للرضح بنسبة إنتشار عالية. هذه الأوضاع الكارثية كانت لها تأثير كبير على حالتهم النفسية الى درجة تظهر إحتياجات جدية و كثيرة في مجال الصحة النفسية لديهم.