The Experiences of Iraqi Refugees in Canada: A Life History Study of War and Resilience in the Aftermath of Migration

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Abstract

This thesis reports on a life history narrative on the experiences of Iraqi refugees who resettled in Canada after living through war. The aim of this study is to help change the narrow perspectives on the mental health of war-affected populations to a broader perception shaped by cultural and social aspects and to inform the development of meaningful and culturally relevant programs and policies with a particular attention to the concept of resilience.

The first part of the study presents the chronological narratives, or profiles, of eight participants. The second part of the study is a thematic discussion of their experiences with war and resilience. Six major themes are presented. The first major theme describes the war-related experiences the participants faced, and the impact that those experiences had on their daily lives while they were living in Iraq. The second major theme describes the impact that living amidst war had on the social structure of society which then affected participants in various ways depending on their class, gender, ethnicity and religion. The third theme discusses how participants managed the adversities of war in the context of their socio-cultural development. The fourth theme addresses the after-effects of war and describes the meaning-making that resulted from living through traumatic war experiences and how these experiences continue to shape their lives. The fifth theme describes the resilience strategies that participants enacted to manage the negative impacts of war experiences. The final theme describes how participants adapted to resettling in Canada and some of their current major concerns.

The results of this study show that the experiences of the Iraqi war refugees who resettled in Canada vary. Participating in this study afforded safe social spaces to express their narratives and memories. This process enabled the participants to attain political and social acknowledgment and develop new perspectives or modify existing ones. The findings of this study highlight the need for mental health services and public sectors to develop or modify their services to attend to the needs of the refugees and immigrants by adapting more culturally informed approaches.
Keywords

War, Resilience, Life History Narratives, Trauma, Refugees, Immigrants, Mental Health, Transcultural Mental Health, PTSD, Culture/Context, Transcultural Psychiatry, Transcultural Psychology.
Summary for Lay Audience

This thesis presents the stories of Iraqi refugees who resettled in Canada after living through war. The purpose of this study is to help change the narrow perspectives on the mental health of war-affected populations to a broader perception shaped by cultural and social aspects and to inform the development of meaningful and culturally relevant programs and policies with a particular attention to the concept of resilience.

The first part of the study presents the chronological life stories of eight participants. The second part of the study is a thematic discussion of their experiences with war and resilience. Six major themes are presented. The first major theme describes the war-related experiences the participants faced, and the impact that those experiences had on their daily lives while they were living in Iraq. The second major theme describes the impact that living amidst war had on the social structure of society which then affected participants in various ways depending on their class, gender, ethnicity and religion. The third theme discusses how participants managed the adversities of war in the context of their socio-cultural development. The fourth theme addresses the after-effects of war and describes the meaning-making that resulted from living through traumatic war experiences and how these experiences continue to shape their lives. The fifth theme describes the resilience strategies that participants enacted to manage the negative impacts of war experiences. The final theme describes how participants adapted to resettling in Canada and some of their current major concerns.

The results of this study show that the experiences of the Iraqi war refugees who resettled in Canada vary. Participating in this study provided safe social spaces to talk about their experiences and memories. This process empowered the participants and helped them to attain political and social acknowledgment and develop new perspectives or modify existing ones. The findings of this study highlight the need for mental health services and public sectors to develop or modify their services to attend to the needs of the refugees and immigrants by adapting more culturally informed approaches.
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Chapter 1

1 « Introduction »

In the past four decades, the incidence of global violence and destruction in the Middle East has increased tremendously. The world is witnessing an increasing wave of devastation in many countries around the world due to political, ethnic or religious conflicts such as in the case of Iraq, Syria, Libya, Egypt, Kosovo, Ukraine, and many more. Wars, oppression and ethnic cleansing in the name of religious and ethnic differences in order to achieve sociopolitical control and power is destroying entire populations. This chaotic instability in several regions of the world, particularly in the Middle East, has led to millions of civilians being displaced; the majority are women and children. After the Second World War, in part related to the proliferation of weapons by Western countries, wars rose to 248 conflicts in 153 locations (Tol, Song, & Jordans, 2013; Trends, 2016). As of the end of 2019 and according to the United Nations High Commissioner for Refugees (UNHCR), about 79.5 million people were displaced globally due to political conflicts and wars; 26 million were considered refugees. More than half of the displaced people are children and adolescents (Lau, et al., 2018). On a global scale, the ongoing wars and violence have influenced millions of civilians around the world; it is estimated that over a billion children and young people under the age of 18 years are war survivors (Drury &Williams, 2012). Violence and war brutally impact an individual’s wellbeing and quality of life (World Health Organization, 2013). Trauma imposes significant challenges. It represents the experience of intense psychological threat to humans, in particular children (Garbarino & Bruyere, 2013). Trauma occurs in different forms. Garbarino (2008) has stated that there is a difference between “acute” trauma and repeated “chronic” trauma. In acute trauma, children may feel some emotional disturbance but usually react well to adults’ support to regain the sense of safety (Garbarino & Bruyere, 2013). However, when children experience chronic trauma, they respond with more emotional disruption and their core values and assumptions are challenged (Betancourt, Keegan, Farrar, & Brennan, 2020; Garbarino, 2008; Garbarino &
Bruyere, 2013). War is one of the most crucial causes of trauma that children and youth may experience because it coerces individuals to face the darkest side of humanity and provoke devastating negative thoughts (Garbarino & Bruyere, 2013). Children and youth who live with war face exposure to violence, loss, and separation during armed conflict as well as ongoing hardships (Betancourt, Keegan, Farrar, & Brennan, 2020). Traumatic events of war challenge the core beliefs and assumptions of safety, security and trust in humans. Thus, the effects of war and the aftermath of violence persist long after cease-fire has been declared.

This thesis investigates the impact of war-related experiences on the well-being of individuals who lived through war and violence. In this chapter I provide an orientation to the background and context that frames this work. I specifically describe the role culture and context play during childhood. I will also provide an in-depth description of Iraq in order to understand the war survivors’ narratives within their political and social context. A more thorough examination of the literature will be provided in Chapter Two. The literature review will cover the significant impacts of war on children, pre-migration, post-migration and psychosocial adjustment, effects of war on family and family functioning post war, and current knowledge about pathways to resilience among children and families in the context of war. I also clarify how the health promotion field aligns well with this study. The third chapter will cover methodology and methods. Chapter four will present the history profiles of all participants and chapter five will show the results of the thematic analysis of the narratives. Chapter six will present the discussion and conclusion.

1.1 « Culture and context »

Context and culture play significant roles in child development. “Culture ultimately affects a child’s development and influences his/her ability to cope with adversity” (McAdam, 2006, p. 5). Culture is defined as “the customs and traditions, languages and social interactions that provide identity conclusions for individuals and groups” (Ungar,
Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007, p. 288). Culture also means shared acquired experiences that are conveyed across generations; including inner depictions of meaning, world views, and beliefs, as well as outer representation such as food and clothing (Dorazio-Migliore, Migliore & Anderson 2005; Pickren, 2014). Context is defined as “distinct from culture, is the social, temporal, and geographic location in which culture is manifested” (Ungar et al., 2007, p. 288).

Crotty (2003) proposed that culture is related to functioning; humans depend on culture to guide our behaviors and shape our experiences. He added that culture is best considered as the source instead of the outcome of human thought and behavior. Geertz (1973) specified that culture is “a set of control mechanisms - plans, recipes, rules, instructions for governing behavior” (p. 44 as cited in Crotty, p. 53). Geertz acknowledged that “Thinking consists not of happenings in the head' (though happenings there and elsewhere are necessary for it to occur) but of a traffic in what have been called, by G.H. Mead and others, significant symbols-words for the most part but also gestures, drawings, musical sounds, mechanical devices like clocks, or natural objects like jewels-anything, in fact, that is disengaged from its mere actuality and used to impose meaning upon experience”(p. 45 as cited in Crotty, p. 53). Humans are born to live in pre-existing systems (Crotty). Similarly, Geertz described culture as a system of essential symbols that are generally given (Crotty). According to Crotty, “We inherit a system of significant symbols. For each of us, when we first see the world in meaningful fashion, we are inevitably viewing it through lenses bestowed upon us by our culture. Our culture brings things into view for us and endows them with meaning and, by the same token, leads us to ignore other things” (p. 54). Culture plays a significant role in teaching humans how to perceive concepts and things around them and how to interpret them.

Sidani, Guruge, Miranda, Ford-Gilboe and Varcoe (2010) suggested that “immigrants bring their culture, customs, and language to the receiving countries, resulting in increased cultural and linguistic diversity of the population in developed countries. This change is requiring researchers to attend to the diversity of the population to enhance the
applicability of research findings to various subgroups, and health professionals to provide culturally and linguistically responsive care in various practice settings.” (p. 134). Givens, Houston, Van Voorhees, Ford, and Cooper (2007) proposed that people’s values and cultural beliefs shape their perception of health, the understanding of health conditions alterations, and the awareness of the suitability of health intervention (Sidani et al., 2010). Kathard (2001) suggested that “pathology has become the metaphor guiding the construction of knowledge within a discourse that speaks of deficiency” (Kathard, 2001, P. 52). Plummer (1983) indicated that the life story of individuals is embedded in the narrator’s culture, language, history, beliefs and gender (Kathard).

### 1.2 « Background: The Iraqi context »

Before examining the literature on the related topics that are essential to situate this study and explore the theoretical framework, I will provide some historical and current context of Iraq, as well as some background of its culture. I chose to focus my study on Iraq due to the chronic multiple traumas this country has suffered: the high magnitude of violence, multiple wars and terrorism. Iraqi children, youth and adults have struggled extremely from the amount of adversity in the region. In addition, I have deep knowledge of the culture and its extreme diversity, being an Iraqi myself. Thus, some of the information I will present in the next sections related to Iraqi history and culture are based on my personal knowledge of this context.

#### 1.21 « Ethnicity and religion »

Iraq is a country in Western Asia, located in the Middle East. Iraq is the fertile land between the Euphrates and Tigris rivers; it was known as Mesopotamia where the world’s oldest civilizations developed. Mesopotamia is a Greek word that means “between rivers” which is referring to Euphrates and Tigris rivers (Abdul-Hamid & Hughes, 2014). It has a deep-rooted civilization that played a significant role in the life of
humanity; it is known as the “cradle of civilizations” that descended from the Sumerians, Babylonians, and Assyrians (Raphaeli, 2007); these indigenous civilizations established great empires in the region. It is in this land where humans first learned to write, generate laws, established first library and lived in cities that were organized by governments (Abdul-Hamid & Hughes, 2014). Iraq has borders with Turkey, Iran, Syria, Saudi Arabia, Jordan, and Kuwait. The capital of Iraq is Baghdad.

It is usually assumed that all Iraqi people are homogenous given the fact they share a similar culture. However, Iraq is a mosaic, it is extremely diverse, and it encompasses many ethnic groups and religions. Iraq includes the following ethnic groups: Arab, Kurds, Chaldean, Assyrian, Turkmen, Shabak, Armenians, Black Iraqis, Roma (also known as Kawliyah) and Yezidi (some identify themselves as Kurds and others as Yezidi only). Iraqis practice many different religions such as Islam (Sunni and Shia), Christianity, Judaism, Yezidism, Mandaeism, Baha’I and Kaka’I (also known as Ahl-e Haqq). Table 1 describes the ethnic and religious groups of Iraq.

Table 1: Ethnic and Religious groups of Iraq

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shia Arabs</td>
<td>Shia Muslim</td>
</tr>
<tr>
<td>Sunni Arabs</td>
<td>Sunni Muslim</td>
</tr>
<tr>
<td>Turkmens</td>
<td>Sunni Muslim, Shia Muslim and Some Christians</td>
</tr>
<tr>
<td>Sunni Kurds</td>
<td>Sunni Muslim</td>
</tr>
<tr>
<td>Black Iraqi’s</td>
<td>majority Muslim, minority Christian</td>
</tr>
<tr>
<td>Assyrians</td>
<td>Christian- Orthodox</td>
</tr>
<tr>
<td>Chaldeans</td>
<td>Christian- Catholic</td>
</tr>
<tr>
<td>Armenian</td>
<td>Christian- Orthodox</td>
</tr>
<tr>
<td>Baha’i – Persian</td>
<td>Baha’i</td>
</tr>
<tr>
<td>Circassions</td>
<td>Sunni Muslim</td>
</tr>
<tr>
<td>Faili Kurds</td>
<td>Shia Muslim</td>
</tr>
<tr>
<td>Jews</td>
<td>Jewish</td>
</tr>
<tr>
<td>Kaka’I</td>
<td>Kaka’i</td>
</tr>
<tr>
<td>Sabean- Mandaeans</td>
<td>Mandaeism (Gnostic)</td>
</tr>
<tr>
<td>Roma (Gypsies)</td>
<td>Sunni or Shia</td>
</tr>
</tbody>
</table>
Most of the minority groups were denied linguistic, cultural and political rights. The Baath party used the Arabization movement with all minorities where Arabic language was enforced instead of their mother language. Today, Iraq’s religious differences, ethnic tension, and sectarian violence seem to overpower our popular conscience when trying to understand Iraq’s diversity. Iraq has been an ethnically diverse country for millennia, with Kurds, Assyrians/Chaldeans, and Turkmens representing the three largest non-Arab minorities in the country. It is also the home of many religions: while Islam is the religion of majority in the present, Christianity, Judaism, Mandeanism, Yezidism found an even earlier home in Iraq. Each group has a unique heritage and connection to Iraq. There is a multitude of religious sites across Iraq that attest to Iraq’s diversity and significance as a center of religious and ethnic diversity. Sadly, these groups have not enjoyed equal status with the majority Muslim population in recent years. Fanaticism and violence in the name of Islam has often been the causes of oppression of religious minorities in Iraq. Although the 2005 Iraqi constitution ensures religious freedom and bans discrimination based on religion, religious minorities have been deprived of their civic and religious rights by extremists (Canada: Immigration and Refugee Board of Canada, 2014).

1.22 « Culture »

Iraqi culture is very rich and has several layers that originated from all the different civilizations that have sprung up in its land. It has a long history and art heritage. Collectivism and individualism lie on a continuum (Hobfoll, 1998) when culture is described. Iraq is considered a collectivistic culture where there is an emphasis on the group unit instead of the individual. Individuals are expected to be loyal to their groups and the group’s interest is more important than the individual’s. Iraqi culture is collective in nature where the human personhood is positioned at the peripheral and less emphasis is given to individual identity. It is considered a conservative society and intolerant of...
diversion from the traditional conversions (Evason, 2016). In this type of culture, honour is considered an important value that regulates people’s behaviors. Individuals are expected to protect their personal and family honour at all cost (Evason, 2016). People are expected to represent themselves publicly with respect and integrity in order to stress their positive qualities and family’s values and achievement. Any failure or mistake related to honour can bring shame to the individual and the family and loss of face.

Iraq is a patriarchal society where men are the heads of the families; and the young are expected to be obedient to the older generation. There are extremely rigid gender roles; men have higher status and more power than women. The expectation is that women need to be sheltered by men. Women are expected to be submissive in the presence of men. Women are expected to behave with modesty and dress conservatively. The society views women’s disgrace in her behaviors as dishonourable more than the mistakes exhibited by men (Evason, 2016). Women are perceived as vulnerable targets that need protection. With the chronic amount of wars, violence and extremism, Iraq has become more conservative, especially towards women’s honour and dress code. Religiosity is usually an important value in Iraqi culture and plays significant role in daily lives. The political instability and religious persecution have pushed most of non-Muslim Iraqis to leave their homeland. Thus, Iraq has been losing its unique and mosaic society fabric given this violence.

Family is perceived as the most significant unit of the Iraqi society. Iraqi household can include multigenerational family members. Family’s interest prevails over the individual’s interest. An individual’s reputation impacts the whole family’s reputation and can influence the perception of others. Member’s disgrace is kept secretive in order to protect family honour. Children are expected to live with their parents until they are married. Parenting is usually authoritative where parents are expected to have control and influence their children’s decisions way after their adulthood. The father or oldest males is expected to be the head of the family. However, children are expected to be obedient to their mothers as well. Women who lose their spouses to death or divorce are perceived as less
status and are more predisposed to judgement. Births and marriages are significant milestones in Iraq and their weddings are big and attended by hundreds of guests. Arranged marriages still exist especially in communities that are less urban and or among minorities to ensure that their religious values are passed across generations. Most religions in Iraq do not welcome interfaith marriages and it is considered sensitive honor related concern as it is considered an affront to a family’s honour.

1.23 « Historical and current context in Iraq »

Iraq has experienced a long history of colonization and oppression. It was occupied by the Ottoman Empire from 16th century until World War I (Katzman & Humud, 2016). This colonization committed several massacres against its indigenous people such as the case with Assyrians/Chaldeans and Armenians. This empire was defeated and the region became colonized by the Europeans (Katzman & Humud, 2016). Britain controlled Iraq via Faysal I the leader of the Hashemite family (Katzman & Humud, 2016). After the Fall of Turkish Empire after the World War I, the Kingdom of Iraq was established by the colonial power in 1921 (Harding, 2004). The colonial powers divided the rich Arab territories, and Britain colonized Iraq (Harding). During their colonial era, Britain favored and selected Sunni Arab; it brought them to power by assigning Emir Faisal ibn El Hussein, the king of Iraq (Harding, 2004). Britain along with Netherlands, United States, and France controlled the Oil fields in Kirkuk (Harding). Britain’s colonization helped to maintain an oppressive monarchy in Iraq (Harding). The kingdom of Iraq gained its independence in 1932. In 1942, Britain invaded Iraq again; to maintain its control on oil fields and the West interests; that lasted until 1947.

The foundation of many of the present conflicts within Arab countries and between Arab and the West date back to the colonial era (Harding, 2004). In 1958, the pro-British Iraq monarchy was toppled by a group of military “Free Officers” and they established The Republic of Iraq led by Abdel-Karem Kasim (Harding). During this time, Arabs strived to gain a national post-colonial identity that was reflected in the goals of the Baath Party that
started to form in Syria and spread across Iraq, Jordan and Lebanon (Harding). The United States was not satisfied with Kasim’s interest to stay neutral towards the Cold War which led to his assassination (Harding). Saddam Hussein, who was a powerful part of the Ba’ath Party, was known about his anti-communist views, cooperated with United States to overthrow Kasim in 1963 (Harding). The Baath Party came to power in Iraq in 1968. Saddam Hussein was the first man after the president Ahmad Hassen Al-Baker during the 1970’s and he became the president in 1979. United States was the powerful machine that helped Saddam Hussein to reach to power and empower his regime. Saddam Hussein ruled Iraq for 24 years; a leadership described with dictatorship immersed with violence, fear and brutality.

In 1979, the Islamic Revolution in Iran led by Khomeini succeeded and he began to call for the spread of the revolution to neighboring Iraq given the high percentage of Shiite (also known as Shia) Muslims in Iraq. He started arming the Kurdish and Shiite rebels. In 1980, the Iraq-Iran conflict (also known as First Persian Gulf War) started. This war lasted from 1980-1988. Eight years of malicious warfare and brutality where thousands of people lost their lives. In 1988, the United Nations ordered a ceasefire. During this war, the Iraqi regime committed a genocide against the Kurds and killed 50,000 to 100,000. Although the Iraqi side had more victories in this unjustified war, the only winners were the merchants of death who were supplying both sides with weapons. Iraqis felt trapped during the Iraq-Iran war as the borders were closed for seven consecutive years. After cease fire, a new wave of migration started, and people fled the country especially males as they feared of being forced into the army and all youth and adults were forced to join the Baath Party.

The Iraq-Iran war led to a tremendous financial burden on Iraq. Iraq amassed large debts which led to the conflict between Iraq and its neighbors Kuwait and Saudi Arabia due to the economic difficulties related to oil control and pricing. Saddam Hussein perceived the war Iraq had endured had protected the Arab World from the Iranian Shia forces for eight years which directly benefited Kuwait and Saudi Arabia. He therefore expected these
countries to forgive Iraq’s debts and to support Iraq economically. However, he found no support, and in 1990, the Iraqi regime invaded Kuwait leading to the armed conflict by the United States known as the First Gulf War in 1991. Due to this invasion, the United Nations imposed economic sanctions on Iraq that lasted from 1990 to 2003 that negatively influenced every layer of the Iraqi society: “just as the weight of the UN sanctions regime was borne by Iraqi children, those growing up in Iraq today have not only inherited the trauma of that era, but also remain victims under the ongoing occupation…allowing the deaths of children in Iraq has long been an acceptable American policy mindset, and even ‘worth it’ as characterized by Madeline Albright, referring to the sanctions as a legitimate tool to topple Saddam, regardless of its human costs” (Ismael, 2008, p. 152).

The atrocities of the Gulf War were massive. The Gulf War was extremely taxing to Iraqi civilians. It was the first of the modern wars where the United States was testing its newly invented weapons on civilians after Vietnam. Thousands of Iraqi people lost their lives. The bombing campaign was cruel and damaged the infrastructure of Iraq. The trauma experienced by Iraqi children and youth and its impact on development of the subsequent generation needs to be comprehended by the broader cultural cleansing, both in relation to the development of Iraqi identity and human infrastructure (Ismael, 2008). In addition to the bombing, the Iraqi society has constantly become the victims of social pathologies such as “gangsterism, sectarianism, and militia violence, drug abuse and prostitution, in addition to a conscious denial of the most basic needs (health care, education, reliable services)” (Ismael, 2008, p. 152). During this war, several uprisings led by Shia Iraqi in the south and Kurdish Iraqi in the North that were repressed by chemical weapons and the Iraqi Security forces. It is estimated that about 100,000 people were killed. In 1998, United States bombed Iraq again for limited period of time.

After the attack of September 11th, 2001, Iraq was declared as a part of the evil circle of terrorism even though no Iraqi national was involved in this operation. In 2003, the United States declared a war that they claimed was intended to liberate Iraq and to overthrow Saddam’s regime; this war was known as the “Fall of Baghdad”. However, this was not a
war of liberation, it was a military invasion of Iraq that led to increased chaos and violence where millions of civilians paid a high price for this overly taxing war; “in the first case, fear of communism was used as justification for intervention; today fear of terrorism is being used. But the underlying objectives and the perpetuation of violence continued setting the conditions for future violence” (Harding, 2004, p.11). Given the deterioration of the conditions in Iraq, it became fertile soil for the development of several extremely terrorist religious groups that attacked each other and minorities in Iraq. Various Jihadist, Sunni, and Shia Groups formed in 2003.

The combination of violence, political alienation, and social devastation has produced a greatly damaged environment; the health and education institutions have been destroyed and professionals have been assassinated (Ismael, 2008). Ismael (2008) states that “this is the environment in which Iraq’s next generation is being raised, where violence becomes a means of survival” (p. 154). The number of Iraqi children in prison is increasing; most of them never attended school, had lost older brothers, fathers or mothers and many witnessed the killings of their relatives (Ismael). Moreover, many of these children may remain in prison for a long time without criminal charges being laid, a process that devastates their families (Ismael). Children’s needs of safety, and nurturing environments have been replaced with terror-filled environment and deprivation (Ismael). The atrocities and wars that were produced by Saddam Hussein’s regime had produced thousands of orphans and widows (Ismael). The Ministry of Human Rights stated that there were about 3 million orphans and 3 million widows in Iraq; and these numbers increase daily due to mass-killing; about 400 children become orphans everyday (Ismael). Ismael (2008) stated that the Association of Psychologists of Iraq (API)’s study found that the main concerns for Iraqi children were death, guns, and fear.

The Fall of Baghdad in 2003 by the American troops was followed by mass looting (Ismael, 2008); “aside from the scourging of Iraq’s cultural heritage sites-museums, antiquities and libraries-came the looting and burning of Iraq’s social infrastructure, its hospitals, pharmacies, schools, universities, and technical facilities” (Ismael). Social
disorder became the reality in Iraq after 2003. The policy of ‘de-Baathification’ that was implemented by the occupation authorities caused thousands of qualified professionals to lose their jobs (Ismael). This process has demolished the social welfare systems in Iraq, resulting in massive violence and social terrorizing (Ismael). Eventually the Shi’ite Sadr was given control and thrived. Since then, organized militia groups have developed and spread across Iraq causing terror to its citizens (Ismael). Killing became the norm in Iraq, whether organized or incidental (Ismael, 2008). Ismael (2008) stated that “as death squads spread terror across Iraq with, at the very least, a green light of indifference from American oversees, occupation propaganda attributed the catastrophic violence devouring Iraq almost entirely to al-Qaeda” (p. 154). The Sectarian reality that dominates the country “grew out of a sectarian minded occupation policy that reduced Iraq to its primordial groupings and denigrated the notion, and certainly the existence, of a cross-cutting Iraqi nationalism that superseded the primitive notions of tribe and sect” (Ismael, 2008, p. 154). However, it is important to recognize that this ideology of otherness was well embedded into the Iraqi society prior to this war; starting with Ottomans occupation, the Persian’s occupation and competition among the Sunni Salfat and the Shia that is reinforced by the Persian ideology and subsequently the Baath Party reinforced this ideology by further dissecting the social fabric of Iraq. Iraq was considered secular prior to Baath Party, but started to move towards religious ideology and sectarianism during Saddam Hussein’s regime.

### 1.3 « Refugees »

The “refugee” label involves varied experiences; and it is still not very well understood (Cole, 2017; Simich & Andermann, 2014). Granting safe refuge for displaced people who are fleeing persecution in foreign countries is considered one of the initial symbols of civilization that was referenced in books written 3,500 years ago during the thriving of the early Middle Eastern empires such as the Babylonians, Ancient Egyptians, and Assyrians (UNHCR). In 1951 the United Nations Refugee Convention defined a refugee as “someone who owing to a well-founded fear of being persecuted for reasons of race,
religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR). The Convention differentiates among refugee, immigrant, and asylum seeker (Lustig, Kia-Keating, Knight, Geltman, Ellis, Kinzie, Keane, & Saxe, 2004). Immigrants are individuals who leave their homelands voluntarily to seek better economic and financial opportunities (Lustig et al., 2004). Asylum seekers are individuals who seek refuge after their arrival to the host country (Lustig et al.). However, in the case of war zones and political instabilities, most individuals, whether refugees or immigrants, flee their homelands to seek safety in other countries to rebuild their lives.

The number of displaced persons seeking refuge in industrialized countries is increasing due to the continuous instability in the Middle East, especially in Iraq (UNHCR, 2014) and Syria. The number of displaced people around the world has reached 70.8 million; the highest number after World War II (United Nations High Commissioner for Refugees, 2019). As a response to this increasing global problem, some countries around the world, including Canada and the United States, have managed governmental and private programs that can assist a limited number of refugees to resettle (Simich & Andermann, 2014). However, only a small number of refugees can migrate to host countries through this channel. The number of resettled refugees changes over time due to the fluctuations of global conflicts and the national priorities of the hosting countries (Simich & Andermann). Displaced populations seek solutions to reach Western host countries via many avenues (legal and illegal) in order to gain access to a country they can claim as home and where they can rebuild their lives. About 25.9 million are refugees; half of world refugees are children; in addition to millions who do not have nationality and have stateless status and lack access to basic needs such as health care, education, freedom to move and employment (United Nations High Commissioner for Refugees, 2019). According to the United Nations High Commissioner for Refugees’ annual global report (2019) Canada resettled the highest number of refugees and was the ninth greatest recipient of new asylum seekers in 2018. In 2017, Canada welcomed 286,000 new
settlers; 44,000 were refugees (Annual Report 2018, immigration Canada). Most of these refugees fled their countries of origins due to political violence, and armed conflicts.

The refugee system in Canada is composed of two main parts: (1) The Refugee and Humanitarian Resettlement Program, for individuals who are seeking protection while residing outside Canada; and (2) the In-Canada Asylum Program for individuals claiming refugee status from inside Canada (Government of Canada). Yearly, Canada admits 11,000 individuals as ‘sponsored’ refugees based on the Refugee and Humanitarian Resettlement stream: 3,500 refugees as Privately Sponsored Refugees (RSRs) and 7,500 as Government Assisted Refugees (GARs) (Wilson, Murtaza, & Shakya, 2010).

Approximately 12,000 to 19,000 arrive to Canada through “In-Canada Asylum” where individuals apply as refugee claimants once they enter Canada and then they become “permanent residents” upon the approval of their application by a “quasi-judiciary body called IRB” (Wilson et al., 2010, p. 46). About 5,000 individuals enter Canada via family dependent individuals who have entered as refugees (CIC, 2008).

1.3.1 « Iraqi refugees »

In 2015, there were more than 100,000 Iraqi refugees displaced in Turkey, and the number seems to be increasing due to the deteriorating security in the country as well as political unrest (UNHCR, 2015), especially after the rising of the terrorist group the Islamic State of Iraq and Syria (ISIS). It is estimated that 1.9 million Iraqis have escaped their homes; and that half of this number are children (UNHCR). Between 2003 and 2018, Canada has resettled 37,000 Iraqi refugees who were displaced in Syria, Jordan, Lebanon and Turkey (Government of Canada). As of August 2018, Canada has welcomed 1,400 Survivors of ISIS (The Islamic State of Iraq and Syria also known as Daesh); that includes vulnerable Yazidi women, girls and children. These numbers do not reflect the individuals and families who are sponsored privately. Despite the increase presence of Iraqi people in the West, this population has been under-presented in the mental health and refugee field. This study is extremely important as it will fill the gap in
the literature related to the subjective experiences of war survivors themselves. This gap is disturbing given the chronic decades of suffering by Iraqis with wars, economic sanctions, loss, long-term oppression, and military atrocities. The longstanding oppression, conflict and violence adds complexity to the current situation in Iraq today and in the lives of Iraqi refugees and immigrants worldwide. The literature is especially limited in exploring the experiences of Iraqis as war survivors and refugees particularly after the Fall of Baghdad in 2003. It is also limited in relation to the pre-migration experiences of refugees of wars. In addition to the lack of research studies related to resilience concept; and how culture shapes how war survivors manage and make meaning of their atrocities and the subsequent outcomes to adversity. Finally, it is significant because this study will generate knowledge that can be used to develop effective intervention programs that are culturally informed and tailored to the needs of refugees and immigrants who are generally considered at risk for mental health concerns after resettling in Western countries.

1.4 « Consequences of war »

Since the 1960s, the immigration wave in Canada has changed, witnessing the influxes of refugees and immigrants from countries other than Europe (Pickren, 2014; Government of Canada, 2020). The international community and all nations are obligated to support refugees under particular conditions such as war and violence, however refugees still face several challenges (Wylie, Van Meyel, Harder, Sukhera, Luc, Ganjavi, Elfakhani & Wardrop, 2018). This population is usually perceived as untrusted and a burden on host countries; understanding their lives as restricted and concealed fail to acknowledge the existence of their hopes and capacities (Simich & Andermann, 2014). Many of these refugees have experienced tremendous amounts of distress, severe trauma, loss, bereavement, poverty and displacement. However, their experiences are not well understood. Simultaneously, many refugees overcome these adversities and thrive beyond expectations. Thus, it is essential to learn from these survivors’ important lessons about how to overcome adversity in the face of severe challenges (Betancourt, Keegan,
Farrar & Brennan, 2020; Simich & Andermann, 2014). It is also important to learn about the totality of their experiences in order to create a more suitable environment in the host country. Refugees of war can be children, youth, men, women, parents; they may be professionals from various disciplines; some may have education, and some may not (Simich & Andermann, 2014). The impact of the refugee experience on children is severe (Betancourt, Keegan, Farrar & Brennan, 2020). It disrupts the child’s social ecology and almost every aspect of their lives. “When a society's guiding and regulating mechanisms are lost, individuals find themselves deprived of their normal social, economic and cultural environment” (UNHCR, 1994, p. 27). This finding is applicable to youth and adults. They generally experience horrible losses, but “often retain reservoirs of strength… they live and strive among us with their sights set on mental horizons we may not readily comprehend” (Simich & Andermann, 2014, p. 2). Thus, understanding their experiences and what has helped them progress and reclaim stability may help us all (Simich & Andermann).

Today, the problem of forced migration and becoming a refugee has increased due to the elevated level of violence and wars globally. War-affected populations are typically perceived as victims (West, 2000); yet little attention has been given to the importance of creating the shift in perception from deficit-based models that perceive individuals as victims to strength-based approaches that recognize these individuals as survivors. Societies are increasingly becoming multicultural, especially industrialized and post-industrial countries (Pickren, 2014). However, host governments and societies still face challenges to accommodate these future citizens and fail to acknowledge the strengths that refugees and immigrants have by pathologizing and categorizing them and perceiving them as threatening or deficits (Pickren, 2014). Thus, it is extremely important to modify our perception about refugee and immigrant population. Understanding the experiences of war survivors and their psychosocial wellbeing is as important as understanding their physical health. “Psychosocial well-being” is used to reflect the intimate relationship between psychological and social factors (UNHCR, 1994, p. 33). Understanding and promoting the psychosocial health of individuals is important for two reasons; as a protective measure to target and improve all the factors that are related to
their health, and to provide supportive programs for those who have been suffering (UNHCR, 1994).

1.5 « Aim of study »

Although researchers have documented the impact of war-related traumatic experiences on the mental health of individuals exposed to war, and the potential long-term impacts on children and adolescents, the argument continues regarding how to appropriately respond to the complex mental health needs of war-affected population (Betancourt & Khan, 2008; Betancourt, Keegan, Farrar, & Brennan, 2020). This debate is limited by the fact that most studies on children’s mental health in the context of war has concentrated on risk aspects and emphasized psychopathology (Betancourt & Khan, 2008). Closer examination of the existing literature reflects the lack of attention to explore factors or processes related to resilient outcomes in war survivors. In addition, studies that provide comprehensive understanding about war-related experiences is sparse. Research studies have suggested that cultural and contextual factors are as significant as personal aspects and can generate valuable knowledge for community mental health (Simich et al., 2012). Betancourt and Khan (2008) stated that “there is a pressing need to examine predictors of resilience in war –affected children across all layers of social ecology-beyond individual characteristics of resilience to protective factors operating at the family, community, and cultural level. Of particular interest to many practitioners and policymakers are those factors which may be modified by outside intervention or policy” (Betancourt & Khan, 2008, p. 319). Such studies will present a significant foundation for promoting mental health services and approaches that are more appropriate for war affected populations’ needs.

The present knowledge base in understanding mental health in relation to refugees and wars survivors is problematic in two ways. First, there is inadequate understanding of the individual’s experience in the context of war due to the fact that refugees of war were perceived through the limited pathological lens that focus on symptomology. Second,
research studies that were conducted with individuals in the context of war were mostly quantitative and do not provide in-depth information about war-related experiences and thus widening the gap between research and appropriate intervention approaches that are suitable for this population when needed. Using quantitative work in such cases will conceal the experiences of people and their social conditions (Goodson, 2013); “in this way, political and social indicators are divorced from social realities they are supposed to represent. Life history studies try to put people’s subjective experiences back into the equation so that we can begin to understand why it is that people feel about the world and talk about the world and tell stories about the world in the way they do” (p. 35).

According to Munro (1998) the previous criticism of life history methods such as its subjective nature and lack of representation became its ultimate strength in the contemporary world today (Goodson). There is an extensive amount of knowledge that is generated by the war survivors themselves.

In the twenty-first century, North America continues to be the most common final destination for refugees of war (Pickren, 2014). This study examines the life history of eight Iraqi refugees who resettled in Canada to explore the war-related experiences in the context of migration. The aim of this study is to help change the narrow perspectives on the mental health of war-affected populations to a broader perception shaped by cultural and social aspects and to inform the development of meaningful and culturally relevant programs and policies by presenting the life histories of eight Iraqi refugees and their war-related experiences with a particular attention to the concept of resilience. The two essential objectives for this research project are to: 1) provide refugee war survivors the opportunity to describe their experiences and stories; and 2) understand how experiences of war shape the health and well-being of refugees from Iraq today. Life history narrative will be the methodological approach utilized in this study. This approach is considered most appropriate as it allows the researcher to focus on the life stories of war survivors and will foster understanding of their experiences within their political, social, and historical contexts. In contrast to the conventional emphasis on mental disorders, this study will identify resilience pathways among war survivors that promote mental well-being, inform policies and present health promotion strategies.
1.6 « Relevance and significance »

This project will fill the gap in the literature related to understanding the experiences of war survivors and resilience across cultures that can contribute to the development of more effective clinical and psychosocial interventions tailored to this population. It will address the concept of mental health and resilience from war survivors themselves, how they define these concepts, identify the social and contextual aspects that may promote resilience in their lives specifically at critical life transitions (Betancourt & Khan 2008). This study contributes to understanding the individual experiences of war survivors, the complexity related to refugee experiences and the meaning they attach to these experiences, in addition to the sources that enable refugees to achieve health despite adversity. I am eager to provide refugee war survivors the opportunity to voice their experiences and stories as it will serve the purpose of personal growth and resilience and provide the opportunities to narrate the complexity of war-related experiences. This study offers a great learning opportunity for our public sectors including health and social service professionals to understand the totality and the complex experiences of refugees and war survivors.

Further, this study broadens our understanding of risks and resilience across culture during conflict and post conflict. It is my hope that this research will lead to the development of programs and policies that will assist future people coming to Canada from similar situations. This research is also intended to contribute to the scholarly body of knowledge to inform theory and modify the existing practices and programs that work with refugee and immigrant population and enhance our understanding about children and families living in such conditions. The results of this study will generate comprehension of resources for health promotion practice and knowledge across refugee communities and professionals who are engaged with refugees. In addition, this study will help to inform resilience theories that can be more applicable to marginalized populations and non-Western communities. It will help health professionals and service providers to understand the complexities related to living a war and experiencing the
refugee life. It will also enhance our insights into the importance of culture and context to understand adversities and resilience that may inform more culturally attuned practices and health interventions targeted to immigrants and refugees. In addition, examining culturally diverse meanings of the concept of mental health and resilience can facilitate an understanding of the range of health promotion strategies for healthy development and tackle future health concerns as a multicultural society (Simich, Roche, & Ayton, 2012) and build health equity among Canadians. Through this research I hope to break the silence that is surrounding war refugees, particularly those who were children and youth during the time of war exposure and provide them with an opportunity to voice their experiences, which is crucial for their health and wellbeing.

1.7 « Reflexivity: The epistemology of my own experience: My life as a war survivor, researcher and refugee»

When I first began my PhD, I struggled to choose what to research about in my dissertation. I kept navigating my thoughts, but I always knew my own living experience was a powerful force to guide this journey. My interest in exploring the experiences of refugees and immigrants in the context of war and their resilience is both personal and professional. At the personal level, I have directly experienced the tribulations of war, being a woman born in the country of Iraq. My story resembles some of the stories that might be shared by the participants but include some unique war-related experiences. Writing about my own experience and feelings is not an easy process. It takes a great mental energy, deep emotions and feelings of vulnerability. This is the first time I write about my own experience as a war survivor and the significant cost this experience has on my emotional economy. The experience that I describe here is my story as a war survivor and the aftermath of living the tragedy of losing my father in the war and how this experience has shaped my life as an individual, a clinician, and researcher.

I was born in Iraq, a country that was and still is chronically tortured by an ongoing war and violence in addition to a long history of colonization and oppression. War was the actual reality for many years that destroyed the social fabric of the society. Growing up
amidst war and violence was a reality I have experienced since childhood. I remember
being in grade five, and most of what we were taught in school was to write patriotic
essays that supported the war, the martyrs, the dictatorial government, and the military. I
believe this was a form of brain-washing by the government for the young generations to
adapt to the war and to internalize it so we would not object to the tyranny of the
government and the oppression that was enforced on us as humans. We were conditioned
to accept the war as the only reality and not critically think about alternatives. I always
thought as a naive child that living in a war zone was the lived experience of all children.
I remember praying for peace every night with my grandmother and siblings.
Uncertainty seemed to be the reality that children and families in war area lived with.
While in elementary school, I would pray to go back home and find my family alive
when Baghdad was bombed constantly.

I recall many incidences when, as a child, we suddenly heard cries and yelling coming
from some neighbors’s homes because they had lost loved ones. I was about five years
old when our neighbour lost her son in the war. I still remember that funeral. People
walked down the street, carrying a coffin that was decorated with beautiful fresh
flowers, and his mother dancing as if she was dancing in his wedding, and hearing her
saying in a painful voice, “It is my son’s wedding today, please dance, don’t cry, he is a
flower in his mid-twenties and I am dancing in his wedding, this should’ve been his
wedding not his funeral, dear lord why, why us?” At that minute, observing as a child, I
was aware what death meant or at least partially. I still remember my mother and
grandmother crying even though we did not know this individual well, but witnessing
the funeral meant a lot to me as a child and I never forgot that scene.

However, I did not feel a strong impact of the Iraq-Iran war because my life stayed
intact. Yes, violence and uncertainty filled the environment, but I was surrounded by
both of my parents and my life was not disrupted. I never thought we would change
spots and I would witness my father’s funeral at such a young age. Can you imagine
how the life of a family that consists of a mother and six young children, suddenly
collapses due to human made destruction after the loss of the father who was considered
the head of the family in a highly patriarchal society? This tragedy cost my family and
I tremendous emotional and mental suffering, in addition to the social impact and the change in status due to the loss. This loss caused excessive interruption of my childhood. It has influenced the core of who I am and certainly had great impact on my mother and siblings as well. At an early age, I started to question how justified this world is. I remember going back to school after the end of the war wearing a black code that was culturally imposed on myself being a female as well as my mother and my sister to represent our grief. In addition to the feelings of devastation after the loss, I felt the amount of oppression and marginalization these cultural values may create at times.

It was during the Gulf war when I felt that my whole life was shattered. Usually Middle Eastern funerals are long and involve extremely overt expressions of emotions. I still remember every detail of that funeral. The amount of pain that I felt was tremendous and deep. Generally, the father is extremely significant in this family context, paternal loss is considered especially traumatic and in many cases it may be perceived as a catastrophe. My father's loss shook the internal foundation of myself. I found myself suddenly faced with new roles of responsibility and caring for the wellbeing of my family and myself. My father's loss represented a break in the protective shell that had sheltered us as a family for a long time and created a traumatic loss. As children, we were not prepared for the loss. Dramatic changes occurred in almost all the aspects of my life. My agony was tremendously deep that twenty years after his loss, my eyes still tear when I remember my father. He was the most important and influential person in my life and my family's life. His loss caused a deep scar that is very difficult to eliminate. I observed my mother's responses daily. My mother had a nervous breakdown and was disoriented for few days, not because of mental illness, but she did not want to accept this harsh reality without my father in her life. The consequences of the loss had caused disruption in many layers of her life. His sudden death did not represent a psychological loss only, but it is also social. The father in the Middle Eastern culture is recognized as the head of his family. He was not only the breadwinner, but he was the support, protection, love, autonomy and the backbone of the family. He was her anchor in life and ours too.
For my mother, there was a tremendous loss that no one can compensate in a highly patriarchal society that perceives a family without man and woman without a husband as lower status; that is prone to an ongoing criticism and judgement to her morals and the family's morals. Given the importance of the father figure in the family in this culture, his loss may trigger a stigmatized deficiency of the family's status within the community. In general, the family may be perceived as deficient and more vulnerable by the society. They may be more judged by the community members to test their conformity to the community's values subsequent to the death. In many cases, if a bereaved child deviates from the norm, the community is more likely to confront the family with the deviated behavior and attribute it to the family's lack of the father figure. We as a family felt a continuous burden of presenting higher morals and conformity to the cultural roles, and values to an extreme end. Imagine how taxing this would be to any woman, in addition to dealing with grief and loss, she needs her full functioning capacity to care for her children, and my paternal grandmother in addition to the surrounding pressure of continuous war, violence and economic pressure.

Remarrying is not well perceived in this society, and even if it was, she never thought about it because being loyal to my father and carrying his legacy became one of the most important values that she adopted. Twenty years later, my mother still grieves and sobs for my father not because she has mental illness but because she loved him deeply.

The loss of significant others can be a traumatic painful experience that may influence human's existence, his/her social relationships, and the way he/she perceives the world. Their own survival is threatened constantly due the shadow of war and violence. The family in this culture is considered the main resource for its members financially and emotionally. Dramatic changes occur within the family environment after paternal death, and the family dynamics change. The death of a husband put a great burden on my widowed mother who found herself alone thrust into an environment that put great emphasis on the man. Her first priority became her children and her love and loyalty to my father. We also learned to mirror that in our life. We as children started to recognize my mother's hard work to fulfill both of the parental roles that led us to develop stronger relationship with my mother as an expression of appreciation for her
sacrifices and increased our family’s cohesiveness.

What does all this mean for myself as a human, researcher, and clinician? During the process of my graduate learning, many readings resonated with me and I started to understand the reasons behind my movements in this path. Sprague (1992) discussed Patricia Hill Collins’ ideas about the possibility that anyone can create knowledge when he/she reflects on one’s own experiences. According to Collins, “marginalization is an epistemic advantage because it distances Black women from hegemonic thought and practices, facilitating the development of a critical attitude. Further, segregation brought Black women together, giving them safe spaces in which to construct their own analysis of their experiences” (Sprague, 1992, p. 45). To me, epistemic advantage is situating ourselves in terms of knowledge gained from lived experiences that can differ from the known and familiar.

Situating myself in my research seems to be crucial for many reasons. First, as an individual who experienced living in a chaotic war zone, I had experienced the amount of pain this has caused me and my family and the severity of pain is tremendous and its impact at many layers. Second, as a graduate student and researcher, I started to realize how my experience shaped my choice of the research topic. I am learning that lived experiences can generate a significant amount of knowledge and provide different ways of thinking about certain phenomena. Paying attention to lived experiences seems to open up new ways of learning about surviving a war, trauma and how individuals and family cope with war and loss. Understanding these social processes of surviving a war and experiencing a tremendous tragedy seem to be significant. This experience helps me understand more how children and families may cope after surviving in an oppressed society that is characterized by new forms of colonization that are expressed in wars, death and terrorism. When people are given spaces and opportunities to reflect back on their own experiences, it seems to open up aesthetic ways of understanding their own experiences and channel them in ways that may serve them better. Twenty years later after the tragedy of losing my father, I still feel the intense emotions when I immerse myself in that experience. I ask myself, will this pain ever be resolved? But I immediately
realize this pain is part of my experience that it is so engraved in who I am, and it is this pain that brings me relief at the same time.

Despite my agony, this experience has enriched my life in many ways. I began to realize the strong attachment I have with my father and my family. I started to value things that humans may take for granted. I began to appreciate life and value what I have and think critically about issues surrounding me. Reflecting on this experience reminds me of who I am, what I have coped with, and the difficulties that I have overcame as a human being. It makes me realize the amount of strength that I have gained living this experience and how it shaped my life as a clinician significantly and influenced my choices in career and my position as a researcher. It makes me admire the amount of resilience humans can have. It has created a great, internalized amount of empathy that I can use as resource to help others who may have lived adverse experiences due to human made destruction.

Sprague (2016) discusses Foucault’s ideas about “Power Knowledge”. He proposes that “power is enacted through the organization of knowledge, and knowledge is constructed as a form of domination” (p. 40). According to Foucault, “the social sciences and their practices of classifying, labeling, diagnosing, and treating groups and individuals constitute a system of intensive surveillance….Social sciences create official standards of normality, feeding a whole set of discourses that circulate through the culture, from professional manuals to self-tests in popular magazines. Notions of normality prompt all of us to monitor and discipline one another and, perhaps especially, ourselves to try to conform to those standards” (Sprague, 2016, p. 40). I worked as a clinician for fourteen years, my position was to assess and treat refugees and immigrants who come from conflict zones. Many of these individuals who lived in trauma-saturated societies have been severely traumatized, experienced hardships, have had key family members tortured or killed in the presence of their spouses or children, and have lost many significant others that shifted their roles and may have detached them from who they really are. Collaborating with other clinicians through this position made me realize how at times, we as professionals in practice, have the tendency of feeling some kind of expertise with no need to further question our own philosophical/epistemological perspectives, our existing knowledge, thoughts and practices, and we accept the easy ways of knowing or
the convenient ways of knowing. It is much easier for us to classify and fit people into categories to simplify our work. But even though we may be faced with cases that do not seem to fit our categorization, we may choose not to challenge our knowledge and question it. We tend to feel more comfortable when phenomenon and cases fit into categories, and we may feel extremely overwhelmed when some cases fall in the grey zones and do not fit the boxes that we have created. We need to start to see problems in their context.

Thus, working with refugees and immigrants who come from war zones requires a great amount of sensitivity to understand their concerns within their contexts and cultures. Universalizing all adverse experiences and trying to find a static system of categorizing people according to these experiences is a new form of oppression and colonization. We need to pay attention to what war survivors themselves perceive as concerns. I disagree with silencing individuals when they want to express deep pain. Providing safe spaces to help individuals narrate and reflect on their experiences without judgment and not to problematize may seem beneficial. We tend to focus on categories that are highly valued in western cultures. I remember when I first came to Canada, I was relieved to have regained the sense of having a home in a safe country. However, I felt overwhelmed during resettlement process because I felt estranged by the new life here. I was accustomed to excelling in school and was the first to put my hand to participate in the discussions. Suddenly, I found myself not being able to actively participate in class, not because I did not know the correct answers, but because I needed time to adapt, in addition to the lack of language skills, and the fear of perception by others.

After one month of my attendance in school, while I stayed during lunchtime to do my work and was feeling overwhelmed, my teacher approached me before she left the class and told me, “Oh wow you are doing your homework already, and you don’t want to go have lunch? Why?” At this moment, I could not hide my tears from my teacher anymore. She asked me “tell me about your experience and your life?” I started to tell her my story, that day I felt relieved and understood. By that small intervention, I felt supported. Things started to improve, and I became more engaged in the class and school in general. Narrating my personal story in that safe space brought new perspectives about
the process of my experience of war and loss; and the teacher’s support and empathy made me feel welcomed and motivated. I remember getting the highest grade in class and received an award after a few months of my life in Canada.

I ultimately chose a profession deeply influenced by my experiences. Professionally, I have worked with refugees and immigrants who resettled in Canada as the consequence of ongoing conflicts in their homelands. I had witnessed their enduring trauma and pain, but I also observed their resilience and how they continually overcame atrocities of war and displacement. I noticed how our mental health interventions and social services often fail to fully acknowledge their needs; how commonly refugees are categorized as at-risk population and diagnosed with various mental disorders. Thus, perceiving the impact of war and displacement on children and families should not only be seen from a pathological perspective, but also from strength-based approach that is reflected in the concept of resilience.

The most important lesson learned through this great journey is to appreciate being reflexive. As a researcher, I learned to clarify my goals and values and acknowledge their importance. I learned there are ways of challenging existing practices and the static ways of seeing and knowing that may produce some social injustice. I started to learn there are new possibilities for action to promote health. I believe that we are constantly involved in generating knowledge through our reflection in practice and through our relationships with others. Freire proposes critical reflection is perceived as an action (Crotty, 2003). I believe strongly in Freire’s ideas about the importance of critically inserting ourselves into the reality of our situations and his urge for human beings to be the “re-creators” not “spectators” of the world (Crotty, 2003). We as human can choose to stay inside the typology of a victim and accept the reality as a static entity. However, there are alternatives as proposed by Freire. We can perceive our situations as “reality in process” and transform the reality and through this we can transform ourselves too. Freire states that “humanisation” and how people through the process of challenging their situations and their realities, they can discover the obstacles that hinder them to reach their full potentials as humans (Crotty, 2003, p. 152). Being emotional and expressing feelings at times may not be well perceived in many situations because we tend to feel
anxious about how to deal with pain and tears instead of empathizing and providing the space to listen. Thus, I feel that when we are trying to limit individuals to only one option of alienating away from their feelings of grief and stay numb, this can be oppressing. Despite my deep agony, I learned to gather my strength as a child to transform my reality and carry the legacy of my father who engraved beautiful values in me. Caring for others, love of learning and striving to achieve in education were some of the important characteristics that I learned from him. I started to channel my pain in ways that can be meaningful and useful.

In conclusion, I believe that our experiences shape who we are as humans, but also as professionals and researchers. Through the process of reflection, we are continuously engaged in an interpreting process of our world and our experiences. A researcher’s lived experiences seem to influence the process of qualitative research. I perceive this process as a journey, it starts with the researcher’s interest in a topic that may have some personal presumption on the part of the researcher. From these initial steps, the researcher’s lived experiences play a crucial role. Anthropologist Behar proposed that “research which does not break your heart is not worth doing anymore” (Finlay, 2009, p. 15). Our research interest comes from within and we tend to have some kind of narrative and interpretation attached to it. I agree with Kinsella (2006) that “qualitative research is by its very nature informed by hermeneutic thought” (p. 1). I believe that we as graduate students and future researchers tend to be immersed in hermeneutic thought as we are going through the process of learning about philosophical foundations underpinning human concerns starting with our own experiences that shape our passion and choices to the areas of our interest in research.

I tend to perceive myself as an insider to the cultural group that I am aiming to study, and I need to be reflexive throughout the process. I suspect that with my personal experience, I can understand the force of individuals 'emotions more critically. As an insider to the field, it is true that I have an in-depth tacit knowledge, but I need to challenge the known as a researcher. This can be achieved by on-going negotiation and dialogue with war survivors. This will enable me to go deeper and have more insights of the phenomenon, of what is not known and how it makes sense as different people
perceive experiences differently. The consequences of trauma can be perceived differently. Although I may share with them the identity of war survivor, other components may differ. Even though I may have lived a similar experience, I am not proposing that the experience of the participants in this study is the same, but it definitely enabled me a researcher to understand the significance of such experiences. Creating spaces for women and children to talk about their own experiences and how they perceive them, not categorize them, not providing one side of a story by focusing on the impact of war as a mental illness. Instead, we can give these individuals the spaces to express their own concerns from their perspectives, not only from our perspectives as professionals and clinicians.
Chapter 2

2 « Literature Review »

This review first explores the literature in relation to war-related trauma for children and youth who live in countries with ongoing war. I will explore the research on children and youth in the context of war to highlight the significant impact of war on children, youth and families. I will explore parental characteristics and the impact on children’s outcome. This thorough examination will provide an important overview of the tremendous experiences and challenges that war survivors may endure and will demonstrate the significance of the present study. The adversities experienced by refugees do not end by ceasefire; their challenges continue throughout their journeys, from displacement to postmigration. Thus, I will look at the premigration and post-migration experiences of war survivors to highlight the importance of displacement and resettlement and their challenges related to the individuals’ mental health.

This in-depth examination will also reflect the reality of the war and refugee field research as it focuses on the psychopathology model and the substantial number of studies that are focused on deficits. It also displays how resilience is underreported especially with refugee populations. As a study conducted in Canada, I will explore the shortcomings of Western models of mental health care. Next, I will examine the research that frame our understanding of resilience which will provide the foundation to expand our knowledge. I will suggest the field of mental health promotion as the ideal framework for exploring this important topic. Five electronic databases (CINAHL, PsychINFO, EMBASE, Medline and Google DOcs) were searched using a combination of keywords “refugee”, “war”, “mental health”, “depression”, “PTSD”, “resilience”, and various synonyms as search terms. The references of included articles were then screened to identify any further relevant papers. This literature review was conducted in 2016, before beginning my study so that I could identify the gaps in the literature and was updated in
This review will include some key studies that were conducted in the 1990’s due to the various wars that occurred in that era, especially the Gulf War in Iraq in 1991, and the Bosnia and Herzegovina conflict (1992-1995) and subsequent bombing by United States and NATO in 1998. Therefore, the timeframe for included articles will range from 1990-2020.

2.1 « War-related Trauma: Traumatic stress in children and youth including PTSD »

War tends to rupture the fabric of society, leaving families burdened, broken, and interrupting the healthy development of the children. Understanding human’s reactions to extreme adversity such as war and terrorism is considered a crucial global health concern, especially in this century as we are witnessing an increasing level of violence everywhere. Wars influence the whole nation including civilians; the majority of civilians are children and women. Armed conflicts influence children directly or indirectly (Drury & William, 2012; Shenoda, Kadir, Goldhagen, & Pitterman, 2018). Violence exposure is the foundation of children’s agony during war (Llabre & Hadi, 2009). Youth and children are frequently among the most influenced population by adversity such as war due to their age, and their limited social power (Boyden and Mann, 2005; McAdam, 2006). Traumatic experiences of war may include: home demolition, loss of family members, persecution, torture and physical injury, seeing injured and dead people, poverty, imprisonment, rape, and close proximity to bombings (Betancourt, Thomson, & VanderWeele, 2018; Drury & William, 2012). War stressors and their consequences may vary (Dyregrov, Gjestad, & Raundalen, 2020). War exposure can lead to a wide variety of consequences; “children exposed to armed conflict have elevated risks of mental health disorders, including depression, posttraumatic stress disorder, and alcohol use disorders, and have shorter life expectancy” (Santavirta, Santavirta & Gilman, 2018, p. 22).
Since World War II, scholars began to investigate the impact of war on civilians, especially children. Freud and Burlingham (1943) published their work *War and Children* that was based on their observations, clinical experiences and case studies (Masten & Narayan, 2012). They observed that children experienced few signs of “traumatic shock” when the bombings occurred while they were with their parents, but the impact was different when exposure occurred in the context of lost or absent parents (Masten & Narayan). Proximity to attachment figures and parents in the middle of terrorizing experiences is considered a good buffering effect that seems to be a persistent finding in the war literature (Masten & Narayan). Many studies on the impact of war on children noted the remarkable improvements over time; however, the “psychological scaring” (p. 229) seems to be evident among some children (Masten & Narayan, 2012).

In the context of war, families experience various challenges and the consequences may vary. Wars tend to change the structure of the family and its roles (Wadsworth, 2010). Subsequent to the war, many children and youth may perceive themselves adopting new roles that they did not anticipate and prepare for. Children suddenly find themselves “placed into forced labour or slavery, detainted in camps, taken in unlawful adoption and forced into prostitution and early marriages. Many are recruited or captured as child soldiers” (Buchanan et al., 2013, p. 107) such as the case with ISIS survivors who endured captivity. The new roles and responsibilities that are imposed on them seem different from what is known and familiar to them. In addition, the impact of war is compounded for children as the child experiences their own trauma but also experiences their mother’s trauma (Wylie et al., 2018). Wars create feelings of insecurity, unpredictability, and disruption of daily lives for families and children. For war-affected children, “war represents a fundamental alteration of social ecology and infrastructure which supports child development in addition to risk of personal physical endangerment. Restoration of damaged social ecology is fundamental to improving prevention and rehabilitative interventions for war-affected children” (Betancourt & Khan, 2008, p. 318)

There is a substantial body of literature demonstrating the psychological impact of
adversity on humans, specifically on children. Children’s reactions to adversity and
danger may include somatization, anxiety, hypersensitivity, withdrawal symptoms, and
mild depression, poor sleeping, excessive clinging behaviours to parents, and extensive
fear, with only a small percentage developing Posttraumatic stress disorder (Quota,
Punamaki, & El Sarraj, 2003; Vogel & Vernberg, 1993). However, most of the research
in this field tends to concentrate on pathology generally, and posttraumatic stress
disorder (PTSD) in particular (Drury & Williams, 2012). PTSD is a mental disorder
characterized by the existence of three discrete, co-existing symptom clusters:
avoidance symptoms that include controlling one’s thoughts and detaching oneself from
the cues of the traumatic events; re-experiencing symptoms that involve experiencing
images and nightmares of the traumatic events; and hyperarousal symptoms such as
irritability, hypervigilance, insomnia, impaired concentration, and elevated startle
responses (Werner, 2012). PTSD continues to be the central focus for much of the
research on the effects of war on civilians (Drury & William, 2012).

The prevalence of PTSD among children exposed to adversity fluctuates, and it is not
consistent across studies. The highest levels of PTSD symptoms (78-88%) were obtained
from children in Iraq who witnessed the bombing of Al Amarya shelter during the Gulf
War in 1991 (Dyregrov, Gjestad, & Raundalen 2002). Children’s data from Southern
Darfur, Sudan showed similarly high levels of PTSD at 75% (Morgos, Worden, &
Gupta, 2008). While children of Bosnia-Herzegovina showed 52% (Smith, Perrin, Yule,
& Rabe-Hesketh, 2001), which corresponds to both the level displayed by Palestinian
children in Gaza at 54% (Qouta, Punamaki, & El Sarraj, 2003) and Cambodian refugee
children at 48% (Sack, Gregory, Clarke, and Seeley, 1995). The lowest percentage was
obtained from Israeli children at 25% (Laor, Wolmer, Mayes, Gershon, Weizman, &
Cohen, 1997), which is consistent with PTSD rates of Lebanese children at a level of
27% (Saige, 1991).

Drury and Williams (2012) provide a comprehensive review that highlights the
psychosocial responses of children and young people to war, terrorism and collective
violence. They offered the following important observations: (1) during armed conflicts children present levels of psychiatric symptoms that are proportional to the amount of exposure to threats, destruction, and loss of significant others; (2) the more excessive the violence is the greater the symptomology level; (3) the exposure of children to war and terrorism leads to distress for some children and mental disorders for a small minority; (3) displaced individuals and refugee children cope better with traumatic events if they are accompanied by their parents (Drury & Williams). Thus, the presence of the family is considered a strong protective factor during adversity.

Several studies indicate that children who witness war and violence and subjected to conflicts are at risk in regard to their overall health (Buchanan, Al-Mashat, Cortes, Djukic, Jaghori, & Thompson, 2013). Thabet, Ibraheem, Shivram, Winter, and Vostanis (2009) observed from researching Gaza strip children in school that there are various risk factors that may contribute to the development of PTSD to war trauma, including exposure type and amount. Some of these observed risk factors are close proximity, high degree of threat, response of parents and their mental health, loss of social network and family members, forced displacement, family inconsistency and economic difficulties (Thabet et al., 2009).

Hadi, and Llabre (1998) explored the traumatic exposure level to violence and the psychological and cognitive reactions of 233 Kuwaiti children between the ages of 8 and 12 years to the Gulf crisis. They found that most children had mild level symptoms for PTSD and a small percentage reported severe PTSD symptoms. This small group included older children who were exposed to more violence and did not leave the country during crisis. The authors concluded that the types of traumatic experiences are essential determinants of psychological distress. Furthermore, the parental level of depression did not predict the psychological distress in children. Hadi, and Llabre noted that this unexpected outcome was due to the family constellation of the Kuwaiti culture. The
participants had large families, and the impact of one parent may have been reduced when the children are supported by multiple adults who provide social support (Hadi & Llabre). In addition to the immediate attempt to rebuild the infrastructure of the country and the availability of the resources due to its wealth, the Kuwaiti government offers educational, financial, social support, and special programs to support children (Hadi & Llabre). Moreover, the authors observed that there was small decline in performance IQ noted for children whose fathers were harmed during the crisis that suggests the need for further examination of the impact of particular experiences (Hadi & Llabre).

Studies of PTSD that are longitudinal in design are sparse. Of those existing, some of these studies show that the symptoms of Posttraumatic stress decrease over time after cease fire and the violence lessens (Qouta, Punamaki, & El Sarraj, 2003). In a longitudinal study, Dyregrov, Gjestad, and Raundalen (2002) interviewed 94 Iraqi children following the 1991 Gulf war at 6 months, 1 year, and 2 years after the war. These children witnessed the bombing of Al Ameriyah shelter in Baghdad. This shelter was used by the community to protect themselves. The bombing of this shelter was severe and traumatic because 2000 civilians were killed and the majority of people witnessed the removal of the burned bodies, the smell, and the traumatic scene (Dyregrov, Gjestad & Raundalen, 2002). Dyregrov et al., (2002) discovered that children were highly distressed and continue to feel sad and worry about their loved ones. However, most children did not express their feelings to their parents; and most reported that others were unable to understand them (Dyregrov et al.). The authors documented that children’s reactions persisted with intensity slightly reduced after 2 years (Dyregrov et al.). Dyregrov et al. (2002) proposed that many Iraqi parents did not stimulate discussion and the expression of feelings in children. Parents encouraged their children to forget and disregard their traumatic experiences, which left the children feeling alone and not supported with their distress and grief (Dyregrov et al.).

Another longitudinal study was conducted by Hadi, Llabre, and Spitzer (2006) on 111 Kuwaiti children and 59 mothers with different types of war related experiences during
the Gulf War. The experiences of trauma exposure were created based on their fathers’-husbands’ experiences who either were arrested, killed, missing, or intact. They hypothesized that particular types of war related trauma suffered by Kuwaiti children due to the experiences of the fathers during the Gulf War was associated with their level of depression, anxiety, and posttraumatic stress. Participants were measured using measures of anxiety, depression, and posttraumatic stress in 1993, and later in 2003 when they were young adults. Hadi et al. (2006) found that the group whose husbands-fathers were detained showed higher level of PTSD. In 1993, both children and their mothers whose fathers-husbands were killed or missing showed the highest depression levels relative to the control group. However, children and mothers whose fathers-husbands were arrested showed the highest levels of depression in 2003. Children’s results regarding anxiety were not significant in 1993; however, the detained group showed the highest anxiety levels. The anxiety of the mothers of those whose husbands were arrested were higher anxiety in 1993 and 2003. The authors proposed that the unexpected low levels of depression reported by the group whose fathers were murdered, who showed similar depression level to control group in 2003 indicate that those participants may have experienced the grief process successfully and have realized the psychological distress that is associated with the father’s death (Hadi, Llabre, & Spitzer, 2006). Hadi et al. (2006) suggested that children and their mothers whose fathers-husbands were killed showed low depression levels in 2003 resembling the control participants because families of martyrs received great benefits and financial support and special treatment from the Kuwaiti government. Furthermore, the authors suspected that the anxiety levels would be the highest among the group whose fathers were missing due to the insecurity of their situation. However, the results did not support their hypothesis; Hadi et al. (2006) stated that the government offered good support to these families as well which may have helped them throughout the grieving process. The authors also proposed that the symptoms of posttraumatic stress in children did not dissolve over time, and no gender differences was observed in this study (Hadi, Llabre, & Spitzer). However, it is promising to find the effect of war-related traumatic exposure for some can dissipate over time when there is good social support and absence of additional stressors (Hadi, Llabre, & Spitzer). It is essential to address the experiences of fathers in order to understand the
long-term effects of war-related traumatic events on children and families (Hadi, Llabre, & Spitzer,) given the significant role of the father in this context.

In line with the previous findings, Llabre and Hadi (2009) conducted another longitudinal study of Kuwaiti children to determine whether war related trauma exposure in childhood during the Gulf war and the Iraqi occupation predicted health consequences in adulthood such as posttraumatic stress, health complaints, poor sleep and obesity. The authors assessed 151 boys and girls between the ages of 9-12 years in 1993 to determine their level of trauma exposure, psychological distress and health conditions. After ten years, 120 of the initial participants were assessed again on their overall health, sleep quality, body mass index (BMI), and posttraumatic stress. Llabre and Hadi (2009) found that war-related trauma exposure during childhood is associated with high BMI and posttraumatic stress, reduced sleep quality, and self-reported health complaints in adulthood.

War exposure seems to influence other areas of children’s life such as life outcome. Hadi, Lai and Llabre (2014) explored life outcome of Kuwaiti children exposed to the Gulf crisis in 1990-1991. Through assessment in 1993 and again in 2003, it was found that exposure to war trauma was significantly associated with lower educational and occupational outcomes, exposure to war-trauma predicted reduced likelihood of attending university for boys but not girls; and that girls with higher war-related exposure levels were more likely to get married. Hadi et al., (2014) noted that these gender differences can be explained in terms of the impact of a father’s role within this context. The loss or absence of the father figure may extensively constrain the chances or choices that are available to children as adults (Hadi, Lai, Llabre, 2014). Family roles change due to this loss in a strongly patriarchal society such as Kuwait. Boys tend to claim the traditional responsibilities of the father and become breadwinners for the family; while girls desire to marry early to regain the male figure protection within the society (Hadi et al., 2014) and lessen the burden on their families. In Kuwaiti culture fathers are often responsible for children’s life outcome and the absence of fathers may have influenced the salience of gender roles in families (Hadi, Lai & Llabre).
However, it is important to be cautious when interpreting these results, as they may not be generalized to other samples. First of all, as with most war affected population studies, the level of the participants’ functioning prior to war is not present. Secondly, lack of normative data on the translated Arabic measuring tools is considered another limitation of the study (Hadi et al., 2014). Furthermore, the whole Gulf crisis in Kuwait did not last long. Kuwait is a rich country with numerous resources that overcame the crisis in a short time, rebuilt the country quickly and offered good support programs to its people (Hadi et al.). Finally, there was no information available on whether these children received psychological treatment (Hadi, Lai, Llabre) but there are suggestions that they may have. For instance, the Kuwaiti government provided economic, educational, and social support; and also put forth efforts to provide programs that support children (Hadi & Llabre, 1998). Moreover, the exposure to violence did not continue much after the cease fire (Hadi & Llabre, 1998). Stability and sense of safety was quickly regained. Hadi et al., (2014) calls for the importance of addressing shifts that occur in the family structure from before the war to postwar. Most treatments of war survivors focus on pathology and mental health symptoms without discussing the importance of understanding family structure and context (Hadi, Lai, Llabre, 2014).

In light of some of the significant findings in the literature about the importance of the maternal role in the aftermath of war, Smith, Perrin, Yule, and Rabe-Hesketh (2001) examined the effects of war exposure and mental health of the mother on the children’s psychological adjustment in Bosnia. Smith et al., (2001) reported the following findings from children’s self-reports: high levels of war exposure stressors, grief reactions, and posttraumatic stress symptoms; however, the levels of depression and anxiety were normal. The authors also found a similar pattern for the mothers that their war exposure and posttraumatic stress symptoms were elevated, and their levels of depression and anxiety were normal. It was concluded that children’s distress was associated to both their war exposure level and maternal reactions.
Sack, Gregory, Clarke, and Seeley (1995) found similar findings among Cambodian refugees living in the United States. The authors found a significant intergenerational relationship for PTSD but not MDD. Sack et al., (1995) proposed that “PTSD in refugees may cluster in families” (p. 1160). Qouta, Punamaki, and El Sarraj (2003) explored the prevalence and determinants of posttraumatic stress disorder (PTSD) among 121 Palestinian children in Gaza who lost their homes in the bombing. They found a high level of PTSD among Palestinian children (54%), more than half suffered severe PTSD, and one third suffered moderate symptoms. The authors proposed that the PTSD level was high because the data was collected while the armed conflict continued. PTSD levels decline when the danger and adversity are over (Qouta, Punamaki, & El Sarraj, 2003).

Secondly, the bombardment occurs suddenly, and the unpredictability is perceived to be the most traumatic event for individuals (Qouta, Punamaki, & El Sarraj). Third, during the armed conflict, the Israeli army may not allow people to help their injured family members or bury their dead loved ones, thus the process of grieving may be complex and individuals may feel helplessness, guilt, anger and despair (Qouta, Punamaki, & El Sarraj, 2003). Furthermore, Qouta et al., (2003) found that maternal reactions to trauma influence children’s reactions as well. The maternal PTSD and educational level were essential determinants of their offspring’s PTSD; collectively with the gender of the child and trauma exposure: girls who witnessed violent events and who had high educated mothers that suffered high PTSD levels showed high PTSD symptoms (Qouta, Punamaki, & El Sarraj). This study documents well the essential role of mother’s responses to trauma in determining PTSD in children subsequent to war (Qouta, Punamaki, & El Sarraj). These results emphasize the significance of family environment satisfying the basic needs for resilient and secure child development (Qouta, Punamaki, & El Sarraj).

In contrast to the previous findings on PTSD in families, Lai, Hadi, Llabre, (2014) investigated the association between parents’ distress and children’s distress by examining multiple distress symptoms (anxiety, posttraumatic stress (PTS) and depression) among children and parents after their exposure to the Gulf crisis in 1990-1991. Lai et al., (2014) found that parent’s distress was found to be a risk factor for
depression in children, but not for anxiety symptoms or posttraumatic stress symptoms (Lai, Hadi, & Llabre).

In their extensive review of children’s psychological response to natural disasters, Vogel and Vernberg (1993) proposed that children tend to show fairly moderate and short-term distress reactions to disasters, and some responses may later present symptoms of PTSD. The pattern and the severity of the children’s reactions are affected by the catastrophe characteristics such as the amount of loss and bereavement, injury, the exposure severity to life threats, separation from family; child’s traits such as age, sex, and the characteristic of the community and family (Vogel & Vernberg, 1993). According to Vogel and Vernberg (1993), the level of symptoms usually diminishes quickly, and recovery was achieved typically by 18 months to 3 years unless there is long term disruption in the family and community context or following brutal life threat and destruction. Thus, some children may experience extreme suffering when devastation occurs in the context of war and forced immigration due to the familial and community changes that seem to last forever.

Although many studies focus on PTSD, Kandemir, Karataş, Çeri, Solmaz, Kandemir, and Solmaz, (2018) conducted a study to investigate the prevalence of war-related adverse events, depression and anxiety symptoms among a representative school sample of Syrian refugee children. This study uncovered high rates of depression and anxiety disorders among child survivors of Syrian war (Kandemir et al.). This study also revealed very high rates of severe traumatic experiences that may have ever-lasting adverse effects on mental health of refugee children (Kandemir et al.) In addition to experience war trauma, the children in this study experienced high prevalence of adversities after displacement such as living in over-crowded houses, lack of food or shelter and unfavorably changed parent’s manner toward themselves (Kandemir et al.).

The above studies provide some important insights regarding war-affected populations. However, the inconsistency of the results regarding the levels of PTSD and other mental
illness calls for the importance of extending the scope of research and practice related to the impact of war on children and adults beyond psychopathology and strive to include more sensitive assessment tools that can capture such experiences. The characteristics of the actual traumatic events tends to be important.

### 2.2 « Parental characteristics and the impact on children’s outcome »

 Normally parents play a significant role in their children’s development and they are their role models; enhancing their development and their learning. However, the refugee experience may impose several challenges on parents themselves that can excrete significant disruption to the children’s emotional development (UNHCR, 1994). Under extreme adversity especially war and displacement, parent’s emotional availability for children may be harmed (UNHCR, 1994). More emphasis needs to be given to how individuals perceive their family’s transitions and functioning during and after the war and displacement.

Loar, Wolmer, Mayes, Gershon, Weizman, and Cohen (1997) conducted a longitudinal study on Israeli preschool children and their mothers who witnessed Scud missile attacks during the Gulf war. Loar et al. (1997) compared the symptoms of the reactions of families not displaced and families displaced from the neighbourhood that was targeted by missiles 6 months after the attack. They found that the continuing stressful responses such as fear, sleep disturbance, regressive signs, and anxiety; and symptoms of externalization such as aggression, hyperactivity and acting out in children who were displaced were related to environmental aspects such as displacement, home demolition, violence exposure; and human aspects such as family cohesion, mother’s mental health, and child’s characteristics (Loar et al.). Loar et al., (1997) proposed that these factors taken as a whole worked as a “protective matrix” (p. 350) that it is a mixture of physical, social, familial, personal, and cultural adaptive devices that adjust stressful environments.
The authors also found that the matrix elements presented systemic adjustments with age; the responses of older children (5 years) were less dependent on family cohesion and the maternal symptoms than younger children aged (3-4 years). Loar et al. (1997) concluded that maternal stress-buffering capacity is an important component of the protective matrix of young children; and this matrix is not fixed instead it is dynamic one.

Loar et al. (1997) conducted a follow up at 30-months after the Scud missile attack with the same preschool children and their mothers. In the follow up study the authors interviewed families who were displaced during the Gulf War due to the destruction of their homes by the missile attack and a control group of families who were not displaced and asked them about symptoms of PTSD, the maternal capacity to control images, and the adaptive behavior of children. The authors found the following: (1) stress symptoms were reduced in displaced children but not their mothers; (2) no significant difference was found between the children of both groups at the 30-months follow up; (3) both the preschool children and their mothers reported more symptoms of PTSD than the control group; (4) the symptoms of PTSD of displaced children correlated with the avoidant symptoms of the mother (5) the adaptive behaviors of children showed no differences; and (6) at the follow up, the maternal avoidant symptoms were statistically clarified by the maternal symptoms during the war and their ability to control images, the length of the displacement, and family cohesion (Loar et al., 1997). The stress-buffering ability of the mother represents the fundamental component in the protection matrix of children and is essential in decreasing the prolonged pain of preschool traumatized children (Loar et al.).

Focusing on attachment relationships is crucial in comprehending the impact of war on children, and how they cope with war stressors (Betancourt & Khan, 2008). Research emphasizing this area dates back to the influential classical work of Anna Freud and Dorothy Burlingham (1944) who observed children’s behaviors after World War II (Betancourt & Khan). Henshaw and Howarth (1941)’s classical study of World War II children during the British evacuation and found that the evacuation and the following
family separation triggered more pain and emotional stress in children than war exposure to air raids (Betancourt & Khan, 2008). Bowlby (1969) highlights the importance of the attachment figures and their relationships to children. These attachment relationships are considered essential for assisting children who live amid adversity (Masten & Wright, 2010). Attachment relationships function through the love, social support and care they offer the child (Betancourt & Khan, 2008). Social support is characterized in relation to its “source, structure and function” (Betancourt & Khan, 2008, p. 321). The caregiver’s ability to encourage children and support them to make meaning of the traumatic events is crucial for children’s subsequent adjustment (Betancourt & Khan). The impact of violence on children may vary based on the accessibility of trustworthy, caring attachment figures to offer support throughout adversity more than the amount of violence exposure (Garbirnio, Dubrow, & Kostelny, 1991). Annnan and Blattman (2006)’s study of 741 youth in Northern Uganda who were former soldiers found that family played a significant role in their reintegration and mental well-being.

In line with the above finding, Punamaki, Qouta, and El-Sarraj (2001) conducted a study on 86 children who were exposed to war first tested in 1993 during Intifada in Israel, the author reinterviewed a subgroup of war affected children (64 participants) in 1996. He found that war-affected children who perceived their mothers, but not their fathers, as caring and loving presented elevated levels of post traumatic symptoms as compared to children who viewed similar caring and loving relationships with both parents (Punamaki, Qouta, & El-Sarraj, 2001). Similarly, Qouta, Punamaki, and El Sarraj (2008) presented the importance of a supportive parenting style after the war. They found that children who had supportive parents tended to be more adapted, less violent, and better problem solvers than children of hostile and punitive parents (Qouta et al., 2008). Children of parents who were worried and concerned about safety were observed by their children to have difficulty meeting the children’s emotional needs (Qouta et al., 2008). Parents’ discrepancy in terms of their behaviors can cause issues for children (Wadsworth, 2010). Furthermore, parents’ treatment seemed to be more gender specific: girls were treated with high restriction, but boys were encouraged to participate in political clash (Qouta et al., 2008).
Thabet, Ibrahim, Shivram, Winter, and Vostanis (2009) conducted a study to investigate the association between PTSD symptoms and positive support of parents on Gaza children. They observed that the exposure level to traumatic events was significantly higher in camp children than city or village children (Thabet et al., 2009). Thabet et al. (2009) found a significant inverse relationship between posttraumatic stress reactions and parent support. Parental support is considered the most essential factor to provide feelings of caring, physical safety, and reassurance (Thabet et al.). It is also the central part of the home environment that children value; however, research continues to be limited in terms of investigating this phenomenon and its impacts on children living in conflict zones (Thabet et al.). During wartime, parenting styles may change due to many stressors (Thabet et al.). Thabet et al. (2009) concluded that the perception of parental support can be considered a moderating factor on the effect of war related trauma on children’s well-being. The authors found a negative correlation between trauma exposure and parental support perception (Thabet et al.). Thus, efforts need to be targeted to reinforce parental support to assist war affected children (Thabet et al.).

The experiences of children in the context of war and violence and the type of trauma seem to vary (Wadsworth, 2010). Macksoud and Aber (1996) conducted a study of 224 Lebanese children aged 10-16 to explore war trauma type, and the impact of the war trauma on their mental health. The authors found that some types of war trauma produced more PTSD symptoms such as witnessing violent events, experiencing heavy bombing, and loss of family members (Macksoud & Aber, 1996). Moreover, Barber (2008) found that Bosnian adolescents were more likely to witness the demolition of their homes, and loss of their family members than Palestinian youth, and less likely to witness their fathers being tortured (Barber, 2008). Most studies conducted on Rwandan, Afghan, and Bosnian children showed that half of these participants had suffered, and some witnessed the loss of family members, however, this experience was reported to be less common among Palestinian youth (Barber 2008; Schaal & Ebert, 2006).
In sum, the above studies provide significant contributions to understanding how wars and violence impose several challenges on children and youth who grow up amid violence that tend to complicate their lives in general. Parents play a crucial role in the outcomes of these children. These studies provide support for the importance of the ecological approach to understand the mental health of individuals growing up amid wars and violence. In addition, given the different responses of war survivors due to the difference in war related experiences call for more qualitative studies in order to understand the complexities of war.

2.3 « Premigration, postmigration and psychosocial adjustment »

The environments that war affected populations experience have to be understood on a continuum from pre-migration conditions to resettlement in host countries to help comprehend the contextual influences on their wellbeing (Beiser, 2005; Mawani, 2014). The overall conditions of the refugees’ homeland such as the political and social environments can impose an impact on refugees’ overall health and their families’ health even after their resettlement in host countries (Mawani, 2014). War related trauma may include several severe experiences such as injuries, torture, loss, family executions and poverty. Often these traumatic experiences are followed by disturbing escapes, prolonged stays in refugee camps and possibly exile (Shenoda, Kadir, Pitterman, & Goldhagen, 2018; Shoeb, Weinstein, & Halpern, 2007). War and violence may lead many children, youth and families to leave their homes and escape. In most cases, people are forced to leave for many reasons including fear, hope for a better future, or escape from the oppression; all these reasons end up in exile and displacement. According to Edward Said (2000), “exile is strangely compelling to think about but terrible to experience. It is the unhealable rift forced between a human being and a native place, between the self and its true home: its essential sadness can never be surmounted” (p, 173). Exile is basically a “discontinues state of being” that causes a terminal loss condition (Said, 2000, p.177).
Displacement experiences can include both internal and external factors. Some are displaced internally inside their homelands or externally to neighboring countries or refugee camps due to war and violence. Most refugees of war need to go to transit countries prior to their arrival to the host countries. They may live in refugee camps or even independently. In many cases, the actual experience of running away during the war can have several atrocities (Berman, Giron, & Marroquin, 2006). The usual living conditions of the displaced children, youth and families can be characterized as harsh and filled with hardships. The process of immigration and resettlement impose complex challenges on individuals’ overall well-being; it creates physical, social, and economic changes to individuals’ lives that in turn have great effects on their health, the resettlement process and the overall quality of life (Rashid & Gregory, 2014). It has been found that the health literacy of refugees, and in particular, the ability and motivation to gain access to, understand and use health information, is lower than that of the general population (Mangrio, Zdravkovic, & Carlson, 2019). Living with uncertainty about the possibility with the future destination and regaining the sense of having a home again that surrounds the displacement experiences is extremely taxing for people. In addition, the resettlement process is not time-limited or short-term (Beiser, 1999). It tends to impact war survivors all their lives and may influence them differently at various developmental phases (Beiser, 1999) of their lives.

The detrimental impact of exposure to war and violence is increasingly documented. However, research is very limited regarding the effects of premigration traumatic experiences and postmigration factors (Norris, Aroian, & Nickerson, 2011). Berman, Giron, and Marroquin (2006) conducted a narrative study to explore the premigration experiences of nine refugee women who witnessed violence in the context of war prior to their arrival to Canada. In spite of the premigration violence that refugee women had witnessed, they were still supposed to take on their full responsibilities of being caregivers, nurture and take care of their families (Berman et al., 2006) which made them more resilient. Berman et al. (2006) found that all the participants expressed suffering traumatic experiences directly or indirectly. In addition to the war violence, most described other types of violent experiences such as sexual and physical (Berman et al)).
This violence “became an integral part of their lives” (Berman et al., 2006, p. 41). The following themes were generated: “lives forever changed, new notions of normality, a pervasive sense of fear, selves obscured, living among and between cultures, a woman’s place in Canada, bearing heavy burdens-the centrality of children, and an uncaring system of care” (Berman et al., 2006, p. 33). Simultaneously, many barriers were also identified related to postmigration such as language barriers, inadequate housing, lack of traditional support such as extended family and friends, health concerns, lack of appropriate access to counseling and health care, rejection, alienation, feelings of resignation, cultural shock, racism, and helplessness (Berman et al.) The women participants felt confounded, displaced, and detached (Berman et al.).

Wilson, Murtaza, and Shakya (2010) proposed some findings from implementing two community-based projects targeted to newly arrived refugees to Toronto in order to understand the premigration and postmigration determinants of mental health. The authors found that: (1) these refugees witnessed dangerous premigration challenges such as violence, war, persecution, migration, torture, and stayed in refugee camps with severely inappropriate life conditions; and (2) premigration factors, specifically gaps in socioeconomic and educational chances, tend to increase the postmigration challenges that refugees encounter (Wilson et al., 2010). Following migration, refugees and immigrants suffer several losses (Betancourt et al., 2015). Similarly, Betancourt et al. (2015) found numerous losses and risk elements were identified by the Somali refugee families resettled in Boston. These losses include poverty, language barriers, unemployment, poor neighborhoods, status loss, identity issues; communication problems among parents and youth; and shifting in power dynamics between children and parents (Betancourt et al.). Several participants expressed discrepancies between their expectations and the realities of their situations upon arrival (Betancourt et al.). Moreover, themes relevant to resources for resilience were also identified, these themes were: individual resources such as religion and spirituality; community support and network; and familial connectedness such as communication (Betancourt et al.).
Refugees arrive in their host countries with complex and nuanced experiences of war, torture, and strenuous migration journeys which have varying impacts on mental health (Wylie et al., 2018). When refugees resettle in host countries, significant changes occur in their lives as they strive to integrate and adapt to new values, different belief systems, new and unfamiliar family roles and new expectations. Refugee children and youth try to connect the new culture of their new home and their old cultures (Lustig, 2004). Children and youth may adopt extra responsibilities such as being the cultural liaison for an older generation in the new context (Lustig) which may create extra challenges in the family and shift family roles and power dynamics.

Hence, postmigration is not an easy process especially if the legacy of trauma in the premigration phase has been a part of that process. It is a stressful period where children, youth and families experience several transitions and need to understand many things at an extremely fast pace. Overall, refugee families and children who emigrate from war torn countries and had witnessed traumatic experiences face several challenges related to their premigration and postmigration that may influence their overall well-being. Refugees’ premigration and postmigration experiences influence their physical and mental health and have critical effects on the process of settlement (Berman et al., 2006) and integration.

Living amid war imposes significant challenges for children, and families. Refugees and immigrants coming from conflict zones face complex challenges related to premigration and post migration in the host country. War and political conflicts excrete severe impact on the mental health and well-being of civilians. Refugees and immigrants from conflict/war zones are influenced not only by the social determinants of health but by additional stressors such as: premigration experiences, resettlement processes, cultural integration, loss of extended families, loss of social networks, and barriers to services due to language and cultural differences. Refugee children specifically face a greater magnitude of danger to their safety, and welfare comparing to average child (UNHCR, 1994). In addition to the limited number of resources available for children and youth
during emergencies, and the disruption of communities and families, the onset of violence and conflicts deeply influence the physical and psychological health of refugee children (UNHCR, 1994). Children’s exposure to war may result in the development of mental disorders for some, but research indicates that the majority of children tend to present positive outcomes despite adversity (Drury & Williams, 2012).

Violence causes agony to humans and has become global health concern. Wars are known to impose extreme distress and suffering to humankind. Religions of the worlds have grappled to understand issues of suffering and pain for centuries, however, over the last century psychology and medicine have controlled this domain in the Western world (Almedom & Summerfield, 2004). Almedom and Summerfield (2004) explain the problem with medicalizing human experiences and state that medicalization of human’s adversities and suffering indicates that notions about illness and disease are employed to understand circumstances that have cultural and social root. They add that distress medicalization requires “missed identification between the individual and the social world, and a tendency to transform the social into the biological” (p. 384). Almedom and Summerfield (2004) continue by emphasizing the utilization of stress, emotional suffering, and trauma by everyone, using them metaphorically or as a symptom for professional help. However, knowledge generation needs to take into account that reactions to adversities are shaped by context and culture. Psychological knowledge is the outcome of a certain culture at a certain time, and there are multiple true descriptions of the world (Almedom & Summerfield). Wars and armed conflicts can cause psychological and physical harm to people, which can affect the mental health of the affected population (Alqudah, 2013). Alqudah (2013) states that issues such as trauma, conflict, threats, violence, loss or separation from family, and poverty can increase the risk of mental health concerns for refugees.
2.4 « Long-term effects of war on mental health, family, and family functioning »

War can have long-term impacts on mental health which may persist across generations (Betancourt, Thompson, & VanderWeele, 2018). However, studies that examine the longer-term effects of war exposure in childhood among adults or intergenerational effect of war are rare and difficult to undertake (Betancourt, Thompson, & VanderWeele).

Among these few studies is research conducted by Betancourt, Keegan, Farrar and Brennan (2020) who investigated the intergenerational impact of war on mental health and psychosocial wellbeing among war-affected youth in Sierra Leone. Youth aged 10–17 who were involved with the Revolutionary United Front (RUF) or other armed groups, who had been referred to Disarmament, Demobilization, and Reintegration (DDR) programs and were on the roster of a collaborating interim care center serving five districts were invited to participate in the study. Youth who had killed or injured others during wartime experienced lower levels of prosocial behavior and higher levels of social stigma after the war. Youth who reported having been raped exhibited heightened post-war anxiety and depression. This worsening anxiety and depression were also closely related to being involved in fighting forces at a younger age and to post-conflict social and economic hardships. Youth who had experienced the highest sustained stigma and lowest community and family acceptance, had increased risk of anxiety/depression above the clinical threshold, possible PTSD, and were around three times more likely to attempt suicide. Parents’ emotional dysregulation was associated with the dysregulation of their offspring. In another study male offspring of mothers evacuated from Finland to Sweden during childhood due to World WAR II had a greater risk of psychiatric hospitalization than female offspring (Santavirta, Santavirta & Gilman, 2018). This study suggests that child refugees may experience gender-specific health consequences that persist long after reunification and that early-life adversities, including war-related exposures, may be associated with mental health disorders that persist across generations.
It is evident that children and youth are embedded within their families who are nested in societies. Thus, wars cause significant loss and may damage every layer of the society. Violence and wars tend to shatter families and social networks (Betancourt & Khan, 2008). Human relationships often hurt due to violence and refugee experiences (UNHCR, 1994). Most studies of children and family in the face of adversity are directed toward internal threats within the family such as domestic violence (Masten & Obradovic, 2008) while studies that focus on external threats are limited. Warfare has long-term physical and mental health consequences on refugees that may expand to succeeding generations such as the case of Kurdish population whose children who are born in Canada suffer several developmental and physical disabilities (Mawani, 2001, 2014). The effect on children also has significant influence on their families’, and communities’ mental health (Mawani, 2014); “family groups and ethnic societies have been targeted for acts of war specifically aimed at their destruction” (Wadsworth, 2010, p. 549). Refugees and their families experience several stressors including losing familial and social support, changes in financial and lifestyle conditions, employment, family and marriage relations, and cultural norms (Pickren, 2014).

Families and children go through several ecological transitions after war and displacement. Bronfenbrenner (1979) proposed that “ecological transition occurs whenever a person’s position in the ecological environment is altered as the result of a change in role, setting, or both” such as getting new job, losing a job, marrying, buying a home, emigrating, getting sick, dying” (p. 26). Wars seem to break families apart leaving many children to be responsible for younger siblings and other family members (Buchanan et al., 2013). The roles of children and youth change, “if one parent is missing, a child may have to take on adult responsibilities. When a mother has to take over a missing father's productive tasks outside the home, for example, an older daughter may have to substitute for the mother in caring for younger children. As a result, the daughter's developmental needs might be neglected because of overwork, or lack of opportunities for play or to attend school” (UNHCR, 1994, p. 28). In addition, newcomer refugee children and youth tend to struggle more as they resettle due to several differences related to customs, religions and language; and children tend to lose their cultural identity faster than
adults (UNHCR, 1994) as they tend to integrate and acculturate at faster rate than their caregivers. Family belief and value systems play a major role in reducing the impact of transition, and changing the environment (Silberberg, 2001).

War violence targets every layer of the social fabric leaving societies broken and ruptured. Five decades later, the legacy of the Holocaust persists to produce long-term negative impacts on families (Fridman, Bakermans-Kranenburg, Sagi-Schwartz, & Van IJzendoorn, 2011; Wadsworth, 2010). In addition to trauma of the war and the tremendous fear associated with it, living in the midst of war means ongoing disaster and shortage in the most basic needs for human survival. It means lack of food, water, electricity, and appropriate medical care (Dybdahl, 2001). Many families experience torture, imprisonment, and loss of its members. Hence, war related trauma does not only include bombing, shooting, and other war related events; it also involves hardships and challenges due to poverty, loss of loved ones, displacement and refugee life (Dybdahl). During wars, families have been displaced, alienated and forced into dangerous conditions globally (Wadsworth, 2010). Some examples of war affected populations are refugee families where war severely altered the surrounding context of the child and the family (Betancourt & Khan, 2008). Families who are displaced and experience the refugee life usually experience ‘ecological transitions’ (Bronfenbrenner, 1979) as well as changes in their roles and settings (Butancourt & Khan). Bronfenbrenner (1979)’s ecological model offers a framework to understand children as part of the whole. For instance, the ecological model acknowledges the importance of attachment in a child’s life (McAdam, 2006). Bowlby (1969) highlighted the importance of the child’s relationship to the mother; however, family components across culture varies (McAdam) the significance of attachment relationships goes beyond the basic family unit in many collective cultures. Similarly, the quality and the nature of the relationships between truly loving and devoted caregivers considerably change by the duties and role shifts that are crucial to survive in a war (Betancourt, 2005) and displacement. The interest of the group takes precedent over the interest of the individuals and many decisions are made based on this value.
War trauma and violence impacts family roles and structure. For instance, thousands of Sri Lankan widowed women were forced to assume the nontraditional role of the breadwinners for their children and families (Somasundaram, 2004). Violence tends to disturb family life, it hinders families to perform its functions such as embracing marriage, having children and nurturing them, and carrying the responsibilities of the family (Wadsworth, 2010). For instance, after the war in Lebanon in the 1990s, the male population decreased due to death and migration, and women became more likely to stay without marriage or delay it (Wadsworth, 2010). Due to separation of family members due to forced military enrolment or detention, families may be pressured to displace to refugee camps or other locations that may lead to poverty (Wadsworth). For instance, thousands of Iraqi husbands and fathers were distant from their families for years given the forced military law. Getting access to the most basic needs can be extremely challenging. Children are unable to attend schools because they may be closed or unsafe (Wadsworth). Another taxing issue to families in the context of war is the increased wave of using girls and women as a weapon of war in order to rupture family units (Diken & Laustesen, 2005). Women became the target of violence through kidnapping, captivity, rape and slavery such as the case with Yezidi girls and women by ISIS in Iraq in 2014. According to Diken and Laustsen (2005), Bosnian women and girls in camp were raped in the presence of family members at times and got pregnant, then detained until the possibility of having abortion was diminished. Such children were banished, and their mothers would be denounced due to the custom and beliefs of some cultures (Diken & Lausten, 2005). However, the experiences of women and girls in the context of war has received little attention (Wadsworth).

In general, mental health concerns as an aftermath of war can impose significant challenges on families as the microsystems where children and youth are embedded. PTSD can have great impact on individual’s overall wellbeing, parent’s relationship to their children and marital relations as well (Wadsworth, 2010). In addition to other mental health concerns that may be generated due to the traumatic events created by war and violence; trauma seems to transmit across generations if issues are not resolved and dealt with appropriately. However, the ways trauma is transmitted among members of
the family are still not very well comprehended (Wadsworth). There may be some genetic
disposition, nonetheless, most methods of transmission seem to be associated with social
processes (Wadsworth). Direct trauma transmission can occur when children and spouses
relate with the individual who has been traumatized and present similar symptoms or
when the individual who has been traumatized behaves in an aggressive way
(Wadsworth). Trauma transmission may occur indirectly due to shared family
environment (Wadsworth). However, our understanding of the experiences of children
and youth as part of their families in the context of war and terrorism is still lacking
(Wadsworth).

Weine, Muzurovic, Kulauzovic, Besic, Lezic, Mujagic, Muzurovic, Spahovic, Feetham,
Ware, Knafel, & Pavkovic’s (2004) study of Bosnian refugee families in Chicago is
considered one of the few studies that targeted family dynamics. Weine et al. (2004)
analyzed transcripts generated from group meetings of 125 families. Families stated that
they enjoyed spending time together, talking to children about their cultural traditions and
their future plans (Weine et al.). However, families proposed that their family roles had
been changed; some families stated that the traditional roles in Patriarchal family had
been disputed due to new life arrangements (Weine et al.). Others reported that children
assumed the role of cultural translator (Weine et al.). Being the cultural liaison seems to
be the norm in immigrant families; however, engaging children and youth in the stories
of traumatic events may impose several challenges on children and families.

In sum, the events that children and youth experience during wars are severe and seem to
shake their core beliefs about the world and others around them. Families can affect the
mental health of their children in war contexts in two ways: either the parents or
caregivers adopt the role of the protector in the face of the challenges, or they may create
additional challenges to the management of war stressors by children when they present
poor stress management themselves (Dybdahl, 2001). In addition, parents and caregivers
can support their children in the face of adversity or they may complicate the process.
The adjustment of children to war stressors is influenced by both the child’s
characteristics and the family’s qualities; thus, the mental health of caregivers functions as a critical predictor of the mental well-being of the child (Dybdahl). Accordingly, service providers that work with refugee war survivors need to understand the refugee family context and culture in order to tailor mental health services that tackle the specific strengths and needs of families (Weine et al., 2004). Factors such as contextual and cultural ones seem to be significantly crucial (Wadsworth, 2010) in order to understand war survivors’ experiences and resilience.

Nevertheless, most children and their families show resilience despite adversity. Families “are a fundamental response unit: Families typically live together, evacuate or refuse to evacuate together, worship together, etc.” (Masten & Obradovic, 2008, p. 10). Humans are social individuals, they strive to belong and form relationships, and “their adaptive functioning is embedded in a complex array of interdependent relationships and social systems that also serve many regulatory and protective roles. These social systems presumably have evolved through biological and cultural evolution, enhancing survival and resilience of constituent members including individuals and families” (Masten & Obradovic, 2008, p. 8). Family is considered to be an adaptive system for its members (Masten & Obradovic). All societies expect families to nurture their children, support them and protect them from extreme adversities to become successful adaptive individuals who can cope with life’s challenges.

2.5 « Western models of mental health care »

Western models of interventions have been used to support children’s and youth’s psychosocial needs (McAdam-Crisp, 2006) and adults in host countries. However, there is an increasing concern regarding the appropriateness of these approaches that are rooted in the Western ways of knowing and fail to recognize the experiences and the local voices of the individuals who have been influenced (McAdam-Crisp). Many of the challenges in addressing the health care needs of refugees and immigrants from war torn countries are because their challenges are unfamiliar and complex. Mental health
assessments are often difficult for health care providers with limited experience and training in transcultural or trauma informed care (Wylie et al., 2018).

Since the 1980s research in refugee mental health has expanded, however, this field has focused generally on problematic medical conditions instead of exploring strength-based approaches that provide avenues to help these individuals overcome difficulties (Simich & Andermann, 2014). Using such approaches will lead to objectifying people as cases and impose the danger of using this trauma framework to categorize normal behaviors as abnormal and horrific adversities as symptoms while failing to perceive these reactions as innovative strategies for survival (Dybdahl, 2001). In addition, utilizing the medical framework with refugees of war fails to recognize the importance of culture and context, and how they shape the trauma experiences and the aftermath of the trauma, “labeling refugees as victims exacerbates personal and cultural identity struggles and may also foster a form of insidious racism. Labeling refugees as victims supports a ‘vulnerability or deficit model’ of trauma.” (West, 2000, p. 6).

Utilizing the trauma language supports the medicalization of war experiences. It proposes that the psychopathological aftermath effects of war are located within individuals and war affected populations recover from it as any illness (Almedom, & Summerfield, 2004). However, in order to create the shift in the perception of refugee population, there needs to be a shift to strength-based models that are trauma and culturally informed in relation to functioning given the context of refugees’ lived experiences. The mental health of displaced war survivors cannot be fully comprehended as an outcome of distinct and acute stressors only, it depends critically on the social, cultural, and economic conditions of the refugees’ homelands and the host countries (Porter & Haslam, 2005). The cultural and social determinants of health of refugees’ homeland and the resettlement conditions in host countries tend to play a critical role in refugee’s adaptation and health (Porter & Haslam, 2005; Simich & Andermann, 2014). Research that explores how cultural context shapes risk and resilience among war refugee populations is particularly needed in order to understand their experiences and needs and how to best support them.
According to Anderson (2010), trauma is “the psychological dimension of oppression”, and although we cannot ignore the tremendous impact that trauma has on individuals, it does not necessarily need to be the centerpiece of an individual’s identity. Mental health approaches tend to focus on pathology and fail to consider how individuals “actively engage in resisting their oppression and its consequences” (Anderson, 2010, p. 15). It is through encountering the impact of chronic oppression and violence that war affected populations gain an extreme reservoir of strength. The resilient capabilities are usually suppressed under the trauma and pain and are challenging to access if service providers and health professionals who are engaged to help this population are not prepared to perceive these protective pathways as strengths (Anderson, 2010).

A transcultural approach uses sociocultural assessments to inform mental health care practices and can lead to more effective and culturally appropriate care plans for immigrant and refugee families (Wylie et al., 2018). According to the authors, understandings of mental health are culturally embedded and the way that we label psychological disorders is culturally biased. Knowing the past traumatic experiences as well as current challenges of the client is necessary for the health care provider to better understand the basis of the client’s mental health.

In addition to the difference of what constitutes health for refugees of war, Pickren (2014) states that “many migrants bring approaches to health care, child-rearing, and close relationships…that may be significantly different than the host country and that may create tension and stress between the migrant community and the host culture” (p. 19). Frequently, refugees and immigrants perceive social relations and responsibilities differently and a comprehension of the identity and self that is grounded in distinct beliefs (Pickren). Yet, these particular cultural practices may also function as a resource of strength to refugees and immigrants. In reality this is not very well understood and valued aspect of this population’s experiences (Pickren). Due to the differences in terms of refugees’ assumptions and practices, most studies conducted in the host countries have emphasized the perception of the refugee or immigrant being a problem (Pickren).
Research studies that emphasize the cultural strengths that refugees and immigrants bring with them are limited (Pickren). Pickren (2014) states that “every human being grows up in a culture that teaches them, explicitly and implicitly, how to be human, from dietary practices to relational practices to health care... Immigrants and refugees bring these resources with them, that is, they know how to relate, to self-care, to be human, reflexively. This is part of a person’s sense of self or identity” (p. 19).

Nevertheless, refugees of war may display behaviors that can be considered normal in their culture given their contexts, but these presentations may trigger misunderstandings in host countries that may often lead to unfavorable circumstances. These different ways of beings may not bring positive outcomes in the host contexts as in the birth culture (Pickren); “the impact of difference may (be) felt in sense of self/identity and relationships and may extend to health care and other practical activities” (Pickren, 2014, p. 19). Vukčević, Momirović, & Purić, (2016) reinforce the importance of understanding sociocultural contexts, which shape the way trauma is experienced and expressed, noting that “we should reconsider our familiar models of psychotherapy in order to accommodate the possibly different meanings of mental health, trauma, and support in the refugees’ cultural context”. Nevertheless, refugees and immigrants carry with them sources that can support them to adapt to the host society and that will enhance the new society as well (Pickren). All of these elements tend to have critical implications for comprehending resilience among refugees and immigrants (Pickren) and its impact in health care in general and mental health promotion specifically.

When working with a refugee population, their lives need to be comprehended as a holistic continuum that includes a range of experiences starting with events in the premigration period in their homelands, to displacement experiences, and finally post-migration. It is essential to understand the traumatic premigration experiences that immigrants and refugees had suffered in order to appreciate their journeys, and to not underestimate the impact of trauma on individuals. It is also essential to understand how they managed during the war and what is the impact of the aftermath of the war based on
their perceptions and experiences. Refugees and immigrants from war zones need to be seen as a whole person, and surviving the trauma is one part of the narratives. While the literature indicates that there are differences between the experiences of immigrants and refugees, the distinctions may be blurred, particularly among immigrants who have not been sponsored by governments and arrive to host countries as immigrants. Instead, they may be sponsored through families, communities, or churches.

Many war survivors struggle for continued survival daily. Usually, there are global but limited programs for refugees that offer immediate short-term assistance, which provide daily necessities such as clothing, food, and medical needs; however, long-term programs that support refugees regarding their well-being is very limited (West, 2000). This creates an implication on host countries to respond effectively to the needs of refugees as they integrate to become future citizens. Much of the research on the experiences of immigrants and refugees who come from war torn countries and who have experienced traumatic experiences, has indirectly or directly utilized a biomedical model that is characterized by pathologizing and labelling individual experiences. The Western biomedicine approach “is still grappling with a body-mind dualism that resists consensus” (Shoeb, Weinstein, & Halpern, 2007, p. 457). Mental health practices generally place great emphasis on pathology (Anderson, 2010). Posttraumatic Stress Disorder (PTSD) continues to be the focus of research on the aftermath of children’s exposure to violence and wars (Drury & Williams, 2012). Yet, war-related experiences may incorporate diverse types of events such as loss, and displacement; and the actual nature of particular events has received little scientific attention (Morina & Emmelkamp, 2012). War-related trauma is a complex concept, and suggestions regarding the responses to this type of trauma are controversial (Zraly & Nyirazinyoye, 2010), particularly with respect to refugees.

Pain, Kanagaratnam, and Payne (2014) proposed that assessing refugees for mental health disorders is challenging for several reasons: “(1) difference between the explanatory models held by refugee and Western clinicians that confound the clinical
assessment; (2) lack of culturally valid assessment tools; (3) complications of using
interpreters; (4) the issue of whether PTSD is the most appropriate illness construct for
traumatized refugees with multiple symptoms, and (5) the dearth of studies concerning
the psychiatric/psychological treatment of refugees” (p. 53). According to Kleinman
(1980) ideas related to the cause and intervention by the medical field in the Western
world are extremely different from individuals who come from non-western cultures
(Pain et al., 2014). Pain et al (2014) describe several factors that shape the assessment
process of refugee population. For instance, in most cases what is used to assess the
conditions of refugees are the observation of clinicians that are utilized as a foundation
for diagnosis. These observations are shaped by the culture of the refugees that form the
style of communication such as indirect or direct eye contact. They emphasize that the
assessments used are also shaped by other factors such as refugees’ values and beliefs
about the causes of distress, family roles, and pathways of controlling emotions such as
aggression. The expectation of Western health care professionals when assessing
refugees is to look for pathology which is non-resilient and generate a diagnosis that is
usually PTSD (Pain et al., 2014). This diagnosis is often made regardless of how refugees
are doing even when they are fully optimistic and functional (Pain et al., 2014).

According to Hollified (2005) language, culture and multiple traumas seems to obfuscate
the experiences of illness and diagnosis (Pain et al., 2014). The main argument related to
refugee mental health has been the utilization of universality as opposed to cultural
appropriateness of the mental health diagnosis and the construction of PTSD to fully
capture the mental health concerns of refugees who had suffered traumatic events
(Kienzler, 2008; Pain et al., 2014). Although PTSD is perceived as valid across cultures
given the importance of a universal fear reaction to very adverse events, and many
studies show the changes of the brain for individuals suffering PTSD; Spitzer who
designed the DSM-III proposed several problems with the PTSD diagnosis (Pain et al.,
2014). Using the PTSD framework with non-Western cultural groups has been criticized
as an inappropriate diagnosis because this approach was created from American Vietnam
veterans in the West and has been used extensively with non-Western groups (Almedom
& Summerfield 2004; Bracken 2001; Pain et al., 2014; Summerfield, 1999;). There is
much evidence to show that PTSD can exist without a tremendous life endangering trauma, and the pre-migration trauma aspects and accessibility of social support after the trauma tend to affect the development of PTSD more than the trauma (Ozer et al., 2003; Pain et al., 2014). Similarly, trauma and resilience can co-occur simultaneously. Thorough understanding of the distinctiveness of trauma recovery paths in individuals from different cultures shows the gratefulness of resilience as a culturally shaped concept (Alquadah, 2014). Although a substantial body of literature on resilience has emerged, research examining managing strategies and resilience among refugees and war survivors is limited (Alquadah, 2013) especially from non-Western cultures.

In general, refugees are perceived as patients by the health and social service professionals given the trauma they had experienced in the premigration. No attempts, or few attempts, are made to examine their lived experiences, their strength and resilience along the continuum of their journey starting from the premigration to transition period (transit country) and postmigration. According to Pain et al. (2014), “too often, refugees are pathologies by attributing all distress to their past traumatic experiences and the causes of their current distress remain unexplored” (p. 54). Even though this acknowledgement is made about their premigration experiences and its impact on mental wellbeing, little efforts are given to fully understand the totality of their earlier experiences and suffering in their homelands and its impact on their displacement, postmigration, and integration. In general, the refugee population needs to be perceived less as patients and more as people who are trapped in a system that is inadequately designed for their needs (Pain et al., 2014). However, if their experiences and needs are well understood, we will be able to support them to reduce their suffering and the possibility of mental illness (Pain et al., 2014).

2.5 « Human development and resilience »

Refugee research to date has focused on pathology, and little attention has been paid to understanding war related experiences and protective processes such as resilience. The
word resilience is derived from the Latin verb resilire, to resile means to “recoil, rebound, resume shape and size after stretching or compression; have or show elasticity or buoyancy or recuperative power” (Almedom & Glandon, 2007, p. 129). According to Almedom and Summerfield (2004), recovery is not a distinct process; it occurs in individuals’ lives instead of their psychologies; “it is practical and unspectacular, grounded in the resumption of the ordinary rhythms of everyday life-familial, sociocultural, religious and economic activities that make the world intelligible” (Almedom & Summerfield, 2004, p. 386).

The concept of resilience first received attention during the 1970’s when scholars began to realize how well children developed despite adversity (Masten, 2001). Resilience research consisted of four waves (Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007). The first wave focused on individual attributes (Masten & Wright, 2010). The second wave concentrated on protective aspects and processes (Masten & Wright). The third wave focused on the ecological aspects of resilience perceiving resilience as both outcomes of interaction between people and their contexts and the processes of these outcomes (Ungar, 2007). Finally, the fourth wave of resilience research offers a more sensitive lens whereby definitions of wellbeing are culturally embedded in both non-western and western cultures (Ungar). Today resilience scholars stress the importance of perceiving this phenomenon as a dynamic process (Masten), not static, and as a construct that changes across time and context.

Overall, the resilience field is complex (Ungar, 2011). The actual definition of the resilience phenomenon is controversial and there is no agreement in the literature regarding the actual definition of it. Resilience can be used to refer to individual characteristics, coping mechanisms, competence, the social ecology features of individuals, in addition to processes and the interaction between the individuals’ strength and their external environment and its assets to face complex challenges (Ungar, 2008; Ungar, 2011). Regardless of how the concept is perceived, there is an overlap among these formulations (Ungar, 2008). Most definitions of resilience share one common
characteristic that “resilience occurs in the presence of adversity” (Ungar, 2008, p. 220). Masten (2001) defines resilience as “good outcomes in spite of serious threat to adaptation or development” (p. 228). They all share the notion that resilience is impacted by the individual’s surrounding context, and that “the interaction between individuals and their social ecologies will determine the degree of positive outcomes experienced” (Ungar, 2008, p. 220). Resilience is context dependent (Ungar, 2008). Ungar (2011) stresses the need to understand resilience as “a quality of the child’s social and physical ecology” (p. 1). Masten (2001) emphasizes the importance of perceiving resilience as a normal phenomenon rising from common adaptive processes of humans. Although there are several definitions of resilience, however, most ignore the cultural and social context dimensions of resilience (Alquadah, 2013). Resilience and risk need to be understood within the context.

Resilience research ordinarily intends to examine the processes that lead to favourable consequences (Masten, 2001). In line with the above formulations, Ungar (2011) builds on that and argues for more emphasis on the physical and social ecology of the child and strongly calls for more attention to children’s context and culture. Thus, resilience includes both individual factors and elements of the child’s environment that provides the sources that are essential for healthy development despite adversity (Ungar, 2007). However, the elements that promote resilience in relation to an individual’s developmental paths across cultures and contexts are not well understood (Boyden & Mann, 2005; McAdam, 2006). According to Ungar (2005b) resilience has only been investigated across culture in the past 20 years. Most of the findings regarding the factors that are essential for building resilience are based on western contexts (Ungar, 2007). “Researchers have contrasted positive outcomes for ethnic and racial minorities with those of healthy white middle-class heterosexual, able-bodied populations growing up in western societies” (Ungar, 2007, p. 288).

The resilience approach in the context of human development offers a framework to explore how young adults navigate the war atrocities as children and youth within its
distinguished socio-cultural context (McAdam, 2006). Exploring resilience across cultures for individuals living in extreme adversities is only recently growing (McAdam, 2006; Ungar, 2005b). Studying the cultural factors that shape resilience and adaptation for individuals living in extreme adversities is in its infancy (McAdam). Cultural elements such as traditions, values, behavior and shared beliefs of communities that refugees belong to influence health (Mawani, 2014). Culture influences illness and health by shaping individuals’ understanding and perception about illness and health (Mawani). Research studies focusing on understanding the factors that define and promote resilience related to the individual’s development across cultural contexts are limited (Boyden & Mann, 2005; McAdam, 2006).

Developmental theories that support the socio-political and cultural environment help us to comprehend the different types of development and the subsequent risk, adversity, protective aspects and developmental assets (McAdam, 2006). Most developmental theories fail to acknowledge the role of culture in development. Depending on Western theories of child development, childcare, and resilience is considered problematic (McAdam) especially when we apply it to non-Western groups such as refugees. According to McAdam (2006), Maslow’s (1954) hierarchy of needs helps us comprehend the developmental needs of children. Maslow (1954) proposed five needs in a hierarchy that contains our “physiological need of shelter and food, safety, belonging and love, esteem and self-actualization or the ability to reflect on the process” (McAdam, 2006, p. 16). Needs are considered protective factors that protect against risk (McAdam). Lack of these need increases atrocities and risk (McAdam). However, this approach fails to address the importance of culture in shaping development.

In contrast, Vygotsky’s (1978) child development theory highlight the role of culture as it reflects the tendency toward deeper comprehension of context and its impact on child’s development (Ungar, 2011). Ungar (2011) proposes that “the interaction between children’s capacity to develop and the availability of ecological resources to support that development indicts broader social and cultural factors in predictions of resilience. In
support of Vygotsky’s hypothesis, a growing body of literature from psychology, as well as sociology, urban planning, social work, and anthropology, is showing that the environment is even more critical to child development than child’s individual traits…development is less biologically determined than it is socially facilitated” (p. 4).

Nevertheless, Bronfenbrenner’s (1979) ecological approach provides a suitable framework to view children and youth in their normal ecological environments to understand their contexts and assess the vulnerabilities, and opportunities that exist in their lives especially in a war affected population. According to Bronfenbrenner (1979) the ecology of human development is defined as “the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded” (p. 21). The ecological approach tends to stress the role of context and culture in understanding human development. It is extremely useful as a framework for the refugees of war population. According to McAdam (2006), the ecological viewpoint calls for the significance of elements beyond the family. Bronfenbrenner (1979) states that “ecological environments are conceived topologically as a nested arrangement of concentric structures, each contained within the next. These structures are referred to as the micro-, meso-, exo-, and macrosystems” (p. 22). The macrosystem and mesosystem require an examination and understanding of the context of the country of origin of war survivors such as culture, attitudes, and ideologies that shape their war experiences, the meaning attached to it and their resilience. The microsystem requires an exploration and comprehension of aspects such as family.

The mental health of a refugee population is impacted by various macro-level elements including political, economic, social, and physical environments in their homelands, in addition to the host countries (Marwani, 2014). The political, economic, physical, and social contexts refugees have lived in the premigration period influence their overall comprehension, perception, and expectation of the political, economic, physical, and
social contexts refugees experience in Canada (Marwani). Ungar (2011) proposed that the study of the concept of resilience needs to include the context that the child lives in first and the child second.

Conducting research on individuals living in dangerous conditions calls for the importance of paying attention to the etic and emic resilience aspects and the cultural diversity that produce meaning and improve the capability to manage adversities (McAdam, 2006). The concept of resilience does not propose that adverse experiences do not impact individuals (McAdam). It really means that we need to understand individuals’ lives as a continuum filled with both vulnerabilities and strengths that change across time and context. The rubber ball metaphor has been utilized to explain this concept (Boyden & Mann, 2005; McAdam, 2006). According to Masten (1999) an individual can be resilient and still display traumatic symptoms. Thorough examination of the literature reflects significant impact of war on children, youth and families that influence their lives forever; “like the bouncing ball that does not attain its previous height, the human condition does not allow an individual to returning to a previously defined psychological state” (McAdam, 2006, p. 18). Unlike the bouncing ball, some adverse experiences may transform survivors beyond an earlier differentiated psychological state (McAdam); a concept known as posttraumatic growth. The resilience approach provides a framework for exploring how war survivors make meaning of their adverse experiences, and the aspects that promote an individual’s ability to overcome challenges.

While acknowledging the aforementioned negative effects of war on children and youth, there are many studies that have emphasized the importance of human resilience. Although the concept of resilience has been long studied by developmental psychologists, resilience has been acknowledged as a common response of individuals who are exposed to disasters, especially after the September 11th, 2001 terrorist attack in New York and Washington (Almedom & Glandon, 2007). North (2004) proposed that the disaster affected populations are “not the fragile souls” they were believed to be (p. 599). The
type of support war-affected populations need really depends on what war survivors say for themselves (Almedom & Glandon, 2007).

The focus on resilient outcomes in individuals and families who live amid adversity and face severe hardships provide important findings. The impact of traumatic events such as war can spread across domains, time, individuals, and generations, via a variety of processes (Masten & Narayan, 2012). Simultaneously, resilience, protective factors, and positive adaptation can also spread across generations and within the lives of individuals (Masten & Cicchette 2010; Masten & Narayan, 2012). Research on resilience as a framework to understand the mental health of children and youth who experience adversity has flourished as a response to models that are more deficit-based (Betancourt & Khan, 2008). This approach perceives resilience “as a process shaped by the interaction between risk and protective factors operating across many layers of a child’s social ecology” (Betancourt & Khan, 2008, p. 319).

Despite the complexity of the resilience field, there are many important findings which need to be acknowledged that enhance our understanding of war affected refugee populations and how to foster resilience and improve their well-being. Garmezy (1983) offers a thorough review of the literature on children’s reactions to adversity. The following three protective factors emerged from this literature: individual aspects of the child; family cohesion; and social support from the environment such as teachers, and peers (Garmezy). In addition, Werner’s (2012) comprehensive review of studies that examined the impact of war on children globally confirm the previous finding and provide additional protective variables that seem to moderate the effect of traumatic war experiences on children and enhance their mental health. These elements are: a strong relationship between the child and the caregiver; support of other caregivers such as extended family and older siblings; maternal mental health; community support by members who had faced similar adversities specifically peers and teachers; shared values; religious convictions that offer meaning to agony; the notion of responsibility for other’s well-being; using humor as a protective mechanism; and a feeling of control (Werner,
2012). However, most research on war-affected children has been cross-sectional and used self-reports of adolescents and school-age children (Werner). In addition to the lack of longitudinal studies is the need for research tools that are culturally relevant (Werner).

Masten and Narayan’s (2012) thorough review offers similar protective and promotive factors. These factors include: “self-control and problem-solving skills, close relationships with competent caregivers, or good schools and safe neighborhoods” (Masten & Narayan, 2012, p. 232). These elements suggest that adaptive capability for resilience in the context of severe risk to development and adaptation rely on the adaptive systems of the person that are rooted in humans, families, relationships, cultures, and communities (Masten 2001; Masten, 2007; Masten & Narayan, 2012). The systems of adaptation are usually perceived to shelter children and promote health and recovery subsequent to the war (Masten & Narayan, 2012). Thus, it is well documented that basic adaptive systems such as personal agency, attachment, creativity and intelligence, behavioral regulation and the social interaction with peers, family, school, and community play significant roles in building resilience in children (Masten 2001; Buchanan et al., 2013). The protective impact of proximity of attachment figures and parents for children who are experiencing terrifying events is one of the main continuing outcomes in the literature that investigates the impact of war on children (Masten & Narayan, 2012). Families and children at risk can be more clearly detected by an assessment of the child-parent dyad, symptoms of the individual, and the interactive style of the family (Loar, Wolmer, Mayes, Gershon, Weizman, & Cohen, 1997).

Tol, Song, and Jordans (2013) provided a comprehensive systematic review of studies on resilience and the mental health of children and adolescents living in conflict zones in low- and middle-income countries. Tol et al. (2013) observed the following: 1) 53 studies concentrated on children’s and youth’s resilience in the context of armed conflict in middle and low income countries; 2) 38 quantitative studies mainly cross-sectional and concentrated on youth and school-aged children; and 15 qualitative and mixed studies; 3) many studies concentrated on adolescents and school-aged children, with limited studies
concentrated on the early period of childhood; 4) most of the mixed methods and qualitative studies were implemented during the war, while half of the quantitative studies were conducted during and post-conflict; 5) studies present important differences across socio-cultural contexts in how favorable mental health outcomes are understood, and the processes that denote outcomes of resilience in children and youth influenced by wars, and parents’ monitoring and support are crucially related to positive well-being; 6) studies consistently show the significance of support for children’s and youth’s resilience in the context of war throughout the various layers of the social ecology and monitoring by parents and their support are considered the most important with positive well-being; 7) studies also support the concept of resilience as influenced by complex relationships between gender, development, and elements that are context dependent, not by mathematical equilibrium between protective features and risk aspects that influence mental health. Tol et al. (2013) conclude that the body of literature in this field supports the idea that resilience is a dynamic and complex process determined by context-specific factors and time, not by the equilibrium of protective and risk elements of mental health.

In light of the above findings regarding the resilience concept and its specificity in relation to context and cultures, Ungar (2006) and his colleagues were interested in examining the global, as well as the contextual and culturally specific attributes of resilience and understand the similarities and differences of resilience pathways in children across contexts and cultures (Ungar et al., 2007). Ungar et al. (2006) conducted the International Resilience Project (IRP) which is a mixed method study of 1500 youth (12-23 years) in 14 communities across the five continents. 89 participants were interviewed individually for the qualitative portion of the study. All of the 14 sites used focus groups and individual interviews (Ungar et al.). The findings of the IRP study show that resilience is a “multidimensional construct, the definition of which is negotiated between individuals and their communities, with tendencies to display both homogeneity and heterogeneity across culturally diverse research settings” (Ungar, 2008, p. 219).
Culture and context can contribute differently to children’s resilience (Ungar, 2007). Ungar et al., (2007) found “seven tensions” that offer a framework for the findings; these tensions are: “access to material resources, relationships, identity, power and control, cultural adherence, social justice and coherence” (p. 295). Although these tensions were observed across cultures of this study, each tension influenced the participants’ narratives differently (Ungar et al., 2007). The authors found that youth who perceive themselves as resilient and their communities perceive them as resilient as well are individuals who navigate through these seven tensions successfully (Ungar et al.). Youth who are resilient find a method to solve the seven tensions concurrently based on the resources and strength accessible to youth at the individual, family, community and cultural levels (Ungar et al.). In addition, the participants’ narrative showed the dynamic nature of resilience; that resilience needs to be understood as “a dynamic state of tension between and among individuals, families, communities, and their culture” (Ungar et al., 2007, p. 301). Thus, resilience is not a stable condition of being, but a state of becoming better; the seven tensions’ intersections offer more valuable layers of what create resilience across contexts and cultures (Ungar et al.). Outcomes related to resilience, and the processes that alleviate risk and enhance health seem to be dependent on personal, interpersonal, social, cultural, community and contextual aspects (Ungar et al.).

Zraly and Nyirazinyoye’s (2010) ethnographic study that examined resilience among 44 Rwandan genocide-rape survivor women generated similar results regarding the importance of context and culture to foster resilience. The authors found that resilience in this context was shaped by “the cultural-linguistic specific concept of kwihanganan (withstanding), kwongera kubaho (living again), and gukomeza ubuzima (continuing life/health), and comprised of multiple sociocultural processes that enabled ongoing social connection with life in order to make meaning, establish normalcy, and endure suffering in daily life” (Zraly & Nyirazinyoye, 2010, p. 1656).

Welsh and Brodsky (2010) conducted a qualitative study with eight Afghan women who migrated to the United States to explore the various experiences of war and displacement;
and the coping processes that these women used to enhance their mental health and others around them. The authors found that all participants used various coping processes that are culturally grounded pathways to face challenges (Welsh & Brodsky, 2010). Some of the various mechanisms used by participants were: problem focused coping to face threat and insecurity; helping family and others who stayed in Afghanistan; social support (especially emotional support from family members); maintaining hope; focus on the future; gratitude expression; being determined; involvement in religious activities; and meaning-making coping methods (Welsh & Brodsky). These participants showed low levels of mental health concerns at the time of the study and were considered resilient and the coping styles used might have had some role in their outcome (Welsh & Brodsky).

In light of the previous finding on resilience pathways in the context of war, Al-Mashat, Amundson, Buchanan, and Westwood (2006) conducted a qualitative narrative study on 12 Iraqi children following the “Operation Iraqi Freedom” to examine the impact of war on children, their coping capacities, and their future hopes given their cultural context. The children were 9-13 years of age, 6 boys and 6 girls, most lived in Mosul and one lived in Baghdad. Two focus groups were conducted, and children were screened for traumatic events using the Child’s Reaction to Traumatic Events Scale (Al-Mashat et al., 2006; Buchanan et al., 2013). All children except one scored high on the stress measure indicating high distress level (Al-Mashat et al., 2006). War had disrupted these children’s daily routines such as attending school and playing outdoors (Buchanan et al., 2013). Some children had experienced terrible events such as witnessing deaths of loved ones, their peers being injured by shrapnel, and weapons targeted at them (Buchanan et al.). Most children were disturbed by the airplanes’ usual patrolling and the loud sounds (Buchanan et al.). The majority of children had sleeping difficulties and many somatic complaints such as stomach aches and headaches (Buchanan et al.). Most suffered from intrusive images (Buchanan et al.). All the children grappled with isolation, loneliness and grief (Buchanan et al.). Most felt unsafe and that they may lose their lives (Buchanan et al.). Depression was not measured in this study, but the authors stated that it was apparent from the drawings and the interviews that these children “felt hopeless, isolated and carried a great deal of grief” (Buchanan et al., 2013, p. 112). The children in the
study made sense of their experiences by adopting the “tough bravado” role (Al-Mashat et al., 2006, p. 200). The children used the brave and proud role as one way of coping. They used political ideology as a coping strategy, they emphasized political ideology through their speech and manners; and felt ashamed by the American Occupation of Iraq (Buchanan et al.). They preferred to die as martyrs; “Martyrdom has a unique cultural relevance relating to the deep sense of nationalism and honour, as well as to religious beliefs relating to the afterlife. The children shared their thoughts about martyrdom as an indirect way of showing strength and resilience” (Buchanan et al., 2013, p. 113). Their wishes to fight to liberate their country or die as martyrs appeared to provide them with feelings of control and power (Al-Mashat et al., 2006). Other coping strategies used by these children were: distraction such as watching TV, playing, reading, listening to music, and doing homework; proximity to their parents to decrease fear and get support; and the use of prayers (Al-Mashat et al.). During the bombardment attending school and doing daily homework has an essential buffer effect (Buchanan et al.). All children expressed their wishes to leave Iraq and move to other countries where they can proclaim peace and safety (Al-Mahsat et al.). The above findings reflect the importance of addressing the cultural context when health care professionals work with refugee war affected populations.

Faith is considered an essential foundation of cultural identity and a source for how trauma and recovery are perceived (Betancourt & Khan, 2008). Fernando (2006) found that among children of Sri Lanka who lived in the war, resilient orphans recognized that practicing the faith of Buddhism was central for facing challenges, coping and enhancing their well-being. Such practice helped these children to understand their experiences. Fernando (2006) observed that religious activities and practices in children of war in Sri Lankan orphanages offered feelings of belonging that enhanced their integration into the community. Through these relationships, children were able to establish connections within their community.
In addition, many studies found that agony and the struggle to rebound following the trauma often led to incredible resilience and positive growth (Walsh, 2007). Posttraumatic growth studies have observed that individuals who excel in the face of severe challenges show transformations in the following areas: (1) Appearance of new opportunities and options; (2) The ability to form more profound and empathic relationships with others; (3) Become more empowered to face future hardships; (4) Show life appreciation; (5) Experience growing spirituality (Calhoun & Tedeschi, 2006; Walsh 2007).

Research in the resilience field provides significant contributions that can be used to enhance the wellbeing of individuals and families. However, our knowledge about the mental health of war affected populations and resilience is still limited due to several factors including a lack of studies across cultures. The resilience framework provides an essential way to build on and strengthen the naturally existing resources, “but it should not be used to minimize the gravity of war for children and families or limit the scope of services” (Butancourt & Khan, 2008, p. 322).

Researching resilience as strength-based mental health practice provide an effective framework that enhances human capability while balancing a more conventional deficit model in the mental health field (Anderson, 2010). In order to understand resilience in the context of war across non-Western groups, these communities need to be the final judges on what constitutes resilience for them Pickren, 2014; Ungar, 2008) and how they perceive health and mental health. According to Pickern (2014), now “there is often no unitary ‘Us’ to confront ‘Them’. This poses challenges related to religion, health and dietary practices, and expected norms of children-parent relationships, and others” (p.19). Societies that are multicultural are perceived as rich milieu for examining concerns associated with resilience (Beiser, 1999; 2005; & Pickern, 2014).
2.7 « Mental health promotion »

Research studies have focused mainly on psychopathology and Western models that are deficit based. Review of the literature in the war and mental health fields reflects the shortcomings of empirical research to address the significance of cultural differences and their impact on the individual’s subsequent reactions to adversity and war; and how context and culture shape their well-being and resilience. Researching the experiences of war survivors from a health promotion perspective would make a significant contribution to the literature. Such studies are needed to provide the most effective intervention for families and individuals who arrive as war refugees in Canada.

Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, WHO). Mental health is defined as a state of balance in all life aspects including mental, physical, spiritual, social and economic; and achieving this balance is a learning process (Canadian Mental Health, CMHA). Mental health is a balance that people create between their physical and social environment and themselves (Almedom & Glandon, 2007; Sartorious, 2003). Both of these definitions highlight the role of health promotion of various fields and subdivisions (Almedom & Glandon, 2007). Health Promotion is defined as “the process of enabling people to increase control over, and to improve their health” (Antonovsky, 1996, p. 12). Utilizing a mental health promotion (MHP) approach helps to provide a specific advantage to understanding youth’s mental health (Khanlou, 2008). Both definitions of health and mental health call for the importance of multiple disciplines to coordinate and work together to produce the best supports and interventions for individuals who experience significant trauma and violence. In addition to the importance of the biological, it is essential to capture the psychological, social and cultural perspectives of a phenomenon.

According to the Centre of Health Promotion (1997), mental health promotion is understood as “the process of enhancing the capacity of individuals and communities to
take control over their lives and improve their mental health” (Khanlou, 2008, p. 515). Friedli (2009) proposed that mental health promotion is “a public health strategy that seeks to protect and strengthen existing mental health, to prevent future threats to mental health at the group (e.g. community or population) level, and to specifically and historically address issues of power and inequalities (Zraly & Nyirazinoyoye, 2010, p. 1657). In order to understand the mental health of the refugee and immigrant population and their well-being, we need to examine the role of culture in mental health promotion (Khanlou & Guruge, 2008) approaches. According to UNHCR (1994) “Culture provides children [and youth] with identity and continuity. By learning the values and traditions of their culture, [they] learn how to fit into their family, community and the larger society” (p. 29). Human development is affected by the constant interaction between the person and the environment; this is congruent with concepts of mental health promotion. Mental health promotion is understood to happen at multiple layers, including personal, family, and community, national and international (Khanlou & Guruge, 2008). Positive mental health is defined as "the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" (Public Health Agency of Canada, PHAC). However, we need to understand what mental health is in order to employ mental health promotion approaches (Khanlou, 2003; Khanlou, 2008) for refugees of war. Mental health can be defined as the well-being of individuals that develops from the interaction between the people and their environments (Khanlou, 2003; Khanlou 2008; Khanlou & Guruge, 2008). Hence, it is important to focus our attention to individual diversity; we also need to pay attention and acknowledge the importance of social contexts where these personal variations develop (Khanlou, 2008). We need to attend to individuals’ personal strengths, challenges and resilience (Khanlou, 2008). Thus, recognizing the multiple layers of effect on mental health is consistent with a mental health promotion approach as is the acknowledgement of the individual’s resilience and agency (Khanlou, 2008). Refugee and immigrant populations in general are perceived as a vulnerable group. An approach of mental health promotion can
contribute towards tackling the social determinants of mental health and diminishing health inequality across various groups (Khanlou, 2008).

2.8 « Conclusion »

This thorough review provides an overview of the existing literature related to the mental health of war affected populations and resilience. It reflects the over-reporting of PTSD and the emphasis given to pathology. Using this pathology approach is still useful as it highlights the importance of recognizing the impact of trauma. However, the PTSD concept that is mostly researched as the negative consequences of war in both children and adults is a Western phenomenon with limitations. Moreover, measures or structured interviews that are based on PTSD symptoms may be unable to capture the essence of the experiences that individuals have suffered such as family loss, and grief (Buchanan et al., 2013). Understanding these experiences thoroughly can enhance our intervention program. Furthermore, the prevalence of PTSD among war affected individuals varies widely. There are a broad range of PTSD instruments used in various studies, which make comparison of the outcomes difficult (Drury & Williams, 2012).

Most of war related studies have explored the development of PTSD as it relates to various variables such as exposure level, the impact on children’s cognitive abilities, factors related to parental support. However, limited studies have examined the subjective experiences of individuals as they reflect on their childhood, adolescent growing up midst violence in order to comprehend their experiences of war, how they managed these adversities and its impact on their lives as they transitioned to safety and how it shaped their lives today. Furthermore, research studies that explore resilience in non-Western cultures is sparse (Zraly & Nyirazinoyoye, 2010). Review of literature show that across various populations and groups, culture and context play significant roles in defining what constitutes resilience, risk, and protection (Zraly & Nyirazinoyoye). The literature also indicates the impact of context and culture in defining concepts of health and illness.
Much of the resilience research with exposure to adversity was based on the use of various standardized measures of mental health that were employed in quantitative methodologies. Resilience is “more than the absence of posttraumatic stress disorder, as health (and indeed mental health is more than the absence of disease (or mental/behavioral disorder)” (Almedom & Glandon, 2007, p. 127). The analysis of this review calls for an increased need to study resilience among refugee war survivors themselves utilizing ecological perspectives via qualitative approaches. This helps to understand how war survivors navigated war adversities as children and youth within their specific social cultural context. Resilience research has relied heavily on Western concepts of psychopathology and health due to the fact that most studies have been conducted exclusively in the developed world (Ungar & Liebenberg, 2011) with Western populations. Thus, investigating the social and contextual factors that are related to resilience in the context of war with non-Western populations, specifically the cultural aspects in shaping subsequent outcomes to adversities of war and resilience, is extremely essential to raise awareness among communities, service providers and health care professionals, and inform policies and programs to enhance their well-being in multicultural societies.

This comprehensive literature review also shows the limited amount of research that focuses on resilience especially across non-Western and minority populations such as refugees of war. These reviewed studies failed to investigate responses to trauma that are culturally grounded. Most of these studies failed to acknowledge the importance of perceiving the existence of both trauma and resilience simultaneously within refugee populations. The existence of trauma does not necessarily diminish strength capacities. Most refugees manage their daily demands, and many thrive beyond expectations. Our perception of the refugee population needs to be altered. In order to reduce stigmatization, we need to make a shift in the discourses that are associated with mental health of refugees. As we examine vulnerability and risk, we need to also explore strength capacities within individuals who are socially embedded in their environment. As Bronfenbrenner (1979) proposed “what matters for behavior and development is the environment as it is perceived rather than as it may exist in ‘objective’ reality” (p. 4).
For refugees, the concepts of health, mental health, hardship and strength expression, problem solving and healing are all socially and culturally constructed; and need to be understood broadly (Hayward, Hajdukowski-Ahmed, Ploeg, & Trollope-Kumar, 2008). Health and wellbeing are generally measured by the absence of psychological symptoms such as PTSD. However, research fails to understand how health and resilience are defined from the survivors’ perspectives themselves. Examining the literature confirms the ambiguity related to the definition of resilience and calls for definitions that are contextually and culturally embedded. After close examination of the war and resilience literature, it reflects the limited knowledge on the cultural aspects of adaptation and coping in the context of war. Research in the resilience field relies heavily on Western models. Furthermore, risk and outcomes whether negative or positive need to be defined in relation to the individuals’ surrounding environment and social cultural context. Hence, it is essentially important to examine the role of culture in the context of development specifically in shaping children’s understanding of risk, trauma, and meaning making processes that are essential in their managing of adversity and development.

Children and families in the context of war have lived in regions that are unstable and prone to continuous violence and terrorism; in many cases, the sense of security and hope for a good future may be diminished. Wars have a detrimental impact on children and families, and this impact seems to be affected by the degree of the catastrophe. The greater the domain of disruption within a child’s life and the family, the more traumatic the aftermath of the war. Furthermore, families play a significant role in children’s reactions to adversity and their subsequent adaptive processes. In order to help war affected children and refugees, it is essential to understand how war trauma is mediated by the resilience capabilities of children, their cultural and belief systems, and social and family relationships (Buchanan et al., 2013).

The refugee mental health field is saturated with studies that assess the psychopathological levels of dysfunction (Hayward et al., 2008). Many standardized
tools such as the Harvard Trauma Scale have been used to assess mental health and have been validated cross culturally (Hayward et al., 2008). However, the epistemological basis for most of these tools lies in Western models of psychopathology (Hayward et al.). This brings several criticisms to these approaches such as ignoring the cultural differences related to how the mental health concerns are experienced and expressed (Hayward et al.). The meanings of symptoms are influenced by culture, and cultures have their own distress discourses (Hayward et al.). Hobfoll (1998) stressed that “if we know what is valued for people in general and in a given culture in particular, we can predict what will be stressful in most circumstances” (p.29). Canadian mental health studies occasionally utilize an interpretive approach with an emphasis on the individual experiences of refugees; instead they concentrate on factors such as the integration process exploring services offered, and often aim subgroups by race instead of culture (Hayward et al.). In order to develop culturally informed mental health practices for refugees, it demands a comprehension of refugees’ perception of mental health (Hayward et al.). We need to explore how refugees make meaning of their experiences; how they perceive their mental health needs and concerns, and how culture shapes their ways of managing adversities and strength in various contexts.

To tackle these gaps in our comprehension, I intend to conduct a study with Iraqi refugees who experienced war as children and adolescents. The objective of this study are: (1) to describe the experiences of refugees in the context of war and displacement; (2) to examine how health, mental health, and resilience are defined and understood; (3) to explore the mental health needs of refugees; (4) to understand the social and cultural factors that contribute to resilience and well-being; and the culturally grounded healing practices; and (5) to explore how their experiences shape their post-migration and integration and the challenges in the host country.

The existing body of literature provides a significant amount of information on the psychological impact of war on individuals; however, most of these studies are focused on psychological outcomes that are deficit based. The review of the literature in the
refugee and mental health field reflects the shortcomings of empirical research to explore war related experiences that focus on the refugees’ overall journeys. Such studies will provide a thorough understanding about the totality of war conditions and displacement. In addition, it will provide opportunities to refugees of war to voice their experiences and enable researchers to understand health and mental health from the knowledge owners themselves. Exploring these experiences will help create the shift from only focusing on the trauma as the main part to adopting a holistic approach where the overall journey is taken into perspective. It will also address the significance of contextual and cultural differences and their implication on the individuals’ subsequent reactions to traumatic events in the context of war. In order to understand the experiences of individuals at risk and provide them with appropriate intervention and services, we need to pay attention to their resilience within their context and culture. Future research on war affected children and youth can be enhanced by conducting qualitative studies that focus on the individual’s journey as a continuum starting with premigration experiences of displacement, and postmigration period and settlement.

The objective of this study is to understand the experiences of Iraqi refugees who lived the atrocities of war as children and youth and who left Iraq after the Fall of Baghdad in 2003. This study will explore the experiences of the Iraqi war survivors themselves as they lived through the adversity of war as children and youth. What were their war related experiences? How they managed the atrocities of war, and how these experiences shaped their life today? How do they perceive health, mental health and resilience? I am interested in exploring the elements that contributed to Iraqi refugees’ mental health and well-being and how they managed their past experiences of war and displacement as they integrated into Canadian society. With this research I am interested in voicing the experiences of Iraqi refugee children and youth who can easily be marginalized. The aim of this study is to examine the resilience concept among Iraqi war survivors as it relates to children’s and youth’s developmental pathways to comprehend their war experiences; how they managed, and how to best support their mental health. This study is based on resilience theory, the study of interplay between vulnerabilities and strengths.
Chapter one provided an in-depth examination of the historical and cultural context of Iraq. I chose Iraq for this study because Iraq has suffered several wars and its people have survived chronic trauma and pain. In addition, Iraq was chosen due to my familiarity with this culture and country given the fact that I am Iraqi and I am a war survivor myself. This study will offer an opportunity to explore the experiences of youth and young adults, as they reflect on their life experiences as children and the pathways that helped them manage war-related traumatic events and enhanced their well-being. It aims to validate the experience of those who have survived the atrocities of war and displacement as well as other children and youth who continue to experience the adversities of war and terrorism worldwide. It will provide a voice for those who would not otherwise be heard. This research has the potential to contribute scholarly knowledge to enhance our comprehension of children and youth who are still living in conditions of danger and violence; inform theory, policy and practice related to mental health and mental health promotion approaches targeted to refugee populations; in addition to forming more culturally attuned practices to support war survivors in order to create health equity.
Chapter 3

3 « Research Methodology and Methods »

In this chapter, I describe the methods that were utilized for this investigation. I will begin by describing my ontological position. I then describe the general research orientation and purpose of my study. Next, I give a description about the research design, methods for data collection and analysis. I then discuss the ethical considerations and quality criteria used to conduct and assess the reliability of my research.

3.1 « Methodology»

This study adopted the social constructionist perspective because I believe that war survivors are the experts on their lives.

3.11 « Social constructionism»

This study is informed by social constructionist assumptions. Social constructionists claim that all knowledge and meaningful reality is “contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty, 2010, p. 42). Constructionism assumes that there are no valid interpretations, but useful and multiple ones; “there are liberating forms of interpretations too; they contrast sharply with interpretations that prove oppressive. There are even interpretations that may be judge fulfilling and rewarding—in contradistinction to interpretations that impoverish human existence and stunt human growth” (Crotty, 2010, p. 48). In this view, human beings are interpreters of their world. Meaning is constructed as they interact with their environment not discovered (Crotty, 2010). Crotty stated that for constructionism “each of us is
introduced directly to a whole world of meaning. The mélange of cultures and subcultures into which we are born provides us with meanings. These meanings we are taught and we learn in a complex and subtle process of enculturation. They establish a tight grip upon us and, by and large, shape our thinking and behavior throughout our lives” (p. 79). He proposed that constructionists cannot view meaning (or truth) as fully subjective or fully objective; instead constructionism brings and holds together subjectivity and objectivity. In this view, humans are engaged with their world; this reflects the important interaction between the object and the subject. Fish (1990) stated that “all objects are made and not found and that they are made by the interpretive strategies we set in motion” (Crotty, 2010, p. 47). He continued by emphasizing that the means by which they are constructed is social; “these means are institutions which precede us and in which we are already embedded and it is only by inhabiting them, or being inhabited by them, that we have access to the public and conventional senses they make” (Crotty, 2010, p. 52). Fish (1990) remarked that these institutions are “publicly available systems of intelligibility” (Crotty, 2010, p. 186) and are considered the sources of the interpretative ways by which we make meaning.

Geertz described culture as “a system of significant symbols” that usually guides human behavior (Crotty, 2010, p. 54). Humans experience similar realities in different ways. Human thoughts develop as “basically both social and public” (Crotty, 2010, p. 53). Geertz (1973) stated that “significant symbols-words for most part but also gestures, drawings, musical sounds, mechanical devices like clocks, or natural objects like jewels-anything, in fact, that is disengaged from its mere actuality and used to impose meaning upon experience” (p. 45). Adopting the constructionist orientation to understand the experiences of people living through adversity provide clues to create inventive ways to generate findings that are meaningful to participants themselves (Ungar, 2004).
The role of culture in shaping behavior is significant whether culture is perceived as publicly available system of intelligibility as proposed by Fish or as system of significant symbols by Geertz. These symbols are pre-existing in the community around us when we are born. From the constructionist point of view, human engage with their surrounding and make meaning. However, this explanation would be misleading if we do not put it within and historical and social context (Crotty, 2010). Human “inherit a system of significant symbols” (Crotty, 2010, p. 54). We see the world around us in meaningful way, we are perceiving it through the lenses that are given to us by culture; ‘Our culture brings things into view for us and endow them with meaning and, by the same token, leads us to ignore other things” (Crotty, 2010, p. 54). Constructionists claim that “all reality, as meaningful reality is socially constructed” (Crotty, 2010, p. 54). This means that both our thoughts and emotions are socially constructed. Perceiving the world from this perspective mean that our culture is the guide that directs us to make meaning of any experience and to perceive these experiences in certain ways. Within the constructionist paradigm, culture is perceived as source that provide the rules which govern behaviors. Geertz (1973) stated that “Culture is best seen as the source rather than the result of human thought and behavior. It is a set of control mechanisms-plans, recipes, rules, instructions for governing of behavior (Crotty 2010, p. 53). As proposed by Crotty (2010), “without culture we could not function. Culture has to do with functioning. As a direct consequence of the way in which we humans have evolved, we depend on culture to direct our behavior and organize our experience” (p. 53). Culture is constructed, lived and is in process as proposed by Doane and Varcoe (2010), culture is “a relational, dynamic and living process” (p. 130). Doane and Varcoe (2006) emphasized that in order to help individuals in any care setting, it is essential to understand “their experiences as meaningful in context-that is, as relationally shaped by others and the circumstances of their lives” (p. 13).
Crotty proposed that “symbolic interactionism explores the understandings abroad in culture as the meaningful matrix that guides our lives” (p. 71). Blumer’s (1969) provided three basic assumptions about symbolic interactionism and these are “(a) that human beings act toward things on the basis of the meanings that these things have for them; (b) that the meaning of such things is derived from, and arises out of the social interaction that one has with one’s fellows’; (c) that these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters” (p. 2)

Scholarship always encourages the search for universal as it represents the common theme (Goodson, 2013). Geertz (1973) proposed that “there is no such thing as human nature independent of culture” (p. 49). Studies of human being cannot offer universals (Goodson). Nevertheless, this does not mean that we cannot find patterns in cultures, but it means that these findings are culturally dependent (Goodson). Scholars are also connected to cultural context and productions; “the self and the narrative are always produced in interaction with cultural context-they are social and cultural productions in that sense” (Goodson, 2013, p. 26). Stories help reflect the cultural process that individuals go through (Goodson) especially when they migrate to Western countries, from culture that favors community and group over individuals to societies where individual self is at the center.

According to Ungar (2004) utilizing a constructionist perspective helps challenge the “false dichotomy between resilience and non-resilience and embraces the diversity in pathways to nurture and maintain resilience” (Lenette et al. 2012, p. 640). Using this approach will help shift our perceptions of perceiving refugees as a problem and shifting the issues and contextualizing more in order to help support this population; “maintaining a focus on person-environment interactions is critical in order to resist the individualization and de-politicization of social problems” (Lenette et al., 2012, p. 640). According to Eyber and Ageer (2004) “proponents of PTSD have largely ignored the role that culture plays in issues of distress and mental health, interpreting people’s suffering
by means of predetermined psychiatric categories and symptoms checklist, instead of starting from people’s own perception” (p, 190). McAdam stated that “the western paradigm of trauma and PTSD has been exported at great cost to the developing world without acknowledging previously defined systems of coping and adaptation” (p. 41)”. Studies of resilience from non-Western groups show the need to be “sensitive to culture and context in studies of healthy development” (Ungar et al., 2007, p. 290). Alemdom and Summerfiled (2004) proposed that the war legacy may be enduring or life-long; however, this cannot be considered the trauma as it is understood by psychiatrists, psychologists, and lawyers in the West.

In this study I adhere to an alternative perspective to how we historically perceive the mental health of war-affected populations. Studies are needed to examine the impact of war on refugees and resilience in order to understand their experiences and how they perceive them. It is essential to explore resilience across the social ecology of the individual; these studies can enhance our understanding of human conditions in context of war and displacement to inform policy and develop appropriate intervention programs that are tailored to their needs. Such studies are needed in order to provide the best care to these individuals upon their arrival in Canada.

3.2 « Research Orientation»

Qualitative research differs from quantitative research in that it strives to allow for meaning to evolve, to emerge from the data, unlike quantitative research where meaning is imposed (McAdam, 2006). This investigation was informed by social constructionist assumptions. According to Guba and Lincoln (1994), constructivism assumes a relativist ontology, a transactional epistemology, and a dialectical hermeneutic methodology. Social constructionism is a useful framework for this study because it aims to provide a thorough understanding about human conditions in war context and consider the war survivors as the experts of their own experiences.
This study utilized life history narrative research methodology to explore the experiences of war survivors, specifically Iraqi refugees who have resettled in Canada. This framework supports the social construction of knowledge and the flexibility of the research process (McAdam, 2006). Various methodologies and methods can be used to satisfy the paradigm requirement of social construction; however, I chose to utilize narrative methodology as a school of inquiry and life stories as the method for several reasons. Life history method allows the researcher to focus on the life stories of war survivors and understand their experiences within their contexts. Furthermore, this method was the most suitable for this study due to its holistic nature and the emphasis on human experience from the war survivors’ perspectives (Haylen & Fisher, 2015). War affected refugees who suffered traumatic experiences value the opportunities to testify and talk about their lived experiences (Berman et al., 2006; Eriksson-Sjoo, Cederbery, Ostman, & Ekblad, 2012).

Narrative research methodology is a form of knowing that creates a space for various voices and subjectivities to be heard (Riessman, 2005). Through story retelling, people represent their societies and identities (Fraser, 2004; Riessman, 1993). Choosing narrative research as the methodological approach for this study was informed primarily by the research questions. Narrative of war represents a framework for understanding the survivor’s experience holistically, and providing deeper conceptions about managing adversities and resilience. This methodological decision was also informed by my clinical experience as a clinician who worked for eight years with war survivors; in addition to my professional comprehension of the area of inquiry, I have a personal connection to this work in that I was born and lived in Iraq where there was an ongoing war and violence through much of my early life.

McAdam (2006) notes that narrative research methodology is an excellent choice for research with war survivors for several reasons. First, it gives humans a voice and tool to share their lived experiences that are suitable to their needs. Second, it offers an opportunity to share this voice in a respectful and empathetic way. Finally, it provides a
vehicle for other people to understand the lived experiences of war without witnessing the actual experiences themselves. Through this narrative research, I hope to provide an understanding of the experiences of war survivors that will enable others, especially health professionals and service providers, to intervene more effectively. Furthermore, this research will help the public sector to understand the adverse experiences that individuals, specifically refugees, may suffer during wars and to gain more insights about human conditions and the power of resilience among individuals across cultures.

Narrative methodology has much to provide to the health field in general and the health promotion field specifically. It offers a way for individuals especially for those who have been marginalized and silenced to have more control over their lives by listening to their stories and empowering them. Narratives reflect values, meaning and culture. According to Young (1997), narratives are usually utilized to “explain to outsiders what practices, places, or symbols mean to the people who hold them… Through narratives the outsider may come to understand why the insiders value what they value and why they have the priorities they have” (p. 72). In this way, we are creating opportunities to generate local knowledge that is needed in our multicultural society. Employing life history method to uncover these stories is considered useful for several reasons: it will offer a holistic examination of individuals’ subjective experiences; it will help others to gain a deeper understanding about the complexity and the uniqueness of war related experiences; it will provide a comprehensive picture for others who did not witness such conditions to understand these events; finally it will describe human resilience across cultures.

Using narrative research methodology is a great fit for this study as it adopts the power of the individual for comprehending lived experiences (Pinnegar & Daynes, 2007). According to Greenhalgh and Hurwitz (1999), narratives are also absorbing as it attracts the listener and the audience and opens up ways for interpretations. They argue that narratives provide us the experience of living through the stories. With this representation, narratives offer us the opportunity to go in-depth into the individual’s stories and understand the context where stories occurred and comprehend the totalities of
human experience. Narratives offer context, meaning and perception for the survivor’s difficulties (Greenhalgh & Hurwitz, 1999). They provide a method for tackling existential attributes such as despair, hurt, grief, and hope, physical and moral pain (Greenhalph & Hurwitz, 1999).

3.2.1 « Research Questions »

The specific questions that were addressed in this investigation are:

1. What are the war-related experiences of Iraqi refugees who grew up amid war as children and adolescents?
2. How do refugees define health, mental health and resilience?
3. How did refugees manage the adversities of war in the context of their socio-cultural development?
4. What challenges did refugees face and what were the sources of strength and resilience used to overcome those challenges?
5. What meaning do refugees attach to these experiences and how do they think it shaped their lives today?

3.3 « Research Design »

From the epistemological perspective assumed in this study, there were multiple realities to be constructed and many interpretations to be generated. As mentioned previously, the task was to describe the lived experiences of refugees whose voices have been silenced in the context of war and generate local knowledge. The aim of data collection was therefore to collect diverse perspectives on war-related experiences and display rich description and representation of these experiences. I had two essential objectives for this research project: first, I was eager to provide refugee war survivors the opportunity to voice their experiences and stories as it would serve the purpose of personal growth and
resilience and provide the opportunities to narrate the complexity of war-related experiences. Second, it offered a great learning opportunity for our public sectors including health and social service professionals to understand the totality and the complex experiences of refugees and war survivors.

The research design for this investigation was descriptive. Data collection methods included interviews and self-reflexive journals. Data was mainly collected via semi-structured interviews. Two open-ended questions were used to guide the initial stages of the interview. Further questions were formed in the later stages of the interview to enhance clarification and in-depth information and to probe with greater specificity into other relevant areas such as meanings of health, mental health.

3.3.1 « Sampling »

In this study, I used a small sample in order to be able to collect in-depth accounts of life history narratives that would provide thorough information about the participants’ experiences, as well as the sociocultural context. Using a small sample is appropriate in qualitative studies (Patton, 1990); the focus is on generating extensive in-depth data and knowledge. Purposeful sampling with snowballing was used to recruit 8 Iraqi war survivors to be the key informants. It was anticipated that this small sample size would be sufficient to yield a thorough understanding and deep description about the experiences of refugees during war, displacement and resettlement.

Qualitative researchers strive to explore, and gain insights about human conditions and thus need to select representatives that can provide the most teaching (De Chesnay, 2015). Skiba-King (2015) proposed that utilizing key informants really means employing the best participants who are able to narrate their experiences and talk about the concept of interest with their life context. The main task in this study was to identify participants who could provide rich information about war-related experiences and resilience. I
recruited Iraqi refugees who resettled in Canada and who lived in the context of war, specifically, the Fall of Baghdad in 2003 and witnessed traumatic events. Studying Iraqi refugees who have been here eight years or less was suitable for this study as it helped us understand some of the concerns that recently arrived refugees may still face during resettlement and integration.

Inclusion Criteria

All participants had to be Iraqi refugees and:

1) were 18 years or older,
2) had lived in the context of war in Iraq as children or adolescents,
3) had witnessed, either directly or indirectly, traumatic events,
4) were displaced from Iraq prior to their arrival in Canada
5) have resettled in Canada for 8 years or less

Exclusion Criteria

Due to ethical constraints and additional mental health concerns, participants who were younger than 18 years of age were excluded. Refugees who are Iraqis but lived in rural areas in Iraq with minimal exposure to war conditions were also excluded from the research.
3.3.2 « Recruitment »

When recruiting participants, it was essential to include a wide spectrum of participants in order to avoid selective bias (Goodson & Gill, 2011). In this study, recruiting participants was achieved by personal contacts or community or work contacts (de Chesnay & Fisher, 2015). I have a broad network base with many community service providers in Southwestern Ontario. I, the researcher, am an advisory committee member, and community co-chair member in a center that provides mental health services for at risk children and families and targets refugees and immigrants. This center expressed interest in supporting this project in relation to recruitment if needed. In addition, I have a long volunteer history and work experience with a cultural learning center that works with newcomers into Canada. These centers can be considered the main stakeholders of this study. Furthermore, there were community members who were interested in the study with whom I was connected through my previous role working as a clinician and program coordinator. I had worked for many years with refugees of war, and I have strong relationships with several community organizations in addition to the Iraqi community. I was able to use these connections to help connect me to potential research participants.

3.3.3 « Instruments »

In qualitative research, the researcher becomes the research instrument (Denzin & Lincoln, 1994). In this study, I, the investigator, was the primary instrument through which data was collected (West-Sands, 2015). The investigator’s skills affect the quality of the data collected (De Chesnay & Fisher, 2015). Both researchers and participants are engaged in “living, telling, reliving, and retelling our own stories” (Clandinin & Connelly, 1994, p. 418). The interviewer’s attitude shapes the relationship between participants and researchers; “the way an interviewer acts, questions, and responds in an interview shapes the relationship and therefore, the ways participants respond and give accounts of their experience” (Clandinin & Connelly, 1994, p. 420). From the
constructivist perspectives, as the stories are socially constructed from unstructured or semi structured interviews between the narrator and the researchers, there is less separation between them and the power is shared, although to some extent the investigator may have more power because he or she is the one who chooses the topic of investigation (Hollingsworth & Dybdahl, 2007). As researcher, I needed to maintain an open approach that encourages thorough and rich meaning, and that allowed for reinterpretations (Crotty, 2010).

Although clinical training is not required to be qualitative researchers, “a background in therapeutic interviewing, and experience in observing and interpreting communications, is recommended for those planning investigations using “self” as an instrument of measurement. More often than not, the context, body language, and tone of communications relay more meaning than semantics” (West-Sands, 2015, p. 31). Furthermore, West-Sands calls for the importance of acquiring the following skills: communication and interpretations; interviewing, and termination of the relationship. In this study, various skills developed during my previous nine years of clinical therapeutic work were used to build rapport, facilitate disclosure, obtain clarification, and interpret the data (West-Sands, 2015). I drew upon my skills and training acquired through many years of clinical work with refugees of war. Although conducting research differs significantly from counseling, these skills will be used to establish rapport, facilitate disclosure, and explanations. Having good therapeutic skills was helpful in a life history approach, as it enabled me to be more sensitive to the data; and to how the interview was affecting the participants.

Deficient therapeutic skills will likely limit the sensitivity to the data and the collection process and subsequent data interpretation and utility. The use of specific, even brief, guided experiential exercises to practice, develop, and refine interviewing, communication interpretation, and relationship termination skills is highly recommended for those interested in pursuing the life history method (West-Sands, 2015, p. 32).
3.3.4. « Data Collection »

According to Fontana and Frey (1994) interviews are among the most utilized and most influential ways to understand humans. They are critical tools that enable and validate the knowledge of ordinary individuals (Fraser, 2004) especially refugees of war. Narrative interviews help to uncover hidden and silenced knowledge that may produce findings that can lead to new theories (Fraser, 2004) and better explain human conditions. In this study, interviews were used to collect life histories. Narrative interviewing is similar to ethnographic practices that usually depend on open-ended questions in order to generate in-depth detailed information (Riessman, 2008).

According to Goodson (2013), life history method needs preparation and there are a number of stages to develop the study. He describes the following approach that I adopted to collect the life histories in this research. Life history approach starts with in-depth interviews. Goodson and Gill (2011) highlight the importance of setting the scene for the research interview and building trust with participants. They note that it is essential for qualitative researchers to share their study objectives and understanding with their participants. This sharing will empower participants to engage in an effective and active way and it will underpin the awareness of participants about the essentiality of their own narratives and experiences in the research (Goodson & Gill). Goodson and Gill (2011) encourage researchers to keep a “vow of silence” in the initial stages of the interview. They argue that “the key is to give the participants the opportunity to be in overall control over the ordering and sequencing of their life histories” (Goodson & Gill, 2011, p. 39). This approach will provide the space and the context needed for flow to occur (Goodson & Gill).

In the beginning, the interviews were semi-structured, I acted as a good listener and let the participant narrate the story in order to help the storyteller to rehearse the life story. Fontana and Frey (1994) describe several aspects in relation to interviews. It is both the tool and the object where both the researcher and the researched behave as they have
equal status. They highlight the essentiality of establishing rapport with participants and gain their trust. They also note that the qualitative researcher needs to be able to perceive the situation from the participants’ perspectives, instead of imposing the academic world and preconception on them. Fontana and Frey describe life history as creative interviewing because we are collecting oral accounts from informants, and this data may be considerably longer than the usual semi-structured interviews.

It is essential to ask open and simple questions in the initial interviews to elicit long and detailed interviews (Riessman, 2008). During the interviews I asked two open ended questions followed by prompts to give the opportunity to the participants to elaborate on their stories and experiences. The questions were:

1. I am very interested in hearing your life story starting from your life in Iraq. What were your experiences like? There is no right answer. You can begin from whatever point you would like, and stop at any time. During the interview I may ask you a few questions to clarify or elaborate on certain elements. If you have any questions or difficulty, you can stop at any time. Please begin. The next question will be asked after answering question one, whenever participants feel they provided the narrative they wanted; and how do you think war-related experiences shaped your life today?

2. How do you think war-related experiences shaped your life today?

The next step according to Goodson and Gill is developing the life history. During this phase, a dialog between the storyteller and the researcher occurs. This may happen during the second interview or in later stages. During this phase the dialogue moves towards grounded conversation which is an extremely important stage. They propose that this represents the shift from life story to life history. During this stage, life history method “underlines the importance of placing the life narratives in their historical contexts, and there is a strong sense of research collaboration which helps locate each unique story in a
broader frame—providing wider historical insights for the life storyteller and the broader audience for whom the story is recounted” (Goodson & Gill, p. 40).

Using these two open-ended questions will open up opportunities for participants to talk about their narratives and shape them accordingly, as opposed to close-ended or rigid questions (McAdam, 2006). The questions were used to elicit a conversation between the participant and myself as researcher to generate life stories that were situated historically and culturally. As I started to cross-question the storyteller using other data resources, I moved from life story to life history. The distinction between life narrative and life history occurs when individual stories are located socially within historical context and place that provide broader understanding about several issues. Life history does not only allow people to narrate their lives, it also presents a thorough understanding that reflects on the social, political and economic spaces that people occupy. Goodson stated that “the process of triangulation represents this move to life history” (p. 36). He noted that by adding more data, thorough explanations on the historical context can be collaboratively created. This way the storyteller will be locating the life story in a specific time and place. Life history interviews represent a great vehicle for investigating the complexities of people’s personal stories. Through the processes of progressive focusing, collaboration and continuing conversation, data about social location and historical context are elicited (Goodson, 2013).

This study was conducted in a mid-size city in Southwestern Ontario. The location of the actual interviews was based on each participant’s preference and comfort level. They were conducted in the informant’s home, library or other community settings. Each interview lasted about two hours. I met with one participant a second time due to being unable to adequately complete the first interview. Interviews were conducted in the languages that were preferred by the participants, either in English, Arabic or Chaldean/Assyrian. I, the investigator, speak all of these languages, and no interpreters were used. These interviews were audio-recorded in order to capture the war survivors’ life histories accurately. The interviews were then translated into English and transcribed.
One interview was conducted in English, five interviews were conducted in Arabic and two interviews were conducted mainly in Arabic and some Chaldean/Assyrian words and statements were also used by the participants during the interviews. For each interview that was conducted in Arabic, I recorded the interview and heard the overall interview. Next, I started to translate line by line. The interviews in Arabic language were conducted in daily dialect, and not classical Arabic because classical Arabic is similar to Shakespearian English where it is not used for daily speech. For some words to be translated, I insured that I used the proper words by searching online for different translations for specific words. For instance, the actual word for trauma does not exist in Arabic. Thus, I had to ensure that I chose the appropriate words that indicate the actual meaning of the words. For the two interviews that were conducted in Arabic with some use of Chaldean/Assyrian words, I also ensured that I am using the correct translation by searching and asking others who speak the language if that word can be translated to the actual word in English.

3.3.4. « Life History Line »

Lifeline is one form of life history method. Lifeline is a visual representation of the person’s events of life in chronological order and may encompass interpretations of the portrayed events (Gramling & Carr, 2004). Lifeline was only used to assist the investigator to accurately capture the events narrated by the participants and arrange them chronologically. These chronological narratives are presented in chapter 4.

3.4.5 « Reflexive Journaling »

In the preparation of the study and throughout my work on my dissertation topic, I wrote journals occasionally to critically track my ideas and reflections (Finlay, 2002). Writing reflexive notes regularly enhanced reflexivity. Kinsella and Whiteford (2009) stated that “reflexivity recognizes the sociality of the process of knowledge generation” (p. 251).
Upon the completion of each interview, I also wrote reflexive notes. Fontana and Frey (1994) state that “As we treat the other as human being, we can no longer remain objective, faceless interviewers, but become human beings and must disclose ourselves, learning about ourselves as we try to learn about the other” (p. 374). Thus, through conducting this research, I, the researcher went through the enriched process of learning which needs to be reflected on. Engaging in this process further improved the rigor of the study. After each interview, I wrote my reflexive notes. This process was extremely important to enrich my research and analysis. For instance, when I interviewed Wendy, she narrated her story about her captivity experience. She indicated that she had struggled more and was mistreated because she was Muslim. She stated that “ISIS did not mistreat Yezidi women like how they mistreated Muslim women. They treated them better”. After that interview I sat down and reflected on this statement and Wendy’s perception about women who she considers as ‘others’ who don’t belong to her group. I realized how the ideology of ‘otherness’ is incorporated during adversities and is carried out with individuals beyond the borders to the host country. These details are not included in Wendy’s profile in chapter 4, however, this type of information was used when forming the analysis.

### 3.4.6 « Data Analysis and Interpretation »

Data analysis requires a rigorous process that describes the interpretation method and the results of the study (McAdam, 2006). Data analysis in relation to life history research is not well articulated, and it varies based on the research aims (De Chesnay & Fisher, 2015). Analysis and interpretations in qualitative research start prior to data collection. Kinsella (2006) proposed that “qualitative research is by its very nature informed by hermeneutic thought” (p.1). Thus, interpretation and analysis started during the preparation and the framing of the research questions, prior to data collection. Throughout the process of preparation for this project, I have been involved with ongoing reflections on my own lived experience as a war survivor and my clinical work with this population. These reflections are shaped by my knowledge and experiences. McAdam
(2006) state that: “the previous knowledge and experience that a researcher brings to the inquiry is imperative” (p. 64).

Life history narrative methodology can be presented in various ways ranging from little interpretation with autobiographical accounts to complicated life histories (De Chesnay & Fisher). In her research, McAdam (2006) used a holistic approach to analyze her work with African war survivors. She notes that a holistic approach preserves the core of the narrative, as opposed to category-based analysis where the narrative is fragmented and less clear. She argues that with utilizing narrative the researcher enables the social construction of meaning and fundamentally offers a voice for those individuals who may not be heard. These narratives will offer understanding of refugees in the context of war, in order to comprehend the particular challenges that children of war need to manage. In this study, I used McAdam’s (2006) holistic approach to present profiles of each participant. In addition, I conducted thematic analysis across all participants. The analytic approach used in my investigation was shaped by Riessman’s (2008) and Lieblich, Tuval-Mashiach, and Zilber’s (1998) work.

Before beginning data analysis, I translated and transcribed the interview data. Transcription is an interpretive practice (Riessman, 2008). Transcribing is essential because it provides an accurate account of the interviews, rather than just relying on the researcher’s memory (Fraser, 2004). The main advantage of transcribing the materials by myself was how close and immersed I became to the narratives (Fraser, 2004). In addition, “the disclosure of personal information-particular disclosures of trauma and distress-can be hard to hear, especially for people who are not accustomed to doing so. Not having others transcribe the material also means the analysts do not have to spend time and energy briefing and debriefing transcribers” (Fraser, p. 188). Transcriptions are really a type of interpretation and analysis (Riessman, 1993; Fraser, 2004). In narrative analysis, Riessman (1993, 2008) notes the importance of taping and transcribing and the prolonged time it may take.
Riessman (2008) provides the following descriptions for data analysis. She states that researchers work on one interview at a time, separating and organizing related events into chronological biographical stories. After finishing this process for all the interviews, the inquirer focuses on and distinguishes the primary assumptions in each story and codes them. Accounts are ‘cleaned up’ of information deemed to be tangential and less relevant. She clarifies that in the thematic narrative analysis tradition, researchers rarely focus on how the narrative unfolds in an active exchange of conversation or the researcher’s role in creating it. According to Riessman, in the written report, the personal accounts appear as if narrated from the narrator’s self instead of a conversation between a narrator and the interviewer; “the active participation of interviewer, transcriber, and analyst disappears from writing” (Riessman, 2008, p. 58). Riessman stresses that in thematic analysis, attention is given to the broader contexts that shape the individual accounts.

During this stage, the researcher needs to immerse herself with the data. “Interpretation requires the researcher to partake in an intimate relationship with the data” (McAdam, 2006, p. 63). Lieblich, Tuval-Mashiach, and Zilber (1998) proposed four approaches to analyzing qualitative data and another framework that is particularly designed for narrative inquiry (McAdam, 2006). I will use the holistic approach to narrative analysis to guide this work. This approach encompasses the following: (1) Data reading and re-reading until patterns emerge; (2) Documenting initial thoughts related to the patterns found in the initial findings; (3) recognizing particular story lines of each participant’s interview (4) constructing themes that exist across all cases; (5) concluding thought documentation related to each theme (Lieblick et al.).

I analyzed the data manually by immersing in the data. I first read the transcripts in their entirety. I re-read the material and record my reflexive notes after each transcript. I then developed narrative chronological life histories for each participant. I then coded the transcripts using Nvivo. I found commonalities between the codes generate themes. I
used thematic narrative analysis where the biographical accounts are not fractured into thematic categories like grounded theory, but the accounts are interpreted as a whole.

3.5 « Ethical Consideration »

Narrating other people’s stories is a privilege and rewarding. However, doing research involves ethical concerns and dilemmas. There are some ethical concerns at times against research studies that investigate the experiences of vulnerable individuals such as refugees who experienced adversity and trauma. However, McCarthy (2001) claimed that refusing to research populations because they have been through vulnerable experiences may raise their vulnerability level because people will continue to be unaware of their experiences, conditions and how to help such populations; “furthermore, exclusion from research may also denude the knowledge base of marginalized groups concerning their health, education, welfare and quality of life” (Owens, 2007, p. 307).

Guillemin and Gillam (2004) differentiate between two different types of ethics that are involved in doing qualitative research. Procedural ethics involve all the initial steps that are conducted to acquire approval from ethics committees. Prior to any data collection, ethical approval from Western Research Ethics Board was obtained to conduct this study. The other type of ethics is called ethics in practice; this refers to any ethical concern that researchers need to consider when in the field. Guillemin and Gillam (2004) note that the ethics of practice support qualitative researchers and prepare them to be in the field and thus ground them for any ethical concerns that may arise. On-going reflexivity is required accordingly (Guillemin & Gillam, 2004).

Ethical concerns that were particularly relevant to consider in this study are protection from harm physically, or emotionally and the right of privacy. Fontana and Frey (1994) remind us about the importance of treating participants as humans, as they narrate their lives. Participants were informed of their rights, benefits and any potential risk of harm.
According to Lieblich (1996), as they listen to participants, narrative researchers need to ensure safety and do no harm by being non-judgmental and empathic listeners (Clandinin & Huber, 2010). Hyden (2013) argues that narrating traumatic lived experiences may impose substantial threat on individuals by re-traumatizing the participants, however, narratives have the strong tendency to heal as well. Throughout my professional life, I have been involved in discussions about topics that are considered sensitive, especially war-related trauma. As a clinician, I have worked with refugees of war and have listened to various types of traumatic war-related experiences. As a researcher, I have been involved with projects targeted towards structural violence and worked with newcomer participants who came from war zones and resettled in Canada. I believe my personal experiences and professional background combined to give me heightened sensitivity, awareness, and understanding regarding the experiences of people who have lived amid war. These helped me recognize the emotional responses of participants throughout the research and be attentive to their physical and emotional safety and well-being.

Furthermore, ensuring ongoing negotiations between the researchers and the participants throughout the process is essential (Clandinin & Huber, 2010).

In addition, the relational nature of this methodology puts more responsibility on the researcher to ensure confidentially and representation as they create the research text (Clandinin & Huber, 2010). Clandinin and Humber (2010) state, “negotiating research text creates a space where participants’ narrative authority is honoured. Issues for anonymity and confidentiality take on added importance as the complexity of lives are made visible in research texts. Strategies such as fictionalizing and blurring identities and places are often used. Narrative research methodology research text often calls forward increased attentiveness to ethical concerns” (p. 16).

During recruitment, I made an effort to ensure that no coercion occurred, and participants were informed that they could withdraw at any time. An information letter about the study was provided in both Arabic and English. Informed consent was obtained, with forms provided in both English and Arabic languages.
The interviews could have been perceived to pose ethical concerns related to power. To reduce this dilemma, it is suggested that the interviewer and the interviewee need to have a close relationship in order to reduce the hierarchical nature of the situation. While it is recognized that power differentials cannot be entirely eliminated, Fontana and Frey propose that interviewing participants and treating them as equal, and using empathy would allow them to express their personal perceptions and feelings which helps to make the interviews more honest and reliable. Methodologically this approach generates broader responses and better insights (Fontana & Frey, 1994). Participants were therefore invited to tell their stories in flexible ways. For example, if participants wished to use photographs or other materials, triangulation was used whereby I included additional sources of data to supplement the verbal narratives. (De Chesnay & Fisher, 2015). In this case, triangulation was used to enhance the depth of the life stories and provide additional context. No participants chose to use photographs.

The relationship between the researcher and the storyteller is a power relationship; living amid violence can produce feelings of powerlessness and vulnerability (Hyden, 2013). Thus, it is important to empower the participants. In addition, war-related trauma may be considered a sensitive topic. However, Hyden (2013) argued that what is considered a sensitive topic depends on the relational circumstances, “it has to do with the relationship between the teller and the listener as well as the personal, cultural and contextual circumstance of that relationship” (p. 237). In order to enhance my responsibility as a researcher I ensured that ongoing negotiations and the process of obtaining consent were carried out throughout the research.

Moreover, there are some specific methodological concerns related to the refugee population. Pernice (1994) stated that prolonged exposure to turmoil of political violence of refugees in their homelands may trigger concern for trust of any type of research. He also suggests that when interviewing individuals who speak a different language, it is essential to select interpreters who have the trust and respect of the community as well as be bilingual and comprehend the process and the objective of the research. Refugees
sometimes are reluctant to give consent by signing documents. However, in this study, I, the main researcher, was considered an insider to this cultural group. I am also a respected, trusted individual in my community and among the various community organizations who were involved in the recruitment process. Furthermore, the personality characteristics of researchers play an important role in this process. A few important elements that are essential for researchers working with refugees include: the capability to communicate well with others, open-mindedness, and minimum prejudice level (Pernice, 1994), being a good listener, being nonjudgmental, authentic, and having good intercultural empathy. Pernice also suggests that research participation and collection of information can be improved if the research is related to health and social services that refugees perceive they can benefit from in the future (Pernice, 1994). In addition, there were several steps I adopted to insure participant’s emotional safety. First, I clarified to all the informants that they could stop the interview anytime they might have felt distressed or unable to continue. Second, they could withdraw from the study anytime. Third, if there were any further emotional concerns, I would clarify to them that there are several resources available in the community that I could refer them to if needed. On reporting of the findings, I ensured that pseudonyms were used, and that identifying information was not included.

3.6 « Rigour of the Research »

Various criteria are used to evaluate the quality and rigor of qualitative research. A shift toward accepting multiple and alternative ways of knowing is a shift towards forming findings through resonance, authenticity, or trustworthiness (Connelly & Clandinin, 2000; Denzin & Lincoln, 1994). Evaluation criteria used to assess the rigor of qualitative studies are based on the philosophical assumptions and methodological approaches utilized (Riessman, 2005). The criteria that will be used to evaluate the rigor of the study are consistent with the social constructionist paradigm and narrative research methodology. Tracy (2010) presents a quality criterion to assess the rigor of qualitative research. Gordon and Patterson (2013) proposed that Tracy’s quality criterion appears
“reasonable and strive to include all genres of qualitative research under the big tent” (p.690). They added that Tracy’s universal quality criteria tend to have the potential to present a framework to assist the qualitative research community to evaluate qualitative research and fill an essential gap in the field. I used worthy topic, credibility, sincerity, transparency, and self-reflexivity as key markers to assess the quality of this study.

**Approaches to worthy topic**

In her appraisal approach, Tracy (2010) suggested worthy topic as one of the main criteria to assess the research quality. Worthy topic can be described as good qualitative research that is significant, evocative, and timely. My intent in conducting this research was to present a comprehensive piece of work that would reveal the need to understand the lived experiences of refugees in the context of war and resilience. This need is particularly urgent given the global and political dilemmas faced by refugees today, and the growing number of Middle Eastern refugees who are resettling in Canada and other Western countries. I also organized the text in an evocative way to engage the reader with the text.

**Approaches to Credibility**

Credibility is another essential component of Tracy’s (2010) appraisal model to evaluate the quality of qualitative work. She described credibility as trustworthiness. Trustworthiness in qualitative research is strengthened by offering thickness in context description (Ungar, 2003). According to Tracy (2010), qualitative credibility in qualitative research is enhanced through practices such as thick description.

In this study, I provided thick description. Geertz (in Tracy) proposed that “because any single behavior or interaction, when divorced from its context, could mean a number of things, thick description requires that the researcher account for the complex specificity
and circumstances for their data” (p. 843). As a researcher, I provided extensive details about the context of war and the lived experiences of refugees in order for the reader to gain insights and understand the totalities of these complex war-related experiences and human conditions.

*Approaches to Sincerity*

Sincerity is another key marker proposed by Tracy (2010). She noted that “sincerity means that the research is marked by honesty and transparency about the researcher’s biases, goals, and foibles as well as about how these played a role in the methods, joys and mistakes of the research” (p. 841). The two valuable elements that are needed to achieve sincerity in qualitative research studies are self-reflexivity and transparency.

*Transparency*

Tracy (2010) proposed that an essential practice of sincerity is transparency. She noted that transparency is being honest about the research process. She proposed that to be transparent, researchers need to disclose the challenges during the study. Tracy noted that “sincere researchers are empathetic, kind, self-aware, and self-deprecating” (p. 842). In this study, I strived to be honest and transparent throughout. For example, I was explicit with study participants about my philosophical assumptions that shaped the research questions I asked, how I asked them, and how I discussed the study findings.

*Self-Reflexivity*

Tracy (2010) proposed that self-reflexivity is considered one of the most important practices of qualitative research and key element to evaluate rigor. As described above, I have already been engaged in reflexivity, and I have been transparent throughout the process. According to Tracy (2010) “good ethnography is not limited to knowledge or
information about others out there but expands the definition to include stories about oneself” (p. 842). Although she specifies ethnography here, this can be applied to most qualitative research methodologies as the values and perceptions of the researchers matter greatly. Reflexivity is not only a key consideration in assessing the quality of the research, but it can also be a methodological tool itself that can enhance the process. In his book, *The Chicago Guide to Collaborative Ethnography*, Lassiter (2005) noted that one of his consultants stated the following:

All the anthropologists who had come and gone studying them, none had turned the tables and studied themselves. None had candidly elaborated why they were ever interested in Indians and what had brought them to south western Oklahoma. This consultant said she appreciated being informed. This comment convinced me that my story is important, if only because it addresses my consultants’ interest and questions that have surfaced in our conversations with and about each other. The way I see it, my consultants have the right to know who I am and what I am about as I seek to learn the same from them. Such exchange lies at the heart of dialogue and collaboration. To be sure, in any truly collaborative exercise, interest, investigation, study and learning are certainly not limited to the ethnographer (Lassiter, 1998, p. 222).

He concluded that addressing his own experience in this manner was the most honest way that he was able to talk about his perception and understand so he could explain what his consultants informed him about their personal experiences as he shared his with them. This reflexivity seems to enhance the rapport between researchers and their informants that may help them to be more open themselves about their experiences that in true will enhance the research study and findings.

This perception of reflexivity encouraged me as a researcher to perceive my own personal experiences as an essential part of my work. Similarly, Bryman (2001) presents how Ellingson’s experience as researcher and cancer survivor shaped her fieldwork in a
cancer center and how this experience helped her to understand the process of the diagnosis and enabled her to feel empathy with participants that helped her proceed with open and trustful relationships. In chapter six, I reflect on my lived experience as a war survivor.
Chapter 4

4 « Results Part 1: Life History of Participants »

The life history narratives were collected to explore the experiences of war survivors, specifically to provide refugee war survivors the opportunity to voice their experiences and stories to serve the purpose of personal growth and resilience and provide the opportunities to narrate the complexity of war-related experiences. Life history methodology can be presented in various ways ranging from little interpretation with autobiographical accounts to complicated life histories (De Chesnay & Fisher, 2015). This study used a holistic approach as well as a category-based thematic approach to present the life history narratives of the participants. A holistic approach preserves the core of the narrative, as opposed to category-based analysis where the narrative is fragmented and less clear (McAdam, 2006). Through the holistic approach, a chronological analysis (life history) was developed for each participant where data are presented as they correspond to a specific time. This chapter presents the chronological narrative or profiles of each participant. It is common in presenting life story of participants to begin with the person's early childhood and proceed to the present. Hence, each profile begins with a discussion of the participant's childhood, their experience of subsequent wars, escape from war, and finally the here and now.

These profiles can provide a learning opportunity for our public sector professionals to understand the totality and the complex experiences of refugees and war survivors. Exploring these narratives gives a thorough understanding of some of the experiences that war survivors may encounter, and coping strategies that helped them to survive. In Chapter 5, I will present the thematic analysis of the findings.
To ensure confidentiality, each participant is identified by a pseudonym; some specific information that may lead to their identification has been removed. There are eight participants in this study. They include 5 females; Lisa, Sarah, Wendy, Nancy, and Dalia; and 3 males; Hany, Sam and Raymond. All participants are born in Iraq. Different ethnic and religious background are included in these narratives in order to be more inclusive as well as to reflect the diversity of Iraq. In this study, there are 2 Arab Muslim, 1 Kurdish Muslim, 2 Kurdish Yazidi, 2 Assyrian/Chaldean Christians, and 1 Mandaeism. The ages ranged from 28 years old to 50 years old.

Table 2: Description of Participants

<table>
<thead>
<tr>
<th>Pseudonyms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa</td>
<td>Lisa is a female, between the age of 40-50. She practices the Mandesiem religion. She is from South of Iraq and had witnessed the Iraq-Iran War, The Gulf War, Fall of Baghdad and the War in Syria. She was displaced in Syria prior to resettlement in Canada. She has been in Canada for 18 months.</td>
</tr>
<tr>
<td>Sarah</td>
<td>Sarah is a female, between the age of 40-50. She is Muslim Sunni. She is from Baghdad. She had witnessed the Iraq-Iran War, The Gulf War, and Fall of Baghdad. Syria was the transit country prior to resettlement. She has been in Canada for 6 years.</td>
</tr>
<tr>
<td>Wendy</td>
<td>Wendy is a female, between the age of 20-30. She is Muslim Sunni from North of Iraq. She had witnessed the Gulf War, Fall of Baghdad, and ISIS attack &amp; capturing. She was</td>
</tr>
<tr>
<td>Name</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Hany</strong></td>
<td>Male, 35-45, Kurdish Yezidi from North of Iraq. Displaced in Refugee camp (North border) prior to resettlement. Has been in Canada for 1 year.</td>
</tr>
<tr>
<td><strong>Nancy</strong></td>
<td>Female, 40-50, Kurdish Sunni from North of Iraq. Witnessed the Iraq-Iran War, Gulf War, and Fall of Baghdad. Transited through Jordan prior to resettlement in Canada. Has been in Canada for 5 years.</td>
</tr>
<tr>
<td><strong>Dalia</strong></td>
<td>Female, 20-30, Kurdish Yezidi from North of Iraq. Witnessed the Fall of Baghdad. Transited through Turkey prior to resettlement in Canada. Has been in Canada for 2 years.</td>
</tr>
<tr>
<td><strong>Sam</strong></td>
<td>Male, 30-40, Assyrian Christian from Baghdad. Witnessed the Iraq-Iran War, Gulf War, and Fall of Baghdad. Transited through Syria prior to resettlement in Canada. Has been in Canada for 7 years.</td>
</tr>
</tbody>
</table>
Raymond is a male, between the age of 30-40. He is Chaldean Christian from Baghdad. He had witnessed the Gulf War, and the Fall of Baghdad. Syria was his transit country prior to his resettlement in Canada. He has been in Canada for 7 years.

4.1 « Lisa »

Life in Basra

Lisa was born in Basra, a city which borders Southern Iraq, where she lived between the years 1968 and 1987. She grew up in a two-parent family with five brothers and five sisters. During the early 1980’s while her family was living in Basra, there was an ongoing war between Iraq and Iran. The war expanded and Basra became a target for bombing and air strikes. As a young child, she felt the impact of the war through school closures and being restricted to the house. When she did go to school, the war was a constant concern. As young students they were often approached by soldiers on the streets who would ask the school children to call the soldiers' families to inform the families that they were still alive. Lisa remembers making some of those calls to the soldier's parent. Acquiring groceries became difficult. Many citizens of Basra became confined to their homes due to fear, living without lights so as to appear that the homes were deserted. Lisa recalled “All this and we stayed in Basra; we stayed even during difficult time when there were raids due to Iranian bombs or airstrikes on Basra. The way we survived during these attacks and raids was by turning all the home lights off and stay silent”. The bombing became part of everyday life but the real impact of the war was
first felt when her brothers were enlisted into the army; two brothers in one day. Lisa recalled:

It was such a difficult day, felt like a funeral in my home because Basra borders were on fire and there was an attack happening. They both left the house and it irritated the home environment that day. I remember we did not cook that day, we could not study, and there were tears in the whole house.

Shortly after they joined the army, the brothers returned home after one week. They came with shaved heads and when Lisa and her siblings saw them, they felt very bad for them. Her home was always filled with joy, but when her siblings joined the war their home switched to sadness and sorrow. That joy would never return as the brothers were unable to leave the army until the end of the war. Her family lived in constant fear. Her father bought cars for each of them just in the case of an attack. Lisa, on the other hand, felt that her father did not know that “nothing can protect them except God”. The war also impacted the education of the remaining siblings, especially boys. The boys struggled with the responsibility of whether they should continue their education or work with their father or protect the family. Males struggled heavily in Iraq.

Despite the constant bombing they stayed in Basra until a bomb landed close to their home, killing the parents and three children who lived in a neighboring house. Lisa sadly recalled strangers arriving to gather the dismembered bodies to transport them away in a truck. This incident was the breaking point for her father who had been reluctant to give up their home. He immediately made the decision to leave Basra and move to Baghdad, bringing moving trucks later that day.

**Out with the old war, in with the new: The Gulf War**

After eight years of war with Iran between 1980-1988, the Gulf War erupted in 1991. The Gulf War was an international conflict which was triggered by Iraq's invasion of Kuwait on August 1990 followed by economic sanctions for 12 years. Lisa described difficult life conditions that followed. All major cities were targeted through constant bombing
especially Baghdad. Having a new baby in her family made this time even more difficult for Lisa. Lisa portrayed the range of struggles her family faced, explaining:

There was a high deficiency in gas supply for cars and my sister had early baby delivery and they informed her she needs to move to a city to do the operation. During her delivery the electricity was erupted and the doctors did the operation using lantern light. Thank God my sister delivered the baby safely but the baby was born prematurely and needed special support but there was lack of medical support during the war. So, my mother had to create the support at home so this baby can live. My sister delivered the baby in February in winter time and there were no taxies or cars available as much due to gas shortage so it was very difficult to arrange for the ride to take the baby from the hospital to our home. Once we found the ride, they had no heat, I was forced to take my jacket off in the cold winter to wrap the baby and my mother also took off her jacket and wrapped the baby so we can warm up the baby. But thank God we were able to save the baby. My sister struggled after the delivery because she had infection, but only stayed two days and insisted on leaving the hospital because medical care was not great due to the war condition.

Survival was considered a miracle and Lisa remains grateful that her family survived this difficult time.

**The aftermath of the Gulf war**

The aftermath of the Gulf war was disastrous. Economic sanctions continued after cease fire and it was a big catastrophe on the Iraqi people. Lisa described extremely difficult living conditions, including a nationwide struggle for food, saying “we ate things we never ate before, even bread. The bread was made from a mixture of things we never thought about such as date seeds, corn, barley etc. It tasted like sand, once we ate it, this bread used to irritate our stomach. There was insufficient amount of food in the market and food products increased in price significantly”. Even though the government tried to find solutions such as providing food stamps to people to get food (up to 15 items per month); it was still difficult. There was ongoing deficiency in health care in addition to
medication shortage. Sick people died of preventable conditions because they had no access to medications. Lisa also described difficult the life conditions due to lack of electricity. Blackouts occurred regularly during the war lasting from hours to days.

**Life goes on**

Despite the unstable society, people needed to continue to live their lives. Lisa got married and had one child. However, the ongoing war and its stressors influenced people's health negatively. Lisa stated:

> The war impacted my father's health badly as well as my grandmother's health because she heard her grandson became a captive in Iran and she got heart attack and died. My father also was extremely stressed because he was a jeweler and gold prices were interchanging so much due to war and dollar prices. He lost so much of his wealth, as a result he got stroke that kept him paralyzed and died in less than a year.

Lisa lost her father during her second pregnancy and it was devasting. She fell into depression after her father's loss that she had to treat with medications. These medications negatively affected her, and she experienced fetal loss in the ninth month of her pregnancy. Unfortunately, she still had to deliver her dead baby naturally.

**Fall of Baghdad**

Lisa and her family left Diala in 2003 and resettled in Fallujah. Lisa liked the people in Fallujah but hated her new lifestyle as she needed to cover her head. As Lisa describes, “I was pregnant and went to my medical appointment and in my way back I did not know how to get home and realized I am so confused due to the hijab I was wearing that I am not used to. I took off my hijab and focused then I was able to find my home”. These chaotic changes and its related stressors influenced Lisa's well-being extremely. She had difficulty adjusting to this new society. In her words:
I can't imagine that I was lost and did not know my own home. I told my husband I need to leave Fallujah and go to Baghdad. Lisa was terrified due to identity loss. I gave birth to my son but got depressed because I did not know how to deal with people while I am wearing Hijab because I don't like it and could not go anywhere in Fallujah without it. I felt I lost my identity because this is not me. I felt I lost myself big time. I had panic attack at night.

Lisa’s husband sent her to Baghdad the next morning to be treated and she resettled in Baghdad. Lisa's health improved after going to Baghdad to stay with her family and she spent good time with them. However, this did not last long, as the Fall of Baghdad happened which led to extremely dangerous conditions in the whole city. Lisa describes, “During the Fall of Baghdad in 2003, you won’t know Baghdad, it was on fire”. Lisa left Baghdad and fled to her in-laws in Diala. She describes enduring difficult conditions in Diala saying, “It was very difficult time. I had 4 children, the oldest 6 years and the youngest twins are 8 months. I felt I was a big burden on my in-laws because it was hard time for people. Most of the time I used to stay in my car”. Her health deteriorated and she was extremely depressed and one day she dreamt about a dead body. Lisa felt that she needed to check on her family in Baghdad. Upon her arrival she noticed something was wrong as she found her mother’s hands were burned and her brothers were extremely depressed. They informed Lisa that her sister died in Kirkuk and that her mother had been in a coma for 2 days. There was a fire exchange between some Kurdish group and another group near the house that Her family was staying in. Both groups attacked the house and continued their fire exchange that injured her sister until she died and burned her mother's hands. Lisa described the incident:

During this fire exchange my sister was injured, and the room was filled with red smoke. My sister had asthma too and she was choking. My mother was also injured, and my mother could not save my sister and she was extremely injured with bullets and my mother was burned. …… On that same day, another Muslim Shia entered the house and saw that my sister was dead with bullets he stated that this woman did not die good death, so he burned my sister, the house and my
mother was burned and then saved by people. I don't like to talk about sectarian groups, but I have to mention that he was Shia because he had no mercy with this action. Her death was a shock to us.

During this time sectarianism and terrorism increased in Iraq. This trauma made Lisa realize that her country had changed. Attacks, bombing and killing continued in the country. In 2007, the conditions worsened in Iraq such that killing was based on religious identity. Lisa details the issue “there were Saidia events where they started to kill based on your identity. They killed everyone based on their ethnic group. If she was Shia then Sunni would kill him/her and vice versa. And the minority were treated badly and if we paid taxes then we stayed alive if not we would be killed.” The country was divided, and its nations started to turn against each other. She continues, “People became against each other and against their neighbors. People were betraying each other so they can get money and become rich and buy properties”. Lisa lost her brother-in-law in the same year. People were informed not to contact the police if they saw dead bodies but her brother-in-law went against that and died for it. Lisa explained the circumstances of his death. “He used to call the police whenever he found dead body; they got very upset with him and killed him with 9 bullets”. The government did not show any control and there was ongoing chaos. According to Lisa, even though the murder was known, due to political power misuse he was never arrested. “My sister and her children witnessed the killing of her husband. War is an extreme destruction that is all what I can say”.

In 2009, Lisa lost another brother-in-law who was also killed by unknown groups. Lisa lost her brother in vague conditions in 2009 as well. Lisa told of the mystery behind her brother’s death stating:

In 2009, my brother went to the hospital and they diagnosed him with heart problems. He was doing ok, but they asked him you need to stay in the hospital. He was wearing a ring and a watch. The hospital did not let her other brother or mother to stay with him. When my mother went to the hospital, they informed my mother your son is dead. We don't know how he died. We were shocked. He was the eldest and the most loved. My sister-in-law said where is the gold and his
watch. We don't know what happened to him, we are sure they killed him. He was definitely killed. He found a needle in his body.

The medical system collapsed in the country. Misdiagnosis and lack of medications became the cause of several deaths in Iraq. Lisa believes that misdiagnosis was the cause of her brother's death.

Lisa suffered for her mother who had lost a son, a daughter and two sons-in-law. During this time, minorities in Iraq suffered extremely because they lacked power and they were struggling with extreme fear. Lisa's husband was kidnapped in the following year due to religious differences and greediness. Lisa described the events that lead to her leaving the country:

Since the Fall of Baghdad, we minorities are treated as criminals living in prisons because we have fear. We have no parties, no power and no rights. It was so hard for any of us to get to higher jobs while people with no education were occupying these jobs and people with high education and scientists and with humanity all left. After my brother's death and my husband's kidnap events, I decided to leave the country.

**Fleeing home and transit country and trapped in another war**

People in Iraq lost the sense of security. Lisa fled Iraq and went to Syria to save her family while her husband was still in captivity. Her widowed sister left as well to save her children. In Lisa’s words, “my husband has always told me if I get kidnapped and killed don’t wait and leave with my kids. So I left Iraq. My brother told me I will negotiate with his kidnappers I am sure they want money and if he gets killed then he is just like the others who were killed from our family”. These traumatic events and deaths have hardened people’s feelings. According to Lisa, “our hearts have died due to all this struggling”. After being severely tortured, her husband was saved. He joined Lisa and his children in Syria. Lisa expressed her relief, “Thank God! He struggled, but he is alive”.

Life conditions were difficult in the transit country. As Lisa explained “We lived in very low-class area, and then moved to a better area because our kids were young. We lived there with my sister. My brother-in-law helped us financially for a while. I found work for a while and then my husband found a job”. Lisa lived three years of peace in Syria until the war erupted in Syria too. Many Iraqi people felt the war was following them to their destinations. Lisa was accepted by the United Nations as a refugee but they had to wait. Lisa brother resettled in France and her mother and the other siblings resettled in Australia. Lisa and her family relied on her mother for financial support to improve their living conditions during the war in Syria. Lisa felt trapped in Syria as she lived 9 difficult years. Due to the war, life conditions became extremely dangerous in Syria. Lisa felt that her life and her family's life were badly destroyed by all these wars.

One day my girls were in grade 5 and someone called and told me come take your girls. The bombing was so excessive that leaving the house was so difficult. I could not leave the house, and I called my husband to get my girls. My husband went to school and found the girls terrified because the bomb had landed in the middle of the school. My husband tried to save my children and other children. One of my girls 'friends died. My husband described the way from school to home as extremely horrible as the bombing continued and it was very difficult to get home. Another day there was excessive bombing close to my sons 'school. I decided to stop my son from school.

She also refused to let them leave home as much during the war in Syria. Her children joined a computer workshop and again there was excessive bombing again that she withdrew them from the program.

The here and the now

Lisa is now middle-aged and lives in Ontario Canada after receiving government-sponsored refugee status for her family. She continues to struggle with the tragedies of the war. She felt that she should have left war earlier. Even though she's in a new country where there is no war, she still isolates herself to the house.
End of profile.

4.2  « Sarah »

Iraq-Iran war

Sarah was born in Baghdad, the capital of Iraq. She grew up in a two-parent family and had one sister and one brother. Her father was a military officer, and her mother had an office job. The Iraq-Iran war began when Sara was in high school. This war lasted for eight years and it had significant impact on people. Living in constant fear and worry for loved ones was an ongoing issue that Iraqi people were experiencing. Being an officer instead of a soldier did not make any difference to their enemies. As an officer, Sarah’s father was out of contact from his family for long periods at a time. Her family in turn lived in fear of losing him especially after losing family members to war. The theme of fear and death were people’s realities in Iraq. Sarah lost her then partner during the war. This loss has resonated with Sarah and she struggled emotionally, “I used to wait for him to come back from the military so I can see him and then they bring him Shahid (dead due to war) in a wooden box. This is not easy to witness. This experience was a repetition in our daily lives growing up in Iraq; witnessing the loss of relative, neighbor, friend or someone we know was a reality we were living in”.

Sarah endured several similar loss events. The traditional funerals in Iraq involve overt reactions and rituals and witnessing these funerals especially for young individuals is extremely difficult. Many young men died. During their funerals traditional music bands played in the street to represent loss at a young age. The funerals were commonly held as a wedding would since they would be unable to celebrate any wedding. Mothers decorated trays as Hanna {it is like a bachelor party for the groom and the bride} celebrations for their sons. However according to Sarah, “there was no happiness; it was all sadness and sorrow”.

During the years of the war, Sarah was still a teen living at home and although her family's financial situation was excellent, they were still living in fear. In her words, “Our
situation was different there was no happiness instead was the constant worry. What is the value of having money but you cannot enjoy it because you would witness daily all these youth in young age just losing their lives in such a young age”. Sarah’s family continued to live with the constant fear of losing her father. During the Baath party, the rules in Iraq were harsh, all men who reached the age of 18 had to join the military unless they studied university. Those who went to university had to join the military after they graduated from university but would be positioned as officers instead of soldiers. Basically, all men were somehow involved in the army during Baath Party.

This war had a significant impact on youth growing up during this era. Over time Sarah witnessed a change in her father's personality akin to his military lifestyle. Sarah's father chose a military man as her husband so that her husband would fit his lifestyle.

**Marriage and the aftermath of war**

Sara was still in high school when a groom who was an officer proposed to her and her parents accepted him. She married him before the age of 18. It was an arranged marriage. She got married in 1990. Sarah described the impact of the military on people through her experience with her husband:

> Military personnel used to live the same lifestyle while they were on duty and off duty and at home. This lifestyle of military of ordering me and put so many rules in the house had influenced me. I believe my father wanted a military person so he can be a good fit for his lifestyle. I believe given the number of wars they had endured; it became so normative to them to have sense of control and power over everything.

Sarah hated to live with this lifestyle as she had to follow her husband's orders without questioning and was allowed to question after she completed the task. Sarah's father was more flexible and open to discussions than her husband. Sarah’s husband was extremely rigid and rejected her input. According to her, “My husband used to tell me when I order you to do something, you need to do it and after you fulfill it then you can discuss it. This means that he used power to control me”.
When Sarah got married there was political instability and post war conditions that created difficulties for students to focus on their education. She faced difficulties in pursuing post-secondary education. The war with Iran ended in 1988, and the country remained at peace for only two years followed by another war. The surrounding environment and the political instability became more difficult and it started to impact men and influenced families demonstrated through this example, “So when he came home angry and tired; it would influence me negatively”. Sarah eventually completed her university studies and had children but the situation in Iraq continued to be very difficult and unbearable. People had to face these difficulties beyond their abilities.

War seemed to impact marital relationships and family relations extremely. Sarah described some of the impact:

It was difficult because whenever my husband came back from the military, it was disaster. He used to go for 21 days and come back for 7 days. During this time, he was not aware how my life was during the 21 days where he was not around. When he used to come during these 7 days, he used to think he is in honeymoon and I had to spoil him.

When he was away, he left his aunt in control of the household which was an additional stressor for Sarah who stated, “Yes I was a princess but in jail”. Sarah’s life became more complicated because she was unable to go out during the time her husband was not at home. Consistent with cultural norms, Sarah’s mother moved in with Sarah after her father passed away. If a woman was widowed at a young age, traditions and values required that women not live alone as they might be vulnerable to predators in the community. Sarah explained, “When a husband dies, a woman is treated like almost dead. Surrounding people had so much control over her life”.

The war cycle: Fall of Baghdad

The Fall of Baghdad was a catastrophe for the whole country. Sectarianism was used to separate the Iraqi people. Sarah belonged to the Sunni sector of Islam. Conflict arose between Islamic Sunni and Shia. This ideology started to spread, but after the war, people
started to look for these differences. Radicalism increased with the Fall of Baghdad. After
the Fall of Baghdad this radicalism started to increase. When Baghdad fell, Sarah's
husband had to step down and leave his military position because it was very dangerous
for him as he was perceived as follower of the previous regime. He was imprisoned by
the Kurds in 2003 and remained a prisoner for a long time. The Kurds were moving the
prisoners from place to place until there was a bomb attack where he was able to escape
and found by an Arabian family who helped him. When he returned home, he appeared
to be a different person; he had no status anymore. Sarah recalled, “He took off his
military clothes, boots and symbols and was wearing the Arabian traditional dress code.
He came with nothing, because these things represented his power and control and when
he came back, there was nothing. He lost his status and he ended up with nothing”. At
this point, Sarah's husband, without a job or status started to become radicalized and
sought revenge from the Shia Sector. He began to receive threats that he needs to work
with Sunni groups to revenge from Shia otherwise they would kill him. There were some
Al-Qaida pockets who wanted him to join them and the Shia groups (Al-Sader) wanted
him to join them.

The financial conditions in the country deteriorated. The financial success that Sarah's
family enjoyed before the fall of Baghdad ceased. Her husband began to work for an
Australian company in Iraq with the hope that it was safer since Australia was not part of
the military coalition against Iraq. However, he continued to receive death threats and
had to flee from city to city to protect himself. Internal displacement for safety became
the reality for many Iraqis during the Fall of Baghdad and afterwards.

**Being a target because of status and religion: The kidnapping of her daughter**

In the same year that Sarah's husband was kidnapped, her daughter was also kidnapped.
Her daughter and son were going to school and they pulled her daughter's hand from her
brother while they were walking to school. Her son was 9 years old and her daughter was
11 years old. Her son wanted to yell and ask for help; but he was unable because he lost
his voice due to fear. The kidnappers began to call her once they had gotten away. Sarah
had to deal with the kidnappers because her husband was in hiding. The kidnappers asked
for very large ransom ($200,000 USD). They kidnapped her daughter for two reasons: first her father was in the military; and second, they knew that her family had money. It was difficult to get this money during this tough time because there was no work or little accessible cash. Her father came back after the kidnapping. Sarah’s daughter stayed with the kidnappers for three days until she was able to pay $150,000 USD. They terrified her; “they used to call us while my daughter would be crying”. Sarah was miserable while her daughter was kidnapped as she stated:

I was not only tired mentally but both mentally and physically. I did not know if my daughter was eating, drinking and how they are torturing her; all this had impacted me negatively. We got my daughter back; they had put her in garbage back when I got her back. During these 3 days, I was going crazy; no food or drink just going crazy; not only my head was going crazy, my whole-body system was going crazy. She is the apple of my eye; I was really going crazy and I was just thinking how I can manage to get all the money they asked for. I was so happy that I was able to save my daughter and she came back safely.

The aftermath of this events was difficult as Sarah started to face people’s questions and judgments as to whether her daughter was raped. Sarah spoke about the aftermath, “After all this tough experience, the most difficult thing is to deal with people sounding us and their perception about my daughter. I did not think about all these judgments and the negative talk of people but just focused on her safety”. Sarah’s husband attended the mosque daily where she was feeling that his radicalism had increased. He used to say, “The house has a God who protects it. What was he talking about…we almost lost our daughter!” Sarah’s husband was unable to handle these negative judgments. Around the time of the kidnapping, Sarah became pregnant with her youngest boy in 2005 and he was born in March 2006. She now has five children.

**My home isn’t safe anymore**

Sarah gave birth to her youngest boy under difficult conditions. A group of terrorists attacked her home and possibly raped her while her children witnessed the event.
My son and he is 21 years old now, he still does not accept that I lock my doors because he and my kids would never forget when terrorists attached our home several times, but one night they locked me alone and tried to rape me while was pregnant. No one in my family forgets this night and they still question what happened that night. I don't even recall well what happened because I was 8 months pregnant and started to bleed heavy after they hit me severely. I was alone with 4 men.

This incidence had significant impact on Sarah's wellbeing as she stated, “I used to collapse whenever I remembered this situation but all I can say now is thank God what does not break you, make you”. Her husband who had fled to Syria in 2005 was out of the country when they were attacked. According to Sarah:

The impact of that day spread to the entire family. My mom was shocked during this incidence, she got sick after and she was diagnosed with diabetes. We also had my husband’s aunt living with us and she was senior, they also hit her. I believe the terrorists who attacked us were Al Mahdi group who were from the Shia sector.

After that night, Sarah decided to leave Iraq. She was hiding from place to place so they would not locate her and her children. She had to gather her strength and get passports to leave Iraq, “It was hard because I was a single woman trying to get all these things done in such a difficult time”. This is the time when Sarah felt that she had to rely on herself to complete all her tasks while protecting her family. She described relying on her father more than her husband:

My husband was an officer, his guards would get me all my shopping, and everything I needed. We were very spoiled that way. At home, I had maids who would come and clean and take care of everything. I loved this part of my life. I was like a princess. Although living with my husband was difficult due to his controlling issues, but I was living very comfortable life and my kids got everything they needed.
She had to obtain different passports with different names, different birthdates for safety reasons because her husband was wanted in Iraq. Sarah lost many things, including her home.

**Fleeing Iraq to transit country**

Sarah left Iraq during nighttime while she not fully recovered from her wounds after the C-section and possible rape incident. She was extremely burdened. Her husband had prepared a home for them in Syria. Her children were struggling with new changes in their lives. Sarah said: They were crying for their home, their routines etc. Our life had changed”. Her husband stayed with them for a short time and he was able to arrange some human traffickers who helped him to flee Syria and get to Europe. A radical change in Sarah's life happened in Syria. She became a single mom where she had to take on all the responsibilities for her five children and her mother.

I became the mother and the father. I started to manage the whole family in regard to finances and decision making. All these responsibilities are new for me. After I finished my university, I was a housewife for a long time. Then suddenly my life changed. I did not even have so much money with me.

Sarah stayed in Syria for five years, leaving regularly to renew her visa for temporary stay. This process was costly, and it was extremely difficult to generate income. Sarah acknowledged the support from the United Nations. During her stay in Syria, Sarah's relationship with her husband had deteriorated. She also began to face judgements about being a possible rape victim.

I cannot forget how people started to question if I was raped. My brother would call from overseas to ask a question if I was raped or not. I used to think why he is or anyone ask me what they did during that night? Is it my fault? I was alone. Then my brother started to lecture me; I decided to cancel my file for Switzerland. My family went crazy. My reaction was so strong towards these judgmental comments and the control that I went to United Nations and asked for resettlement in Israel which is taken extremely serious because I am an Arab
Muslim. I just wanted them to have mercy on me. Then I got resettlement in Canada. I had no one in Canada which made me happier because I was very tired from being judged.

**Aftermath of war: Here and now**

Sarah lives with her mother and children in Ontario, Canada. Surrounding her resettlement in Canada Sarah endured harsh conditions and several changes in her life; however, she is integrating well, and she feels very strong.

I endured very difficult time. I ignored myself even though I used to love dressing up. These wars damaged my feminism. I started to feel like a man who has extreme responsibilities. I had to protect my family. For the first time, I felt I became a leader for the first time. Before, I used to obey my husband and then discuss my concerns; and now things have changed. At times I used to feel weak but felt I cannot break down and need to stay motivated. I felt the war is still living inside me. The days of racism, fear, neglect, disappointment.

Sarah came to Canada and had no English language skills, and no social support. However, she was able to put goals and achieve them such as driving. After her arrival in Canada, she received support from a community mental health program that was strength-based. She felt safe to tell her story so that she could begin to understand her own experience. She is happy that her children are experiencing success in Canada with one daughter in university, one son in college and her youngest child achieving well academically.

Sarah also leaves us with an important message. The reader or listener of a story will never truly understand it.

Yes, I was strong, but narrating a story is not like living the actual events. What I have lived with my daughter's kidnapping and her fear, my son's stuttering due to the fear of the kidnapping, my mother's diabetes. All these events I am narrating
are part of the story; the actual story is way more difficult. The details were uglier but thank god. Now I look backward and say I had overcome everything. The living details of my life are scary plot, or sad story. It was a big chaos. But thank God, we started to rely on ourselves.

4.3  « Wendy »

Growing up in the Gulf War and its aftermath:

Wendy was born in 1991 in the Northern city of Mosul, Nineveh. She grew up in a two-parent household with three brothers and two sisters. She was born blind. She describes the despair she felt as she could not see the world with her eyes, “I lived my life like I was almost dead”. She was able to get her vision back when she turned 12 years old. After the Fall of Baghdad, her father returned to work with the Iraqi army which was working closely with the American Army. Wendy's father asked the American forces to help his daughter. Upon the examination, Wendy's father was informed there was no surgery needed and she only needed eye drops to cure her and get her vision back. Wendy was left untreated due to several factors such as lack of available medication in Iraq, deterioration of the medical system due to economic sanctions, her father's unavailability due to wars and her mother's burden of raising many children alone.

When Wendy was blind, she attended school with children with special needs and she learned how to read and write. Wendy's world changed drastically. As she described:

After I opened my eyes, I got estranged by the world. I had never seen my mother and father; I had pictures in my head. Then I got to see all my family members and relatives, but it felt very strange to me and also saw myself for the first time.

Brother's loss, and more loss

After some time had passed Wendy started to feel better and was very attached to her family especially her brother. Unfortunately, shortly after Wendy regained her sight, her
brother was kidnapped by Al-Qaeda members and was killed. She realized that the world was not a safe place, “I found out that life was difficult and wished that I never opened my eyes. I lost my brother who was very close to my heart”. Wendy’s family was contacted on the tenth day to hear how they killed him. After they killed him, they burned his body threw it in a cemetery and allowed dogs and other street animals to consume him. Wendy's family eventually recovered the very tattered and burnt body. Her family continued to struggle for many years and also lost two more uncles due to the war.

**Aftermath of the Fall of Baghdad: ISIS/Daesh era**

In 2014, the conditions in Iraq continued to deteriorate. Wendy's home was attacked, and her father and cousin were kidnapped. ISIS began to target all the individuals who joined the police force or the military and considered them disbelievers. As she recalled:

> Supposedly they were Muslims but still killing. They took my father, our gold, our car and everything valuable we owned. They stated that we are taking all this because you guys are “Mourtadeen” which means people who have abandoned the Islamic religion; and “Kaafirah” means a person who is atheist and disbeliever in God.

Witnessing this event had a significant impact on Wendy and her family. Her sister developed epilepsy-like symptoms and a speech impediment.

They tried to kill her cousin while her father witnessed in order to pressure her father to confess to crimes he did not commit. ISIS released her cousin after two weeks, but never released her father. Wendy and her family do not know his whereabouts today.

**Life in captivity**

Soon after the kidnapping of her father the family's home was attacked, and Wendy was captured by ISIS along with her brother, sister and brother-in-law. Wendy was captured because she was considered to be a woman who abandoned her Muslim religion, Mourtedaa, and according to ISIS because her father was in the military. ISIS released
her sister after one month because she was pregnant. During her captivity her sister was given medication which resulted in her son being born without the ability to speak.

Wendy described:

My sister got sick too, she got poisonous reaction to food. Her skin became masked like she is burned, and she got lots of hair in her face and all over her body. So, they tortured her by distorting her appearance all over her face and body. And they nailed her husband's feet and tortured him and released my sister and her husband after one month. So, they released her because they had no one to deliver her but they provided a treatment for her that impacted her child's health and he does not talk.

Wendy and her brother were imprisoned by Daesh {ISIS} for 30 months where they were brutalized, and experienced extreme agony and pain. They were placed in separate jails with the fear that she would be slaughtered, and her brother would be presented with her corpse. Her brother was electrocuted continuously and has been left with a bad stutter and difficulty talking. She experienced various forms of torture but was saved from being raped due to her virginity.

I was the youngest and only virgin in this jail. They assigned numbers to us; and they rape one woman daily until it was my turn. Someone came to rape me, then another guy said no she is still virgin and 'Al-Ameer 'may hear this; he was the person who is in charge of them. 'Amoo'- was the judge, 'Khalo'-was the person responsible below the judge. Al-Ameer did not let them rape virgins because he wanted to leave them for 'Al-Wali 'so virgins can become Jariat and Al-Ameer can make money when he sells her to Al-Wali.

However, Wendy was not sold as a sex slave because she was Muslim. As she explained:

They only sold Yazidi women and I am Muslim so they cannot sell me. Daesh called the Yazidi 'Sabaya 'and the Muslim women 'Jawari'. We were different than Yazidi women. Muslims were Jawari so she can work as maid to survive
and if Al-Ameer liked her then he can marry her. Sabaya are sold as sex slaves, Al-Ameer gives money and takes her and rapes her. If they wanted to rape Muslim Jawari then they would marry them.

Wendy witnessed the slaughtering of many people including one woman who was young and pregnant but used to be in the police force. She also witnessed the murder of an elderly woman who was about 70 years old because her husband was in the military before. When ISIS lost a fight, they would torture all their prisoners. As Wendy stated: “If they lost a fight, they would come and dump cold water on us in the middle of winter. They used to take a water hose and hit us with it. And in the summer, they used to dump hot water on us and hit us”. Wendy and the prisoners witnessed how the Iraqi government and the Kurdish military were coordinating with ISIS through the various languages used in communication. During one incident they were informed by Iraqi military that the place they occupied was a target. They were able to flee before that house was bombed.

During Wendy's capture, ISIS conducted a practice of killing two women daily. Wendy developed a close relationship with an older woman in captivity whom she used to call mother. This woman was imprisoned because her husband used to work with the police force during Saddam’s regime and she used to work in the government. Daesh captured this woman's daughter who was married to a policeman and raped her and slaughtered her while her mother witnessed. Her companion was eventually killed. At night, Daesh members would get drunk and bring one woman for all of them to rape.

My friend who was pregnant and was slaughtered, 15 men raped her in front of her husband but her husband was working with Daesh as Al-Ameer long time ago and his wife did not know. Daesh imprisoned her husband because he helped some Yazidi women to flee for money. He raped all these women before he let them ran away.

Rape was common in captivity, Wendy described:

They {ISIS} used to get drunk and come to our room and force us to be naked. They used to force us to wear night gowns to see who looks more attractive so
they can rape her. This is Daesh. I saw something in my life that I was estranged by this life… Another Daesh member would be called ‘Dajal El awaar’ he has no mercy. He was Egyptian. His job was to make women lie down and rape five of them at once. He had to rape 5 women in front of everyone, this was his job. All the rapes were witnessed by other prisoners and they would record them via videos.

ISIS members were recruited using money and women. There were many women who joined ISIS, according to Wendy. They recruited women who hated other women or felt jealous of other women for the way they dressed. People get convinced to get power, money and status”. For 30 months, Wendy witnessed extreme disaster and cruelty. They were starved and forced to read the Quran for hours at a time. She stated,

“We were like animals in the Middle of the Forest. They used to make skits of acting out slaughtering. When my pregnant sister was imprisoned, they would hit her and threw stones on her because they considered her ‘Mourtada’ because she used to read Quran at home because they found Quran CD at home for her. They consider this as Kefarrah and she should've attended the mosque instead and become Daesh and teach children Quran”.

ISIS included women as well who were called ‘Athathat’ because they would cut the hands of women who would not wear gloves. Or they would electrocute women through their breasts which so many women died from that in Daesh Jails. Wendy described this experience saying,

I never felt things in movies would happen for real but I witnessed everything in my jail with Daesh. I felt I was living in terrifying Zombie movie, full of fear and terror. There was another Daesh member who would be called ‘Qadi Al demaa’ [which means blood judge] He would cover all his face and leave out one eye he would always be bloody because he was responsible for killing and blood. He used to enjoy seeing bloody women.
Wendy and the other prisoners were deprived of smelling fresh air or stepping outside. “When we got new captured women, we used to smell her feet because we missed the smell of the street outside. We used to miss smelling the air. We used to beg them just to breath outside air but they used to tell us no you are ‘Kofaar ’and you deserve this life ’. When Wendy was taken into captivity, there were 45-50 women, and they became only three women before she was released. They killed them all. Wendy wondered, “I don’t know how I escaped and how I am still alive. All our days in captivity were full of torture and pain. Even men who were in captivity used to cry. We all used to pray for our death because we got sick of all this torture ”. Wendy used to feel much shame and embarrassment from her brother who was in captivity with her because he had seen her naked so many times. Women and men were naked all the time. Wendy described her experience of shame: “I used to feel shame and my brother used to feel shame; it was so embarrassing for both of us. Even now I think a lot about how he perceives me because he had seen me naked”.

Release from captivity

In 2017, Wendy's mother was able to contact specific Islamic units who would communicate with Daesh to release Wendy and her brother. They were willing to allow her mother to see her children as long as they were not among those already slaughtered. After seeing a Daesh judge, Wendy and her brother were released on the condition that they return in 10 days. They walked for a long time until they got home.

Separated but sharing the experience of trauma

ISIS also attacked Wendy's sister's house, they wanted to kill her son because he carried a Shia name. When ISIS attacked the home, her husband fled, but they captured him, killed him and sent a picture of his dead body to her sister. When Daesh attacked her sister’s home they tortured her while her children witnessed. To this day, her sister's children urinate on themselves due to the trauma from that incident. She was able to take her children and run away. She was going towards her mother's house; however, she found that ISIS was attacking the empty house. She hid in the garbage collection area. Whoever
was around when ISIS attacked ran away for their lives if they were lucky to not get caught. “They separated so many families including mine”. Wendy was not around when these events happened and does not know what the conditions were but feels uncomfortable asking her sister for fear of the pain it causes.

**The aftermath of captivity and another cycle of abuse**

Wendy was about 22 years old when she was released from captivity. None of her immediate family were around except her younger brother who was held along with her. Her mother and siblings had to flee Mosul due to danger and were displaced. Her mother took all her family and ran away to find safer home and relied on her brother, Wendy's uncle to care for her children who remained. When Wendy was released, some of her other relatives were waiting for Wendy and her brother including her uncle who insulted Wendy in public upon her arrival from captivity.

Wendy and her brother stayed at her uncle's home and she witnessed another cycle of abuse and humiliation. She revealed her story of degradation explaining,

> My uncle kept us in his home, but he killed me emotionally. Some people told my uncle it is a shame to talk to her and argue with her in front of others; go solve things in private, but he kept insulting me and calling me a dishonour. My uncle destroyed us. My brother was unable to talk; he talked when we got to the refugee camp.

Wendy's family accepted her brother but not Wendy because of her gender.

> My uncle pushed me in front of a big crowd and told me that I brought them shame and dishonour. It was not my fault, but he still pushed me and I fell down, and he said 'don't touch any of us because you are a dishonour and disgrace to us'. None of my paternal uncles, aunts, or cousins talk to me or ask about me even now. My uncle was judging me and wanted to slaughter me because he considered me as dishonour.
Her uncle did not kill her immediately because he was preparing for a plan. She lived at her uncle’s house for eight months and was treated like a slave. She explained her difficult experience while there, “They treated me like a maid who was just working for her living. They disrespected me badly. Wendy was rejected by her whole community; I was so humiliated”.

Her family questioned her virginity and if she was raped. Even though she told them the truth, they wanted evidence. They took her for a medical examination where the doctor informed them that she was still a virgin to keep their honour. Wendy felt extremely humiliated and betrayed again by her extended family and community. She described her experience of humiliation:

I kept thanking god with all these adverse experiences that I endured; but you know what the worst part of all these experiences was? I used to tell my uncle to put their daughters in my spot and how would they feel! My uncle would say I don't have any daughter like you who is a disgrace. In this life, not only Daesh did not have mercy on me but the whole society did not have mercy on me as well.

While living with her uncle Wendy was not allowed to step out of the house. She was deprived of the most immediate needs such as clothes or any other rights. Wendy remained a target of humiliation due to the captivity experience.

**Mosul liberation and another escape**

Wendy and her brother were able to liberate themselves from their uncle when the military attacked ISIS in Mosul. When the army liberated Mosel, Wendy and her brother ran away. She explained: “We were running and we were falling and we supported each other. We told each other we will walk until we die, and we will not stay with our uncle. We walked for a long distance”. There was an ongoing battle between Daesh and the Iraqi military. People were killed but Wendy and her brother were determined to get to their family. On the way, Wendy reunited with her sister and her family who were also running away from the battle between the two sides. Then they arrived in a town that was
protected by the Iraqi military and were finally reunited with her mother and the rest of her family. Wendy portrayed her story of family reunification:

It was very difficult situation when we found my family. We were crying and celebrating. But they were also surprised that my brother was unable to talk and with my condition as I had so many injuries. My mother asked me 'please tell me did they rape you? 'I told her 'mom here is the document of my medical examination that my uncle did; and if you don't believe me you can take me somewhere else where they can examine me so you know I am not a dishonour to you'. My mother said, 'no I will accept you regardless of what happened because it was not your fault'. When I saw my family, I slept so well; and relaxed for the next 8 months, I hardly slept before but for 8 months I slept so well to make up for the time I had missed.

Living in refugee camp

Wendy's living conditions in the camp were much better than her captivity with ISIS or with her uncle. She felt the love of her immediate family however she continued to feel the shame. She recalled, “I would be very embarrassed if my mother showers me, how I should feel that all Daesh members saw me naked, strangers, and my brother!! This is difficult, I can never imagine a day would come that any stranger sees my body”. In the camp, Wendy started a treatment; she was seeing a therapist who was able to help apply to the Canadian embassy to sponsor her. Her therapist helped her to get involved with United Nations and several groups to improve her mental health. She started to feel better when she got busy with several useful tasks such as teaching students. However, things took a turn when her uncle joined them in the camp. He continued to disrespect her, teaching others to call her a ‘disgrace’. She continued to feel pain daily; “I wished to die every day. One time he saw my niece singing, he told my sister 'yes, let her grow and be like her aunt a disgrace’”.

Here and now
Wendy finally arrived to Canada in 2018. She resides in Ontario and attends school daily because she dreams of finishing her school and work. She feels safe in Canada saying, “here in Canada, I feel safe, people are more kind and respect your privacy”.

End of profile.

4.4  « Hany »

Hany's hometown

Hany lived in the North Region of Iraq, close to Mosul, Nineveh province. Their region was close to the mountains; an area called Sinjar. There were about 90 000 people living in this region. Most of the Sinjari people were Yazidi who lived in Iraq thousands of years ago. However, they were not treated well over time. Hany stated that “We were always persecuted by different Muslim groups unfortunately; we were always threatened either to convert or be beheaded”. Unfortunately, there are 74 genocides against Yazidis recorded throughout history. Although there is documented evidence of these genocides; they were not talked about as much until the ISIS Massacre. During the genocide against the Armenian in Turkey, there was also genocide against the Yazidi. Hany described the genocide of his people and how history fails to documents the events saying, “During thus Turkish genocide against the Armenians, there were pictures about it; however, there are not many photos about the genocides that happen to our people earlier. We were persecuted because our religion was different, and we had different beliefs so we were never accepted”. Most Yazidis settled close to the mountains because they feared persecution and the mountains were a form of security to them.

Hany grew up in poverty. Hany was born in two-parent household and had seven siblings. Hany worked as a farmer and shepherd during his childhood and he attended school. Growing up, some of the important values at home were to be kind and not hurt other people as well as help others. During Saddam’s regime, the government destroyed Hany’s hometown and moved them to another place where they built communities for them but far from the mountains. He explained:
During the 1970's, we lost all our lands to Muslim Sunni, they brought them from the South of the country to resettle in our lands to be close to the mountains and provided the regime with protection. This was before I was born. They wanted to push us away from the mountains. They took our lands from us and moved us to other areas; we were not even given the documents of home ownership. Throughout history we did not have any rights, not even owning our homes as they refused to give us any documents for owning our lands.

Iraq – Iran war and the conditions of Yazidi people

During the war with Iran, all the Yazidi men were recruited by the army and Hany's father had to join as well. They were living in poverty with bad conditions. Hany talked about the difficult living conditions as Yazidi:

Even back then, we did not have any freedom. We had no support. Living conditions were very difficult; 70-80% of Yazidis did not study, especially women. Our women were extremely oppressed. We always had fear over our women that if they go to school then they would be kidnapped. We were not only persecuted by the various Muslim groups, but also by the oppression of the various governments. Why did they take our lands and give them to people from different parts of Iraq and give them the ownership documents to protect their rights and deprive us of our rights?.

Hany’s father served in the military for 12 years and he was not very available to the family. Growing up Hany and his brothers had to work to support his mother and his six sisters because women were not allowed to work. Hany started to work when he was six years old because his family was very poor. Hany and his brother worked as farmers and shepherds. Hany studied for six years. In the morning he would go to school and go to work after. Hany’s sisters could not go to school. Hany illustrated the Yezidi women's struggle and barriers to freedom and education:

We as an ethnic group wanted to support women especially with education but we were unable due to protection. We never let our girls and women to go to
government offices or school because they would kidnap them and brainwash and force them to change their religion. In the history, we had a queen and we cared about women’s rights. Other religious groups did not hurt us except the Muslim groups. I know sometimes they don’t want us to say, but this is the reality and we need to say it right.

During the war with Iran Hany's father and uncle were injured. His father did not get the appropriate medical assistance and he lost his hand. He was then considered an individual with special needs and was no longer able to serve in the war. Hany depicted the lack of services in his region saying, “We did not have hospital and there was not much medical or social services. Since 1975 they rebuild our region and they did not even pave the roads until 2013; one year before ISIS attached us. It was very difficult to leave our area especially in rainy conditions. Sometimes if there was a patient, a huge tractor would take the person to hospital given rough conditions of the roads”.

**Cycle of wars**

During and following the Gulf War, Hany's family and community lived in dire conditions; the government used to control all the grains they would plant for living.

Hany stated:

We used to buy and plant the grains to give them to our cattle but the government would come and take it. They used to take it to make flour and give it to people, but we needed that for us to survive as it was the source of income for us. We did not have any services in our area. Our life was not a good life; it was like we were living in prison. We were prisoners in our homeland. Poverty was extreme in our region. So many people used to wait for the spring and they would rely on collecting the wild plants in near the mountains to bring and cook for their kids. You can ask so many Yazidi that there were so many people who survived on wild plants for survival.

After the Fall of Baghdad, the conditions got worse. The government collapsed, and chaos and stealing were rampant. Robbers stole money from the people who were living
in big cities and robed all the government offices including all the hospitals, police stations, banks and everything. Hany described his experiences after the Fall of Baghdad:

It took time for the new government to form but who paid the price? We as a nation paid the price. For so many years Yazidis were waiting for medical centers, and social services. There was ongoing conflict between the government in Kurdistan and the Central government in Baghdad about who will serve our region. Each of these governments would throw the responsibility to the other. None of them were serving us. We lived in these conditions until the ISIS massacre.

Even though they spoke Kurdish, the Kurdistan government did not support them, or provided very limited support. He added, “We did not even have clean water; our water was from water well. I come from a big clan and we lived close to the mountains. But the government in Iraq took our lands and pushed us 15 km farther from the mountains in 1975. They told us that we need to push you away because you protect Peshmerga fighters {Kurdish Army} and the Kurdish rebellions. They used this as an excuse”.

**Aftermath of Fall of Baghdad**

After the Fall of Baghdad, Hany got permission to work in Kurdistan. He was unable to work in Arabic areas because he would be persecuted. He used to travel through a special path from Sinjar to Soleimani and Duhok. He worked in construction. Hany's region struggled with drought. As a result, they were unable to plant, and their cattle died. He described, “Poverty was a big problem to us. I used to go for one, two or three months sometimes to work and bring money to my family. All Yazidi relied on these kinds of jobs. We stayed like this until the ISIS attack”.

**ISIS attack**

ISIS attacked Sinjar in August 2014. Their clan was trying to fight back against ISIS back but they lacked heavy weapons compared to ISIS well equipped soldiers. He illustrated his community's fight against ISIS:
They kept fighting from 2:00 a.m. to 8:00 a.m. where they could not anymore. We all had light weapons to protect ourselves. They were bombing us badly and no one supported us, all the Yazidi stayed alone. So people started to leave their homes; some people had cars so they were able to flee while others did not have so when ISIS entered, they captured them. In our clan when they captured the men, they separated them and killed them. They tried to capture as much as they can and killed so many. They killed about 500 men in Kojo village as they did big massacre there. They captured all their women and children and continued to sell them. They sold women as sex slaves or kill women for one pack of smoke. Girls aged 9 years and older were rapped. There was a group of mothers where ISIS killed their babies and cooked them and fed them to their mothers. The mothers asked after can you please bring the babies so we can breastfeed them; they told them what did you just eat now? They said rice and meat; they told them well you just ate your babies now. They raped young girls 7 years old, 9 years old, and they call us atheists and unbelievers, and they are the unbelievers. We as Yazidi love to help, have grace in our hearts and they call us nonbelievers. Who are the nonbelievers? Who beheaded the children? We just wanted to live in peace, that is all. They are the nonbelievers; they beheaded kids and people, and they stole everything from us, and bombed our homes. We fled to the mountains; all the Yazidi people stayed in the mountains for more than 7 days.

**Fleeing ISIS and the journey to safety**

When ISIS attacked Hany's region, his whole family, including his extended family stayed at home due to fear. They owned a truck and they put about 40 people in the vehicle and fled the region in the morning and went to the mountains. Those without cars were captured including 21 members of Hany’s extended family. Hany later was able to pay the ransom for five children and got them back. Hany and his family paid about $16,000 USD for a girl whose parents were killed by ISIS, and about $11,500 USD for her brothers.
Two of the girls that I got back were raped and were sold more than 20 times each. One of the boys that I bought back was injured; all his stomach had shrapnel. Daesh treated him so he won't die but if you saw the sewing in his stomach it was done by a normal person, not medica.

Although temporarily safe, those who made it to the mountains had many struggles ahead. When Hany's family got to the mountains, they did not have water, food or clothes for seven days. They left the car at the bottom of the mountains. His mother was very sick, she could not walk and his brother would carry her all the time. Hany's sister-in-law went into labor that same day and gave birth to her son. Hany's family and other families stayed in the mountains for seven days without any support. They ate plant leaves, walked in bare feet and had no water. After seven days, they were able to flee the mountains and find the path to safety. Hany stated that when his family were surrounded by ISIS, he was in bad condition. “I could not work or eat; all what I used to do is cry and call my brother all the time to check on them and see if they are still alive”.

Hany's family finally arrived to Newrouz camp. The Kurdish people helped them by providing food, water, and clothes. Hany was able to reunite with his family but was so saddened. He added: “I went to see them. But what did I see? I saw all of them destroyed. Their feet were swollen and bleeding and they were in very bad condition, and they were all sick. I called the ambulance and they took my mother to the hospital. And I took my family to a safe area in Kurdistan”. In Kurdistan, they opened their schools to let people sleep inside them. Hany's family stayed in a room that had a total of 45 people. They all ate and lived in that room. They were all relatives. Children and women slept inside the classroom while the men slept outside. They stayed there for 4 months. It was a very difficult situation. They did not have money. Hany used his savings to buy food, sometimes meat or chips for the children but it was not enough because there were so many of them. They had no support from any governments or world organizations. There were 71 families living in that school. After almost two months, some organizations came and supported them with food and clothing. After four months the organizations started to establish camps made of tents and moved them there. Hany lived in the camp with his
family of nine people in the tent that was made of Nylon. They stayed in the camp for three years and resettled to Canada in 2018.

**Here and now**

Hany arrived in Canada through UNHCR United Nations and was sponsored by the government. He arrived in Canada with his family and the five children he had saved from ISIS. Hany lives today with his family in Ontario, Canada. He thinks about his Yazidi community and their living conditions. He described his community struggle and advocate for more sponsorship pathways to his community saying:

> All the Yazidi who still live in Sinjar are living in bad conditions. Some still live in mountains and some in the camps. They don't have any services or anything. We Yazidi, no one advocated for us or helped us. The world should've provided us with collective resettlement to the West. I as Yazidi advocate for my people who are left behind to get support. I ask the countries who have human rights to help my people because they are struggling in my homeland. They are living in horrible conditions and extreme poverty. Do you know how many fire incidences happen in the camp daily and the children cannot save them. My parents and my brother’s family are still in the camp in Kurdistan. The conditions are really bad, they don't have work, or money or anything.

Hany is learning English and he attends school daily. However, he is not satisfied with his learning as he believes that all these adversities have impacted their lives and their brains. His children are all attending school, learning English and French.

**End of profile.**

**4.5  « Nancy »**

**Nancy’s childhood and the importance of education**

Nancy was born in Kirkuk where she lived what she describes as a simple life. Her father was a teacher and her mother was a housewife. Nancy lived in democratic
household and her family valued education. Her father wanted them to pursue their education as her father’s generation had difficult access to education due to lack of schools in certain areas and lack of transportation. Access to education was difficult in Iraq and Nancy’s father was proud to complete his education to become a teacher despite these difficulties. When Nancy completed grade 9, she chose the trade of business (In Iraq students were able to choose trades such as business management to pursue beginning in grade 10. Nancy was able to complete high school and continued to live the “easy” life until the start of the war with Iran made life complex.

The start of the wars

She was about 12 years old and in grade 6 when the war with Iran started. Nancy and her siblings grew up amid war and violence and all that they knew was a life with war. Nancy illustrated that as children living in war conflict area, “We did not know really what it means to live in peace. It was very difficult for us and it is so painful when we remember these things. The pain is so deep. Even now when I see the images of the Syrian war, it hurts me so much because I know what is it is like to live in war”. Nancy remembers aircraft rockets and missiles being dropped from airplanes unto city while they were in class. Kirkuk had the biggest oil companies, and the Iranian army targeted these companies as well as governmental centers. Despite the intent, the bombing had other casualties leading to constant worry and fear. She added:

One time, they bombed a house by mistake while targeting some main points in Kirkuk. The bombing was so strong that I still remember I was terrified. While I was walking inside the school and observing the Iranian air strike and saw the Iranian planes were greyish brown. All the students ran and hid in one room due to fear and we all went to the principal’s office. All the parents came to check on their children because they had heard that they bombed the school. My mother picked me and I still remember that incidence. The house they bombed was totally destroyed and I still remember the base of missile was circular and creamy color. I still remember that some people were dead and trapped under the ground, while others were burned and some were acting hysterically due to fear and misbelieve.
Every time the Iranian aircraft rockets or missiles attacked the city, people got terrified because these bombing always shook the ground and triggered so much fear in addition to the terrifying noise. I remember the first day of the war when Saddam Hussein announced the war with Iran, we used to turn off all the lights, so the military aircraft would not be able to locate us. There was ongoing fear and worry. When we were in school, the warning sirens used to go off and few minutes after that the bombing used to start.

If the bombing started when Nancy was at home, she used to feel safer because she was surrounded by her family; while she would be extremely terrified when outside or in school.

**Normalization of violence and loss**

As Nancy and her siblings got older, they increasingly became aware of what it means to be a male growing up in Iraq during wars. Men and boys faced the risk of being enlisted into the army. Both her brothers had to serve in the war. Although the family did not experience any deaths, loss was all around them. Nancy described her experience living in war torn country:

We got really tired from the war because it took so many years. We were not hurt directly by a loss but we witnessed so many people around us losing significant people in their lives. Our hearts used to feel the pain of other people around us who lost their children to the war, or their children were missing without locating them. Stories of a mother who lost her child or a new bride wo lost her groom or her groom was missing and no one knows if he is alive or dead. It was difficult situation. We used to feel the pain of the people around us. We felt the pain of a mother who lost her son to the war, or a woman who lost her husband in the war and she needed to support her family. Life was difficult for such people; how they would continue their lives after significant losses? We did not want war, we loved peace always because war is a disaster to the country, people and families. I hate war in any country. It is a destruction to the country politically, economically, socially and mentally. We used to see people around us so tired
and so many people were sick with various diseases such as blood pressure, diabetes, heart problems and so many people were sick mentally as well. So many people had depression due to the war condition; people used to get tired of waiting for their people. Mothers used to wait for their children; some were missing and until today no one knows where they are. So much mothers used to wait for their children to come alive but they would bring them as dead bodies in wooden boxes. Sometimes, it was even hard to know if it is the right body because they would bring some parts of their bodies. This destructive chaos used to happen a lot during the war.

Despite requirements to serve in the war, Kurdish soldiers were not respected by the government due to existing racial tensions. For instance, Nancy’s brothers had a friend who was also their neighbor; they were shocked when they brought his friend’s dead body in a wooden box and it was written “Jaban” (means the coward man) on the box because he was Kurdish. Fallen soldiers are expected to be treated with pride by the government but he was not because he was Kurdish. The pain of the loss of this neighbour led Nancy’s mother to leave the city and move to Sulaymaniyah in the north of Iraq. Nancy’s other neighbour also lost their son to the war. Nancy would never forget the details of the funeral. She recalled the mother being in so much pain that she was pulling out her hair.

**Effects of war and poor health**

The war lasted eight years but the unresolved situations between Iraq and Iran, such as the status of war prisoners, continued three more years. People were waiting so many years for their missing children to return. They had no knowledge of whether the missing were dead or were being held as war prisoners.

I remember my [an acquaintance’s] husband was missing and they looked for him everywhere. She was hoping he was war prisoner and he would come home after the end of the war. She had young children. She only wanted to hear that he was alive. I was so saddened by her situation. The children did not even know their father. She was a young woman; married for few years and had young children
and she lost her husband; the children lost their father; it is so hard to deprive the children from their father and his kindness. Her children now are adults now; and their mother is still young, but she is sick and has so many diseases from her struggles in life. She used to remember her husband and she used to sit and cry always for him. I also remember my science teacher. I remember when she came one day and she told us her husband was missing. She used to cry always and she got sick with cancer. She used to tell us that she loved her husband and she was looking forward to spend her life with him and her son. She told us that she was hoping to spend her life with him and continue her studies, but all her goals and her life were destroyed by the war.

Life during the war was hard especially the issue of missing soldiers. “Red Cross had some role but not so significant especially in regard to the missing soldiers. The Baath government was very cruel. They used to torture people so much. When someone used to be captured by them, you could not even ask about him”.

During the war, Nancy and her family were able to manage economically; however, they were very tired emotionally and physically. She stated “Our health was so influenced by the war because we had worry, and sadness. We used to share the pain of others around us especially the ones who lost significant others. This was a war; we did not choose it. It was political dispute that ended up in war but we as people paid the price. We had no control over anything. Saddam Hussein considered himself as a hero and used force with every dispute. We never believed that this war would last many years”. Nancy met many Iraqi soldiers who were captured by the Iranian government and imprisoned for several years. “These soldiers were emotionally destroyed. One prisoner told me that Iran destroyed us and tortured us every time there was an attack on Iran. There was an ongoing torture. The food was very bad, they all suffered emotionally. They were not crazy but they were struggling mentally. It looked like they all had some kind of hysteria or depression. We overcame this war, but we cannot forget the details of that war”.

**Adulthood and more war**
Nancy moved from Kirkuk to Erbil in 1985. She got married in 1992 and lived in Erbil and had children. In 1991, the Kurds started an uprising against Al Baath government. During the Gulf War, the Kurdish rebels went to Iran. Saddam committed the 'Anafal' chemical attack on the Kurds where he destroyed all their villages and lands. Nancy portrayed the chemical attack by Saddam:

He wanted to destroy the economic structure of the Kurds. They used to capture so many young guys and children and bury them alive. He created so many mass graves. They used to arrest the Kurdish guys, make holes and place the guys in the hole and throw the sand over them while they were alive. There are so many mass graves in North of Iraq. They used to arrest children with them too. My sisters ’spouses used to run away from the army and go to the mountains. My sisters 'situation was so difficult as they were alone, and their husbands were hiding in the mountains. Whenever the government used to bomb the area, we used to hide under the stairs for safety. This was so difficult. The people were always scared from losing their children or their women or girls get rapped. Until today, you can find the Kurdish mass graves in so many areas and they continue to find such graves. So many villages had lost their children and they do not know until today why their children were arrested. The government were able to arrest anyone and created crimes for them just to arrest them.

Living conditions during the Gulf war were difficult. Nancy was pregnant with her third child and had two older children. She was living in constant fear because the Kurds were worried that Saddam would use chemical weapon against them again just like Halabechha attack. She stated that “There were 180 000 Barazani (Barazani ethnic group) we were unable to locate until today, they were killed by the regime. All the people were hurt, some were killed while others had to ran away. If a president loves his country, he would never do what Saddam did. The Iraqi government used to torture anyone who would refuse to join Al Baath Party. The Kurdish rebels (Peshmarkeh) came to the Kurdish cities because all the Kurdish lands were destroyed in 1991 but the uprising did not have support from the world and it failed. The world did not want to support the Kurds to establish their land and the uprising failed and the Peshmarkeh ran back to the
mountains”. Nancy lost her brother-in-law during these events. In 1991-1992 the Iraqi government was getting closer to the Kurdish cities. Kurds were very scared, and people were saying that they could rape Kurdish women. Nancy and her family ran away towards Iran. Nancy depicted their struggle:

It was such a difficult night for us. People were terrified. While we were waiting in the border; the Iraqi aircraft bombed the border and killed so many people. They were targeting the civilians. They had no humanity, just wanted to kill people. This journey was so difficult. We witnessed so many deaths and people being targeted. It was very cold and muddy condition. My father was crying throughout the way because people were dying so much on the way. Some people were eating tea leaves because there was no food available. Some people were eating plants. I remember a woman who just gave birth to a baby; she wanted to throw her in the water so she would get rid of her because she had nothing to give her and she was hungry herself. We stayed in Iran for one month with my sister. In the way to Iran, my father was so sad over the loss of my brother-in-law. My sister did not know and we had to notify her. My sister was shocked to see her family. In our way to Iran, we lost my father because he was impacted by how people were struggling in addition to his own loss of his son-in-law. We lost my father before he saw his daughter. I believe I lost my father due to the oppression conditions we were struggling with. I can never forget this; I lost my father because of Saddam Hussein. If he did not persecute the Kurds in this way, we would not struggle like this. War destroyed people and families. We were very saddened by these losses. It was very difficult to get the body of my brother-in-law from Kirkuk. But the rebel’s leader Jalal Talabani asked Saddam for his body and they gave it to us and we were able to bury him. The conditions afterwards were very depressing because people were very scared. It was difficult for us to get used to the normal conditions.

Economic war and lack of necessities and the Fall of Baghdad
Saddam’s regime placed more extreme economic sanctions on the Kurds in addition to the economic sanctions imposed on Iraq. Nancy described how the Kurds were deprived from necessities such as electricity, gas, and oil. He denied any food program to support Kurds and destroyed their lands. Kurds realized they needed to rely on themselves for survival. . . Saddam’s government even deprived the social sector from their wages. Then the world organizations interfered, and they were able to solve the conflict with Saddam and he started to pay our wages. The economic conditions started to improve in Erbil slowly.

After the Fall of Baghdad, Nancy remembers her daughter coming home from school excited that Baghdad lost control, it was emotional for Nancy. “I remember I started crying for my dad, my brother-in-law and so many people who he was unfair to them. I cried for the people he persecuted, and innocents and I also cried for him how he was humiliated and arrested in a hole. He was a dictator just like Hitler. He used to do massive graves to people whoever did not belong to them”. The medical and social conditions improved in the north after the Fall of Baghdad. Nancy described the improvements after the Fall of Baghdad,

  We started to feel freedom afterwards. We had our local government, and we became independent. We started to feel peace and freedom. During Saddam’s government we had to study in Arabic not in Kurdish as it was forbidden. However, after the Fall of Baghdad, we were able to study Kurdish and our language became the used language in the region. This independence lifted our spirits and we felt better.

**Fleeing Iraq and family honour**

Nancy left Iraq in 2015 and went to Jordan. She lived in Jordan for about 28 months then she resettled in Canada. Although living conditions started to improve, Nancy left Iraq for personal reasons. She had family problems and did not want to stay there. She described her experience as a woman in Iraq:
I wanted my kids to live better life and not to struggle like me. I struggled a lot, was extremely distressed and had breast cancer. I had treatment in Kurdistan and felt better. I did not want to stay there because of the family problem. As you know the society there does not give the woman her rights, the society does not have mercy on women there. People judge you harshly. I did not want my kids to pay the price of something they had not done. Someone did something wrong, I can’t leave my kids to pay the price for something they did not do. Although separating from my family was difficult but I wanted to do this for my kids. I did not want my kids to be mistreated for something they had not done. It was my first time travelling alone.

Living conditions in Jordan were difficult, but Nancy was supported financially by her family. Nancy left out of fear as a woman and being the head of the family. She adds “we don’t have so much respect to the women. From my experience, the society is very man-gendered. The woman is mistreated especially in honour-related issues. They deny her rights. They blame her a lot. There are centers there to defend human rights or women rights and they are only in the outside; they do not really defend women. For instance, there are actual centers to claim they defend women, but in reality, it is like jails that destroys women because they perceive women as victims of problems and honour. Even the law does not give the women her actual rights. Even when a man mistreats her and betrays her, the law and the society defend him because he is the man”. However, there was one organization called “Tabkeen center” helped Nancy’s daughter and she was able to travel to Jordan. Laws do not support women much in Iraq. Nancy depicted her lack of freedom:

The simplest thing that should be my right is the ability to process my passport and my children’s passports. I had to go to court and change my civil status from married to divorced and prove my legal rights of custody in order for me to be able to process our passports. But I was unable to do all these because my husband refused the divorce concept and refused to grant my children their passports. So, I went to court and to a lawyer for women rights and the “Tabkeen
organization and my own lawyer and with all their connections I was able to get my passports and travel to Jordan and then come to Canada.

Here and now

Nancy resettled in Ontario, Canada. She feels relieved but things may get difficult due to cultural differences. Nancy feels isolated at times. She states “here there are not much social relationships, they differ in their familial relationships. Sometimes I feel lost like I am looking for something that can give me the sense of safety or feel happy. Sometimes I feel lonely and distressed because I am alone. My children are busy each in his own life. Then I say to myself it is ok let me finish my English classes. I also think that I had decided to leave my country then I need to handle all the consequences for my children. I need to sacrifice for my children. I need to handle these feelings of isolation and loneliness as I have to manage everything on my own as long as my children will have better life, a life better than what they had endured”.

End of profile.

4.6 « Dalia »

Growing up in the Iraq-Iran war

Dalia was born after the first Iraq-Iran war. The impact of the war on Dalia’s family was significant. Dalia described the story she always heard from her parents:

They say it was really hard, they describe it as {Hisar} which means siege or blockade. They always talk about it my whole life I listen to their stories of siege while living during the war. They describe the era from 1970’s to 1990’s it was just disaster for them. My dad was born in 1975, by the age of 7 years, Saddam’s government destroyed all his village; everything just vanished including their home and they had to move to different village where I was born. They settled there but they lost everything there. Our original village was close to the mountains and the Kurdish Peshmarkeh fighters used to hide in the mountains and
our people used to help them hide. The government knew and they pushed us farther from the mountains.

Dalia’s father did not serve in the army. He ran away from the army. He was unable to work or do much because he did not want the government to capture him while he neglected the mandatory military duty. He used to stay in the old village and work there and sometimes he went home. When Dalia was born, he was still an outsider. Therefore, her mother registered her and her sisters under her grandfather’s name to hide her father’s existence. On paper she and her father are siblings. Her father lived in hiding for five years, coming home occasionally but avoiding the cities entirely.

Dalia lived in North of Iraq, specifically in the area of Mosul/Duhok. She was living in a small town that looked like a village. Dalia would attend school, go home and help her family with farming. She lived in Iraq during the Fall of Baghdad and witnessed the indirect impact of war. She was about 7 years old during that time. Many people lost their jobs due to war. After the fall of Baghdad many shop owners had to shut down their businesses in the city and move back to rural areas. In the region where Dalia had lived, they were all relatives living close together. Her father did not have any job except farming. He tried to work in Mosul after the Fall of Baghdad to have better job, but he had to quit because Mosul got really dangerous. Living conditions were difficult as food supplies were low, and there was no electricity. They depended on farming for food and survival. There were no medical or social services available. “We had nothing. Nothing was good. We only had small clinic and we had to commute to big cities for everything. It was not easy to get to the big cities as there was no accessibility to cars. Not everyone had cars. We were far from the big cities. So, we would go to these cities for emergencies”.

According to Dalia, the government treated Yazidis badly. They took products without payment. They wanted to control them and just take things from them. For instance, Yazidis would spend a season planting and cultivated a land but during harvest season the government would just come and control the land and take away the produce. After 2003, they were trying to rebuild the area. Things started to improve after the Kurdish
government took over in the North of Iraq. Conditions started to improve slightly such as electricity being restored but the country remained unsafe.

**Living in transit country**

In 2013 when Dalia was 15 years old, her father decided to flee the country because of his fear for the future of his 5 daughters in a country like Iraq which did not value females. Dalia father had dreams and hopes for his daughters, he wanted them to study and have good future. “Even if I study in Iraq, I would not get good position as men would have in Iraq. So, he stated it will not work for you guys and if we stay then you would have to get married just like all the other girls at age of 18 so you will lose your life”. Schools in rural areas were mixed gender unlike big cities.

They arrived in Turkey a year later. Since they fled early, Dalia did not directly witness war conditions. They also escaped the ISIS massacre to that area as ISIS still occupied Syria at that time. Living in Turkey was difficult because it was very expensive. Dalia was 16 years when she arrived in Turkey and she started to work in sewing factory to support her family. She worked 10 hours the day and made $200 a month. The need to work impacted her ability to pursue an education. “My sister and I worked to support my family financially. My sister and I could not study because we had to work to survive”. Although they moved to Turkey to escape oppressive conditions, they faced some aspects of this oppression once again. They were forced to learn the Muslim religion. Dalia’s youngest sister attended school for only four months because Dalia’s family received a letter stating that the girls had to wear Hijab regardless of their religion and need to study Quran. Dalia’s mother decided not to send them to school anymore due these oppressive conditions.

“We felt we ran away from this and it followed us there so my mother refused to let them go to school. These war related experiences and everything we survived created some hatred in my parent’s hearts to the Muslim religion. Not all people are the same in any religion. There is good and bad. I don’t take it this way, but for my parents they feel that way because over the history they were persecuted by Muslims. But I still continue my friendship with my Muslim friends”.
Dalia and her family did not feel safe in Turkey and were afraid to speak Kurdish in public.

**ISIS attack**

Dalia was living in Turkey when ISIS attacked Sinjar. Dalia dreamt of the event prior to it happening. She heard about the events from her relatives and community and was extremely saddened. Dalia’s family lost some relatives, they were captured in Mosul and are still missing today.

**Decision to resettle**

As refugees in Turkey, Dalia’s family was eventually resettled in a host country. Dalia’s family was disappointed that they were unable to choose their final destination. It had to be decided by the United Nations. Refugees felt powerless by this process. “Let’s say if we had relatives in Germany and we preferred to go there, they just refused. So, we had no control. We have families all over the world”.

**Here and now**

Dalia resettled in Ontario, Canada with her family in 2016. She is pursuing her education and hoping to get to college. She works to support her family. Dalia feels very safe in Canada but feels pity for her community. Today Dalia helps many newcomers who were captured by ISIS. “They tell me stories that drive me crazy. Sometimes I go home and cry when I hear their stories. They had endured very difficult events”.

**End of profile.**

**4.7 « Sam »**

**Childhood amid wars**

Sam was born during the Iran war. He was three years old when the war ended with Iran. He does not recall much from the first war, and he was six years old when the Gulf War started. Living conditions were very difficult. The government provided the books and
school supplies to students, but it became very difficult to survive, “my father was a government employee, his income was so low that it was not enough for anything”. During this time, there was the economic sanctions on Iraq which imposed so many difficulties for families. Iraq was attacked again in 1996, leading to more economic difficulties. Sam remembered when it happened, “life became even more difficult now that I was an adolescent and I had to find a job to help my family survive, so I would work daily starting in the mornings until 3:00 pm”.

**Adulthood and the Fall of Baghdad**

When Sam turned 18, he had to join the army, as it was compulsory. Sam joined Al Qaeda’s Army because if he refused to join the military, his father would have to join instead of him. The law was if males did not finish postgraduate education, then they had to serve for three years. If he graduated, he would only have to serve for 18 months. After Sam completed his military duties, living conditions in Iraq improved between 2001 and 2002, and people started to breathe again. Things continued like this until the Fall of Baghdad. He described the Fall of Baghdad as the worst war:

This war has affected us tremendously. Lots of innocent people lost their lives. Prior to the war, we did not know what was happening. Suddenly we hear the warning sirens which usually declared attacks and we knew the war had started. The problem is that we could not know what was happening in the world because we had no internet, no phones, we were unable to hear the outside news as the government tried to control all these things. If you needed internet, you had to go to special libraries and these were all monitored by the government so you were unable to log into any sites to find information. Even home phone lines were monitored by the government. When I used to go out, I used to see the military in the street but no one knew whether the war was going to happen or not. There was so much uncertainty about what was going to happen and many families who had male kids like me, their parents were trying to send them outside the country.

Afterward, the government issued a compulsory law to recruit military. This law applied to all people, ages 21 and older. Sam was included in this category. In response, many
people fled the country, while others relocated to rural areas so in order to avoid the military law. They were recruiting even people who had already completed their military service. This war was a shock to everyone. The war continued for 30 days, until Saddam’s government fell. When the war first started, people were still going to their jobs and the nights were difficult because of bombing, but the conditions started to get worse daily.

The bombings increased, the noises of the bombings got worse, the smell of the air was getting bad. When they were bombing critical locations in Baghdad, we would feel it. There was an important government center close to our home, we felt the bombs where the Americans bombed it. When the war first started the bombing was at night but after one week the bombing was nonstop during the whole day. We used to hide at night under the stairs because my parents used to say it is the safest in the house. The bombings were not only by Americans but also by the government. So, we were extremely scared. The closer the Americans were getting to Baghdad the more random and stronger the bombings were.

Sam remembered looking through the window at night when the bombing started and seeing a red sky. Twenty days after the start of the war, a group called ‘Fedayi’s Saddam’ which means sacrificing for Saddam, began recruiting male soldiers, including adolescents, from the streets and force them to fight without any training.

Sam and his family fled Baghdad and traveled north. The Americans started to inform the Iraqi people to leave Baghdad because it was becoming dangerous. The American air force would fly over Baghdad and draw pictures in the air, advising people to leave because they were planning to intensify the bombing of Baghdad. The government used civilian locations to hide and attack, especially around homes. After 25 days, the Iraqi military started to realize they were going to lose their lives, so they surrendered. Sam and his brother went back to Baghdad to collect food supplies. They drove with their lights off for safety and to prevent being detected or bombed, relying on their memory to drive the dark roads. After several days, they started to hear the noise of the military
tanks in the streets. They left Baghdad once again. People were afraid because they did not know what was happening and who these military people were, “they were Americans but we did not know them and they did not know us. Most of the young males left Baghdad. We were internally displaced for 35 days.” The defense minister came out and disregarded the Americans’ news that they invaded Baghdad and the government failed. Then news aired that the government had fallen. The Iraqi people were in shock.

**Lack of government and the American occupation**

After the government failed, and the American forces took over Baghdad, the Americans started to enforce their own check points and tanks in the streets. It was very scary for the Iraqi people.

We used to see this in the movies not in real life. We started to witness so many things such as burned homes, burned cars and tanks, dead people in the streets and so on. The war was happening in the streets now. Iraqi people volunteered to take care of the corpuses. So many of these dead people were innocent and had nothing to do with the war. Some were the dead Iraqi military. After these 35 days life got worse; I wish everything ended after these days and after the Fall but it marked the beginning of more disastrous time for Iraq.

The country became very unsafe; the incidences of kidnapping and killing increased. One of Sam’s friends was killed for a mobile phone that was worth $100. Kidnapping for ransom became a common occurrence, especially for minority groups such as Christians. Sam described:

They used to say you are Christian then you are non-believer. Before the war, there was not much racism ideology, after the war it became very extreme. I believe this ideology came from the outside. During the previous government, people of different religions lived on one street, after the Fall of Baghdad, the racism and extremism increased tremendously.
Justifying killing for seemingly irrational reasons became the norm. People were killed for drinking alcohol, for shaving their beards, or for having short haircuts as these acts identified them as non-Muslim or non-Shia. Barbershops were forced to close.

Extremism increased and became very scary and racism became the norm in every aspect of life. A group of guys would gather to socialize in the street and a car would stop by and kill them all for no reason. It became very chaotic. Weapons were everywhere even kids had weapons. Every home bought so much weapons, it was sold in the streets. They were even selling grenade bombs, and guns.

With a void in government, citizens created their own rules, falling back on some Islamic laws {Shareea}. According to Sam, “This change took Iraq behind to the old ages like if you steal they cut the hands, or tie the person and throw shoes on him for stealing; there was no government, everyone making his own rules. Iraq was taken behind to 200 years”. After the Fall of Baghdad, people stole money from banks, so there was more money in the streets. Stealing in homes, banks and stores was rampant. This condition was known as ‘Hawasem’.

So, when people suddenly started to have money others would ask them did you get your money from Hawasem. People stole money, even government cars were stolen. So, there was more money in the streets, but we lost any sense of peace; there was kidnapping, more fear, killing everywhere. People lost confidence in others around them. We became afraid of our own neighbors who we knew for a long time. Life became complete chaos. There was no government, no order in life, there was nothing.

**Extremism as a tool of violence and control**

When the government failed in Baghdad many criminals were released. These criminals began operating on opposite discourses. They were thieves who were selling weapons, but were concerned with everything being halal, or acceptable according to the Islamic religion, versus being haram, meaning that it did not conform to the Islamic religion. The
separation between the Sunni and Shia sectors of Islam increased, and individuals made decisions that they forced people to obey. For instance, they would confront Christians, telling them to leave their homes or they would burn those homes while they were still inside.

Sam described 2004 as a time that Iraqi people started to realize that there is no safe place in that country. Random homes were constantly under attack.

I remember, we prepared about 1000 bottles filled with gas to be ready if anyone attacked our home. We started to see people that we had never seen in Iraq. People became very aggressive; any small issues and a fight would erupt. There was so much chaos everywhere. There was an area close to my home in Baghdad, I remember a religious group attacked the homes in that area and killed all the people in their homes because they claimed they were “kafareh” which meant non-believers. The smell in that area was very bad due to dead people.

When Al-Qaida came to take control over Baghdad, they were attacked by the group who was in control at the time, Shia Al-Sader group. However, the everyday citizen paid the price. According to Sam, “we would walk in some crowded streets to do shopping and suddenly a car is exploded and would kill about 200 people. I remember witnessing several incidents like this”. People who were thieves gained status and became officers in the police force or military although they had no education. Many corrupt people gained power, money and status from the war and began recruiting like-minded individuals. As Sam described, “life became difficult for the normal people but became great for these thieves”.

**Working with American forces for survival**

Poverty increased in Iraq and there were no jobs after the Fall of Baghdad. In 2003, Sam was forced to work with the Americans because he needed to support his family. It was very risky working with the American forces. American Forces were looking for people to work as security guards. The Americans preferred male youth who were young and served in the army so they would have military experience. Sam worked for about 8
months but he was very scared because he heard stories daily that people were being killed because they worked with the Americans.

People who worked for the Americans would be killed or kidnapped by Al-Qaida; and people who worked in the police force or military during the previous regime were kidnapped or killed by Al-Mahdi Group. Al-Mahdi {Shia} group started to take revenge on the Sunni because they used to say that they had hurt us during Saddam’s regime.

During his work with the Americans, Sam witnessed so many traumatic events. He shared one example of being in a five-car motorcade and having the first two cars blown up by bombs. He survived because he was in the last car. He knows that five of his colleagues and friends were killed, but they were unable to stop as they would have been killed as well.

**Long term economic sanctions**

Iraq suffered with economic sanctions starting in 1990. Iraqis were deprived of many things. Sam described his experience with economic sanctions, saying:

Imagine we did not know what banana or coconut is until 2000 because we never had it in Iraq… We did not know what is chocolate, or white bread, we did not have so many things. We only were familiar with the food stamps that the government was giving us that included brown flour that was filled with worms and disgusting things and brown rice which tasted disgusting. Living conditions were terrible.

Food was very unhealthy in Iraq after the sanctions. People became ill due to contaminated water and unhealthy food options. Poverty became extreme in Iraq. The division between classes increased. Most members of the family had to work for the family to survive, meaning that young children also had to work. Sam’s father worked two jobs while Sam and his brother also had to work. However, Sam described this
period of his life as an improvement from the Fall of Baghdad, “there was some peace at least”.

**Fear and death threats as a force to leave**

Sam left Iraq in 2006, as life was deteriorating and he began to get death threats. In 2004 Sam had received a death threat with a bullet on his car. He received another threat in 2005. The scariest part for him was not knowing who his enemy was. He could not stop working because he needed to support his family which included his brother’s wife and new child. He preferred to take the risk than have his brother do so since he was single with no children.

Sam also described the poor living conditions. Garbage could be found everywhere. Electric lines were very expensive, so some people only used lanterns. Iraq was also suffering with a gas deficiency and people would line up for gas for days. The gas deficiency was due to big merchants buying all the gas and reselling it. They also used a large motor to dig water from the ground. That water was mixed with mud and would have to be boiled to drink. Motors were also expensive to purchase, so clean drinking water was sparse.

In 2006, Sam left Iraq and went to Syria. At first, he thought he would leave temporarily in order to feel better mentally because he was exhausted. He was tired from everything that he had witnessed in Iraq.

One day I remember hearing gun shots, I stepped outside of my home and saw a man shot in the head because someone stole his car. So, I had to go cover his body and wash the blood off the street. The police force was scared to pick up corpses in the streets because they used to say that some people might spy on them and if they saw them pick up these corpses, they might kill them. Dead bodies were left in the streets. Sometimes dead bodies were used by terrorists; they would fill them with bombs and staple the bodies and leave them in the streets and if people came to touch them to help them, they would be killed. Kids were kidnapped to sell their body parts. Whatever you can imagine of crimes
became reality in Iraq. Whatever you think that you may never witness, and you can't imagine to witness happened in Iraq.

When Sam first arrived to Syria, he felt relieved. Everything that he had missed in Iraq, such as electricity, clean water, TV, satellite, and peace, was available in Syria. After one week, Sam’s brother called to inform him that they were looking for him and to go back to Iraq because he had worked with the Americans.

In Syria, Sam used to meet his Iraqi friends. They told him that people were killed based on their identification and name, which usually indicated people’s religions and ethnic background. Anyone with a Sunni name was killed. As a result, people began carrying two identification cards, one fake and one real. If the person was stopped by Shia, then they would show them the identification with a Shia name and if by Sunni they would show the identification with a Sunni name. Christians were considered ‘kafeer’ so they were killed with no discussion. Women not wearing hijabs were also considered kafeera and were killed on sight. All women began wearing hijabs, with long dresses and no makeup. According to Sam, “the Americans ruined the country and were backing a very bad government that we did not know where it came from, Iran, Iraq, US we did not know”. Sam lived in Syria until 2011 when he was granted resettlement in Canada.

**Here and now**

Sam arrived in Canada as his host country in 2011. He resides in Ontario. He has a family about whom he feels very proud, and he works very hard to give a good life to his children.

**End of profile.**

4.8  « Raymond »

**Early childhood**
Raymond was born in Baghdad, Iraq at the end of the war between Iraq and Iran. He lived in a two-parent family household with his four younger siblings. He was four years old when the Gulf War started but does remember some of the events from that time. Raymond’s father was a soldier and was always away from home due to the war. Raymond described his childhood separated from his father saying, “When I was born my father was unable to see me due to war and he came to see me when I was almost one year old. After one year, Iraq got into the Gulf War so the government started to mandate all the men to join the military and he had to join again so he did not see us again. I remember seeing him more after I turned four. My mom was doing everything for us”. All the pressure was on his mother, who lived with extended family, for support.

In 1991, Raymond’s family fled Baghdad to Kirkuk for 10 days but subsequently returned. Iraq was under economic sanctions and Raymond remembers how much that affected food availability in the whole country. He joined the Christian elementary school which was away from their home.

**High school and impact of Baath party**

Being a male in Iraq was difficult. When Raymond got to high school, it became more difficult because it was compulsory to join the Baath party to become ‘Al Rees friends’ (president’s friends). Males were required to carry identification at all times; the only two identifications allowed were to be students or to be a part of the military. Since Raymond looked older than his actual age, he was always questioned and asked to prove that he was a student.

Joining Al Baath party was compulsory with no choice; they would ask us do you like the president or no. So, I had to do night shifts at the Baath Party centre. In school, if you were in the Baath Party and you or your parents were the President’s friend then you would automatically receive five extra marks on the top of your average. So, joining the party brought several advantages to all the youth. Even if students were not very good in school but had a high status in the party, they would gain 5 marks on the top of their averages. My father served in
the military for 15 years but it was compulsory not by choice. He was a cook in the military. When his father was finally released from the military and he started a business selling alcohol.

**Fall of Baghdad**

When Raymond was in grade 10, life was starting to feel normal, but they still needed to be in the Baath Party to survive, study, and get tutoring from the teachers. “You had to have power and network in Iraq. It was about who you knew”. When the Fall of Baghdad happened, life in Iraq was significantly disrupted. Schools closed and common places became unsafe. Raymond’s father was threatened for two reasons: first, his father owned an alcohol store; and second, they belonged to minority Christians. Threatening notes and bullets would be left at his father’s store. On one occasion they threatened to kidnap Raymond and his cousin unless a ransom was paid. Raymond’s father paid the would-be kidnappers in order to keep his family safe.

**Targeting minorities and religious places**

After a while, things began to settle, but the fear remained. Students returned to school, but there was much worry and fear. Then different religious terrorist groups started to bomb churches. According to Raymond, ”The message was to the Christians that there was no safety for us anymore. We were targeted even in our worship places and basically, we had no future in Iraq so they wanted us to leave”. Raymond’s family decided to flee Baghdad and move to North of Iraq. There, they felt much safer, but struggled because everything was expensive, and they faced poor living conditions with lack of electricity and insufficient food and water. Life continued to be extremely difficult; Raymond’s father ultimately decided to flee Iraq in 2005.

Raymond described the difficulty of the trip, noting that the roads between Iraq and Syria were not safe. “We were in the car to go to Mosul and there were several bombings where my younger siblings witnessed several dead bodies around”. After they moved, Raymond’s father travelled back and forth between Iraq and Syria for work in order to
support his family even though it was extremely dangerous. Secularism increased in Iraq and various religious groups were killing others based on religion and ethnic groups. Raymond's family lived in Syria for three years before they resettled in Canada. Raymond and his brother worked in Syria to survive and help support the family. They were unable to go to school but helped provide so that the youngest siblings could go to school.

**Here and now**

Raymond and his family resettled in Ontario, Canada. He works and has integrated well here. He was able to rebuild his future and buy his own home with his family and has begun to make new memories in Canada.

**End of the profile.**

**4 « Conclusion »**

By presenting these chronological narratives it is evident how diverse the experiences of war can be. Family structure, socioeconomic status, ethnicity, religion, gender, and age all had impacts on how war affected their day-to-day life and their subsequent development. Common to all was the impact of the breakdown of the family. As children, some of the participants were pulled away from their fathers, whether through being in the war or having to run away to avoid conscription. Participants lost significant family members, neighbors, and friends. They lost the opportunity to go to school and live normal lives. Thus, it is extremely important to understand the overall picture of the war when working with refugees and immigrants of war-torn countries; however, it is essential to acknowledge the differences that may arise based on the socio-cultural and political history of individuals. These common threads in their stories will now be explored further in Part Two of this life history study, the thematic analysis.
Chapter 5

5 « Results Part 2: Thematic Analysis »

Chapter 5 presents the thematic findings from the life history methodology. Thematic analysis was supported by Riessman's (2008) and Lieblich, Tuval-Mashiach, and Zilber's (1998) work. Line by line coding of each participant was completed. Commonalities and links were noted between narratives. Themes were developed based on these codes. Themes are “the goal-directed sequences that characters pursue in narrative” (McAdams, 1996, p. 308). These themes were then grouped to form six meta themes that were reflective of the research questions. Creating themes was an iterative process, requiring many re-visits to the original transcripts, refining meta themes, sub-themes and relationships between meta themes. The findings for the thematic analysis are presented by theme headings, with direct quotations from participants providing illustration. All names are pseudonyms.

Table 3: Findings from thematic analysis

<table>
<thead>
<tr>
<th>Meta Themes</th>
<th>Sub Themes</th>
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<tr>
<td>Impacts on daily lives</td>
<td>• Constant fear and lack of trust in the present and future</td>
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<td>• The loss of the father and husband</td>
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<td>• “Death is all around us”; Shahid (witnessing death)</td>
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<td>• Government incited division through the ideology of difference.</td>
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<td>• “We were prisoners in our homeland”</td>
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<td>• The catastrophe of the Fall of Baghdad</td>
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<td>Impact on social structure</td>
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<td>• Role of religious and ethnic identity in increasing violence</td>
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| Methods of survival during the war | • Fleeing from danger  
• Secrecy and suppression  
• Relying on family support |
| After effects of war | • The judgement and shame faced by female survivors  
• The lost generation: Children and youth caught in war  
• Diminished quality of marital relationships and family relations  
• Loss of sense of identity and motivation  
• Poor mental health  
• Poor physical health  
• Lack of long-term goals and meaning making. |
| Resilience strategies post war | • The impact of social support  
• Becoming stronger through overcoming experience.  
• “Do not focus too much on the past; focus on the future”.  
• Focus on protecting family members  
• Realizing strength and abilities through others  
• “With God’s help I was able to do it” |
| Adapting to new place | • “Here in Canada I feel safe”.  
• Difficulties integrating and adjusting to new place  
• Advocating for targeted support in Canada |

The first major theme describes the war-related experiences the participants faced, and the impact that those experiences had on their daily lives while they were living in Iraq. These include: constant fear and lack of trust in the present and future; the loss of the father and husband; “death is all around us” Shahid (witnessing death); government-incited division through the ideology of difference; “we were prisoners in our homeland; and the catastrophe of the Fall of Baghdad.

The second major theme describes the impact that living amidst war had on the social structure of society which then affected participants in various ways dependent on their class, gender, ethnicity and religion. The sub-themes are: gender inequality; role of
religious and ethnic identity in increasing violence; and facing the brutalities of ISIS.

The third theme titled “Methods of survival during war” discusses how participants managed the adversities of war in the context of their socio-cultural development. The sub-themes are: fleeing from danger, secrecy and suppression, and relying on family support. The fourth theme titled “After-effects of war” describes the meaning making that resulted from living through traumatic war experiences and how these experiences continue to shape their lives. The sub-themes are: the judgement and shame faced by female survivors, loss of ‘normal’ adolescence and youth, diminished quality of marital relationships and family relations, loss of sense of identity and motivation, poor mental health, poor physical health, and lack of long-term goals and meaning making.

The fifth theme describes the resilience strategies that participants enacted to manage the negative impacts of war experiences. The sub-themes are: becoming stronger through overcoming experience, the impact of social support, do not focus too much on the past; focus on the future”, focus on protecting family members, realizing strength and abilities through others, and “with God’s help I was able to do it”. The final theme describes how participants adapted to resettling in Canada and some of their major concerns now that they are no longer facing war. The sub-themes are: “here in Canada I feel safe”, difficulties integrating and adjusting to new place and advocating for targeted support in Canada.

5.2 « Impacts on daily lives »

This theme describes the impact the war had on the daily lives of individuals while the war was ongoing. It covers the time starting with the Iran and Iraq war until the Fall of Baghdad. The participants’ stories revealed fear and uncertainty which led to a new reality of everyday life. The new reality also meant that men were ripped away from their families, and those left behind dealt with the consequences of having an absent male in the home. The participants’ lives were also surrounded by death of family members and
of witnessing death all around them. Divisions among religious and ethnic groups were perpetuated by the government. Ultimately participants felt like prisoners in their homeland due to the poor conditions that resulted from war. These included economic sanctions, poor medical care and supplies, food and water shortages and gas and electricity shortages. The final sub-theme in this section discusses the Fall of Baghdad as the incitement of the greatest catastrophes that the participants faced as war survivors.

Constant fear and lack of trust in the present and future

Due to threats of bombing, essential services such as schools and grocery stores were constantly shut down. The loss of access to basic needs led to a disruption of daily lives which, according to participants, then impacted feelings of security. War also led to the limitation of other essential needs such as transportation. Although Iraq is an oil-producing country, wars and violence depleted the land from its rich resources. This lack of access to basic needs created opportunities for wealthy people to gain more control and power and deprived people from the middle and lower classes. Sam described:

Another problem that happened in Iraq is lack of gas availability to use our cars. We would stay in line days just to get gas. People would come and buy our spot just to get gas. There was gas deficiency in the country. We had gas but they started to control it to create these problems. The big merchants which were Hawasem, they would buy the big gas tank and they would sell it.

Random bombings became a reality during war. Citizens were no longer free to walk around as they pleased without the fear of an attack happening close by. Parents became fearful of their children being victims to such attacks. Participants described removing their children or being removed from school themselves due to the possibility that these buildings could be attacked. Most people were then restricted to staying indoors. During attacks, families would remain hidden in their homes with the lights out in the hope that they would not be detected. As Sam said:
When the war first started the bombing was at night but after one week the bombing was nonstop during the whole day. We used to hide at night under the stairs because my parents used to say it is the safest in the house. The bombings were not only by Americans but also by the government. So, we were extremely scared. The closer the Americans were getting to Baghdad the more random and stronger the bombings were. I remember when I used to go and look through the window at night, I used to see the sky red due to severe bombing.

Participants described the lack of security, excessive worry and fear, and the threat of death and serious injury as a constant stressor in their lives. Family members were constantly disappearing. Lack of trust in the present and future became the reality.

*The loss of the father and husband*

Families experienced ongoing disruption of family dynamics especially due to the absence of fathers who were forced to participate in war. Children experienced daily fear of losing their fathers. Sarah, who was 10 years old during the war, remembers what it was like to be apart from her father:

> During this time, I was living at home and our financial situation was excellent; we were able to live a good life but we used to live in fear. When my father would go back to military, we would live in constant fear of was he going to come back or not. Our situation was different there was no happiness instead was the constant worry. What is the value of having money but you cannot enjoy it because you would witness daily all these youth in young age just losing their lives in such a young age?

The caregiving burden on mothers increased tremendously during wars. Mothers became the decision-makers in a patriarchal society and had to take the responsibility of the
second parent. They also faced identity struggles as the roles that had been ingrained into them were changed. Sarah was one of those mothers. She describes,

I became a single mom where I had to take on all the responsibilities for my 5 children and my mother. I became the mother and the father. I started to manage the whole family in regard to finances and decision making. All these responsibilities are new for me. After I finished my university, I was a housewife for a long time. Then suddenly my life changed. I did not even have so much money with me.

“Death is all around us”: Shahid (witnessing death)

War survivors spoke about the constant fear and worry they felt due to the violence around them. During war, experiencing trauma including the death of family members, neighbors, and friends became commonplace. As Sarah’s words demonstrate, the images of loss and grief resonate with children and youth who grew up amid violence.

We would always witness Shahid (person dies due to war). I had a relationship with a person whom I lost to war during that time. This has resonated with me and struggled due to this loss. I used to wait for him to come back from the military so I can see him and then they bring him Shahid in a wooden box. This is not easy to witness. This experience was a repetition in our daily lives growing up in Iraq; witnessing the loss of relative, neighbor, friend or someone we know was a reality we were living in. Death was always around.

The greatest trauma occurred when a family member was killed due to war. Lisa lost a brother in-law and a brother. Sarah lost her partner. Nancy lost a brother-in-law. Wendy lost her brother. She narrates her experience of loss, recalling:
My brother was in first year university. When they knew his father was an officer, they kidnapped him for 9 days. Al-Qaeda group killed him. They called us on the 10th day and let us witness through the phone how they killed him. They wanted my mom to hear how he was killed. After they killed him, they threw him in a cemetery where there were dogs and other animals that they had consumed some of his body. Even after he was dead, he got tortured. When we found his body, it was burnt. He was my mother’s first joy and she was planning for his marriage and she had built another home beside us so he can settle close to her, but she lost him so early. My other two uncles got killed too because they worked in the army. We continued to struggle until 2014.

Growing up amid violence led to many of the stories that children and adolescents witnessed or heard. Commonly heard themes were related to loss, pain and grief, especially mothers losing their children. As men were active participants in the war, there was an increased death of young sons which was very difficult for mothers. Mothers expressed their pain and loss through external rituals during funerals. In Wendy’s words:

This experience was a repetition in our daily lives growing up in Iraq; witnessing the loss of relative, neighbor, friend or someone we know was a reality we were living in. Death was always around. Hearing the traditional music bands in the street during the funerals of young guys became a reality. So many young guys were dying the tradition became that during these funerals, families would bring bands to play to represent the loss of his young age and consider the funeral as his wedding because his family was unable to celebrate his wedding due to war. Mothers would decorate trays as Hanna. There was no happiness; it was all sadness and sorrow.

Even the people who did not lose significant others endured significant pain and disruption through other people in their communities. Threats of death became reality for Iraqi people. Death did not always come through being a soldier in the war. Civilians also
found themselves caught in the crossfire, as Lisa explained:

There was a fire exchange between some Kurdish group and another group and the weapon exchange happened between the two groups in my family’s home. During this fire exchange my sister was injured and the room was filled with red smoke. My sister had asthma too and she was choking. My mother was also injured and my mother could not save my sister and she was extremely injured with bullets and my mother was burned. People entered the house after the fire exchange and saved my mother. My mother was in coma for two days. Someone Muslim Shia entered the house and saw that my sister was dead with bullets he stated that this woman did not die good death so he burned them and my mother was burned and then saved by people. I don’t like to talk about sectarian groups but I have to mention that he was Shia because he had no mercy with this action. Her death was a shock to us. After experiencing this trauma, we knew things had changed.

*Government-incited division through the ideology of difference.*

Saddam Hussein was the president in Iraq from 1970 until April 2003. He was one of the leading members of the revolutionary Baath Party that came to power in Iraq in 1968. He was known to be a secularist who developed through the Baath political views to presume dictatorial presidency (Schneider, 2009). During Saddam's presidency the government played a significant role in perpetuating the violence, promoting the ideology of division that emphasized differences between ethnic, cultural and religious groups. Nancy described this pattern:

We don't see that this country treats people differently based on their ethnic groups because there are so many nationalities. In our country, there was always difference in terms of ethnic group or religion for instance this person is Kurdish,
Arabic, Turkoman, Christian, Muslim, there was always differences. I remember in Kirkuk we were all living together, various ethnic groups living peacefully together. Then the Baath government came and introduced all these differences in relation to diverse ethnic groups.

Saddam’s government blocked access to outside news and isolated Iraqi people. Blocking the news was a control tool for the government, one which continues today. As Raymond reflected:

Lots of innocent people lost their lives. Prior to the war, we did not know what was happening. Suddenly we hear the warning sirens which usually declared attacks and we knew the war had started. The problem is that we could not know what was happening in the world because we had no internet, no phones, we were unable to hear the outside news as the government tried to control all these things. If you needed internet, you had to go to special libraries and these were all monitored by the government, so you were unable to log into any sites to find information. Even home phone lines were monitored by the government. When I used to go out, I used to see the military in the street, but no one knew whether the war was going to happen or not.

The ideology of difference was reinforced through oppression and extreme persecution of certain groups. The Baath party used oppression, violence and fear as tools to continue their dominance and power. During Saddam's era, the Kurds faced the greatest calamity. Nancy spoke about this pattern:

They used to capture so many young guys and children and bury them alive. He created so many “mass graves”. They used to arrest the Kurdish guys, make holes and place the guys in the hole and throw the sand over them while they were alive. There are so many mass graves in North of Iraq.
Nancy stated that “many [Kurdish] villages had lost their children and they do not know until today whether their children were arrested and imprisoned or killed by the previous regime. The government were able to arrest anyone and created crimes for them just to arrest them”.

During the Baath government, high status military personnel’s families were privileged over soldiers. These high-status personnel were chosen based on ethnicity and religion, with Sunni being the most privileged. It was rare for minority groups to occupy prestigious positions in the government. Corruption was rooted in Iraq for a long time. Sarah spoke of her experience as a Sunni Muslim, the privileges accorded during the previous regime, saying, “there were no strong points during the war, but we were from military families that helped us a lot and we were privileged. Our power was others; it was external power being Sunni and from the military that was very helpful”.

Christians became the least privileged group. Individuals were forced to support the Baath party as well as serve in military. Whether your personal beliefs supported the party was irrelevant if you did hope to live peacefully. Raymond spoke about his struggles as a minority Christian; he also describes the pressure of joining Al Baath party to continue to live in his country of birth. Raymond recalls, “after I completed my grade 10, life was normal, but we needed to continue being in the [Baath] party, study, get tortured from the teachers but you had to have power and network. It was about who you knew”. There were special advantages of supporting the Baath party. Raymond remembers some of these advantages. “In school, if you were in the Baath Party and you or your parents were the President’s friend, then you would automatically receive five extra marks on the top of your average. So, joining the party brought several advantages to all the youth. Even if students were not very good in school but had a high status in the party, they would gain five marks on the top of their averages”.

“We were prisoners in our homeland”
Economic sanctions that were imposed on Iraq in 1990 and persisted to 2003 were a catastrophe as they deprived people of some of the most basic needs such as good food, water and medication. According to Lisa, “we ate things we never ate before even bread. The bread was made from a mixture of things we never thought about such as date seeds, corn, barley etc. It tasted like sand, once we ate it, this bread used to irritate our stomach”. One of the most widespread impacts of economic sanctions were the constant electrical blackouts that became a common experience during the war. Participants often went days without electricity. The poor quality of food that was available also had an impact on health. According to Lisa, “Food products became so expensive including oil, rice and everything. There was so much food deficiency in the market and life became very expensive. However, the president tried to find solution by providing food stamps to people to get food (up to 15 items). The aftermath of war and economic sanctions was a life of poverty. The quality of food and water deteriorated for Iraqis over decades due to war and economic sanctions, as Nancy remarked:

Some people were eating tea leaves because there was no food available. Some people were eating plants. I remember a woman who just gave birth to a baby; she wanted to throw her in the water so she would get rid of her because she had nothing to give her and she was hungry herself.

War and economic sanctions had extreme impacts on the health care system in Iraq. The system deteriorated and was marked by a lack of medical devices, medication, and electricity to operate the appropriate medical equipment. Wendy talked about her experience from birth and how she lived 12 years without eyesight due to the lack of medication and the deterioration of the medical system in Iraq as a result of wars and sanctions. Lisa spoke about her experience with inadequate medical support during the Gulf War. She describes,

During her delivery the electricity was interrupted and the doctors did the operation using lantern light. Thank God my sister delivered the baby safely but
the baby was born prematurely and needed special support but there was lack of medical support during the war. So, my mother had to create the support at home so this baby can live… My sister struggled after the delivery because she had infection, but only stayed two days and insisted on leaving the hospital because medical care was not great due to the war condition.

Lisa described the deterioration of the situation during the economic sanctions that persisted for so many years, stating,

Medication became a problem during the economic sanctions. It was very difficult to find medications. People struggled to get medication and sometimes some patients lost their lives due to the lack of medication. Electricity blackout was a big problem during the war in all Iraq especially in the cities more than Baghdad. Sometimes the blackout continued for hours and days during the sanctions.

Disruption of daily lives also led many war survivors to find different pathways for survival which may have ultimately led to increased resilience. However, even farmers who were self-sustaining had their crops stolen by the government. As Hany said:

During the Gulf war and after the war, we lived horrible conditions; the government used to come and take our grains. We used to buy and plant the grains to give them to our cattle but they would come and take it. They used to take it to make flour and give to people, but we needed that for us to survive as it was the source of income for us. We did not have any services in our area. Our life was not a good life; it was like we were living in prison. We were prisoners in our homeland. Poverty was extreme in our region.

With few options, more people were willing to engage in criminal activities for survival.
The catastrophe of the Fall of Baghdad

The Fall of Baghdad is considered an enormous catastrophe in Iraq’s history. It began with the military invasion of Iraq in April 2003 by the Coalition Forces led by the American army. This process took three weeks to complete and the United States declared victory on April 14, 2003. The Fall of Baghdad has had a great impact on all Iraqis; it caused damage to every layer of society – to civilians, infrastructure and the social cultural fabric of the society. In addition to the economic sanctions that were imposed on Iraq in 1990, which destroyed the economy for many years, the Fall of Baghdad led to a more extreme economic situation and widespread poverty. War disrupted family lives and status including work opportunities and the ability to provide for family. According to Dalia, there was little income and few jobs available, in part, because many shops were shut down.

Poverty and lack of job opportunities pushed people to find jobs with American forces and companies who entered Iraq after the Fall of Baghdad. Many violent groups used this situation as a tool to justify killing and gain power and control. Sam talked about his experience when he worked with the American forces who occupied Iraq after the Fall of Baghdad.

Yes, it was scary, but I had to because I needed to work. The Americans preferred people who served in the army so they would be trained. They wanted people who had experience in the military. And they wanted young people. I worked for about 8 months, but I was very scared because I used to hear daily stories that people are being killed because they worked with the Americans. People were very fearful; the problem became that your own neighbour who you had lived years together started to betray you. So, whoever worked with Americans would be either killed or kidnapped. People who worked with Americans avoided coming back to their homes due to fear of being kidnapped or killed. People who worked for the Americans would be killed or kidnapped by Al-Qaida; and people who
worked in the police force or military during the previous regime were kidnapped or killed by Al-Mahdi Group. Al-Mahdi group started to take revenge on the Sunni because they used to say that they had hurt us during Saddam’s regime.

The Fall of Baghdad also led to the collapse of the social order. Chaos and disruption replaced civility. Society crumbled into a general lack of order and people stopped following the laws. Violence and war gave criminals leeway to explore opportunities where they could generate money and gain power through any form of violence. Weapons were easily available due to wars and violence and were used by people to protect themselves as violent events were not predictable. Sam described a lack of trust in their community and surrounding.

After the Fall of Baghdad, people stole money from banks, so there was more money in the streets. There was stealing everywhere. Robbers robbed banks, stores, homes anywhere they were able to get money. This condition was known as ‘Hawasem’. So, when people suddenly started to have money others would ask them did you get your money from Hawasem. People stole money, even government cars were stolen. So, there was more money in the streets, but we lost any sense of peace; there was kidnapping, more fear, killing everywhere. People lost confidence in others around them. We became afraid of our own neighbors who we knew for a long time. Life became complete chaos. There was no government, no order in life, there was nothing.

Kidnapping was a notable method used to gain money. Various groups would kidnap people who did not belong to their identified religious ideology or people from minority groups. Kidnappers would then demand ransom payments. Several of the participants experienced kidnapping of either themselves or close family members. Lisa’s husband was kidnapped and although he was severely tortured, he was eventually found alive. Sarah’s daughter held by kidnappers for three days until she paid a $150,000 USD ransom.
5.3 « Impact on social structure »

Due to the daily chaos of ongoing wars and the disruption of the government, the social structure of war-affected countries was significantly impacted. This theme describes the experience of the impact of social structure from the perspectives of the participants. The main sub-themes considered here pertain to gender, religion and ethnicity. Participants experienced the significant effects of gender as a result of the separation of men from women through death or service in a normally patriarchal society. Several major events in Iraqi history also led to religion and ethnicity playing a role in increasing violence. The second sub-theme thus describes the impact that increased secularism had on the participants and their families. The final sub-theme in this section focuses on the brutalities enacted by ISIS through both firsthand and anecdotal accounts by the participants.

Gender inequality

Iraq is traditionally a patriarchal society with the father or husband as the head of the household. Women have less status than men and are not accorded equal rights to men. Living in patriarchal societies, men are given the privilege of control over women which is often manifested in father-daughter and husband-wife relationships. However, living amid war and military tended to heighten men’s control tendencies. According to Nancy, living as a single woman in Iraq was difficult due to extreme gender inequality. Women face extreme judgment especially if they are not married, divorced or widowed. Although Sarah considered herself to be a strong woman, she was perceived as being of lower status when she was not accompanied by her husband. She, thus, needed to protect herself and her children from judgement and potential persecution due to rigid gender roles and expectations. The importance of supporting the family and family responsibilities was a vehicle of survival. Furthermore, the disruption of the family structure also impacted marital relationships. After years of living apart, Sarah’s relationship with her husband deteriorated and they ended up getting a divorce.
An unmarried woman is usually challenged with ‘honour-related’ concerns about sexual activity, dress code, and reputation. If the woman is divorced, she is usually the one to blame. There are no organizations in Iraq explicitly established to support women. There are some foreign organizations that try to advocate for women rights, however, given the law that is largely supportive of men’s rights, these organizations’ effort to achieve equality are usually not productive. Many women continue to be treated unfairly especially regarding family law. Nancy illustrated her experience as a single woman, explaining:

I left {Iraq} out of fear as woman and being the head of the family, they don’t have so much respect to the woman. From my experience, the society is very man-gendered. The woman is mistreated especially in honour-related issues. They deny her rights. They blame her a lot. There are organizations there to defend human rights or women rights and they are only in the outside; they do not really defend women. For instance, there are actual organizations that claim they defend women, but in reality, they are like jails that destroy women because they perceive women as victims of problems and honour. Even the law does not give the women her actual rights. Even when a man mistreats her and betrays her, the law and the society defend him because he is the man.

Families that were led by women were considered to have less status and were easily judged by the community. Therefore, Nancy’s and her children’s moral standards are easily challenged. Women in general are, and continue to be, oppressed in such patriarchal societies and being a minority makes it worse.

Dalia highlighted the lack of accessibility of education and employment opportunities especially for girls. She says, “my father wanted us to study and have good future. Even if I study there, I would not get good position as a man would have in Iraq. So, he stated it will not work for you guys and if we stay then you would have to get married just like all the other girls at age of 18 so you will lose your life. He thought he had six girls he
just needs to take them out of the country. This lack of access was more challenging in rural areas.”

*Role of religious and ethnic identity in increasing violence*

Due to various conflicts that happened over the history of Iraq, there was increased radicalism and structural violence in the Iraqi society. The participants in this study belonged to various religious groups including Islam, Christianity, Yazidism, and Mandeism, which have previously coexisted peacefully in Iraq. However, there was greater control by that government over explicit forms of violence based on religion. Chronic wars, dictatorship, oppression and violence impacted the social fabric of Iraq leading to increased radicalism. Radicalism became the vehicle to gain power, money and control. Structural violence in the form of oppression and radicalization was embedded in the Iraqi society prior to the Fall of Baghdad due, in part, to colonization and dictatorship. When people were given opportunities, as with the lack of government after the Fall of Baghdad, these embedded ideologies became more pronounced and led to further explicit violence. Living amid adversities has increased the ideology of difference. Dalia spoke about her experience as a Kurdish Yazidi saying:

For me, living during these conditions I was forced to study Arabic. My language is Kurdish and all the North region would study Kurdish if they were allowed. So back then, the old government did let anyone to study Kurdish. So, the generations before me and including my generation we were all forced to study in Arabic language…. It is hard to live in a country where you are not accepted. They hate Kurdish people. [she continues to speak about her similar experience in the transit country which was Turkey]. We could not say there that we were Yazidi we had to say we were Muslims. They are very strict in their religion, we met lots of Kurdish Turkish who encouraged us not to talk Kurdish in the streets because it was dangerous for us. They were Kurdish themselves, but they were afraid to talk in Kurdish and they would only talk in Turkish. So, they advised us
not to use Kurdish to protect us. One time, I went to a store with my family and one lady came to us and said in Kurdish “keep your voice down they will hear you”. So, living in Turkey was dangerous as Yazidi speaking Kurdish.

Although Saddam Hussein’s regime stirred up feelings of radical discrimination, the negative experiences of minority groups continued long after the Fall of Baghdad. The Fall of Baghdad led to many changes in power and status even within Muslim groups. Certain groups were favoured, depending on the era and the government in power. Saddam Hussein belonged to the Sunni sector of Muslim, therefore during his reign Sunni Muslims held a higher status in society. With Saddam no longer in power, Shia Muslims became more powerful than Sunni Muslims. Sarah, who was a Sunni Muslim, spoke about how sectarianism between both sectors of Islam impacted her life significantly. She described her experience as a victim of radicalism and shared how life events under war and oppression led to further retaliation against marginalized groups, which intensified regional conflict. After all the losses Sarah’s husband faced, he became more extremist in his views and actions towards Shia groups. As Sarah described:

During the old Regime of Saddam Hussein, he was in full control, no one was able to talk about these differences; and we used to marry from the different Muslim sectors (Sunni marries Shia and vice versa). After the Fall of Baghdad this radicalism started to increase. We started to suffer from this problem. When Baghdad fell first, my husband had to step down and leave his military position. He was imprisoned by the Kurds in 2003, not by Americans. He was imprisoned for long time; they were moving them from place to place until there was a bomb attack where he was able to escape and found by an Arabian family who helped him. He came back with different personality; he had no status anymore. He took off his military clothes, boots and symbols and was wearing an Arabian pajama (Dashdasha). He came with nothing, because these things represented his power and control and when he came back, there was nothing. So, he lost his status and he ended up with nothing. At this point, he had nothing to do and he started to
become radicalized and wanted revenge from the Shia Sector. He started to get threats that he needs to work with Sunni groups to revenge from Shia otherwise they would kill him. There was still Al-Qaida who wanted him to join them and the Shia groups (Al-Sader) who they wanted him to join them.

Nancy expressed her own negative experience as a Kurdish Muslim during the Baath Party government. Kurds are a minority ethnic group native to parts of Iraq, Turkey and Syria. During the Iran-Iraq war, the regime implemented anti-Kurdish policies which led to mass murder of hundreds of thousands of civilians, the wholesale destruction of thousands of villages and the deportation of thousands of Kurds to southern and central Iraq. Nancy described how Kurds were not recognized as proud victims of war (shahid) like others by stating,

My brother had a friend who was also our neighbor; he was shocked when they brought his friend's dead body. And you know what they wrote on the box? It said “the crowed man” because he was Kurdish. Can you believe it? He went to the war and died in the war and they wrote this on his box, I can never forget this. This is the Saddam government because he was Kurdish.

Nancy illustrated how oppression of the Kurds by the previous regime had significantly impacted her family. Her father became distraught over the losses of close family members. She recalls, “We lost my father before he saw his daughter. I believe I lost my father due to the oppression conditions we were struggling with. I can never forget this; I lost my father because of Saddam Hussein.” Minorities who belonged to faiths other than Islam were the most targeted over the history of Iraq. Religious institutions were targeted and bombed, and Christian faith leaders were killed. Christian people were also given fewer opportunities to thrive, which led some to work with the Americans. Sam revealed his experience as a minority Christian in the context of war and violence. He explained:
Kidnapping also started with minority groups such as Christians. They used to say you are Christian then you are non-believer. Before the war, there was some but not much racism ideology, after the war it because very extreme. I believe this ideology came from the outside. During the previous government, people of different religions lived on one street, after the Fall of Baghdad, the racism and extremism increased tremendously. We became very restricted with our lifestyles. For instance, if people were drinking alcohol, they would be targeted, if guys had short haircuts, they would be targeted. Justifying killing others became the reality for very silly reasons. The Shia groups started to put their own rules like if you drink, we will kill you, if you cut your hair, we would kill you. Then Al Qaida also informed their own rules as Muslim Sunni that if you shaved your bread, then you would be killed and if you cut your hair you would be persecuted. So, people were attacked for many reasons. They even closed all the barber shops. Extremism increased and became very scary and racism became a reality in every aspect of life.

Raymond also described a very similar experience, explaining:

We were Christian minority. They started to leave threatening notes with a bullet beside the store which meant my father was targeted for being killed. My father got a threatening note for kidnapping my cousin and I. They told him you can leave them with you, but you need to pay us money otherwise we would kidnap us. After a while, things were starting to settle but so much fear. We went back to school but you can feel the worry around. Then they started to bomb our churches; they bombed three churches. The message was to the Christians that there was no safety anymore. We were targeted even in our worship places.

The Yazidis faced extreme persecution and radicalism. Hany’s comments illustrate the loss of rights endured by the Yazidis. Their lifestyles had changed dramatically. They lost their homes and properties due to terrorism and radicalization. Hany explains,
We were persecuted because our religion was different and we had different beliefs so we were never accepted. Most Yazidis settled close to the mountains because they always had fear of persecution and the mountains were a form of security to us. They raped young girls 7 years old, 9 years old, and they call us atheists and unbelievers, and they are they unbelievers. We as Yazidi love to help have grace in our hearts and they call us nonbelievers. Who are the nonbelievers? Who beheaded the children? We just wanted to live in peace that is all. They are the nonbelievers; they beheaded kids and people, and they stole everything from us, and bombed our homes. We fled to the mountains; all the Yazidi people stayed in the mountains for more than 7 days.

During Saddam Hussein's regime, the Yazidis became displaced once again, far from the mountains where they always preferred to reside due to fear of persecution. According to Hani, their homes were destroyed, land titles were lost and they had to rebuild their communities. They were denied rights and freedoms and any form of support. He explained that Yazidi women faced oppression, and few were able to get an education.

Lisa belonged to the Mandaean ethnoreligious minority group. Mandaeism is an ancient religion practiced by some groups in Iraq and parts of Iran (Britannica.com). They followed John the Baptist. Lisa expressed her experience as a minority Mandaean in the context of radicalization and violence. She recalls,

Then in 2007, there were Saidia events where they started to kill based on your identity. They killed everyone based on their ethnic group. If he was Shia then Sunni would kill him/her and vice versa. And the minority were treated badly and if we paid taxes then we stayed alive if not we would be killed. People became against each other and against their neighbours. People were betraying each other so they can get money and become rich and buy properties.
Participants learned to lie about their religious backgrounds to be accepted by whatever group was a threat at the time. Thus, hiding their identities became a coping strategy for survival during the war and its aftermath. Sam told a story of being stopped in a car and having to lie that he was Sunni. He knew that saying he was Christian would get him killed. Sam went on to describe the significance this had to females saying,

> When they used to see a girl with no hijab, they would consider her ‘kafeera’ [non-believer] and kill her. All the girls started to wear hijab disregarding of the religion, and they had to wear long dress code with no makeup. The Americans ruined the country and were backing a very bad government that we did not know where it came from, Iran, Iraq, US we did not know.

*Facing the brutalities of ISIS*

In addition to the day-to-day struggles of war, some war survivors had endured horrific events. Many struggled profoundly with terrorism and persecution due to the violent acts of ISIS (The Islamic State of Iraq and Syria). This terrorist military group follows the fundamental ideology of Salafi jihadist based on Sunni Islam. While Iraq was still undergoing extreme violence and chaos, this group was getting stronger until it gained extreme power in 2014 where it attacked the Iraqi forces and controlled several cities and regions in Iraq. One of these key cities was Nineveh and its surroundings. Many Iraqi war survivors endured captivity under ISIS. Torture of body parts, electrifying humans, and rape were realities to people in captivity. Wendy described how ISIS used money and religious ideology as tools to recruit people. She states, “they used to use money. They use money, women etc. to recruit guys. And they recruited women who hated other women or felt jealous of other women for the way they dressed. People get convinced to get power, money and status.”

The ideology of ‘otherness’ to justify killing became the reality. People were killed based
on names, ethnicity and religion. Wendy depicted her experience of being Muslim Sunni and how she was mistreated by ISIS who accused her of abandoning Islam because her father was an officer in Saddam’s army:

It is basically killing. Supposedly they were Muslims but [they were] still killing. They took my father, our gold, our car and everything valuable. They stated that we are taking all this because you guys are Mourtadeen [people who have abandoned the Islamic religion] and Kaafirah [a person who is an atheist and disbeliever].

Stories of Yazidi women who were tortured and lost their significant others especially their spouses and children are real. Nancy described the experiences of her Yazidi friends whose communities were abandoned during the attack of ISIS. Yazidis faced generations of oppression and mistreatment and were massacred by ISIS as aptly described by Nancy:

The central government in Baghdad did not even help them. I have so many Yazidis who tell me we will never forget what ISIS did to us but we also cannot forget the government's disloyalty and betrayal because these lands belonged to the Iraqi government in Baghdad and the government did not support them in any way. Why did they endure these circumstances? They are peaceful people who have different faith why did they do this to them. It was so traumatic, that they killed their own children in front of them or took their women or daughters as slaves. Although I am not Yazidi but I still felt their pain. The Kurdish government asked for help from the American army not to get close to Erbil. You should see what they did in Mosel. They really destroyed them. No one is helping them {Yezidis} even the government now does not support them. Some organizations are trying to help but it is so hard to help a whole broken city and community.
ISIS attacks separated many families. Living under the conditions of captivity during the ISIS imprisonment was one of the cruelest, and most barbaric experiences that humans can endure. Participants described that anyone regardless of age, or condition were potential victims for torture. Using religious views to impose violence was extremely horrific. These events included all the types of torture a human can imagine: physical and emotional abuse and humiliation, rape, selling women and young girls as sex slaves, killing, aborting pregnant women, forcing people to convert to Islam, using children as child soldiers, brainwashing ideology to children, killing babies and feeding them to their mothers. These experiences provide some of the synapsis that people had witnessed during their captivity with ISIS. Wendy described her hands-on experience of being captured and tortured by ISIS:

Daesh (ISIS) tortured us so much. If they lost a fight, they would come and dump cold water on us in the middle of winter. They used to take water hose and hit us with it. And in the summer, they used to dump hot water on us and hit us. Anytime Daesh lost a fight, they used to come and hit all the women. They used to bring a woman called “Daesh” who is supposed to teach us religion to brainwash us. They were Yazidi women with us and they used to give us food and clothes sometimes. In our prison they treated Yazidi women better because they called them “Jariat” and they were going to convert to Islam. They did not torture them like us [interviewer asked: but they raped them and tortured them too, did not they]? No, they agreed to the rape. … They also tortured my brother. They electrified him that he stutters badly now when he talks, he does not talk well. He is also struggling with heart issues at the present. My brother and I were imprisoned by Daesh for 30 months. They left me so they can slaughter me and left my brother so they can give my corpse to him. They placed us in different jails. They had so much grudge against us; they perceived me as Mourtaad's daughter (one who abandoned Islam by deed or word) they interrogated me so much. In Mosel, we used to wear jeans and dresses. They were able to get pictures of me dressed up in jeans or dresses. They asked me why you wore these clothes!!
So, they electrified me as well. So, they tortured me, broke my nose and my hand and they wanted to rape me, but stopped because I was virgin. For two weeks, they placed me in jail alone; I was unable to see anyone. They hanged me in the ceiling naked and tortured me. I kept thanking god with all these adverse experiences that I endured; but you know what the worst part of all these experiences was? …For 30 months I saw things I can never imagine it in my life. They used to take children from their mothers and place them in Jihadi schools to brainwash them and they become their children. They would tell mothers “you are ‘Kaferaa ’and your children became Muslims, they are part of us”. During Ramadan, they used to make us fast and they would never fast. They used to push me to read Quran 24 hours. In one week, I used to read Quran completely 5 times. I did not even sleep to satisfy their requirement of Quran reading. One of the Daesh members used to threaten me that if I did not finish reading the Quran 5 times a week then he would rape me. I used to read daily. They used to turn off the lights and I continued my reading. The abused us so much. We were like animals in the Middle of Forest. They used to make skits of acting about Slaugthering. When my pregnant sister was imprisoned, they would hit her and threw stones on her because they considered her “Mourtada” because she used to read Quran at home because they found Quran CD at home for her. They consider this as Kefarra and she should've attended the mask and become Daesh and teach children Quran. There were also some women working with Daesh who were called “Athathat” because they would cut the hands of women who would not wear gloves. Or they would electricize women through their breasts which so many women died from that in Daesh Jails. I never felt things in movies would happen or real but I witnessed everything in my jail with Daesh. I felt I was living in terrifying Zombie movie, full of fear and terror. There was another Daesh member who would be called 'Qadi Al demaa ![which means blood judge] He would cover all his face and leave out one eye he would always be bloody because he was responsible for killing and blood. He used to enjoy seeing bloody women…
Hany’s family was a witness to a massacre of his Yezidi minority group in his village. He sadly described, “In our clan when they captured the men, they separated them and killed them. They tried to capture as much as they can and killed so many. They killed about 500 men in Kojo village as they did big massacre there.” Hany also heard stories told by women in his community who were captured by ISIS:

There was a group of mothers, ISIS killed their babies and cooked them and fed them to their mothers. The mothers asked after can you please bring the babies so we can breastfeed them; they told them what did you just eat now? They said rice and meat; they told well you just ate your babies now.

The aftermath impact of ISIS continued even after captivity. Women who were raped by ISIS were and continue to be judged by their own communities as well. The lack of empathic response by the community was and continue to be extreme that they would hold the woman responsible for the rape even under these extreme conditions. ISIS had used horrific rules to excuse their actions and generate more pleasure, control, and power.

5.4 « Methods of survival during war »

This theme describes various methods that participants used to survive through the war. After facing years of violence, fear and persecution, participants had little options to but to flee from danger. Most participants moved around in Iraq until finally escaping to transition countries. The second common method to survive the war was through secrecy and suppression. Participants either hid in their homes or hid their true identities when in public. The final method of survival was reliance on family support.

*Fleeing from danger*
Participants endured several forced migrations, both internal and external. Moving away from home to escape danger became one way of surviving wars. Violence and fear forced people to be displaced internally in order to save their lives and families. Large cities became the main targets during the wars in Iraq. Lisa described her experience in Basra and how they had to leave their homes and escape to Baghdad for survival during the Iraq-Iran war:

"We felt the bomb fell in our home because it was so strong when it hit the neighbor's home. We went outside and saw everyone is busy, and blood all around and my dad asked us to go inside and not witness much of the event. This was in 1987 prior to the end of the war with Iran. We lived in Basra throughout the war and witnessed many things but nothing horrific like this event. Witnessing this event ended our life in Basra and moved to Baghdad."

Dalia's family experienced several rounds of internal displacement. She explained, “My dad was born in 1975, by the age of 7 years, Saddam's government destroyed all his village; everything just vanished and they had to move to different village where I was born. They settled there but they lost everything there.” Major cities, especially Baghdad, were the target of conflict and chaos that pushed many people to leave temporarily and take refuge in nearby cities to survive. Sam was deeply immersed in events that demonstrated how dangerous Baghdad had become. He remembers paper notifications distributed by the American army being scattered around telling civilians to leave Baghdad because it was too dangerous. They also used signal airplanes to warn of upcoming attacks by the Americans.

Eventually, all participants were forced, or chose, to permanently leave Iraq. Raymond's family moved around often, trying to improve their living situation. After the fall of Baghdad, they originally moved to the north of Iraq. However, due to the ongoing
deteriorating conditions of the entire country, internal displacement was no longer a viable option. His family was also forced to flee Iraq.

We decided to flee Baghdad and move to North of Iraq. It was safe in the north, but it was very expensive, we needed to have so much money to live good otherwise there was no future. Also living conditions were not very good, not much water, electricity etc. Life continued to be tough so my father decided to leave Iraq and go to Syria in 2005. In our way to Syria while we were still in Iraq, we were in the car to go to Mosul and there were several bombings where my younger siblings witnessed several dead bodies around. When we arrived to Syria, my father informed us that we were not allowed to go back to Iraq but he was going back to work and support us. He used to visit us always, but things started to get worse in Iraq where killing was happening based on your ethnic group and religion. My father used to feel death every time he went back, but he took the risk to support us. Then he started to avoid going to Baghdad due to fear. We stayed in Syria for three before we resettled in Canada.

Sam fled Iraq because he was fearful of losing his life:

People who did not have money started to kidnap and ask people for ransom. So many people started to leave Iraq. I decided to leave Iraq because I felt death was getting very close to me. The group of people who I started to work with were 14 guys, we lost 9 of them and 5 of us left. My family also wanted me to leave because they were fearful for my life. Nothing was getting better so I decided to leave the country.

The culmination of factors such as deteriorating living conditions, loss of social determinants of health, use of violence and torture such as rape, kidnapping and deprivation forced people to escape their homes and flee Iraq in order to survive. Many parents tried to send their male children to Western countries. The requirement that their
sons would have to join the military meant there was no future for them in Iraq. As Sam commented:

When I used to go out, I used to see the military in the street but no one knew whether the war was going to happen or not. There was so much uncertainty about what was going to happen and many families who had male kids like me, their parents were trying to send them outside the country.

**Secrecy and suppression.**

During wars and violent events, secrecy became crucial for survival. Raymond highlighted the importance of secrecy as a tool for surviving during wars and violence. “Secrecy due to worry from others like when we were leaving Iraq, my father told us not to tell anyone”. Living in a patriarchal, dictatorial society, surrounded by violence and threats, with no freedom of expression pushed many people to internalize feelings of discomfort. Secrecy was considered an effective coping strategy during wars and adversities; however, it was less effective in host countries where the context was different. Many resettled war survivors in Canada continue to have fears of freedom of expression. Raymond expressed his own way of using secrecy explaining, “Like my way of surviving is keeping things inside of me. For instance, when there are things that are out my control, I keep everything inside me and it affects me internally.”

Living in darkness to prevent detection was one way of surviving war conditions. Lisa recalled, “The way we survived during these attacks and raids was by turning all the home lights off, and stay silent. Actually, this was the way how all Iraqi especially the city of Basra survived the war by turning all homes lights off and basically hibernate”.

**Relying on family support.**
Family support became a critical tool for surviving the difficult conditions of war, and served as a strong means to manage adversities. Family members play significant roles in supporting each other to survive during wars and violence. Support from families helped to install hope in the future during those difficult times. While Lisa was stuck in Syria, she received financial support from her family which helped her survive the horrific conditions. She described the experience saying, “my mother and my siblings left to Jordan except my two brothers who applied to France. My siblings and mother got resettled in Australia. My mother started to support me financially so we started to live better. I got stuck in Syria. My two brothers also got accepted in France. I stayed in Syria 9 years and was very horrible”.

Sarah’s independence taught her and her children skills that they were able to use to support her through adversities. As she explained, “to manage these difficulties before I had self-reliance; I was able to help my children learn skills that now they are able to support me when we go through adversities. So now I consider my family as a source to manage adversities”. Sam's family also played a significant throughout his life journey of pre-migration to post-migration:

I believe we had no control over anything, we had to survive, we had no other options especially we had no money to be able to travel to other places. I felt I had to do what I did to survive. My family used to help us by giving us hope in the future. Here in Canada, my family motives me, my wife, my children, my hopes for my children. Also, my extended family is considered a source of resilience. The country we are living in, Canada has given so much respect and rights that our country deprived us of.

Family played significant roles in the war survivors 'experiences as they provided financial, social and emotional support to survive adversities.
5.5 « After effects of war »

Many participants spoke about the longer-term impact of war that they continued to experience after they fled from their war-torn countries. The first sub-theme describes the judgement and shame faced by female survivors, especially those who had faced captivity and hence were seen as ‘unpure’. The second sub-theme describes how war affected adolescents and youth, impacting their enjoyment, freedom and education. The third aftereffect of war was the diminished quality of marital relationships and family relations. The fourth sub-theme focuses on the loss of sense of identity and motivation that participants faced due to uncertainty about their present and future. The fifth and sixth sub-themes describe the impact that war had on participants’ and their family's health. The final aftermath of war described by participants was the lack of long-term goals and meaning making.

The judgement and shame faced by female survivors

One of the most difficult stressors that impacted war survivors, especially women, were honour-related concerns. In Iraqi culture honour-related issues are extreme. Women are expected to conform to their cultural roles in regard to all relationship, including sexual relationships. Honour-related concerns include dress code, socialization and virginity. Girls are expected to abstain from sexual activities until they are married. In addition, widowed women are expected to remain faithful to their deceased spouses; they are expected not to resume their previous lifestyle and are expected to live in mourning conditions. This expectation is not required for men in this culture as he can easily remarry and live his life after death or divorce of a spouse, unlike women. Children of widowed women are expected to conform to the cultural norms to avoid judgement. The lack of a father in the household impairs a widowed/divorced woman's social status because a man is not leading the family as is expected in Iraq. Women-led families are perceived to have lower status and are more vulnerable to judgement from their own
families and communities. For many Yezidi women who resettled in Canada, uncertainty about the survival of their spouses continues for many years after captivity. They are still expected to stay faithful to their spouses regardless of their age and abstain from any relationship, devoting their lives entirely to their children. They are judged in terms of their dress code, lifestyle, and communications with men.

In addition, rape is perceived as the outcome that is usually created by the victim of rape, not the rapist's action. Women are often blamed for exposing themselves to the rapist. Many of the ISIS survivors continue to struggle with the extremely difficult perceptions and judgements. In addition to the traumatic events they had witnessed during captivity and being the victims of torture, the continued judgements by their families and communities seriously impact their mental health. Wendy described this stigma stating, “My relatives did more than one test to check if I was raped or not”. Sarah had a similar experience with her daughter. She explained:

The aftermath of the kidnap was hard. We started to hear so much judgment related to the kidnap and if my daughter was raped. My husband was unable to handle these negative judgments. After we saved our daughter, people started to ask if she was raped and he was getting extremely angry about these questions… After all this tough experience, the most difficult thing is to deal with people surrounding us and their perception about my daughter. I did not think about all these judgments and the negative talk of people but just focused on her safety.

Being an ISIS survivor is considered a stigma to a woman's honour, regardless of whether she was married, widowed or a virgin. In Iraqi culture specifically, women's actions are judged based on honour regardless of any war-related experiences she might have endured. As Wendy described the torture that she faced, combined with the expectations of women in Iraq, it is clear that this period of her life was extremely traumatic,
Every night, they would place all the women in a cage, used to make all the women stand in line, all of us naked only dressed in night gowns, and the captured men naked as well. They called every newly captured woman as a bride and 10-20 Deash members would rape her. If she is imprisoned with her family members, then they would rape her in front of them too. We used to feel so much shame.

Wendy's trauma continued after her release. She faced intense rejection and humiliation from family and community members after she was freed from lengthy captivity. She recalled:

The worst part was when I was released no one accepted me; my family rejected me. My uncle pushed me in front of a big crowd and told me that I brought them shame and dishonour. It was not my fault but he still pushed me and I fell down, and he said, ‘don't touch any of us because you are dishonour and disgrace to us’. None of my paternal uncles, aunts, or cousins talk to me or ask about me even now. My uncle was judging me and wanted to slaughter me because he considered me as dishonour… He always comments that I am dishonour to the family. One time he saw my niece singing, he told my sister, ‘yes, let her grow and be like her aunt a disgrace’. He taught children and others to disrespect me and humiliate me.

Wendy was humiliated and severely criticized even though she was a victim. The consequences that Wendy faced in the aftermath of captivity were different from those faced by her brother who was also in captivity. The hateful interactions and judgment were directed towards women only. As a woman, her morals and honour were questioned by her family and community.
Women were seen as less valuable and although they were meant to be safe from war, they still faced discrimination based on their gender. After being held captive for months, Wendy was laughed at and abused by the judge which, reflecting the low status of women who were ISIS prisoners. Many of these women witnessed extreme torture or rape. Wendy explains,

They took me to the Daesh judge and he asked “why are you captured; I said I don’t know! He said because you are a witch”. So, the judge stated we should slaughter you and cut your hand. So, he said I will cut your head and place in front of your youngest brother. I said please just shot me and don’t torture me, he said then kiss my feet, I said I will and I kissed his feet. I begged him to kill me. He was talking to me and my eyes were closed. He hit me on my head and I passed away for few hours and I woke up found myself naked. They were surrounding me and laughing at me; but I did not know if I was wearing clothes or naked because my eyes were covered, my hands were tied in the back. When they opened my eyes, I felt very embarrassed from myself. I hated my life and people around me. I could not even cover myself; which part of myself I can cover.

Wendy also noted that captivity significantly changed many women’s lives as they were impregnated by ISIS members and bore their children; the experience of captivity had changed their lives significantly. Many children were also captivated with their mothers. Many became confused about their own identities, especially regarding religion and ethnicity. These women and children became stigmatized. Most of the women had lost their spouses and the children lost their fathers. They resettled in host countries such as Canada, but their struggles continue.

*The lost generation: children and youth caught in war*

Many children who grew up amid violence and war lost significant parts of their childhood. Their family roles shifted markedly. They were forced to adopt many adult
roles despite their young age. And they learned a great deal about fear, worry and death. Their parents were preoccupied with finding ways to survive wars and violence and were often unable to attend to their children's needs. Many of the participants felt their childhood and adolescent lives ended much earlier than expected due to enduring adverse situations. Sam expressed his own experience when reflecting back on his childhood and adolescence.

When I look back at my life today, I say I wish I lived a nice childhood and adolescence. Growing up, my childhood was during a war. I don't think I lived childhood; I did not enjoy my childhood or my youth. The best ages of the human are during childhood and adolescence and especially when you are 18-20. These years were my worst years because I was working with Americans and was filled with fear, but I had to support my family. I had big burdens. I had my life on one hand and my death on the other hand; that is what I felt like everyday. I lived it with worry and fear. No matter how much I describe these events, it is nothing like living and witnessing these events. These events ended my childhood, adolescence and youthhood. I feel I lost a big part of my life due to war. When I was born there was the first war with Iran and ended when I was 3 years, at the age of 6 years, we had sanctions and 2nd war and at 12 years we had third war and at 20 we had 4th year, so all my life there was ongoing wars. To me life is unpredictable.; we did not have so many hopes in the future we would only worry about death.

Exposure to violence disrupted their childhoods and added painful and traumatic memories to their lives as adolescents. Many were deprived of participation in extracurricular activities due to their parents' fear and protection for their children. Although participants lived part of their youth during the war, some also had children at a young age and also experienced the struggles their children faced growing up in these conditions. Lisa's daughter struggled with her identity as a female. She began to believe that she was a boy. Her daughter began to recognize that her confusion was due to the
fear she faced on a daily basis of being kidnapped. Lisa described her experience as a mother and the precautions she took to protect her children:

One day my girls were in grade 5 and someone called and told me come take your girls. The bombing was so excessive that leaving the house was so difficult. I could not leave the house, and I called my husband to get my girls. My husband went to school and found the girls terrified because the bomb had landed in the middle of the school. My husband tried to save my children and other children. One of my girls 'friends died. My husband described the way from school to home as extremely horrible as the bombing continued and it was very difficult to get home. Another day there was excessive bombing close to my sons 'school. I decided to stop my son from school. His school got erupted… I also refused to let them leave home as much during the war in Syria. They joined a computer workshop and again there was excessive bombing again that I told them to stop. War has destroyed us badly.

Male participants described a loss of the freedom of childhood through the need to assume adult responsibilities such as joining the workforce too early. Youth experienced a lack of freedom with choice and decision making when everything was imposed on them. Family dynamics were greatly impacted in regard to roles and responsibilities. Sam, who was a young boy during the war, stated, "Life became even more difficult now that I was an adolescent and I had to find a job to help my family survive, so I would work daily starting in the mornings until 3:00 and go to school after from 4-8 which was very difficult for me.”

Once they became 18 years of age, males were forced to join the army due to Totalitarianism. There was an absolute government control of all institutions. Those who could afford to attend university were saved from joining the military. However once university was completed, they were conscripted as officers. Ultimately, the reality was a loss of hopes and dreams in the future for male youth, regardless of which path they chose.
Then the government issued a compulsory law to recruit military for all the young ages starting 21 and up including my age. As a response, so many people fled the country while others relocated to rural areas so they would flee the military law. They were recruiting even the people who had completed their military services. This war was a big shock to everyone.

Wars also impacted education for youth. Many abandoned their hopes for education as the war limited their ability to perceive of a future. Many had joined the military as youth and did not leave until they were much older. War experiences taxed the lives of many generations of males in Iraq. They felt that they had lost their lives in the war and did not experience any meaningful childhood. Young children and youth started to think about their future in pessimistic ways due to the lack of hope for peace and future. They had dreams, but these were difficult to achieve due to war conditions. The need for survival prevailed over the need for education. According to Lisa, “The war also impacted our education, especially boys. They did not know what to do if they should continue their education or work with my father, or protect us. Males struggled heavily in Iraq.”

All participants spoke about the importance of survival. Many children stayed out of school during wars and violent events for protection. Survival was, at that time, more important than education. Parents kept their children at home to protect them. Lisa described her experience as a mother stating; “I also learned that education vs. staying alive is nothing. I did not let them {her children} go to school because I only wanted them to stay alive. Now I want them to study. Parents 'priorities change with circumstances. Sarah spoke about her inability to complete her studies due to political instability; During the time I got married which was 1990, it was so difficult for me to finish the university due to the political instability and post war condition.” Hany's entire community struggled with juggling protection over education:

My sisters could not go to school. We as an ethnic group wanted to support women especially with education but we were unable due to protection. We never let our girls and women to go to government offices or school because they would kidnap them and brainwash and force them to change their religion. In the history,
we had a queen and we cared about women rights. Other religious groups did not hurt us except the Muslim groups. I know sometimes they don't want us to say, but this is the reality and we need to say it right.

The Iraqi Yezidi community wanted to give their girls the opportunity to study. However, lack of trust in their surroundings and fears about protecting their identity and religion led them to keep their girls home instead of sending them to school. Thus, it is not surprising that there is a high rate of illiteracy among these women.

*Diminished quality of marital relationships and family relations.*

Another long-term impact of war is separation from the marital relationship. Lengthy absences of men from home, living separately from their wives influenced relationships, their communication level and family dynamics. With the absence of the husband and/or father, women’s roles shifted to have more control and responsibilities. However, in some cases when the man came home and they were reunited he would resume his previous role as the controller. Sarah described her experience becoming a military wife during the Iraq-Iran war:

This war lasted 8 years and it has affected so many people and their personalities around me. My father was in the military, he was an officer. This war has really influenced our lives to the point that my father preferred grooms for me who were in the military so it fits his life style as well. During that time, sure enough an officer proposed to me that my parents like and I married him. Military personals used to live the same life style while they were on duty and off duty and at home. This life style of military of ordering me and put so many rules in the house had influenced me. I believe my father wanted a military personal so he can be a good fit for his life style. I believe given the amount of wars they had endured; it became so normative to them to have sense of control and power over everything. One of the things that I hated the most was “to perform and finish then discuss”. My father was more flexible and you can discuss something with him; however, my husband was very difficult and did not accept discussions. My husband used
to tell me when I order you to do something, you need to do it and after you fulfill it then you can discuss it.

Ironically, living with the adversities of war, in some respects, empowered women. Although they perceived few options, the war experience had the unintended effect of increasing their independence and sense of control.

According to the participants, men are burdened by the separation from their families and the chaos of war which may reflect on their relationships with their wives and children. In addition, they would come back in a short time after longer time of separation which may lead to lack of communication and further frustration. Some men had to permanently leave their families, as Sarah described.

The surrounding environment and the political instability became more difficult and it started to impact our men and impacted us as a family. So, when he came home angry and tired; it would reflect on me negatively too…It was difficult because whenever my husband came back from the military, it was disaster. He used to go for 21 days and come back for 7 days. During this time, he was not aware how my life was during the 21 days where he was not around. When he used to come during these 7 days, he used to think he is in honeymoon and I had to spoil him. In addition to all the pressure, there was extra stressor from my husband too. When he used to go away during the 21 days, his aunt was in control over everything until he would come back. Yes, I was a princess but in jail. I was unable to go out during the time he was not around. This was all chaos. War pushes families apart especially the families that lost their husbands. For my family, my husband left us. But I also changed during this time, so now I feel stronger that I cannot accept the control from my brother or husband. I learned how to protect myself and my family. I feel I am in control over my family life 80% thank God.

During wars and adversities families were forced to live with extended families, impacting family dynamics and familial relationships. In societies like Iraq, the tendency to live in large groups was the norm. However, some family units separated and started to
live on their own. Therefore, when the war forced them to live together in one home with the larger family cluster, pressure was placed on the family unit, impacting family relations and their overall mental health. Lisa noted, “It was very difficult time. I had 4 children, the oldest 6 years and the youngest twins are 8 months. I felt I was a big burden on my in-laws because it was hard time for people. Most of the time I used to stay in my car. I was extremely depressed.”

Loss of sense of identity and motivation

Many participants spoke about the loss of a sense of identity due to the war. Sarah illustrated her transformation during the war, stating, “I ignored myself even though I used to love dressing up. These wars damaged my feminism. I started to feel like a man who has extreme responsibilities. I had to protect my family. For the first time, I felt I became a leader for the first time. Before, I used to obey my husband and then discuss my concerns; and now things have changed.” At times, women became so burdened by the war and the worry about their families that they ignored themselves. The consecutive wars impacted the lifestyle in Iraq and dress code. Women who had been more liberal prior to the war gradually became more conservative amid the radicalism and the imposing of religious views on the overall fabric of social life. Wendy expressed her perceptions and feelings with her dress-code after surviving captivity by stating, “my perception of myself, sometimes when I dress up and feel like I need to keep my modesty then I think and remember what am I doing, strangers had seen my body, and it is so difficult.”

The long-term impact of war is significant and affects the core beliefs of individuals towards self and life. Living amid war, especially during childhood and adolescence, influences hopes, motivation and goals. Many found themselves caught amid fear and worry for survival, realizing that they had lost a significant part of their lives with no real meaning or sense of accomplishment. Their outlook towards life was shaped negatively given the life condition they had encountered especially after accomplishing some goals and witnessing the loss and destruction of their own accomplishments to everything they had valued. Lisa reflected on her life after resettling in Canada:
When I resettled, I found that I am in the middle age and this is extremely negative. I feel the war has influenced my life negatively. It killed my motivation and goals. Suddenly the war destroyed everything. This is a torture and destruction to our life. I always tell myself, why me, why I did not leave Iraq earlier. I got upset with myself why I did not leave Iraq earlier and Syria too. Why I did not leave and lost my years.

The realities of war also impacted the identity of individuals. In some conditions, people had to dress according to specific religious traditions for survival. Many minority groups struggled with their inner conflict of identity loss. When radicalism and extremism increased in Iraq and minorities were targeted, many had to conform to Muslim dress code for protection. Many had to change their names and religions in order to survive. When Lisa was first relocated after escaping war, she was forced to wear a hijab even though she is not Muslim. She described the impact this experience had stating:

These events really hurt me, I can't imagine that I was lost and did not know my own home. I told my husband I need to leave Fallujah and go to Baghdad. I gave birth to my son, but got depressed because I did not know how to deal with people while I am wearing Hijab because I don't like it and could not go anywhere in Fallujah without it. I felt I lost my identity because this is not me. I felt I lost myself big time. I had panic attack at night. In the morning my husband sent me to Baghdad and straight to the hospital to be treated. My health had deteriorated in Fallujah and my family did not let me go back there.

Poor mental health

Health is considered an important aspect of life. As Nancy stated, “Our health is our wealth; it is a treasure and most important.” War can be destructive in many ways socially, emotionally, and financially, all of which, in turn, impact mental health. One significant event that tends to shape war related experiences and impact mental health is witnessing loss and death. In some cases, the loss may not directly involve their own loved ones. However, witnessing the ongoing losses of youth souls impacted war
survivors growing up amid violence. The reality of death and loss that permeates the family or neighbourhood or community was a reality that many children and youth had witnessed growing up in Iraq. The direct impact was more significant on the individuals and families that lost significant others in their own families. Witnessing the loss of others around them had influenced their core believes, and lives. Even the people who did not lose significant others, they seemed to experience similar kind of pain from witnessing the pain of others. People who witnessed direct impact tended to struggle more with their health. Nancy stated, “Our health was so influenced by the war because we had worry, and sadness. We used to share the pain of others around us especially the ones who lost significant others. This was a war; we did not choose it”.

Sam felt that the isolation and worry associated with war eventually impacted many survivor's mental health:

Health includes mental health. War affected our mental health, for instance, we would worry not to go out so we felt isolated so much, depressed during the war. However, to me thank God I did not lose any person of my family, but so many other people lost significant people in their lives that they could not bring back. These kinds of people would always feel what the war had done to them. I had lived a very bad past, but we need to continue. To me now, my health means my family's health, my work, my kids.

Nancy shared similar sentiments as those articulated by Sam:

Like we have so many conditions where people are experiencing depression, or schizophrenia or other mental disorders that there are no programs to attend to these needs. Sometimes we used to go to doctors, there was a shortage in medical equipment or medications. Sometimes medications were unavailable due to war or expired. All these things have an impact on our health. There has to be a good monitoring and evaluation health system, and we need organizations that advocate for good health and mental health. A human need to live in an environment where there is not much contamination, live in peace with no war.
Many lost trust in others. Wendy shared her own feelings about her perception of men after surviving ISIS captivity.

I hate men now, even the ones they helped me, I feel disgusted by them now, and I feel they are all criminals. The smallest thing makes me scared. These experiences made me distrust the world, sometimes a person may be sitting beside me makes me scared that he may become like Daesh. One time my younger brother yelled at me, I started to imagine him as Daesh and he would do what they did to me. I became so sensitive. Some nights I don't sleep because I am afraid Daesh may come until today.

The long-term impact of war and oppression on the mental health is significant. Some participants indicated that at the time of interviews they were struggling to learn this new language due to poor concentration and memory. Hany reflected on the difference in the capacity he had to learn before and after the war:

All these wars have changed our lives. I used to work as an electrician. I used to fix things in the area and I learned better than the main electrician himself. I used to be fast learner. Since I came to Canada and I am still level 2 and I don't feel I am learning much. I am sure if I came before 2012, I would’ve learned so much English. I feel these events have impacted my concentration and my memory. I am unable to learn much; my brain is not focused. All Yazidis including myself are struggling today with several mental health concerns due to what we had experienced.

**Poor physical health**

Living amid war conditions influenced physical health as well. Poor and unstable living conditions, chronic worry and fear, unpredictable environment, long term impact of economic sanctions that impacted food quality; all these factors contributed to poor physical health among the Iraqi war survivors who participated in this research. According to Sarah:
Health is my mental health. To me it is the health of my feelings, thoughts and emotions. All these are connected to my physical health. If I am not feeling good mentally then I won't feel good physically. To me mental health is more important that even physical health.

Due to cultural expectations it was common that mental health issues were expressed as somatic symptoms as mental health was a relatively obscure concept. In Nancy’s words:

We used to see people around us so tired and so many people were sick with various diseases such as blood pressure, diabetes, heart problems and so many people were sick mentally as well. So many people had depression due to the war condition; people used to get tired of waiting for their people.

Nancy continued her reflection on the impact of loss of overall health among the people around her. She described the traumatic experiences of her sister’s sister-in-law who lost her husband in the war. She stated that she did not know if he was killed or was a war prisoner as she waited for him many years. She had to raise her children on her own. However, now she is sick with cancer. Nancy indicated that her sickness was the long-term impact of war and the traumatic experiences she and others had endured. Wendy also experienced a traumatic event with her family which had a significant impact on the health of family members:

My father was praying at that time. My father was an officer, but he retired. They also pointed the gun towards my sister’s head; after this incidence she started to have symptoms like epilepsy and her speech became heavy due to the extreme fear she had endured. We were all yelling and crying and he threatened my mother that if she approached her husband then he will commit (Shara3) which is to kill her. My mother took us inside and closed the door… Daesh released my sister after one month because she was pregnant. During her captivity she was given medication and now her son is mute due to this medication…. They electrified him that he stutters badly now when he talks, he does not talk well. He is also struggling with heart issues at the present.
According to Lisa, constant worry and stress led to the death of two of her family members:

The war impacted my father’s health badly. The war also impacted my grandmother's health because she heard her grandson became a captive in Iran and she got heart attack and died. Her father also was extremely stressed because he was a jeweler and gold prices were interchanging so much due to war and dollar prices. He lost so much of his wealth, as a result he got stroke that kept him paralyzed and died in less than a year.

*Altered long-term goals and meaning-making.*

Many war survivors learned to live without long-term goals and lost faith in the future because of the unpredictable living conditions they had endured. There was ongoing disruption to their daily living that they learn to live one day at a time. Raymond stated, “Living these wars in Iraq taught me to live day by day and not to have long-term goals because we were unable to plan things. While here I am able to have more goals.” Living in a safe place may help war survivors to regain a sense of security and control over their lives as they start to be able to have dreams they can actually accomplish. Growing up amid war has a long-term impact on meaning-making. The meaning-making that participants tended to share is that human lives are more important than any materials. Many war survivors had lost their homes, and wealth; however, losing souls was the most difficult stressor that war survivors might have endured. They learned to treasure the value of human life. People may take things for granted and may not value the small important details they have in their lives daily; however, enduring such adversities and traumatic events teaches people that human souls are vitally important. Raymond spoke about this idea:

War related experiences taught me that nothing is important as human life and health. Losing materials such as homes, cars etc. is not important as long as humans survive. I had witnessed so many losses. For instance, my friend who was Shia Muslim but his name was Sunni name and he was with a group of people
driving 12 cars together. They bombed the cars everyone died except my friend who survived; however, he started to experience mental health problems including urinating on himself. Seeing something like this made me realize the most important thing in life is health.

War survivors tended to struggle with fear of the unknown in the future. Their outlook towards life was described more negatively. Raymond described the impact of war on his life.

Living wars made me have fear and worry; for instance, if there is a fight, I am the first one to run away. I try my best to stay out of trouble. I avoid fights, disagreements because if we got into disagreements in Iraq it would've always been our faults because we had no power. My siblings and I have fear from these kinds of situations.

Many war survivors appeared to have lost motivation after resettling in host countries. They felt discouraged that they had lost much of their lives living in wars and violence and that their lives no longer had meaning. The feelings of dissatisfaction with their lives in their middle ages appeared to be particularly difficult for those who had lost family, status, social support and other social determinants of health as the result of war, displacement and post-migration. The highly chaotic nature of their lives seemed to contribute to mental health issues such as post-traumatic stress or depression. Lisa, finally at peace, was able to reflect on her dissatisfaction with life saying, “When I resettled, I found that I am in the middle age and this is extremely negative. I feel the war has influenced my life negatively. It killed my motivation and goals. Suddenly the war destroyed everything”.

5.6 « Resilience strategies post war »

The participants in this study used various strategies to cope with the negative effects of living and surviving through the wars. Social support played an important role in the participants’ ability to survive their war experiences. The mere fact that participants had survived years of trauma and violence contributed to their resilience. Participants learned
to not focus too much on the past, but instead, to focus on the future, in particular that of their children. They also focused on protecting family members. Once participants were settled in their new homes and countries, they also began to realize their strengths and abilities through others and used these insights to help them cope. Finally, participants’ faith played a significant role in their resilience.

The impact of social support

Social support is a significant factor that enhances resilience. Many war survivors spoke about the importance of social support during adversity. This has helped them to stay resilient and have hope in the present and future, as Dalia described:

Some of the other sources that helped me beside my strong personality, I would say having friends. When I used to talk to my cousin friend, I felt better. Also, they kept us together as a family and did not separate us. In some countries when they used to take refugees from Turkey, they would take the parents and children under 18 and leave the rest. Some families got separated. Also making friends at work helped me to handle work. So, I used to think that my friends are experiencing the same difficulties like me and they are still going so I needed to do the same. It encouraged me not to give up.

Nancy shared how reflecting back on her war related experiences makes her feel the pain, but also gives her strength, as well as recommendations to the next generation:

Sometimes when I remember war related experiences, I cry because I am very emotional. Given what I had endured, I used to cry a lot but now my tears became harder to come down and when they come down, they are coming down out of pain. It is very hard to live such circumstances. However, if we believe in this life, we need to stay strong so we can handle all these challenges in order for us to continue. I don't have to go back; I need to focus on my present. I did not arrive here easily; I did not forget my previous life and it is not easy. Living through these wars taught me to be strong and learn from these lessons. The next generations need to learn as well and they don't need to live these chaotic events
of war. We had endured a lot of war related experiences. We don't want the next
generations of our children to witness wars, disasters, disloyalty of government,
and disloyalty everywhere.

**Becoming stronger through overcoming adversity**

Living amid adversities appeared to have taught these war survivors to be strong. Facing
adversities increased their overall resilience. Participants learned to find different
pathways to survival. Reflecting on their adverse experiences also gave insights into what
they had endured and revealed their strength and what they had overcome. Sarah talked
about her own war-related experiences that are rife with pain and sadness, and that enable
her today to stay strong:

Yes, I was strong, but narrating a story is not like living the actual events. What I
have lived with my daughter's kidnapping and her fear, my son's stuttering due to
the fear of the kidnapping, my mother's diabetes. All these events I am narrating
are part of the story; the actual story is way more difficult. The details were uglier
but thank god. Now I look backward and say I had overcome everything. The
living details of my life are scary plot, or sad story.

Many women learned to rely on themselves for survival in a patriarchal society where the
emphasis has historically been placed on men for protection and survival. For Wendy,
resilience meant gaining self-reliance after surviving captivity. “To me resilience is
relying on the self, strengthen the self, and learning from previous experiences. I try to
learn from strong women. I tell myself I need to be strong. I need to depend on myself.
My mom will not always be here and I need to make myself strong. And what I survived
made me strong”.

Displacement and living in refugee camps or transit countries also forced many war
survivors to adapt to new conditions that had increased their resilience. It pushed many to
prematurely abandon their childhoods and adopt adult roles for survival. Dalia spoke
about the impact of displacement on her life, starting with fleeing her country, living in
transit country and settling in Canada: “I feel that I am strong and can handle things
well. I got used to it because when we went to Turkey, my father got really sick and I had to help him out. Now, I work three jobs.” Even though the context is very difficult, the need to work from an early age amid adversities helped participants to acquire new skills and increased their flexibility to adapt.

*Do not focus too much on the past*, focus on the future

Having hope was an important factor for the participants to survive during hardships. The hope for children was an important factor that all war survivors shared. They also emphasized the importance of the family; it is considered a strong protective factor for individual’s survival. For Wendy, “patience, my family, my dreams of pursing my goal of studying” are the strong survival motivational factors. For others, the hope for their children to have a better future and live in improved conditions were the driving force. In the collective culture, the continuation of the future through children is an important value. All the participants who are parents shared the importance of continuing their dreams through their children and families. Nancy spoke about her focus on the future through her children. She described:

I dreamt to have better life. I wanted to live for my children. I dreamt for my children to have better future… I did not want the society to perceive me as a weak woman. Now my family describe me as a strong woman who was able to take away her children and resettled in a Western country. When I believe in something then I have to work hard to achieve it. I needed to reach my goals.

Never listen to people's judgements and believe in yourself and your goals. If you are enduring a problem and you do not stay strong and you let people influence you then you cannot survive these adverse events. No matter what kind of hardships a human endures, he/she needs to stand again and not to give up on hope. Focus on your present and future and don't look back. When you have strong will then you can overcome everything. It is difficult but you need to do that to survive. You need to press hard on your pain and stand up and survive and become the person you would like to become. In my society I learned if I am
weak then others will step on us easily. We should stay strong and not to believe people and think they are right.

Lisa also shared similar hopes for the future that are focused on her children; my faith in the future and my hope. Whatever I lost is ok and I need to focus on the future. My strongest protective factor is my children because I want to build their future. My motivation is the strongest thing that helped me survive. But when I see my children, I feel they are my future”.

For others, especially minorities, the vision for the future and the hope to resettle in Western countries where they could find peace was the vehicle for survival. Raymond shared his hopes of departing from Arabic countries as a minority and rebuilding his life in a Western country; “Another thing that helped me survive was the vision for the future and my hope to flee Arabic countries and arrive to Western country and rebuild my life. There is ongoing fear in Middle East and fear for freedom of expression, I wanted to flee these things.”

For others, faith in the future to fulfill long term goals is a strong factor to handle hardships and thrive. Dalia reflected on her long-term goals of pursuing her education and how difficult it would have been if she stayed in Iraq as a Yezidi woman:

I think my goals for the future that I want to get to whatever I want. For me finishing a degree or diploma and having a career will change my life. I am looking forward to get there. I have strong will when I say I want to do something I do it. I don't want to give up, my dad always reminds me that I got you here for a reason, don't be like how you would be in your back home without diploma or degree.

Sarah also emphasized the importance of future by focusing on education and the quality of the person's thinking. For her, being able to disregard judgments from her own community in order to survive and continue to thrive was important. She explained, “I just want all our people to have more education and awareness and clean your heart and
thoughts and you will find happiness from within. Do not focus too much on the past, but future.”

*Focus on protecting family members*

Family played a significant role during hardships and served as a strong coping and protecting factor for survival. Several participants discussed the importance of staying strong for the benefit of the entire family unit in order to survive the adversities. As Sarah commented:

> At times I used to feel weak but felt I cannot break down and need to stay motivated. I felt the war is still living inside me. The days of racism, fear, neglect, disappointment. And I used to think if I collapse, my whole family will collapse with me.

Wendy also described the significant role of her family to cope with adversities and overcome the challenges:

> One of the things that made me cope was my mother. She is very strong woman because she had experienced very difficult events even more than me. She had lost her husband, her son, her parents. She lost everything in life. My family helps me cope. I want to be strong for them. My nephews need me because their mother is not available emotionally to them as much.

For all the war survivors, protecting family members was a powerful strategy for survival. As Sarah succinctly said, “as a mother I just wanted to protect my family.”

*Realizing strength and abilities through others*

Participants reflected on the need for appropriate mental health interventions that helped them to process the traumatic events they had endured. Sarah participated in a culturally- and trauma-informed counselling mental health intervention that helped her to realize her own strength and abilities and helped her feel empowered as a woman. After the intervention, she started to realize the importance of recognizing her overall strength in order to process the negative events and perceive her whole self and the totality of her
experiences. She began to realize that these events are a part of her life experiences and there are more important aspects of her life in addition to the traumatic events. Relying on herself to protect her family and bring them to safety has been a significant accomplishment that has enhanced her confidence and resilience.

I was able to gain confidence in my ability and build on my resilience. With the help of the therapist, I was able to detect that power within myself and realize my abilities and strength. I remember how the therapist drew the weak points and the strong points and the pyramid of the positive and the negative and how you need to keep control over the stressors of your life. I would never forget this pyramid the points of strength and weakness…. And with the support I got here, I was able to understand that a man and woman are equal in their abilities and men are not better than women with their capabilities…. The way we can manage our adversities, the power of being able to use your thoughts before your emotions. I have to stay strong and not deteriorate. Before, I used to cry when I have stressors, but now I think about solutions. I try to stick with positive energy and stay away from negativity. Before, I was so focused on the negative aspects; I used to think about what I had lost, how my life had changed. Then I started to focus on the positive and simple things like smelling a fresh flower would bring me positive energy…. I believe my family and myself. I try to educate myself by taking courses online. I used to think women's power was in her family and her husband. Now I think it is in herself. Like when I wake up in the morning taking care of myself; I feel strong. But beautiful women who are not educated are also not good.

Empowering war survivors through empathic and strength-based models of interventions are extremely important strategies to build resilience. Sarah's therapist acted as a positive influence on her life and helped her to build her confidence and improve her strengths.

Surround yourself with positive people. I had a great person [therapist] in my life that I had learned extremely and she supported my social and emotionally. She
had guided me so much through everything (Social Support). The level of empathy that my therapist had provided me was extremely helpful.

War survivors found positive ways to channel adversity and pain through helping others who are enduring hardships. Sarah spoke about her wish to help others while at the same time, helping herself with her own pain; “I lived lots of mistakes, but I was able to stand up and overcome the difficulties. I feel like I can channel my pain and volunteer to help others. Helping can be small but I feel that it is helpful.” Some participants spoke about the guilt they feel towards their communities who endured torture especially after arriving to safety in Canada. They felt guilty about the people they had left behind and wish to help them and other newcomers who might endured similar circumstances. Dalia described the pain she feels towards her community and what the people have gone through, “[here] I feel safe, but I feel pity for my community. Today I help lots of newcomers who were captured by ISIS. They tell me stories that drive me crazy. Sometimes I go home and cry when I hear their stories, they had endured very difficult events”.

"With God's help I was able to do it”

Faith and religion were described as necessary in order to survive hardships, both pre- and post-migration. In Iraqi culture relying on the superpower is considered extremely important to survive and endure difficulties. Mention of God was present in all participant stories. Believing that God controls everything and especially the things over which they have no control helped war survivors process difficulties. As Nancy stated, “Also, with God's help I was able to do it.” Sarah shared similar reflections:

My thinking and my role as a woman and mother were helpful. My faith too. So, my family, my role and my faith. As a mother I just wanted to protect my family…. I believe that God will always put better things in my life and thank God I have achieved a lot. I have special relationship with God and he will always help me with my pain.
Hany’s faith, his community, and his culture were strong protective factors during hardships:

Confidence in myself that I can overpass all the difficulties. I have inner strength to survive for my family especially my children. I have inner strength to give to my religion and my faith and my overall Yazidi community, to my culture and my history. Our kindness and peace. We ask god for forgiveness to these people (superpower).

5.7 « Adapting to new place »

Many participants spoke about the ongoing adaptations in transition countries, including in Canada. They described feeling safe in Canada where they started to build new lives. However, adapting to a new place meant experiencing a new culture which some of the participants had difficulty adjusting to. Understanding the difficulties, they faced, and continue to face during their resettlement and integration, participants advocated for targeted mental health support in Canada that addresses their needs.

“Here in Canada I feel safe”

Arriving in Canada as a host country created hope for many individuals and families. They reached safety after long and difficult journeys. They were beginning to feel ‘home’ again. Many were able to set goals that would enhance their integration. They started to feel that this country provided rights that they were denied in their own homelands. Wendy talked about her experience after being accepted into Canada,

After we were accepted to Canada, we came here… Here in Canada I feel safe, people are more kind and respect my privacy. Hany also felt comfort after resettling in Canada; I am very happy to be in Canada and I am integrated well. I respect humanity and love diversity. All my old neighbors miss us. My kids are learning English very well, and some French in addition to speaking Arabic and Kurdish so they will have 4 languages and I am happy they can make a life here.
Nancy is most grateful that her children are free to leave normal lives without having to join the army. She explains, “here my kids feel peace and free; for the first time we feel free here without any burdens like the need to belong to an army etc. It is democratic country. We don't see that this country treats people differently based on their ethnic groups because there are so many nationalities.”

**Difficulties integrating and adjusting to new place**

The post-migration period continued to be difficult. The participants first struggled with culture shock. They were unable to adapt to the new culture. They often felt they do not belong to the society here due to acculturation differences. Usually, their children acculturated faster than they did, impacting family dynamics and relationships. One of the stressors that some newcomers struggled with is intergenerational conflict. The parents were still immersed in their cultural background while the children were acculturating faster, causing them to feel less empowered as parents. Nancy talked about her own struggle in the new country:

Here in Canada, it can get hard at times because of cultural differences. Here there are not much social relationships, they differ in their familial relationships. Sometimes I feel lost like I am looking for something that can give me the sense of safety or feel happy. Sometimes I feel lonely and distressed because I am alone. My children are busy each in his own life. Then I say to myself it is ok let me finish my English classes. I also think that I had decided to leave my country then I need to handle all the consequences for my children. I need to scarify for my children. I need to handle these feelings of isolation and loneliness as I have to manage everything on my own as long as my children will have better life, a life better than what they had endured.

The participants came from a culture where there is strong emphasis on the collective, whereas Canadian culture promotes individuals to be self-sufficient and independent. There was a strong sense of community while participants were living in Iraq. Extended families, neighbors and friends were crucial for survival. Social support is extremely significant in this type of culture. When the participants resettled in Western countries,
they realized the significant loss of their social support and relationships. They felt lonely and isolated. Isolation is considered one of the stressors that many war survivors struggle within host countries. The loss of identity and its impact on mental health is evident in this comment:

Here in Canada, it can get hard at times because of cultural differences. Here there are not much social relationships, they differ in their familial relationships. Sometimes I feel lost like I am looking for something that can give me the sense of safety or feel happy. Sometimes I feel lonely and distressed because I am alone.

Many war survivors struggle with isolation during the post-migration period. As Nancy described, “I feel I only want to stay in silence. I cannot focus much. I get tired and irritated easily. I like calm place in my home. I prefer isolation. I feel I am not learning anything anymore.” Several participants described feeling extremely burdened by the demands of the host country. They are expected to function at a certain level that many may struggle to achieve. Isolation was, for some, a coping strategy at a point in their lives where they needed to stay away from others in order to survive.

*Advocating for targeted support in Canada*

Social and health services can provide good services to newcomers in order to help them integrate. However, based on the experience of the participants in this study, there is a continued need for improvement. For instance, Hany spoke about his difficulty with the settlement services when most of the agency staff were Arabic speaking and he did not understand Arabic well. He felt that he was not well understood, and the staff could not attend to his needs appropriately because he was Kurdish Yezidi. The participants also advocated also for their communities and individuals who they had left behind as they continue to struggle with their living conditions. Participants spoke about the importance of including newcomers in the workforce in order to raise more awareness and understand their challenges. They spoke about the significant services that the Canadian government is offering; however, these services need to be more culturally- and trauma-informed in order to understand the adversities these survivors had encountered and set
realistic goals in regard to their functioning. For instance, some actions may be perceived as violent such as talking with a loud voice and screaming, but for women who had survived captivity and torture, yelling may be a good coping strategy for her to survive. Therefore, it is important to understand the context this individual had endured before judgement is passed from mandated services. Hany shared his gratitude to the Canadian government and his advocacy for an increase of immigration pathways to his community:

I am very thankful to the Canadian government for their support and ask them to help the Yazidi people here and in our homelands. We as Yazidi are facing a big problem, I ask them to sponsor more Yazidi people to bring them here so they can live peacefully. I wish they can open various immigration pathways where we can apply for reunification of our families to bring them here. I also ask the government to employ more Yazidi in the settlement sector because people do not know what we have endured and how that impacted us. I ask the government to help the Yazidi people with more integration services so we can integrate more. For instance, sometimes our women they need to go get support from settlement, how will these people understand what we went through, they don’t know that this woman may have been sold more than 20 times, raped, killed their children in front of them. So sometimes when this woman is getting services; she may lack self -control and yell and speak with loud tone, they won’t understand her responses and why she may respond this way. However, if the service provider is Yazidi, he or she may understand her needs and her actions because they understand our struggles. They will be more able to contain her and understand her aspects. If it is a professional who does not know what we’ve been through may call the police on her. The Canadian government is trying their best to provide programs but sometimes, they need to monitor and follow up with the professionals who are providing social services to us.

Hany also advocated for mandated services to understand their pre-migration lived experiences and its impact on their lives today in Canada. He is also calling on the government to follow up with the existing programs and evaluate them to insure it is meeting its own goals.
The participants’ friends, families and neighbors who still live in Iraq continue to live in fear due to the ongoing chronic violence and persecution that affect minority groups disproportionately. Their opportunities to thrive continue to be limited in Iraq. Participants feel there is a strong need of advocacy for their own people to resettle in Western societies. Hany shared his community's struggle as Yezidi minority in Iraq and the ongoing unsafe conditions:

All the Yazidi who still live in Sinjar are living in bad conditions. Some still live in mountains and some in the camps. They don't have any services or anything. We Yazidi no one advocated for us or helped us. The world should've provided us with collective resettlement to the West. I as Yazidi advocate for my people who are left behind to get support. I ask the countries who have human rights to help my people because they are struggling in my homeland. They are living in horrible conditions and extreme poverty. Do you know how many fire incidences happen in the camp daily and the children cannot save them? My parents and my brother's family are still in the camp in Kurdistan. The conditions are really bad, they don't have work, or money or anything.

5.8 « Conclusion »

This study investigated the life histories of Iraqi refugees who have resettled in Canada and examined their war-related experiences with particular attention to the concept of resilience. The goal of this study was to provide refugee war survivors the opportunity to voice their stories and experiences, and to consider how these may have contributed to personal growth and resilience. In addition, this study advances the literature and provides learning opportunity for our public sectors including health and social service professionals to understand the totality and the complex experiences of refugees and war survivors. Through thematically exploring the narratives of eight refugees from Iraq who have now made a new home in Canada, this study uncovered nine main themes which present their life histories: impacts on daily lives, impact on social structure, methods of survival during the war, aftereffects of war, resilience strategies post war, adapting to
new place. The next chapter will discuss these findings as they relate to previous literature and how they can inform research, practice, education, and policy.
Chapter 6

6. « Discussion »

The study's findings revealed the abundance of factors that may influence refugees' mental health and resilience. In this chapter I reflect on participants’ experiences in relation to research and practice. First, I discuss war-related experiences followed by how war survivors cope with these experiences. Next, I discuss the role of gender, culture and ethnicity in shaping these experiences. A discussion on the impact of war on health and well-being follows. I then consider how adaptation and resilience occur due to these experiences. The discussion concludes with a reflection on the legacy of war and how lives are changed forever. I then discuss my own experience as a war survivor, refugee and researcher. I describe the implications and limitations of my study and discuss recommendations and future directions. In the final section I provide some concluding thoughts.

6.1 « War related experiences »

War-related experiences vary, and the experiences of Iraqi war survivors do not form a homogenous story. Data in this study suggest that all the participants endured great agony. For some, the agony was more horrific than for others. This was especially so where the loss and suffering were directly experienced by the participants. The effect of the trauma for many refugees is not derived from a single event; instead the trauma is better characterized as a complicated sequence of indirect and direct events over a prolonged period of time (Mussi, 2020). This depiction of trauma is consistent with the experiences endured, and the stories shared, by participants in this study.

All participants spoke about significant traumatic events that had impacted their views towards themselves, others and towards life. They all shared feelings of great fear growing up amid violence as they were surrounded by threats and death, and their daily
lives were disrupted many times, and in many ways. The participants also highlighted the significant negative impact of the economic sanctions that affected every layer of their lives. They all suffered feelings of powerlessness due to oppression, radicalism, religious extremism, and gender inequality. Long-lasting negative inter-group perceptions among various groups of Iraqi refugees were also noted.

The stories also revealed that Iraqi refugees of war who resettled in Canada continue to struggle with many stressors in the post-migration period. Refugees in the post-migration period continue to suffer the ongoing sociopolitical tension in their mother countries long after resettlement (Gušić, Cardeña, Bengtsson, & Søndergaard, 2017) which is consistent with the findings of this study. The costs of colonization, war and occupation are high. The result is “a generation of Iraqis denied a childhood, condemned to an adulthood of despair and violence” (Ismael, 2008, p. 161). In recent history, Iraq has endured a chronic state of war; as one war ended, another started, with few periods of peace during which to regain sense of safety. This struggle is ongoing in 2020 as Iraqis continue to struggle with the aftermath of violence.

The results of this study are consistent with the earlier literature that emphasizes the cultural and religious diversity among refugees coming from the same countries. Similarly, there are further variations according to sub-cultures, education level, political ideologies, religious sub-group and others (Kira & Tummala-Narra, 2014). Therefore, researchers and clinicians need to adopt a theoretical lens that includes a comprehension of cultural and sociopolitical contexts that shape the refugees' life experiences (Kira & Tummala-Narra, 2014) in order to provide meaningful and comprehensive care.

6.2 « Coping with war experiences »

A variety of coping methods were used by participants to survive through war. Among these were internal displacements, use of secrecy for survival, and family support. In some circumstances, participants used practical solutions, such as internal displacements, to flee danger. Many participants felt the importance of staying strong and relying on the self, noting that individual strength was needed in order to protect the family. All
participants spoke about focusing on the future. For parents, the dream is for their children to have successful futures; especially since many felt that, as children, they were unable to achieve their own dreams. Some participants found themselves middle-aged when they resettled and realized that they do not have unique dreams for themselves. The sharing of their stories through participating in the research interviews also acted as a coping strategy. War survivors have been said to need multiple public and social spaces to express their specific memories and narratives in order to achieve social and political acknowledgement and develop new life perspectives (Mlodoch, 2012). In the qualitative study of 111 refugees from Bhutan, Burma, Ethiopia and Somalia who resettled in United States, Shannon et al. (2015) asserted the need to explore and understand refugees ‘experiences within context and culture:

Acknowledging the dehumanizing nature of political oppression is healing in and of itself for torture survivors who have been denied free speak. Understand the health and the symptoms of political oppression starts in the initial assessment with validating the ways that political trauma has rendered refugees ‘voiceless'. Listening, documenting, and witnessing individual and community stories of exposure to human rights violations is credited as an essential component of restoring human dignity (p. 453).

Shannon et al. (2015) proposed that all refugee groups confirmed the necessity of comprehending the effects of war and political violence on mental health. They stressed the importance of validating the political roots of their traumas and concerns and the need to understand their symptoms, as well as the need for healing (Shannon et al., 2015).

Participants also relied on significant others for support and survival. They described the long-term impact of war and violence on their lives today and its role in meaning-making. For instance, they all spoke about losing the feeling of normalcy in regard to childhood, adolescence and youthfulness. Simpson (1993) described similar findings, noting “the challenge is not simply to survive a single catastrophe and then repair and heal and resume routine life, but also to adjust to ongoing stress with episodic occurrences of acute threat, while trying to maintain everyday existence” (p. 609).
Faith was used to help participants process the traumatic events they had endured. Perceiving these events as their destiny and feeling that God was 'touching their lives' by surviving adversities and pain led to them being able to cope. The role of faith in the context of coping with war has been observed in the literature. On the one hand, faith may be affected through enduring the trauma of war. "Traumatic events not only cause physical and psychological wounds, but deep spiritual and existential wounds as well" (Lopez Levers, 2012, p.1). On the other hand, religious coping has been associated with decreased psychological distress (Bryant-Davis, & Wong, 2013). In a study on individuals living in post conflict societies, those with greater exposure to these wars were more likely to participate in Christian or Muslim religious groups and rituals, even several years after the conflict (Henrich, Bauer, Cassar, Chytilová, & Purzycki, 2019). Thus, faith plays a significant protective role for individuals' wellbeing during adversity. It serves as a buffer to lessen the impact of the brutality of wars and violence and helps to reshape individuals' perceptions towards self, world and others and attach new meaning-making for enduring traumatic events and survivals.

6.3 « Gender, culture and ethnicity »

Female survivors suffered with feelings of judgment and shame due to honour-related concerns by their families and communities. Widowed, separated/divorced, and single women are more vulnerable than men to physical and sexual abuse and other forms of discrimination (Du Mont, & Forte, 2016). During war it is not uncommon for men to use women's bodies to assert power and control (Jelínková, 2018). Although various forms of torture are used, rape and gang rape act are the most horrifying violations committed to women and girls during war. Under the government of Saddam Hussein, women were subjected to gender-specific abuses including the rape and other forms of sexual violence, as political activists, relatives for activists or members of certain ethnic or religious groups. Coalition forces abused Iraqi imprisoned women sexually and sexually assaulted female coalition soldiers in Iraq and Afghanistan (Hunt & Rygiel, 2016). One participant in this study experienced rape in a time when she was vulnerable in her home after being deserted by her husband. After experiencing significant torture, women were then left to
carry the burden of shame with little support from society. Even in the case when a participant was captured but did not experience rape, she faced judgment by others based on the assumption that she had been violated. Another participant's daughter faced the same judgments after being kidnapped and ransomed ultimately was reunited with her family. The long-term impacts of war and violence seem to be longer and more significant on the female participants in this study especially if they had endured rape, kidnapping or captivity or even divorce or loss of spouse because her honour is called into question.

War and economic sanctions left women and households headed by women, many of them war widows, among the poorest sectors of the population. In the 1990s the mortality rate for pregnant women and mothers increased and became one of the worst in the world for children under the age of five (Hunt & Rygiel, 2016, p. 8). Female participants also struggled with the shifts of their roles being the head of the family in such a patriarchal society where their performance is always questioned. At times, they had to assume the head of family role, then shifting back to a subordinate role when the husband returned to the family. This was particularly harmful in a society where some of the beliefs stipulate that a man has the right to assert power over a woman and that he is considered socially superior; that a woman's freedom should be restricted; that physical violence is an acceptable way to resolve conflict within a relationship; and that divorce brings shame to the family (World Health Organization, 2009). Other times women often had full responsibility for their children with no help from the father. Despite the shifting roles of women and mothers as a result of war, these women faced shame similar to that experienced by women who were divorced.

The participants' narratives are consistent with the literature in regard to ethnic or religious cleansing. In addition to the casualties that resulted from armed conflicts in Iraq, thousands of people lost their lives due to ethnic and religious persecution. Some examples include: the cleansing against non-Muslims minorities (Home Office Border and Immigration Agency, 2008) such as Assyrians-Chaldeans (United States Commission on International Religious Freedom, 2007), the Yazidis (Damon et al., 2007; Abdullah &
Abdulla, 2019), Christians (Gavlak, 2004; 2011), and Mandaeans (Nickerson, Bryant, Steel, Silove, & Brooks, 2010). The crimes against humanity such as rape, enslavement, murder, persecution, torture, indirect forced migration, destruction of worship places and artifacts are aimed to destroy the cultural heritage of minority groups, disempower them and disconnect them from their homeland. Their social fabric is torn apart and the bonds between the individual and the community is detached (Pelleg & Treisman, 2012; Ramos-Vidal, 2019). Thus, the trauma for these individuals was not discrete but ongoing, as it was embedded in their daily realities, relationships and communities. According to Hanson and Vogel (2012), “the greatest trauma is the uprooting of the refugees' physical, psychological, cultural, and social past” (p. 424).

6.4 « Health and wellbeing »

Participants experienced several factors which have been linked to mental health. The association between war and mental health has been greatly explored in the literature (Betancourt, Keegan, Farrar, & Brennan, 2020; Kirmayer, et al., 2010; Magruder, 2018). Pre-migration they experienced economic difficulties, and loss of educational and occupational status. They also experienced a disruption of social support, roles and extended family and friend networks. Worst of all they experienced trauma. The impact of trauma on mental health depends on the type, severity, perceived level of threat, and number of episodes. During migration, they experienced harsh living conditions in refugee camps and transit countries and were exposed to violence. They also experienced uncertainty about the future. In this study participants spoke about loss of sense of identity and motivation. For some, setting and achieving goals were extremely difficult as their lives were shattered by several wars. Every time they tried to rebuild their lives, another war or violence shattered their efforts. The inability to construct new roles due to the cyclical pattern of war led to further degradation of self-worth. For some, external displacement did not provide the solution, especially for those who were refugees in neighboring Syria where they were caught in another war. Although participants felt safe in their host country, they also continued to face the impact of loss of social status,
difficulties in language learning and acculturation, loss of family and social support networks and concern about family members left behind.

Most participants spoke about their perception of Iraqis 'overall health. They described Iraqis 'physical and mental health in the context of wars and violence as poor. All participants spoke about health as something they valued, stating that 'health is wealth ' and noting that God (super power) has control over everything, including health and illness. However, they also perceived themselves as victims of violence where they had to endure adverse events they did not choose or control. They considered their circumstances the inevitable outcome of being born in Iraq. Many spoke about the lack of long-term goals given that they resettled here in their middle-aged years and felt they had lost much of their lives in conflict and violence; that they were stuck in other countries awaiting resettlement to reach final destinations where they could reclaim peace and have a home. Most of them were displaced for 2-12 years waiting for resettlement.

Participants also spoke about systemic racism that led to the denial of several groups ' cultural ethnic and religious identity. Significant loss and suffering may lead to the formation of people identifying themselves as “in-group” or “out-group”; the in-groups are the people to be trusted and the out-groups are the people who are mistrusted (Hanson & Vogel, 2012). Ethnic and racial discrimination is likely more evident during and after the war. As Hanson and Vogel (2012) noted, in the face of war, people become highly cautious to any threat and more open to social bonding and group cohesion. These reactions may be adaptive during adversity and threats; however, they can become maladaptive in different contexts (Hanson & Vogel, 2012). For instance, the judgment of the “other” continues to exist in the host country as it was indicated in this study.

Most participants described the need for targeted support services in Canada that is culturally appropriate, and trauma-informed to attend to their mental health needs. In general, immigrants and refugees are less likely than people born in Canada to seek out or be referred to mental health services, despite experiencing comparable levels of distress (Edge, & Newbold, 2012; Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo & Kirmayer, 2016 ). Kirmayer et al. (2010) suggest that practitioners become familiar with existing
community and religious organizations in order to identify and mobilize psychosocial support and other resources when needed.

6.5 « Adaptation and resilience »

Refugees undergo ongoing adaptations in their pre, transit and post-migration living conditions, as revealed by the participants' stories. Premigration is a time where refugees are still living in their homeland prior to fleeing their country and typically includes violence and war. Premigration is a period that is marked with uncertainty about the future and is focused on survival. Transit is the period during which refugees live in refugee camps inside their country or in neighboring countries, a time that is marked by unstable living conditions, and uncertainty about the present and future. Post-migration or resettlement is the period after which refugees reach their final destination, the new host country and environment. There are continuing transits and adaptations in refugees' lives. The participants all shared gratitude about living in a safe place like Canada where they proclaimed to have a sense of home again, especially valued after losing faith in their homeland and its future. At the same time, they continue to mourn their significant losses in their homeland and their disappointment about where life has led to and where they belong. They also shared some of the difficulties they experienced in the post-migration, including challenges related to adjustment, acculturation and feelings of loneliness and isolation.

During resettlement, refugees need to adapt to new value and beliefs, and must understand their new home and its culture, rules and traditions. Their children often have to integrate between the two worlds; their homeland culture and their host culture which can create more stressors and burden on the family and community (Hanson & Vogel, 2012). Many shared the experiences of inter-groups and familial judgment and discrimination that seem to exist even beyond migration. The long-term impact of the oppression and persecution that they had suffered seems to continue beyond the borders of their country. Some may integrate and acculturate faster than others, especially their children, which may lead to more stressors on the family and the community. Those who quickly acculturate feel that they are judged critically and are perceived by the
community as having abandoned their culture of origins. Sometimes refugee children act as cultural liaisons for other generations such as parents or grandparents due faster language acquisition which can lead to more anxiety and stress (Hanson & Vogel, 2012; McCleary, Shannon, Wieling & Becher, 2020).

The results of this study also indicate that the resilience strategies utilized by participants to cope with adversities include self-reliance, social support, faith, and focus on the future. They described the need to rely on themselves and to become stronger in order to overcome adversities. Their perceived strengthening of the self for other family members is considered to be essential for the family's overall survival. The participants in this research highlighted the substantial role of the family to survive adversities as they wanted to be stronger to protect other family members. They all noted the significant impact of their faith and reliance on a superpower to overcome adversities. Cultural attitudes, beliefs, norms, and ideals play a crucial role in fostering and helping to maintain resilience after experiencing trauma (Zheng et al., 2020). Alquadah (2014) discuss how culture influences resilience stating,

“Self-conceptualizing in relationship to the external world, and of the nature of traumatic experience, varies considerably across cultures. Traits and circumstances seen as promoting resilience in one culture may actually be considered as a liability in a different culture. For example, in individualistic cultures such as the United States and Western Europe, individual achievements are highly valued. Notions such as personal autonomy and accomplishments, self-expression, and a strong sense of personal boundaries, are viewed positively. However, in collective cultures, such as the Middle Eastern, including Iraqi culture, interdependence with emphasis on the importance of maintaining and confirming bonds with family and community, are highly appreciated and practiced” (p. 51).

For instance, some participants spoke about the significant difference of social life and lifestyles between Iraq and Canada and its impact on their mental health. This change
was perceived negatively and manifested in feelings of isolation and lack of social support which seems to be a crucial concern for some participants even after resettling in Canada such as the case with Nancy. While others spoke about the great impact of the individualistic culture on strengthening women's independence and increasing their resilience and sense of accomplishment such as the case with Sarah and Dalia.

6.6 « Theoretical Considerations »

The impact of trauma is complex. “Trauma affects people on multiple levels, including in the most intimately personal, as well as relational, social and cultural ways” (Lopez Levers, 2012, p. 3). Lopez Levers (2012) argues that there are many theories that help us comprehend how humans develop across lifespan such as Maslow’s Hierarchy of needs and developmental stage theories like Freud, Piaget, Erickson or mechanical theories like Bandura’s social learning and Vogotsky’s social development theory. However, these theories may not be adequate to understand the impact of traumatic events on the developing individuals (Lopez Lever, 2012). She adds that using the Bioecological Model proposed by Bronfenbrenner is more ideal to understand individuals who endured traumatic events. “An ecological-transactional perspective allows us to situate the lived experiences of traumatized within the time and space of relevant ecology in order to understand the trauma event as well as personal meaning making” (Lopez Lever, 2012, p. 7). Bronfenbrenner’s (1979) ecological system theory proposes that children are enmeshed in their in several ecosystems: microsystem (includes home, school and peers, religious institutions and neighborhood, etc), mesosystem (includes interconnections between various microsystems such as the family, peers and school), exosystem (various links between social settings such as parents work place), macrosystem (includes cultural context, values, political and economic systems) and chronosystem (includes the pattern of environmental events over time and the transitions over the life span such as change in family structure, and significant society changes such as wars). Using this perspective allows us to examine the risk factors as well as protective factors across the interactive and multiple environments surrounding individuals and build on these protective factors to increase resilience.
Understanding the refugee population using the ecological perspective is promising as it highlights the importance of the surrounding environment including family, society and culture. “This approach implies that mental health promotion initiatives are not confined to the domain of healthcare or social service providers. While these providers can, and do, play a paramount role in dealing with the psychosocial outcomes of displacement and promoting the mental health of refugee youth at the individual level, initiatives taking place in systems such as justice and law, education, and immigration and resettlement can have consequences on the individual identity development and mental health of youth and their families. Furthermore, the ecosystem approach recognizes that when efforts are made to promote global peace, support human rights, and reduce international economic disparities, the mental health of individuals including refugee youth is also promoted” (Khanlou, 2008, p. 178).

Although self-reliance and personal strength are found to be important coping strategies in this study, the perception of staying strong was enmeshed with the wellbeing of the whole family and for family’s sake. Thus, based on the results of this study, resilience is perceived as “an outcome from negotiations between the individual and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse” (Ungar, 2004, p. 342). The ecological approach is the ideal model that seems to fit well with understanding resilience in refugee and immigrant population. When working with refugee and immigrant population, it is essential to focus on them as individuals; however, it is extremely central to include the social ecology that surround them or what they consider is important including their extended family, community of origins and how they relate to it to maintain their honour and well-being. Resilience is “present at the individual, family and community level” (Hanson & Vogel, 2012, p. 417).

Furthermore, concepts of health and illness vary across cultures. Richardson (2002) stressed the importance of creating a shift in the paradigm from a “reductionist, problem-oriented approach to nurturing strengths as a prevalent theme across academic disciplines and the helping professionals” (p. 307). It is extremely important to note that the clinical observations that are used to formulate the diagnosis and treatment are influenced by the
refugee’s culture of origin which in turn shapes styles of communication (e.g. nonverbal communication such as direct and indirect eye contact), family dynamics and roles, meaning making and ideas about distress causes, emotion regulation and symptom presentations; due to these profound discrepancies between clinician and refugees, that may increase the risk to underestimate or overestimate psychiatric diagnosis (Andermann & Lo 2010; Fazel 2005; Pain et al., 2014). Culturally different conceptualization of health, illness, trauma, and resilience may hinder communication in clinical or social settings creating various barriers to immigrants and refugees in host countries. Thus, creating intervention models to attend to the needs of refugees and immigrants that are culturally informed are extremely needed.

The literature is still lacking a comprehensible definition of resilience that include the two aspects: personal and the social ecology of the individual and how important it is to include both elements in order to understand and judge the processes that are related to resilience and the outcomes (Ungar, 2008). We as researchers need to avoid colonializing the experiences of people, and not to base all our understanding on Western assumptions and science only (Ungar, 2008). We need to approach individuals in their usual contexts and strive to understand their experiences and struggles within a safe space with strong empathy and adopt the role of the navigator rather than the expert in order to help them excel and provide the appropriate interventions that are required based on their needs. In collectively oriented cultures such as Iraq, interventions that encourage individualistic views only and exclude the family values in order to increase the individual’s coping can increase stress to the individual and the family. There are many common mental health effects of armed conflicts and war trauma. However, there are many culture-specific effects of trauma on individual's mental health (Shannon et al., 2015). In order to provide more culturally informed practices when working with refugees, we need to understand the impact of trauma (Shannon et al., 2015) and resilience from their perspectives. However, clinicians need to be careful as Steel et al. (2002) suggested “to not exaggerate, medicalize, or stigmatize survivors while at the same time optimizing care and empathic concern” (Hikmet, Farrag, Hakim-Larsin, Kafaji, Abdulkhaleq, & Hammad, 2007, p. 24). Health professionals need to utilize their
judgment and best clinical skills as they support refugees to promote their overall health and wellbeing (Hikmat et al., 2007).

The needs of children and youth in the times of conflict and violence are complex particularly the fundamental needs such as shelter, security, food, family relations and education. It is generally acknowledged that children and youth who grow up amid wars and violence are at heightened risk of harmful effects such as illness and long-term mental health concerns or psychological problems specifically post-traumatic stress disorders (Hanratty, Neeson, Bosqui, Duffy, Dunne & Connolly, 2019). However, it is essential to note that not all people exposed to trauma will develop PTSD (Hanratty et al., 2019). Kos and Zemljak (2007) stated that the term ‘traumatisation’ only covers one part of the wide range of adversities affecting the mental health and psychosocial wellbeing of children and their families in Iraq” (Al-Obaidi, Bodusan & Jeffery, 2010, p. 42). One study showed that Syrian adolescent refugees experience considerable post-migration related stress, such as social isolation, discrimination, and harassment (Yaylaci, 2018).

Although there has been some noticeable shift in attention to the impact of the mediating variables such as cultural context, family/community support and personal agency and their significance in decreasing the effects of wars (Hanratty et al., 2019; Tol, Reis, Susanty & de Jong, 2010; Tol, Song & Jordans, 2013). Further studies are needed to understand the impact of culture, and context on the mental health of refugee and immigrant population in order to inform preventative psychosocial interventions that are strength based where it builds on their protective factors against the destructive impact of wars and violence. Refugee mental health care should be conducted by an interdisciplinary team with a knowledge of both trauma symptoms and the cultural values and norms of the refugee and immigrant population.

6.7 « The legacy of war: Lives forever changed »

The impact of war exists on multiple levels: individual, the family and the surrounding community. War represents one of the most significant experiences of human life; "the human conditions of war is one of the most damaging, if not the most damaging phenomena known to man, resulting in immense death and casualties. The psychological
or invisible scars of war are widespread among civilian survivors” (Hanson & Vogel, 2012, p. 426). The results of this study are consistent with the literature that refugees of war often experience societal, psychological, cultural, and familial shifts in their lives throughout their journeys from pre-migration to post-migration. The literature also indicates that culture shapes the way people deal with adversities especially human made destruction and violence that affect the societal culture. The societal culture shapes how the self and world views are constructed and modified. Hence, there is long lasting negative impact on the health and mental health of refugees of war.

The results are also consistent with the literature regarding the high resiliency that refugee survivors display. All participants are trying to rebuild their lives here in Canada. They are setting new goals; even though many of them lost motivation and hope in the future, especially those who had lost their youthful years caught in crossfire and displacement waiting for resettlement, they still have hopes and dreams through their children. Collective culture such as Iraqi culture emphasizes the ideology of living through the dreams of children and making sacrifices for the other family members to survive and thrive. All participants talked about the vital role of the family for survival especially in this culture where sacrifices for the group members are perceived as achievements and highly rewarded. It is expected for parents to sacrifice for their children when they are young, and children in return to sacrifice for the parents when they are adolescents or adults. Children giving back to their parents is perceived as responsibility and also considered honour-related and highly valued by the culture. Participants of this study who are parents expressed great achievement as they were able to provide opportunities for their children for better education and living conditions by fleeing Iraq and resettling in Canada. They expressed how grateful they are to bring their children to live in peace and have various advantages. Participants who are not parents also described their appreciation that they were able to resettle in Canada and to pursue their dreams to help support their families. They all expressed their dreams of education either through continuing their studies or through children's studies. Although all participants shared the negative impact of war and violence on their lives today, one of the most significant findings from this study is that Iraqi refugees of war continued to navigate
their lives and their surroundings to create positive meaning in the adverse conditions they had encountered. This, in turn, highlights the importance of resilience to survive adversities; the meaning making that humans attach to their daily challenges.

6.8 « Implications »

This study has many implications, particularly in relation to practice and policy. These will be addressed in this section.

*Practice Implications*

The findings of this study recommend the need of the mental health services and public sectors to develop or modify their services to attend to the needs of the refugees and immigrants by adapting more culturally informed approaches. Culturally different perceptions of health, illness, trauma, and resilience may impede communication in clinical or social settings creating various obstacles to refugees and immigrants in host countries. Thus, creating intervention models to attend to the needs of refugees and immigrants that are culturally informed are extremely needed. Past and ongoing economic, political, and social realities play a significant role in refugees’ life experiences and their adaptation. Thus, psychiatric classification and treatment of their difficulties is likely insufficient in addressing all the refugees underlying needs, including those involving safety and preservation of basic human rights (Hikmet et al., 2007; Schick, Morina, Mistiridis, Schnyder, Bryant & Nickerson 2018). However, community agencies and health care professionals are trying to attend to the needs of this population (Rometsch-Ogioun El Sount et al., 2018). Health professionals and service providers may come to false conclusions about the health conditions of refugees or the emotional effects of traumatic events if they only utilize Western universal concepts of suffering and mental health to various populations (Shannon et al., 2015). In general, the responses to the refugees’ needs are universal. However, clinicians need more culturally informed practices when working with refugees and immigrants. Early 1990’s, clinicians in Europe and North America who worked with Middle Eastern population started to realize an increasing wave of Iraqi refugees who were searching for symptoms associated with their
chronic traumatic histories (Hikmat et al., 2007). This wave of Iraqi refugees endured “cumulative trauma” in the pre-migration period because they had experienced the impact of Iran War (1980-1988) and the Gulf War of the early 1990s (Hikmat et al., 2007). In addition, “post-migration stressors involving the demands of acculturation and continued tensions and upheaval in their country-of-origin are thought to also exacerbate the already high level of stress experienced by immigrants” (Hikmat et al., 2007. P. 20). Working with refugees from Middle Eastern background need wraparound approaches and collaborative efforts to service provision (Hikmat et al., 2007). Experiencing cumulative trauma tend to have extensive impact on individuals and increase their risk for decreasing their wellbeing; however, education and good language skills in the host country, strong political and religious belief system help to process the trauma and provide meaning to the hardship may serve as buffer system (Hikmat, et al., 2007). Rometsch-Ogioun El Sount et al., (2018) propose that for the successful integration of refugees, cultural sensitivity training for care providers seems to be essential.

I note that, the journey of Iraqi refugees might be filled with extremely traumatic experiences that need to be addressed, yet they also present high resilience to extremely adverse situation. Thus, both suffering and resilience tend to coexist together. Perceiving individuals from strength-based approach helps professionals to understand the overall journey that refugees had endured that helps to expand beyond the symptoms and the trauma. Adopting such approaches will help to understand their functioning at the present given their context and culture. It allows for a paradigm shift that helps mobilize clinicians beyond the trauma itself and approach the interventions that are ecologically based and use holistic pathways by taking into consideration not only the individuals, but the family, school, and every system that individuals are involved with. The results of this study highlight the notion that context and culture play significant role in what constitutes health, mental health, and resilience. The data also indicates that survival capacities and resilience is unique among refugees as indicated by Kira (2002) & Tummala-Narra (2014).

It is also essential to adapt resilience-based approaches where it is extremely helpful to understand the trauma and risk factors as well as recognizing their strength and build on
that. In addition, resilience is not only based on personal qualities or strength only, it also encompasses the navigation between individuals and their environment; the social ecology that surrounds the individuals is extremely important. In addition, health professionals, and social service sector need to support individuals and families with system navigation information that are available to refugees and immigrants. Working with refugees of war needs more family-based lens to understand their needs. In addition, it is important to understand that family honour is critical to some refugee populations, especially those coming from Middle Eastern countries, regardless of religion and ethnicity. In addition, community mental health promotion approaches are needed in order to increase the community’s knowledge about trauma and its impact on mental health and steps that can get the refugee community in host countries closer where they can realize that they all struggles in different ways and start to accept others to decrease criticism and judgement in order to improve their overall mental health. Implementing the ecological perspectives when working with refugees is promising as this approach denotes that mental health promotions initiatives that can be applied to health care, and social services is extremely significant as these services play critical role in improving the mental health of refugee youth and their families at the individual levels. In addition, initiatives are needed to be applied to other systems such as education, justice, immigration and settlement as it will impact the identity development and mental health of refugee youth and their families.

**Policy Implications**

Understanding social, political, and cultural perspectives of the context where children, youth, and adults that may be in crisis or at risk are extremely important in order to comprehend their world and stand points (Al-Obaidi et al., 2010). The results from this study on how refugees overcame atrocities of war and how they managed displacement and settlement will help the researcher and policy makers to develop health promotion interventions that will improve the skills in refugees of war and individuals who live through adversities. Furthermore, it will help policy makers to understand the experiences of refugees in context of war in order to better support such individuals.
6.9 « Limitations of the Study »

There were several noteworthy limitations of this study. Most notably, the lack of demographic variability of the participants, particularly as it relates to gender, and religion, is a limitation. The participants recruited for this study were predominately female (N=5 versus N=3). The religious diversity, with three Muslims, two Christians, two Yezidi and one Mandeisim do not reflect the full diversity of Religious groups in Iraq. Also the range of resettlement in Canada varied which tends to affect acculturation level. As such, I wonder how a broader range of cultural and religious backgrounds, similar time of resettlement, more variability in immigration status, as well as equal inclusion of males and females would have influenced the findings of this study. As a native Iraqi who speaks both English and Arabic, I was able to conduct the interviews in the language participants preferred. I then translated the transcribed interviews into English. As a result, some data could have been lost in translation.

6.10 « Recommendation and Future Directions »

Colonization, political instability, internal unrest, oppression, wars, international sanction, terrorism and displacement have dominated the history of Iraq. Since 1980, thousands of Iraqis have been killed, injured, tortured, and displaced internally and externally. The experiences of fear, paternal loss, child labor, child solider, malnutrition, kidnapping for ransom, deterioration of education and medical system, political and religious instability and displacement have shacked the foundational sense of security of children in Iraq; influencing Iraqi refugee children (Colville, 2007; Al-Obaidi et al, 2010), youth and adults. The findings of this study are consistent with the literature. Given the ongoing violence and terrorism in Iraq and the political unrest, Iraqi refugees are continually being influenced by the present events in addition to past individual experiences. Hikmat el al. (2007) proposed the need for future studies with Iraqi refugees that consider important aspects such pre-migration experiences and function in the homeland country, the flight nature period and displacement, and post-migration adaptation. The present study adds to this body of literature specifically to understand the premigratory war-related lived experiences of Iraqi refugees in the context of migration.
and resettlement in Canada. Future studies should continue to explore post-migration adaptation experiences and how they influence mental health and wellbeing.

6.11 « Conclusion »

The results of this study show that the experiences of the Iraqi war refugees who resettled in Canada vary. They have endured significant pain over prolonged period of time; however, for some their experiences were more horrifying than others. Living extreme adversity such as human made destruction have influenced their physical and mental health in addition to their perception, core beliefs towards self, others and life. The results also indicated that Iraq refugees have lost their feelings of normalcy in regard to childhood, adolescence and youthfulness. Iraqi refugees have suffered various forms of violence in the premigration and they continue to struggle with many stressors in the postmigration such as isolation and acculturation. One significant finding of this study is that even though refugees and immigrants come from the same country and share similar culture; there is diverse sub-culture, various political ideologies and educational levels. The results also show that Iraqi refugees have used several coping strategies to survive adverse experiences such as internal displacement, use of secrecy, family support, self-reliance and focusing on the future. Participating in this study and sharing safe social spaces to express their narratives and memories to enable them to attain political, and social acknowledgment and develop new perspectives or modify existing ones was beneficial.

This study also concludes that faith plays an essential protective role in the wellbeing of Iraqi refugees as it became the buffer to bounce back the brutality of war and violence and help reform new perception and attach new meaning making to their lived experiences. However, during significant loss and violence it may trigger individuals towards extremism in religious views and rejecting different views and people who belong to different religions and ethnic groups which may lead to persecution and Iraq represents one of these scenarios that developed over the years. This study also concludes that there is an ongoing crime against humanity that continue to exist in Iraq especially against minorities. All the participants of this study expressed worry about
their extended families they had left behind. It was noted that the crimes against minorities were embedded in their daily realities, relationships and communities. This uprooting is extremely difficult to endure as it stripes individuals of their physical, psychological, cultural and social past and this type of trauma is the most difficult experience to endure.

Significant loss and suffering may lead to community separation, and mistrusting others as they became adaptive coping strategies during adversity; however, it became problematic in different context such as host countries. The judgment and not accepting others continue to exist among Iraqi refugees in Canada. In addition, women led refugee families continue to increase due to wars and violence; one key finding of this study that the long-term impact of violence and war seems to be more significant on women due to honour related concerns and gender inequality in such culture even after resettling in host countries. The study also describes that refugees of war struggle in all the phases of migration: premigration, transit phase (migration) and post migration. Each phase has its own stressors and struggles. Each of these phases has its own challenges. Even after they arrive to host country where the feel safe, they struggle with multiple stressors such as loss of status, isolation, language barriers and social support. Refugees endure ongoing adaptations during their journeys. Furthermore, this study concludes that humans may undergo significant amount of adversity due to human made destruction, however, the amount of resilience participants showed is extremely admirable given what they had endured. They each found various sources of resilience to encourage their survivals and hopes and it was presented in their eagerness to create a new life here in their new home, Canada. Thus, resilience is a strong lens that needs to be utilized when working with refugees and immigrants.
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United Nation High Commissioner for Refugees. [UNHCR - The 1951 Refugee Convention](https://www.unhcr.org/)


Appendices

Appendix A: Letter of Information

Title of Project: The Experiences of Iraqi Refugees in Canada: A Life History Study of War and Resilience in the Aftermath of Migration

Principal Researcher: Dr. Helene Berman, RN, PhD, FCAHS

Professor and Associate Dean (Research)

Faculty of Health Sciences

Western University

Co-Investigator: Nada Nessan, PhD Candidate

Faculty of Health Sciences

Western University

You are invited to participate in a study that explores the experiences of Iraqi refugees who have resettled in Canada. The purpose of this letter is to provide you with information required for you to make an informed decision regarding your participation in this research. Please read this Letter of Information carefully and feel free to ask any questions. If you agree to participate, you will be given a copy of the letter to keep.

Purpose of the Study:

The purpose of this study is to examine the experiences of Iraqi refugee war survivors who are living in Canada and to understand how these experiences influence your health and well-being. It is our hope that this research will lead to the development of programs and policies that will assist future people coming to Canada from similar situations.
What are you being asked to do?

If you agree to participate in this research, you will take part in an interview during which you will be asked questions about your experiences before coming to Canada and your thoughts about how these experiences have influenced your life today. The interview will take between 1.5-2 hours of your time, and will take place at a location of your choice, and at a time that is convenient for you. The interview will be audiotape-recorded and the interviewer may write notes during the interview.

Who is included in the Study?

Individuals who are eligible to participate in this study must have arrived in Canada as refugees or through private sponsorship. Additional, all participates must:

6) be 18 years or older
7) have lived during wartime in Iraq either as children or adolescents
8) had witnessed, either directly or indirectly, traumatic events in Iraq
9) have been resettled in Canada for 8 years or less

Possible Benefits:

You may not benefit directly by volunteering for this study; however, you will help us understand and increase our knowledge about refugee experiences and help us develop programs and policies that will assist future refugees to Canada.

Possible Harm or Risk

There are no anticipated or known physical risks and discomforts related to this study; however, you may experience some emotional discomfort when remembering unpleasant events that you experienced. Usually, any emotional distress does not last long. However, you will be given a list of counseling services if you would like to seek further support.

Voluntary Participation

Participation in this study is voluntary. You do not waive any legal rights by consenting to this study. You may refuse to answer any questions presented during the study if you so wish. Further, you may change your mind and withdraw from this study at any time by
advising the researcher, and may do so without any penalty. If participant chooses to withdraw, his/her data will be destroyed.

**Confidentiality**

1) All information obtained during this study will stay completely confidential and will only be accessible to researchers, Dr. Helene Berman, Nada Nessan, Dermot Hurley and Dr. Sandra Deluca. The information that will be published will have pseudonyms, and any potential identifying information such as names will be removed. If any direct quotes will be used in the research, an explicit consent will be obtained.

2) All data will be securely stored on a computer using an encrypted file and password protection. The written data (e.g. Consent Forms) will be retained in a locked filing cabinet to which only the researchers associated with this study have access. All the data will be destroyed after five years.

3) Confidentiality is guaranteed except in certain situations it must be breached and I (Nada Nessan) have the responsibility to report the following information shall they rise, these include:

   a. Under the Child and Family Services Act, if the researcher suspects a child under 16 has suffered abuse, it must be reported to the children's aid society.

   b. If there are reasonable grounds to believe that an individual intends to seriously harm another individual. Confidential information may be disclosed to appropriate services.

   c. If an individual poses a threat to the self or other, then the individual needs to be referred to health services.

4) As participants, you will have the opportunity to receive a summary of the study results and any final research reports. You may can contact the researchers listed here if you wish to receive this.
Representatives of the University of Western Ontario Health Sciences Research Ethics Board may require access to your study-related documents to oversee the ethical conduct of this study. However, the final decision about participation is yours. If you have any questions related to the study, please contact the principal investigator Dr. Helene Berman at _____ or Nada Nessan at ______. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics ______, email:________.

Thank you for your assistance in this project.

This letter is yours to keep for future reference.
Appendix B: Consent Form

Project Title: The Experiences of Iraqi Refugees in Canada: A Life History Study of War and Resilience in the Aftermath of Migration

Study Investigators’ Names: Dr. Helene Berman and Nada Nessan

I agree to participate in a study being conducted by Dr. Helene Berman and Nada Nessan, PhD student of the Health Sciences and Rehabilitation program, Western University. I have made this decision based on the information I have read in the Letter of Information and have had the opportunity to receive any additional details I wanted about the study. All questions have been answered to my satisfaction. And I agree to have an interview audio recorded.

Participant’s Name (please print) ______________________________

Participant’s Signature ______________________________ Date ______________

My signature means that I have explained the study to the participant named above. I have answered all questions.

Researcher’s Signature ______________________________ Date ______________

Researcher’s Title _______________________________ Department _______________________________
Appendix C: Interview Guide

The following questions will guide the interview process:

Question #1:

1) “I am very interested in hearing your life story starting from your life in Iraq. What were your experiences like? There is no right answer. You can begin from whatever point you would like, and stop at any time. During the interview, I may ask you a few questions to clarify or elaborate on certain elements. If you have any questions or difficulty, you can stop at any time. Please begin”.

The next question will be asked after answering question one, whenever participants feel they have provided the narrative they wanted to share.

2) How do you think war-related experiences have shaped your life today?

3) What does health and mental health mean to you?

4) What does resilience mean to you? Can you identify some sources of resilience that helped you manage adversity? And can you identify the sources that are helping you today?

At the end

Thank you so much for your participation. Is there anything you would like to add, ask or review?
# Curriculum Vitae

**Name:** Nada Nessan  

**Post-secondary Education and Degrees:**
- The University of Western University  
  London, Ontario, Canada  
  1998-2001 B.S in Mathematics  

- The University of Western University  
  London, Ontario, Canada  
  2004-2006 B.A in Psychology  

- Adler School of Professional Psychology  
  Chicago, Illinois  
  2004-2006 M.A in Counseling Psychology  

- The University of Western Ontario  
  London, Ontario, Canada  
  2012-present PhD in Health and Rehabilitation Sciences  

**Honours and Awards:**
- McTavish Award-Ministry of Education  
  London, Ontario 1998  

- Dean’s Honour List  
  2006  

- Health and Rehabilitation Sciences Travel award  
  2017  

**Related Work Experience:**
- Teaching Assistant  
  The University of Western Ontario  
  2012-2013 Social Determinants of Health  

- Teaching Assistant  
  The University of Western Ontario  
  2013-2015 Health and Aging  

- Clinical Consultant  
  RBC Centre for Children and Families at Risk  
  Transcultural Mental Health Consultation Service  
  London Health Science Centre  
  2016-present  

- Intern, Specialized Adult Services
Regional Mental Health Care
2006

Project Community Co-Chair
RBC Centre for At Risk Children and Families
2013-2018