Children of Iraqi Families at Universiti Sains Malaysia:

Coping with Post-Traumatic Stress Disorder (PTSD)

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The war in Iraq since 2003 has caused PTSD and a lot of suffering among Iraqis. However, the prevalence of PTSD among the Iraqis is unknown and undocumented. This paper aims to shed some light on this phenomenon. This study had three specific objectives: (1) to investigate the prevalence of PTSD among Iraqi children living at USM; (2) to explore the children's coping strategies in dealing with PTSD; and (3) to determine whether or not the children received health care for PTSD prior to participation in this study. Participants were 60 children of Iraqi students at USM, ranging from 7 to 12 of age (mean age = 10.17; 29 boys and 31 girls). UCLA PTSD DSM-IV (Revision 1) was used to determine the children's PTSD status. A questionnaire was developed and used to investigate the coping strategies used by these children. The result of this study showed that there is a high prevalence of PTSD. Moreover, the results have also shown the existence of negative ways of dealing with PTSD among these Iraqi children. The study also revealed effective approaches to coping with this disorder. Finally, the children seemed to suffer from PTSD in similar ways as adults, even after resettling in a new and safe land.

Post-traumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event. Traumatic stressor includes direct personal experience of an event that involves actual or threatened death, serious injury, threat to one's physical integrity, witnessing an event that causes death, a threat to the physical integrity of another person, learning about unexpected or violent death, serious harm, threat of death or injury experienced by a family member or other close relatives (APA, 2005). This type of experience is called traumatic. Examples of traumatic events are bombings, torture, death, disappearance of family members or friends, being forced to leave home and seeing another person harmed or killed. Experiencing such events can cause PTSD. Before immigrating, some people, especially the refugees, may have lived under such events. They often keep these events in their minds for a long time. Moreover, some people's thoughts or memories of these horrible events affect their lives seriously long after any real danger. It is well known that PTSD can affect anybody including children. Usually PTSD manifests within three months after the event (Saigh, 1999).

Article 1 of the 1951 United Nations Refugee Convention defines a refugee as "a person who is outside his/her country of nationality or habitual residence; has a well-found fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and unable or unwilling to avail himself/herself of the protection of that country to return there for fear of persecution" (UNHCR, 2002b).

Immigrants often suffer from considerable trauma prior to their relocation. In a new land, immigrants encounter different kinds of difficulties such as learning a new language, finding housing, and adapting to different cultures. These difficulties are not obvious to the immigrants themselves. In fact, they think that the new place will give an end to the problems they experienced in their former land because of war. Among outcomes from migration are parents' ignorance of their children and incorrect dealing with the symptoms of their children.

According to the United Nations High Commissioner for Refugees (UNHCR), there are almost 22 million refugees located throughout the world (UNHCR, 2002a). There are 2 million displaced people from the former Yugoslavia region (Leopald & Harrell-Bond, 1994), some 5 to 15 million internally displaced persons who have not crossed borders, and 700,000 refugees from Vietnam, Cambodia, and Laos (Mollica, 1994). The civil wars of Nicaragua, El-Salvador and Guatemala have displaced 2 million people (Farias, 1994).

The studies on refugees started with the arrival of Indo-Chinese refugees to the United States after 1975. With the introduction of the DSM-III diagnostic criteria, the diagnoses became possible. Therefore, depression and PTSD among Southeast Asian refugees began to be documented more systematically (Boehnlein, Kinzie, Rath, & Fleck, 1984, 1985; Kinzie & Manson, 1983; Kroll et al, 1989).

Research followed the terrible plight of Vietnamese refugees, as well as the refugees from the regime of the Cambodian Pol Pot from 1975 to 1979; and this resulted in a number of studies concerning the effect of severe trauma. In a clinic for Indo-Chinese refugees, PTSD was found among 92% of Cambodians, 93% of the Mein, and about 54% of Vietnamese (Kinzie et al., 1990). In a community sample of Cambodian refugees rates of PTSD have ranged from 12% (Cheung, 1994), to 50% (Kinzie, Sack, & Angell, 1991), to 86% (Carlson & Rosser-Hogan, 1991). In a longitudinal study of Cambodian adolescent refugees, rates of both depression and PTSD were

50%, whereas PTSD symptoms were more persistent and episodic (Kinzie et al., 1986; Kinzie, Sack, Angell, & Clark, 1989).

In another study focusing on Chilean and Salvadorian migrants who experienced torture, it was found that they had high rates of PTSD (Thompson & McGarry, 1995). Also, among 87 Ethiopian Jews making the long trek to Israel, 27% of them had moderate-to-severe psychological symptoms (Ariel & Aycheh, 1992). Among 38 young Afghan refugees, 13 had PTSD or depression, or both (Mghir, Raskin, Freed, & Katon, 1995). Reports of Afghan refugees in Pakistan indicated that many refugees had been subjected to severe trauma and torture. Moreover, the most common psychological symptoms were anxiety and depression, which were often found among torture survivors. Substance abuse has increased in this group as well (Dafur, 1994).

Because PTSD symptoms seldom disappear completely, coping with PTSD symptoms and the problems they cause is usually a continuing challenge for survivors of trauma. Often, it is through receiving treatment for PTSD that many learn to cope more effectively.

The aims of this paper were to measure PTSD among immigrant Iraqi children, to explore their coping strategies, and to determine whether or not the children were diagnosed with PTSD prior to participating in this study.

This study is important because of the crucial significance of childhood. Getting a healthy generation without psychological disorders and able to take an active part in building its nation is necessary for the development of any society. Towards this end, the present study attempted to highlight the dangers of PTSD for Iraqi children and the need for adequate mental health to prevent chronic psychological damage. Early diagnosis of PTSD can make its treatment easier.

Method

Participants

Participants for this study included 60 children of immigrant Iraqi students at Universiti Sains Malaysia (ranging between 7-12 years old; mean age = 10.17; SD = 1.65). There were 29 boys and 31 girls (see Table 1).

Table 1 Background of Participants

Age	*n*	%	Gender	*n*	%
6-7	8	11.7	Male	29	48.7
7-8	9	15.0	Female	31	51.7
9-10	13	16.7			
10-11	10	16.7			
11-12	14	23.3			
12-13	9	16.7			

Procedure

Copies of a questionnaire (see Instrument below) were given to parents of Iraqi children to fill between 1/10/2007 to 20/12/2007. The parents returned the questionnaire to the researcher upon completion.

Instrument

Section 1. The UCLA PTSD DSM-IV (Revision 1) was used. This scale is typically used as a self-report instrument to screen both for exposure to traumatic events and for all DSM-IV PTSD symptoms in school-age children. The original scale was translated into Arabic and then back translated into English. After determining the correctness of the translation, we modified the scale to suit Arab population and culture. Reliability of the Arabic version was 0.75. Consequently, this version of the scale was used to determine the prevalence of PTSD among the Iraqi children who participated in the study.

Section 2. This section contained 11 questions on how families cope with PTSD (see Table 3). Seven of the questions were positively worded; the rest were negatively worded. The questions were evaluated by a group of judges proficient in psychology and psychiatry for face validity. Reliability by Cronbach's alpha was 0.71.

Section 3. This section contained an open-ended question: "Has your child ever been diagnosed with PTSD before today?"

Results

Table 3 presents the prevalence of PTSD among the Iraqi children who participated in the study. 31.5% of the children did not have PTSD symptoms; 20.5% had mild symptoms; 8.3% had moderate symptoms; and 19.6% had severe symptoms.

Table 2 Prevalence of PTSD among Child Participants

PTSD score	*n*	%
None (0-6)	23	31.5
Mild (7-9)	15	20.5
Moderate (10-12)	7	8.3
Severe (>12)	15	19.6

Table 4 presents distribution of responses to Section 2 items. Negative coping strategies such as ignoring PTSD symptoms and avoiding others were very frequently used, with 78% and 63.3% of usage rates, respectively. In contrast, positive coping strategies such as getting educated about PTSD and social support were used only relatively infrequently, with 16.7% and 28.3% of usage rates, respectively.

Table 3 Distribution of Responses to Questionnaire Items

Item	n	%
We educate ourselves about PTSD	10	16.7
We ask others for support for PTSD	17	28.3
We contact our doctor about PTSD	14	23.3
We practice relaxation techniques	17	28.3
We keep ourselves busy to avoid thinking bad thoughts	17	28.3
We are getting counseling	22	36.7
We get our medication directly from a doctor	20	33.3
We take drugs	23	38.3
We do not meet or talk to others	38	63.3
We are very angry	10	16.7
We ignore symptoms of PTSD	47	78

The results from the open-ended question indicated that only 2 children (3.3 %) were diagnosed with PTSD prior to their participation in the present study. This contrasted with the 22 children (27.9%) with moderate and severe symptoms of PTSD according to the UCLA PTSD DSM-IV (Revision 1) in the present study.

Discussion

This study showed that a high percentage of Iraqi children are still suffering from PTSD despite having resettled in a new, safe land. Furthermore, a high 19.6% of the children who participated in the study are suffering from severe PTSD symptoms. This percentage can be compared with the levels of PTSD among the Cambodian (Kinzie et al., 1996; Sack et al., 1995), South American (Cervantes et al., 1989) and Bosnia-Herzegovina (Smith et al., 2002) refugee children. In addition, it was reported that 22% of Lebanese and Israeli children experienced atrocities in their home countries (Laor et al., 1997), but this figure was lower than that reported for Iraqi children at 84% (Dyegrov et al., 1993). The figure for Iraqi children in Malaysia suffering from severe PTSD symptoms might be lower than the figure for children in Iraq because the former have migrated to a secure and safe new land, away from the ongoing war.

In the present study, the highest percentages of Iraqis used negative avoidance strategies (78% for "we ignore symptoms of PTSD" and 63.3% for "we do not meet or talk to others"). These percentages were consistent with several studies showing people using avoidant coping strategies, such as avoidance and drugs when dealing with PTSD (Dirkzwager, Bramsen, & van der Ploeg, 2002; Fairbank, Hansen, & Fitterling, 1991; Merrill et al., 2001; Ouitmette, Crosby, Finney, Moos, & Rudolf, 1999; Sutker et al., 1995). Although avoidance strategies may work in the short term, they may not be effective in the long term. Avoidant coping may cause isolation, violent behavior, anger, unhealthy eating, and self-destructive behavior (e.g., attempting suicide, self-harming, etc).

Only two children were previously diagnosed with PTSD in contrast to 22 children who showed moderate and severe symptoms of PTSD in the present study. Lack of previous PTSD diagnoses may mean avoidance or denial or lack of awareness on the part of the parents. That is, perhaps, the parents were in denial about their children's symptoms or were lacking in awareness about the symptoms such that they did not bring their children to see a psychologist or psychiatrist for the symptoms. Alternatively, that most of the Iraqi children in the present study lack previous PTSD diagnoses may reflect changed circumstances: that they have resettled in a new, safe land, thereby causing their parents to think that their children do not need to see a psychologist or psychiatrist; or linguistic and cultural barriers or lack of financial resources in a new land causing their parents not seeking help from a psychologist or psychiatrist.

Finally, the findings of the present study have great value as they shed light on a neglected sample that suffers from posttraumatic stress disorder without adequate mental health care. Therefore, it is hoped that Iraqi institutions will pay close attention to this age group, provide adequate mental health care, and facilitate their return to the homeland. This group of Iraqis constitutes invaluable national assets and human resources who will be Iraq's hope for the future. It is imperative that safeguarding their well-being be made a national priority and agenda.

References

- Angell, R. H., & Clarke, G. (1989). A three-year follow-up of Cambodian young people traumatized as children. *Journal of the American Academy of Psychiatry, 28,* 501-504

- American Psychiatric Association. (2005). *Diagnostic and statistical manual of mental disorder* (4th ed.). Washington, DC: Author.

- Arieli, A., & Aycheh, S. (1992). Psychopathology among Jewish Ethiopian immigrants to Israel. *Journal of Nervous and Mental Disease, 180,* 465-466.

- Arroyo, W., (1985). Children traumatized by Central American warfare. In R. S. Pyness (Ed.), Post-traumatic stress disorder in children (pp. 183-195). Washington, DC: American Psychiatric Association.

- Boehnlein, L. K., Kinzie., Rath, B & Fleck, J. (1985). One-year follow-up study of posttraumatic stress disorder among survivors of Cambodian concentration camps. *American Journal of Psychiatry, 142,* 956.

- Carlson, E. B., & Rosser-Hogan, R. (1991). Trauma experiences, posttraumatic stress, dissociation, and depression in Cambodian refugees. *American Journal of Psychiatry, 148,* 1548-1551.

- Cheung, P. (1994). Posttraumatic stress disorders among Cambodian refugees in New Zealand. *International Journal of Social Psychiatry, 40,* 17-26.

- Dadfur, A. (1994). The Afghan: Bearing the scars of forgotten war. In A. Marselaa, T. Borneman, S. Ekblad, & J. Orley (Eds.), *Amidst peril and pain* (pp. 125-140). Washington, DC: American Psychological Association.

- Dirkzwager, A. J. E., Bramsen, I., & van der Ploeg, H. M. (2002). Social support, coping, life events, and posttraumatic stress symptoms among former peacekeepers: A prospective study. *Journal of Personality and Individual Differences, 34,* 1545-1559.

- Dudley, D. B., Jerome, D., & Cook, T. M. (1991). Post-traumatic stress disorder and coping in veterans seeking medical treatment. *Journal of Clinical Psychology, 48,* 695-704.

- Fairbank, J. A., Hanson, D. J., & Fitterling, J. M. (1991). Patterns of appraisal and coping across different stressor conditions among former prisoners of war with and without posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 59,* 274-281

- Hoyle, R. H, Harris, M. J., & Judd, C. M. (2002). *Research methods in social relations* (7th ed.). Belmont, CA: Wadsworth/Thomson Learning.

- Kinzie, J. D., Boehnlein, J. K., Leung, P. K., Moore, L. J., Riley, C., & Smith, D. (1990). The prevalence of posttraumatic stress disorder and its clinical significance among Southeast Asian refugees. *American Journal of Psychiatry, 147,* 913-917.

- Kinzie, J. D., Fredrickson, R. H., Rath, B., & Fleck, J. (1984). Post-traumatic stress disorder among survivors of Cambodian concentration cams. *American Journal of Psychiatry, 141,* 645-650.

- Kinzie, J. D., & Leung, P. (1989). Clonidin in Cambodian patients with posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 177,* 546-550.

- Kinizie, J. D., & Manson, S. M. (1983). Five-years experience with Indochinese refugee patients. *Journal of Operational Psychiatry, 14,* 105-111.

- Kinzie, J. D., & Sack, W. (1991). Severely traumatized Cambodian children: Research findings and clinical implications. In F. L. Ahearn & J. L. Athey (Eds.) *Refugee children: Theory, research, and services* (pp. 92-105). Baltimore, MD: Johns Hopkins University Press.

- Kinzie, J. D., Sack, W. H., Angell, R. H., & Manson, S. (1986). The psychiatric effects of massive trauma on Cambodian children. *Journal of the American Academy of Child Psychiatry, 25,* 370.

- Kroll, J., Habenicht, M., Mackenie, T., Yang, M, Chan S., Vang, T., Nyuyen, T., Phommesouvanhy, B., Nguyen, H., Vang, Y., Souannasouth, L., & Cabugao, R. (1989). Depression and posttraumatic stress disorder in Southeast Asian refugees. *American Journal of Psychiatry. 146,* 1592-1597.

- Leopold, M., & Harrel-Bond, B. (1994). An overview of the world refugee crisis. In A Marsella, T. Bormemann, S. Ekblad, & J. Ovly (Eds), *Amidst peril and pain.* Washington, DC : American Psychological Association.

- Mghir, R., Freed, W., Raskin, L., & Katon, W. (1995). Depression and posttraumatic stress disorder among a community sample of adolescent and young Afghan refugees. *Journal of Nervous and Mental Disease, 183,* 24-30.

- Mollica, R. (1988). The trauma story, the psychiatric care of refugee survivors of violence and torture. In F. M. Ochbery (Ed.), *Post-traumatic therapy victims of violence.* New York: Brunner Mazel.

- Ouimette, P. C., Finney, J. W., Moos, R. H. (1999). Two-year posttreatment functioning and coping of substance abuse patients with posttraumatic stress disorder. *Psychology of Addictive Behaviors, 13,* 105-114.

- Saigh, P. A., & Bremner J. D. (1999). *Posttraumatic stress disorder: A comprehensive text. Needham Heights,* MA: Allyn & Bacon.

- Sutker, P. B., Davis, J. M., Uddo, M., & Ditta, S. R. (1995). War zone stress, personal resources, and PTSD in Persian Gulf War returnees. *Journal of Abnormal Psychology, 104,* 444-452.

- Tokuhata G., & Bratz J. (1987). *Three Mile Island: Mother-child morbidity survey.* Harrisburg, PA: Department of Health.

- UNHCR. (2002a). Refugees by numbers. http://www.unhcr.ch/cgi

- UNHCR. (2002b). http://www.unhcr.org/1951convention /index.html.