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**Post Traumatic Stress Disorder (PTSD) among Iraqi Intellectual  
Immigrants after Occupation 2003.**

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**Background:**

These factors, as well as disasters and wars that the Arab homeland exposed to and still under this exposure, in addition to the severe stress upon.

Iraqi Academics have been subjected to direct consequences of 2003 war. Exact figures are not known. It was mentioned. Many people were killed, sacked from their academics jobs, threatened to leave directly or indirectly their jobs, houses, and Iraq. Others have been imprisoned, tortured, or kidnapped / threatened to be kidnapped etc. Their families have been subjected to similar traumatic experiences or threats. All these stressors may have lead to Post Traumatic (PTSD) Experiences. These Traumatic experiences have lead to Dislocation, relocation and Immigration etc. All sectors of the Iraqi Society have suffered the consequences of this disastrous War. It was estimated in one study that 69% of Baghdad University population has suffered from PTSD after 2003 occupation of Iraq war.

**Aims:**

This Study aimed at finding out the following after 2003 war and occupation; number of the Iraqi Intellectuals Immigrants (III) experienced traumatic experience/s (TE) after 2003 Occupation, type of TE among III, the most stressful and annoying TE events affected the III, the worst year during which the III have been traumatised and lead to their Immigration, the prevalence of PTSD among the III, the most frequent PTSD criteria among III, the most frequent PTSD symptoms experienced by III, and the frequency of PTSD types among III sample (Acute, Chronic and Delayed).

**Tools and Methods:**

Al-Kubaisy PTSD Scale was used. It is based upon DSM-IV criteria of the American Psychiatric Association (APA). It is a 45 items, self-rating scale. It was standardised and its reliability and validity were verified in Iraq. It was used in many studies in Iraq were supported.

**Study Sample:**

The sample of 60 Iraqi Intellectual immigrants (III) who attended a course in Amman. Those III sample were living in Jordan, Syria and Gulf during June 2010. Age group between 25-79 years, (43 male and 17 females).

**Results:**

All academics have been (100%) subjected to at least one or more than one Traumatic experiences. Only 5/60 had Traumatic experiences before 2003 compared to 55/60 after the occupation with 20/60 during 2006. The highest frequency of Traumatic incidents experienced by Iraqi Academics were; 42/60(70%) had a relative died naturally or a result of an unintentional murder. 40/60 (66%) they have witnessed detonated car or explosions. 37(61%) their homes or neighbourhood bombed, 36/60(60%) have been threatened or forced to immigrate or to leave their homes, 36/60(60%) had family members or relatives or friends murdered intentionally and viciously, 34/60(62%) had

either themselves or a family member were kidnapped or threatened to be kidnapped, 34/60(56%) have witnessed severe injury to others in front of them, 34/60(56%) had their homes bombarded or shelled or a close relative or friend killed, 28/60(46%) have seriously been threatened under the threats of weapons to move house otherwise their properties (cars, houses etc) to be taken away from them.

Further Studies to screen and assessing those academics who have been subjected to Traumatic experience, developing PTSD symptoms.

Appropriate treatment should be available and provided.

Fair moral, physical, psychological as well as social and academic support should be available.

Financial compensation should be sought through the appropriate courts systems (Nationally and / or internationally for the physical, psychological, and academic losses incurred directly and or indirectly by the occupation of Iraq according to the International law.

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### **Introduction:**

Iraq is the cradle of civilization. Mesopotamians have written first legislations engraving humanity first letters which were engraved on Hammurabi statue thousands years ago.

Iraq was concurred many times by neighbourhood countries, tribes and by other aggressors. It was reported that Baghdad has revived after more than 23 occupations since it was constructed by Al-Mansur (Absy's Caliph).

The Mongols stained the Tigris black with the ink of the Iraqi books they destroyed. Today's Mongols prefer to destroy the Iraqi teachers of books. (Robert Fisk 2004).

Iraqi Intellectual immigrants were migrate. The majority were treated as refugees.

A key source of national sovereignty is a given country's intellectual capacity. Iraqi academics are not simply the lifeblood of the educational system; they compose the intellectual class, which is the mind of Iraq, as well as the practical scientific, technical and administrative base necessary to guide Iraq towards independence, democracy and development.

Amongst the refugees are many highly qualified professionals, which leave many Iraqis who remained without access to quality education and basic health care (Al Obaidi & Piachaud, 2007).

The Traumatic experiences have lead to Dislocation, relocation and Immigration etc. All sectors of the Iraqi Society have suffered the consequences of this disastrous War. These stressors may have lead to Post Traumatic (PTSD) Experiences. World Health Organization defines Post Traumatic Stress Disorder (PTSD) the mental disorder following serious traumatic experiences beyond the usual human experiences, with symptoms of reliving traumatic experiences, flashbacks, heightened arousal, sleep

disturbances, nightmares, avoidance of traumatic experience and other associated symptoms (WHO 1992).

In 2005 a report in 2005 by the International Leadership Institute affiliated to the United Nations University, found that “ 84% “ of higher education institutes were burned, looted or destroyed,” following the US invasion in 2003

### **Back ground studies:**

It is noted that the Iraq Study in this area are very few if compared to the literature in other Countries who have experienced less severe Traumatic experiences than Iraq. Relatively small sized populations were observed in the PTSD studies in Iraq.

We have searched PsyINFO, PubMed – indexed for MEDLINE, and Cochrane as well as Iraqi and Arab Journal of Psychiatry publications and websites.

Key words searched for were; Iraq, Occupation, Academics, PTSD, consequences, causalities.

No direct peer reviewed literature was found to include academics. However the literature has helped to discuss the matter from many angles.

We have then had to refer to the public and internet material found through direct Google website, which had provided us with interesting figures and aspects.

### **PTSD studies in Iraq:**

**Al-Kubaisy et al 2009** study showed that 69% of Baghdad University population has suffered from PTSD after 2003 occupation of Iraq war.

Limited number of studies in the field of PTSD was found in Iraq. Then the studies in the field of PTSD and Iraqi Academics were very scares if any.

**Al- Kubaisy et al, 1995** studied “psychiatric out patients of Al Rashid Military Teaching hospital (RMTH) and Iben Rushed Teaching Psychiatry Hospital which showed that 53% PTSD out of 150 Patients.

In another study by Al- Kubaisy et al, 1999; 43% out of 100 service users of central Anbar Ward disabled centre and Tameem rehabilitation centre) showed PTSD.

On a sample of 16 “HIV+ patients”, **Al- Kubaisy et al, 2002** showed that 63% of patients suffered from PTSD.

80% out of 100 Iraqi POW from those detained in Iran were suffering from PTSD. (Al- Kubaisy et al, 2002)

Another study by **Al- Kubaisy et al (2004)** studying a sample from the college of Education for Girls showed that 187 students out of 300 were suffering from PTSD.

In **Al-Atrani (1995)** study on a sample of relatives and friends of the victims Amiriya shelter Disaster (Following the American Air raid on the Amiriya Shelter disaster during 1991 war), 150 male and female students equally distributed between the sexes. 37% of the sample had PTSD symptoms. (65%) of those who had close relationship to the victims compared to (19%) of those who lost their friends.

In a study **Al- Karkhi (1994)**, which aimed to find the prevalence of PTSD in an outpatient psychiatric clinics it was found 45% of the sample were suffering PTSD (according to DSM-III-R). PTSD was equally distributed in the military and the civilian samples (Al-Karkhi, 1994).

War has created the largest displacement in the Middle East since 1948, many people have left their homes, of which 50% are children. In the current Iraq crisis, starting with the War of 2003. People have sought refuge inside Iraq

and crossed the borders into neighbouring countries (Golville, 2007; UNICEF, 2007 and Al-Obaidi et al, 2009, p. 145).

Difficult life and Social situation has been very difficult in exile. As an example they report the Immigrants in Egypt. They were studied by Al-Obaidi and colleagues. They have reported that; Life for many in the refugee population in Egypt offers few, or no, legal rights and extreme economic hardship. With children out of school, and parents unable to find jobs with which to support families, as well as the memories of violence experienced in Iraq remaining powerful, mental health problems are growing as their resources are running out. (Al-Obaidi et al, 2009, p.145).

A substantial body of literature on the mental health of refugees and other war-affected populations has been accumulated. Wars violent conflicts, witnessing atrocities, loss of loved ones, political oppression, torture, forced migration, family break-down, unemployment and social inequality are all well documented factors, creating vulnerability to psychosocial distress and mental health problems (Abed, 2005; Murthy,2007).

**Thaavichachart et al, 2009**, showed from the results which were collected from 3,133 samples that 33.6% suffered from PTSD, 14.27 with depression and 11.27% suffered from both. The second phase is focused on chronic PTSD and other mental disorders 2,573 samples were collected and only 21.6% were diagnosed with chronic PTSD. (Thaavichachart et al, 2009).

**Al Obaidi et al, 2009** studied “the psychosocial stress faced by these Iraqi refugees in Egypt”. Two hundred and four Iraqis in Egypt filled in a checklist focusing on four groups of stress factors. The data provided by this study demonstrate the contribution of violence to Iraqi refugees’ life from a number of sources. More than 56% have experienced multiple traumatic situations before immigration and the refugees themselves report major impact on their health, mental health and socio-economic demands. A motivated desire to

return home was preferred by only one third of respondents. (Al-Obaidi et al, 2009, p. 145). However some families have chosen to return to Iraq, despite the enormous risks (Amnesty International Report, 2008).

Life for Iraqi Intellectual Immigrants in other countries was not easy. Due to local legislations cal Doctors are not allowed to practice in Syria. In the UK, USA and other countries medically qualified and very experienced doctors are also not allowed to practice unless they undergo series of exams and tests. All these requirements lead into deskilling of the Iraqi intellectuals in exile. They have run out of their resources. Visa and leave to remain in the exile remain to be extremely stressful procedures.

High rates of mental health problems of Iraqi refugees throughout the world have also been well documented. For example, Iraqi refugees in Jordan and Lebanon have been found to show high levels of emotional and psychological distress, half disclosing the manifestations of distress, including: panic attack, anger, tiredness, sleep problems and fear (International Organization for Migration "IOM", 2008).

Posttraumatic stress disorder (PTSD), anxiety, panic, depression, and dysthymia (chronic, non-severe depression) are all highly prevalent among Iraqi immigrants in Denmark (Norredam, Garcia-Lopez, Keiding & Krasnik, 2009), the Netherlands (Laban et al., 2004) and the USA (Jamil et al., 2007).

**Jamil et al, 2002** study tried to clarify the mental health needs of Iraqi immigrants who arrived in the US in the 1990s after the Persian Gulf War. The records of 375 clients were examined at a clinic that serves Arab Americans. More posttraumatic stress disorder and health problems were found in Iraqi refugees than in other clients. Results suggest the need for further research on immigrants with traumatic histories to facilitate effective treatments. (Jamil et al, 2002).



**Trautman et al, 2002** studied forty-five adult Asian and Middle Eastern immigrants living in Oklahoma City at the time of the 1995 bombing were surveyed 1.5 to 2 years later as part of a disaster mental health outreach program. Demographic variables, physical and interpersonal exposure, initial physiologic and emotional responses to the bombing, and posttraumatic stress symptoms associated with this disaster and with earlier trauma were measured. Most participants had experienced prior trauma in their homeland. PTSD symptomatology from prior trauma was most predictive of initial physiologic and emotional response and of later bomb-related PTSD symptoms. Bomb-related PTSD symptoms increased with current age and were inversely related to age at the time of prior trauma. Results underscore the importance of providing long-term disaster assistance to immigrants with prior trauma. (Trautman et al, 2002)

**Kruse et al, 2009** study aimed at evaluation of the effects of a trauma-focused psychotherapy upon war refugees from Bosnia. Seventy refugees who met the criteria for posttraumatic stress disorder (PTSD) and somatoform disorders were included. The first 35 refugees were offered psychotherapy and the following 35 refugees received usual care. The results suggested that psychotherapy reduces symptoms of PTSD and somatoform disorders among war refugees even in the presence of insecure residence status. (Kruse et al, 2009)

**Humphreys, 2009** tried to describe how Iraq and the USA are trying to address the colossal psychological damage wrought by the war in Iraq. The psychological impact of the war in Iraq stimulated major initiatives to build a modern mental health care system for the Iraqi people and to improve mental health services for U.S. veterans of the Iraq war. Although these two initiatives differ in important respects, they are both informed by general principles of psychology concerning the nature of social problem definition, the process of

human adaptation to extreme stress and its aftermath, and the role and limits of mental health services. (Humphreys, 2009)

**Risks of development of PTSD:** Johnson et al, 2008 review provides a comprehensive and critical summary of the literature as to the development and maintenance of posttraumatic stress disorder (PTSD) following civilian war trauma and torture. Prevalence rates are reviewed and predictors are discussed in terms of risk factors, protective factors, and factors that maintain PTSD. Most epidemiologically sound studies found relatively low rates of PTSD. There is good evidence of a dose-response relationship between cumulative war trauma and torture and development and maintenance of PTSD. There is also some evidence that female gender and older age are risk factors in development of PTSD. Some refugee variables may exacerbate symptoms of PTSD and contribute to their maintenance. Preparedness for torture, social and family support, and religious beliefs may all be protective against PTSD following war trauma and torture. Applicability of the concept of PTSD to non-western populations and areas for much needed further study are discussed. (Johnson et al, 2008).

**Jamil et al, 2006** studied the relationship between PTSD scores and health outcome measures of chronic fatigue, fibromyalgia, functional status, quality of life, and health care utilization in terms of frequency and level of intensity were found in the study which involved administering a health issues questionnaire to a sample of Iraqi Gulf War veteran refugees in the U.S. Results indicate relationships Implications for further inquiry are presented (Jamil et al, 2006)

**Aims:****This study aimed at finding the following results;**

- The number of the Iraqi Intellectuals Immigrants (III) who experienced Traumatic Experience/s (TE) after 2003 Occupation.
- TE among III after 2003 Occupation of Iraq.
- Most stressful and annoying TE events experienced by the III.
- The worst Traumatic year during experienced by the III which has lead to their migration?
- Prevalence of PTSD among the III Study sample.
- Most frequent PTSD criteria among III.
- Most frequent PTSD symptoms experienced by III study Sample.
- Frequency of PTSD types among III sample (Acute, Chronic and Delayed).

**Material and Methods:****Post Traumatic Stress Disorder Scales:**

**Most PTSD scales used directly translated Western Scales.** Shoeb et al 2007) reported that mental health assessments in post-conflict zones have relied heavily on Western psychiatric scales. They have adapted the Harvard Trauma Questionnaire (HTQ) to the Iraqi context In Dearborn, Michigan, home to the largest population of Iraqi refugees in the United States, 60 Iraqi refugee life stories were collected in order to adapt the Harvard Trauma Questionnaire (HTQ) to the Iraqi context. Conclusion: They have suggested that adapted HTQ proved to be a useful approach to developing a trauma measure that is culturally grounded in a multi-dimensional model of mental health. (Shoeb et al 2007).

However this scale still was not used on the Iraqi population who were living in Iraq and it was not adapted to people inside Iraq.

**Al-Kubaisy PTSD Scale:**

This Scale was based upon DSM-IV criteria of the American Psychiatric Association (APA). It is a 45 items, self-rating scale which was constructed, standardizes and its reliability and validity on the Iraqi population was done (Al-Kubaisy, 1999).

Al-Kubaisy PTSD Scale was widely used in many studies on different Iraqi populations. The Authors have used it before the Gulf war, on Iraqi prisoners of war who were detained in Iran, on students, general populations, before 2003 occupation and after the war. It was proven to be easy to use. It has in its first part the traumatic experience and their severity

### **Study Sample:**

A sample of 60 Iraqi Intellectual Immigrants (III) was studied from those who have attended a course in Amman during June 2010.

They were living in; Jordan, Syria and the Arab Gulf states. Age group ranged between 25-79 years, 43 male and 17 females. For the distribution & Characteristic according to the Age, gender and marital status refer to Table (1) below.

Table (1)

**Distribution & Characteristic according to the Age, Gender and Marital Status N (60)**

Age (years)	No. of Sample	Gender		Marital Status		
		Female	Male	Divorced	Married	Single
20-29	13	6	7	-	2	11
30-39	3	1	2	-	2	1
40-49	8	3	5	-	7	1
50-59	14	3	11	-	14	-
60-69	18	1	17	1	17	-
More than 70	4	3	1	1	3	-
<b>Total</b>	<b>60</b>	<b>17</b>	<b>43</b>	<b>2</b>	<b>45</b>	<b>13</b>

For the distribution and Characteristic of Iraqi Intellectuals Immigrants according to Age, education and Occupation refer to table (2) below. It included (18) physicians,(41) Professors, and (1) IT specialist. Their qualifications included (43) PhD holders, (2) Masters and (15) Diplomas and BA/BSc degrees.

Table (2)

Age (years)	No. of Sample	Education			Occupation		
		PhD	MA	BA/BS Higher Diploma	Professor	Physician	Others
20-29	13	-	-	13	-	12	1(IT)
30-39	3	1	1	1	-	3	-
40-49	8	8	-	-	8	-	-
50-59	14	12	1	1	12	2	-
60-69	18	18	-	-	17	1	-
More than 70	4	4	-	-	4	-	-
<b>Total</b>	<b>60</b>	<b>43</b>	<b>2</b>	<b>15</b>	<b>41</b>	<b>18</b>	<b>1</b>

**Distribution & Characteristic of Iraqi Intellectuals Immigrants according to Age, education and Occupation N (60)**

In Al Obaidi et al 2009; 60% of the 204 were highly educated (University graduates or more). They were asked to report if they had experienced any of nine traumatic experiences when they were in Iraq. Although Al-Obaidi reported his sample included highly educated group, but our participants were more highly qualified and skilled. However Al- Obaidi etal Studied higher number but not as homogenous as in this study.

## Results and Discussion

**In order to achieve the research objectives the results will be discussed as shown below:**

- first aim (To find out the number of the individual samples who exposed to the traumatic experience among Intellectual Iraqi Immigrants (III) after Occupation 2003; the results have shown that all the 60 individuals (100%) have experienced more than One Traumatic Experience (TE) mentioned in the scale.

56 (93%) of the sample have experienced one type of TE incidents mentioned in the scale. 4 (7%) individuals exposed to the other type of TE not mentioned in the items of the scale as below:

- Explosion of a close friend's house of killing all of his family members.
- Explosion of a detonated car in front of one of his colleague's house.
- "Her sister was injured by gun fire causing severe disfigurement of her face".
- Being entrapped in his house during confrontation nearby his house during an imposed curfew that made him unable to bring his daughter back home (who was outside and seeing her screaming in terror crying for help).
- To achieve the second Aim ( *To find out the type of traumatic experience among Intellectual Iraqi Immigrants after Occupation 2003*) the result showed that:
  - Q11- was the most frequent TE experienced by 42 (70%) of the sample.
  - Q19, was 40 (66%) of the sample experienced witnessing an explosion.

In Al-Obaidi et al 2009 study, more than half of the respondent had experienced explosions, and almost a third had witnessed the

killing of relatives and/or more of the nine listed traumatic events studied. (Al Obaidi et al, 2009).

- No one answered Q15
- The third aim is (*To find out the main traumatic experience which was considered as the most stressful and annoying to their lives among the events*).

The results of questions; Q12, Q18 and the most distressing and annoying among the traumatic incidents were found 12 times.

This was followed by item 11 which seen 9 times.

- Item 19 has been experienced 9 times by the sample followed by item 16.
- Items 8 and 17 (was experienced 5 times each).

**No one from the study sample have considered the traumatic**

**incidents on the items 2, 5, 7, 9, 14, 15.**

Table 3 below shows Frequency of exposure to the type of TE and the main distressing TE experienced by the sample



Table (3)

Frequency of exposure to the type of TE and the main distressing TE experienced by the sample (N60)

No.	Frequency of exposure to the type of TE	Frequency of main distressing TE
1	8	4
2	9	0
3	17	2
4	5	1
5	17	0
6	9	1
7	7	0
8	37	5
9	7	0
10	28	4
11	42	9
12	34	12
13	36	1
14	4	0
15	0	0
16	36	6
17	34	5
18	34	12
19	40	8
20	4	4

10/60 of the sample (16%) has experienced Multiple Traumatic Experiences as shown below:

Table(4)

**Frequency of multiple traumatic events experienced by III (N=60)**

<b>No. of TE events experienced</b>	<b>Number of people experienced the TE</b>
<b>2</b>	<b>3</b>
<b>3</b>	<b>2</b>
<b>5</b>	<b>5</b>

This finding is comparable to Al-Obaidi et al 2009 study more than half (56.3%) experienced two or more of the nine listed traumatic events studied. (Al Obaidi et al, 2009)

The 4<sup>th</sup> aim (To find out the worst year of experiencing the TE which has lead to immigration and leaving Iraq?) was found to be Year (2006) . It was the most dangerous and distressing year. It was hit by 15 III, then followed by 2007 during which 6 individuals immigrated as shown table below.

**Table (5)**

The worst traumatic year during which III experienced traumatic incident  
which has lead them to immigrate and leave Iraq (N 60)

<b>Frequency of III who experienced Traumatic Events</b>	<b>Year</b>
1	1991
3	1995
1	1997
3	2003
3	2004
7	2005
20	2006
9	2007
4	2008
4	2009
5	2010
60	Total

Also the results shown that 51 (85%) had feelings of being terrorized and being incompetent following TE.

This has qualified for the first requirement of PTSD criteria A.

Aim 5: to find out the prevalence of PTSD among the Iraqi Intellectual Immigrants (III);

Following the PTSD Criteria in the Al-Kubaisy PTSD Scale, 51 (85%) III were diagnosed to be suffering from PTSD symptoms in different severities.

**Table(6)**

(Types of PTSD experienced by III (N=51

<b>%</b>	<b>Frequency</b>	<b>PTSD Severity</b>
<b>48</b>	<b>29</b>	<b>Mild</b>
<b>21</b>	<b>13</b>	<b>Moderate</b>
<b>10</b>	<b>6</b>	<b>Sever</b>
<b>5</b>	<b>3</b>	<b>Very sever</b>
<b>85</b>	<b>51</b>	<b>Total</b>

Types of PTSD experienced by III (Aim 8):

Results showed that 29/51(57%) of those qualified for PTSD criteria

on Al-Kubaisy PTSD Scale were suffering of mild severity PTSD,

13/52(25%) of those qualified for PTSD criteria on Al-Kubaisy PTSD Scale were

suffering of moderate severity 6/52 (12%) of those qualified for PTSD criteria

on Al-Kubaisy PTSD Scale were suffering of severe PTSD type and only 3/51(5%) of those qualified for PTSD criteria on Al-Kubaisy PTSD Scale were suffering of very sever PTSD.

**Aim 7 (To find out the most frequent PTSD symptoms experienced by III study Sample):**

Reliving the Traumatic Experience was the most prevalent symptom, followed by hyper vigilance and Avoidance of the traumatic experiences and reminders.

**Aim 8 (To find out frequency of PTSD types among III sample (Acute, Chronic and Delayed):**

The results shown that all (51) (85%) of the sample suffered chronic PTSD. This is expected as all the TE suffered has occurred and experienced years ago.

**Therapy for PTSD requested:**

Only 34/51 (67%) out of Traumatized subjects thought that they need treatment for PTSD. While only 17/51 (33%) felt that they do not think so.

Again indirectly our study is comparable to Al-Obaidi et al findings that majority 12 out of 204, 59% of respondents indicated they suffered from one or more of the psychological moods. Of those who reported psychological symptoms about half (51%) said these started in Iraq and about half (49%) said they started in Egypt.

(Al Obaidi et al, 2009). Al-Obaidi et al study has not aimed at PTSD but at general Psychological symptoms and was not specific about PTSD. However the terms used were indicating to psychological suffering which has started in Iraq in half of the sample and the other half after arrival to Egypt. This might be explained on the basis of possible late onset PTSD.

**Conclusions:**

An alarming percentage of the Iraqi Intellectual Immigrants are suffering from Traumatic experiences; not only due to the physical, social (Family and financial) and psychological following 2003 USA lead war but also it has affected their carrier and skills.

Ignoring the Iraqi Intellectual immigrants effects not only on them only, but it does negatively delays the reconstruction of Iraq following this mass destruction of the scientific infra structure in all aspects. PTSD and its consequences was one of these drastic results.

Long term effects of PTSD and the unavailability of PTSD management for the sufferers on the long term, might lead to Enduring Personality Changes, deskilling of their scientific and academic abilities and making them and their families vulnerable to more stressors. This might contribute to more aggression, violence, drug misuse, psychosocial consequences and more ongoing Human disaster.

PTSD effects can not affect those who have been traumatised only, but it may influence their families and the society on a wider scale. The society if not managed well, it may change into an aggressive way of life. Their personality may change into an enduring personality dominated by anti social behaviours, resorting to illicit drug misuse and increase rate of crimes. All or some of these will prevent the Country from moving into the much needed reconstruction phase.

In spite of all these stressors and oppression caused by the occupying forces, their unlawful decrees, torture, assassinations, kidnapping and other brutal ways of dealing with such precious very highly qualified People; The Iraqi Intellectual Immigrants were able to overcome these hurdles forgetting about their wounds and scars. They have moved forward. Many of them were able to work in the most developed centres all over the globe sharing the spirits of

their knowledge with their colleagues abroad and inside Iraq. There were many delighting steps taken by many scientific and professional institutes all over the world to assist in bridging the gap caused by the embargo and the destruction following the 2003 war as well as barriers imposed before the war.

Those III who were unlucky to have a job in their exile, were attending whatever available opportunities to refresh their skills and have continuous personal development through many resources.

On the bright side of this catastrophe, III had the chance to break the barriers on knowledge & science which was imposed upon them during the embargo days. They are now more acquainted with the recent developments in the world. They can transfer these developments back to their homeland if they are offered the chance and the means to return back safely and fairly.

**Recommendations:**

- General:
  - To Encouraging the Iraqi Intellectuals in exile to return back to their homeland. They need to be reasonably treated by compensating them for the losses they have had morally, financially and to be offered the appropriate position according to their skills, qualifications and expertise in order to contribute in the reconstruction of the Higher education, research and industry in Iraq.
  - The III problem has not affected those in the exile only but it has similarly affected those inside and those who tried to leave the country but could not get the chance and means to work abroad because of different reasons e.g. visas and qualifications etc. They need to be supported as well.
  - To support the intellectuals and heir students we suggest to provide Mental, social and health centres. These can best placed at expert Institutes like the Educational and Psychological Research Centre of the university of Baghdad. Its staff can be well trained and up ated to manage and counsel those requiring the support in a confidential and supportive atmosphere.
  - An appropriately trained and staffed Cognitive behavioural psychotherapy department can be developed at the centre to be tasked with managing these war psychological and social consequences for University staff and students. To employ well trained psychiatrists and to train the current clinical psychologists staff to act as clinicians and as trainers. This process can be assisted by the III colleagues from all over the world if enough resources can be utilised.
- These arrangements should be given the priority it requires. Adequate resources should be available as soon as possible to reduce the impact of the traumas on the current and future generations.



- The study recommends a number of actions aimed at alleviating the suffering of those PTSD war victims by:
  - a. Increase awareness of psychological, educational, mental disorders through the appropriate mental health awareness through programme, seminars, lectures, workshops and the media.
  - b. The need for a medical and multi disciplinary teams to manage those traumatised clients at the university setting.
  - c. Need to assist the traumatized people and cares to train them on how to conduct psychological first aid following exposure to psychological and social traumas to alleviate their suffering.
- Improving the communication and support systems for the III in exile and their families to keep the positive relationship with their homeland as well as utilising their skills, experience and relationships appropriately.
- Further studies required to hold a comprehensive survey on a larger sample, different provinces and different sectors of the society to define the size of the problem and to design the most appropriate means to reduce its impact.
- To encourage research and developing cost effective treatments for the traumatic Stress disorders.
- The need to find the fair and legal means to compensate the Iraqi Intellectual Immigrants as well as those who have not had the opportunity to immigrate for their physical, moral, mental health, academic and intellectual as well as financial losses caused by the War and its consequences.
- It is very important to keep the channels open and to facilitate III return to homeland and jobs.

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Sometimes, people experience certain serious traumatic incidents that leave them sad, worried and terrified such as the incidents mentioned below. Place a ( ) against the suitable option.

Yes	Item	No.
	Have you ever experienced a natural disaster such as a tornado, hurricane, flood, or earthquake?	1
	Have you ever experienced a fatal illness (like cancer, heart attack, or stroke) or gone through a major surgery?	2
	Have you ever had a serious car accident?	3
	Have you ever suffered from a serious physical injury or a sudden physical damage as a result of an accident (such as injury or loss of a certain body part)?	4
	Has your house or neighbourhood caught fire?	5
	Were you ever arrested or captured?	6
	Have you ever experienced excessive physical torture?	7
	Have your house or neighbourhood ever been bombed?	8
	Have you ever participated in a major military attack?	9
	Were you ever seriously threatened by gun or by any other means in an attempt to steal your car, house, possessions, or place of work?	10
	Has any of your family members or friends died naturally or a result of an unintentional murder or to a major accident?	11
	Have you ever witnessed someone getting injured or killed brutally and violently?	12
	Were any of your family members or relatives or friends murdered intentionally and viciously?	13
	Were you divorced, separated from, or abandoned by your; spouse, loved one, boyfriend/girlfriend, or by parents?	14
	Have you experienced sexual abuse (against your will)?	15
	Were you or any of your family members or deported or forced to immigrate due to threat?	16
	Were any of your family members or relatives or friends been, captured, or held as hostage?	17

Yes	Item	No.
	Were you or any of your family members or relatives or friends ever been kidnapped?	18
	Have you ever witnessed an explosion of a bomb or a car or any other explosions?	19
	If you have experienced a certain incident that is not mentioned above and that have caused you distress or unusual psychological reaction, name it with the date of incident. No Ye  Incident :.....)	20

Date	No .of Item most annoying	Item	No.
/ /		If you have ever experienced one or more of the incidents mentioned above, specify the incident most annoying and stressful for you causing severe traumatic experience and unusual stress with the date of incident please.	21

The following question is related to the incident which you specified in the previous Item (21) that was most annoying for you:		No
Questions		No
Did the incident trigger in your feelings of terror and incompetence? No Yes		22
If Yes, when did you start having these feelings?  Please specify; date ..... month..... year .....		









