

**Qualitative Assessment of
Persons affected by torture and related violence in
Suleimaniyah Governate, Kurdistan, Iraq.**

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Executive Summary

Purpose

This report describes a qualitative assessment conducted by Heartland Alliance (HA) and Johns Hopkins University (JHU) in the Suleimaniyah Governate of Kurdistan, Iraq. The study was conducted in April-May of 2008. Our purpose was to better understand the problems and situation of persons who have experienced torture and related forms of violence¹ committed during the Saddam Hussein regime, and their families.² Therefore, interviews focused on the problems they and their families currently experience. We also asked interviewees what tasks and activities are most important to people in their daily lives. This was done to better understand their living situation and priorities with respect to ability to fulfill their roles in the family and society. In subsequent activities, we intend to use this information to design quantitative needs assessment tools and to inform program interventions and program impact assessments.

Methods

HA³ and JHU staff trained and supervised 7 community mental health workers and 5 social workers who live and work in the Suleimaniyah Governate. These staff then interviewed persons who have been affected by torture and/or local persons knowledgeable about the problems of these persons. Interviewees were a convenience sample of adults of all ages and both sexes, identified through both local government and private organizations that assist torture survivors. The training and data collection took place over a 2 week period in late April and early May, 2008.

Two interviewing methods were used in the qualitative study:

1. Free Listing: forty-two persons were interviewed using this approach to:
 - a) identify the problems affecting the victims of torture and their families; and
 - b) explore the tasks and activities that constitute their roles in the family and society.
2. Key Informant Interviewing: Twenty-one persons were interviewed twice to obtain more detailed information on selected mental health and psychosocial problems that emerged from the free list interviews. Problems were selected from the free lists based on the number of free list respondents who mentioned the problems, their apparent severity, and the likelihood that these problems could be addressed by interventions that could be provided by the community mental health workers.

Conclusions

This study was intended to describe how torture survivors and their families in the Suleimaniyah Governate view their situation, particularly their current problems. Particular focus was placed on identifying and describing problems or issues that could potentially be addressed by HA programs (See Appendix, tables 1,3, and 4), as well as informing how these programs could be designed so that they are understandable and acceptable. The latter involves programs that address the causes of the problems (as

¹ 'Related forms of violence refers to severe intentional violence that does not otherwise meet the standard definition of torture. Hereafter 'torture and related forms of violence' are referred to simply as torture.

² Persons who have experienced torture and their families are hereafter referred to as torture-affected persons.

³ Two HA staff acted as interviewer supervisors. A third supervisor from Norwegian People's Aid was temporarily employed by HA for the study.

perceived by local people. See Table 5) and take into account their suggestions for what might be done (Table 6).

Based on the data, we reached the following conclusions about how respondents view the situation of torture survivors and their families:

1. Both torture survivors and their families face significant and similar mental health problems. These include key symptoms of psychiatric disorders described in other countries: Traumatic Grief, Major Depression, Generalized Anxiety Disorder, and PTSD.
2. Torture Survivors and their families also confront significant psychosocial problems, including poor relationships within the family and marginalization from the wider Kurdish society.
3. The PTSD symptoms pertain to the torture experience while those of Traumatic Grief pertain to the violent deaths of family members and others close to the tortured person.
4. Symptoms of Major Depression and Generalized Anxiety Disorder are partly the direct effects of torture experiences. However, these problems, and the psychosocial problems described above, are also due in large part to their current situation. That situation includes in particular poverty and resentment of (and discrimination by) the wider society. It also includes regret over the sacrifices they feel they have made because these sacrifices have not produced the assistance and recognition from the government or from society to which they believe they are entitled.
5. While respondents included dysfunctional behaviors among the ways they deal with their problems, respondents also recognized the need for social re-engagement, clinical treatment, and work or other activities to both earn money and engage their time. They also emphasized the need to meet their desire for compensation and support by the government, and to improve the attitude of the wider society through education and information.

Recommendations

1. Torture survivors and their families should receive services from CMHWs based on CMHWs' existing psychoeducation and counseling skills.

These services could help to address many of the psychosocial issues identified in this study. CMHWs should therefore identify and engage persons with these problems.

2. In addition to CMHWs' existing skills, specific interventions will be required to effectively treat persons with the specific mental disorders identified in the qualitative Data. The disorders are unlikely to adequately respond alone to the existing psychoeducational and counseling approaches currently available through the CMHWs.

These interventions should consist of treatments found to be effective in other similarly affected populations and which are likely to be feasible and acceptable locally. Counseling for trauma-related symptoms and for mood disorders should be among the therapies considered, since these problems are prominent in this population and treatment modalities have been proven effective elsewhere among similarly affected groups.

3. Program interventions might also include advocacy and outreach to community leaders and other members of society, to improve their understanding of the problems

and distress that torture-affected persons may continue to experience for years after the initial traumas.

The results of this study suggest that the treatment of torture survivors by the wider community is a major issue. Community education on the experiences and plight of torture survivors, if feasible, could help to reduce the stigmatization of this group.

4. Programs to provide economic assistance would be highly valued.

Lack of resources and employment opportunities are major issues for torture survivors and families. Directly providing such assistance may be beyond the resources of HA. However, advocacy for assistance within the Kurdish government and Kurdish organizations could be explored. For example, CMHWs may be able to advocate with the KRG for benefits to which survivors are entitled. Case Managers at the HA torture treatment center in Suleimaniyah are to be trained on this issue and it would be useful to improve the capacity of CMHWs to do such advocacy. With regards to employment assistance, one approach might be to link survivors with any existing and relevant income generation programs in their area.

5. The impact of specific interventions could be assessed, to determine whether they are effective and how they can be improved.

This could be done in the form of a controlled trial comparing interventions or comparing an intervention with other services that are currently available. Non-controlled trial formats could also be considered if a controlled trial is not possible.

Next Steps

- 1. Determine which mental and psychosocial problems can and should be addressed by the network of CMHWs.*
- 2. Develop a quantitative assessment instrument to assess the severity of these problems. This instrument will be used to screen torture-affected persons for inclusion in whatever interventions will ultimately be provided to address these problems. Pre and post intervention assessment using the instrument will be used to assess change in severity, as part of the intervention impact assessment.*
- 3. Develop the intervention(s) for use by CMHWs to address these specific mental health disorders problems. Train and supervise CMHWs in the use of this approach.*
- 4. Develop and implement an approach to a) monitor how well the intervention is provided and b) to assess its impact.*

Steps 1 and 3 will be done in consultation with an informal group of clinical staff at HA, local mental health professionals in Kurdistan, JHU faculty, and external experts in mental health interventions feasible for use in low resource environments. Steps 2 -4 will primarily be done by JHU faculty, but in consultation with other group members and other experts in assessment.

Introduction

This report describes a qualitative assessment conducted by Heartland Alliance (HA) and Johns Hopkins University (JHU) in the Suleimaniyah Governate of Kurdistan, Iraq in April and May of 2008. The assessment was the first in a series of activities collectively intended to: a) identify the problems of persons who have experienced torture and related forms of violence⁴ committed during the Saddam Hussein regime, and their families,⁵ and b) inform the design, monitoring and evaluation of interventions to address some of these problems.

Purpose of the Assessment

The information from this assessment is intended to provide a basis for subsequent activities to:

- Identify problems that can be addressed by the existing network of community mental health workers (CMHWs) which reflect the priorities of the torture-affected persons themselves.
- Inform the design of interventions to address these problems that are acceptable and feasible to torture-affected persons and the wider community, given the local environment and culture.
- Design instruments and procedures for their use that can be used to quantitatively assess the level of need and the impact of interventions (by administering the instruments pre and post intervention).

To meet these objectives, data were collected which focused on two areas of interest:

- A. How torture-affected persons perceive their current problems, in particular:
1. The nature of these problems and the language they use to describe them.
 2. The causes of these problems.
 3. What people do to address these problems, or what they feel should be done about them.
- B. What constitutes the most important aspects of normal functioning for torture-affected persons. Normal functioning refers to performing the tasks and activities which the interviewees themselves feel are important in fulfilling their role in family and society.

This information will be used to design locally appropriate measures of problems and function for future use in quantitative assessments of this population.

⁴ 'Related forms of violence refers to severe intentional violence that does not otherwise meet the standard definition of torture. Hereafter 'torture and related forms of violence' are referred to simply as torture.

⁵ Persons who have experienced torture and their families are hereafter referred to as torture-affected persons.

Methodology

Overview

This assessment used qualitative methods only. These methods are relatively unstructured interviewing techniques, unlike the questionnaires used in quantitative methods. Qualitative approaches are also different from quantitative methods in that interviewers are trained in the use of open-ended, non-leading methods of interviewing in which the respondent is probed for as much information on a topic as they know and are willing to say. Interviews are conducted in the language of the respondents and everything the respondent says is recorded verbatim; i.e., without summarization, translation or paraphrasing.

Staff from HA and JHU conducted the assessment. It involved two and a half weeks of training, data collection, and analysis involving 12 interviewers and three supervisors. The assessment used two qualitative interviewing methods previously used by JHU staff in other under-resourced environments: free listing and key informant interviews.

Twelve interviewers worked in pairs. One person acted as the main interviewer and the second mainly as recorder. Three supervisors each oversaw 2 pairs. The only people present during the interview were the 2 interviewers and the respondent. Interviews were conducted in locations where they could not be overheard. Oversight consisted of review of the record of the interview and discussion of the interview process, including any difficulties that emerged.

The training and data collection took place over a 2 week period in late April and early May, 2008.

Free Listing

Data Collection

The study began with a free listing exercise in which each respondent was asked to generate four lists, each in response to a separate question. The first question generated a list of problems of torture-affected people. The remaining three questions generated lists related to local functioning:

First List

**What are all the problems of persons who have been affected by torture or violence?
This means not only the people who have experienced it but also their families.**

Second List

What are the tasks and activities that men/women need to do to take care of themselves?

Third List

What are the tasks and activities that men/women need to do to take care of their families?

Fourth List

What are the tasks and activities that men/women need to do to contribute to their communities?

For the last three lists, men were asked about male tasks and activities only, and women about women's tasks and activities only.

For each free list, interviewers probed for as many responses as possible. These were entered into a free list recording form, along with a brief description of each response, also provided by the respondent.

Respondents for the free lists were a convenience sample of persons knowledgeable about the problems of those who had experienced torture and their families. Knowledge of these problems was by virtue of being in contact with many other affected persons, through social networks or formal organizations of survivors. Respondents were themselves torture survivors.

Analysis

Analysis was conducted in the language of the interviews (the local dialect of Kurdish). This was performed by the interviewers, the supervisors, and a translator, under the direction of JHU faculty. The first step of the analysis consisted of condensing all the problem on the free list records into a composite list of all problems mentioned by all informants, and the number of the respondents who gave each response. Similarly, we condensed all the responses to the three function free lists into a single composite list of all function items. The second step was to review both lists, looking for responses that had the same meaning, but used different wording. In these cases the team selected the item with the clearest wording, crossed off the less clearly worded item, and added the number of respondents who gave that response to those listed under the selected response. The resulting tables for problems and function are in the Appendix.

JHU faculty then reviewed the problem list and selected problems for more detailed exploration using the second qualitative method: key informant interviewing. Selected problems were those which were:

- a) Not yet well understood
- b) The issue could feasibly form a focus for an intervention provided by CMHWs, given their emphasis (mental health and psychosocial issues), current program resources and direction.
- c) The number of respondents who mentioned it, and
- d) The apparent severity of the problem, based on the description and what is currently known about it.

Key Informant Interviews

Data Collection

The issues selected from the problem free lists, using the criteria described above, formed the basis for Key Informant Interviewing. This is an in-depth method of interviewing used to explore in greater detail the selected issues emerging from the free lists. Key informants

are persons who are particularly knowledgeable about the topics being explored and who are willing and able to talk at length about these topics.

The same teams of two interviewers for the free lists conducted the key informant interviews. Again, one person acted mainly as interviewer and the other mainly as recorder.

Key informants were asked to tell all they know about each of the problems selected from the free list data. For each problem, interviewers were instructed to probe to obtain as much information as possible on:

1. The nature of each problem, including a description of symptoms and effects.
2. The causes of the problem.
3. What people do about the problem or think could/should be done about it.

Truly knowledgeable key informants were interviewed twice or more on these topics. This is because a single interview is often not sufficient for them to provide all the information they know, and because informants often think of new information after the first interview. Both first and second interviews normally lasted one hour.

KIs were selected by representatives of the various organizations representing torture survivors. Additional KIs were also identified in the course of conducting the free lists: During the free list interviews the respondents were asked to provide contact information on local people knowledgeable about the problems of torture survivors. Finally, some free list informants were felt by the interviewers to be knowledgeable enough to be KIs. In all cases, the KIs were part of the local community, were knowledgeable about the problems of torture survivors, but did not deal with these problems professionally (such as health care workers, social workers or counselors).

Analysis

As in the free list analysis, the analysis was conducted in the language of the interviews (the local dialect of Kurdish) and was done by the interviewers, the supervisors, and a translator, under the direction of JHU faculty. Working in 4 teams (one for each KI interview topic), each reviewed all interviews for responses relevant to their topic. Each team produced a table of these responses and the number of the interviewees who gave each response. Where responses had the same meaning, but used different wording, the team selected which wording was the clearest, then crossed off the wording that was not selected and added the number of respondents who gave that response to those listed under the selected response. The resulting tables for problems and function are in the Appendix.

Results

Respondents

Forty-two torture survivors were interviewed for the Free List process. Twenty-one key informants were also interviewed. Interviewees were all adults, mostly male and between 35-60 years of age. Interviewees came from the cities and immediate surrounds of Suleimaniyah, Halabja, Kalar, and Rania, all of which are in the Suleimaniyah Governate.

Interviewees were survivors of torture during the years of the Saddam Hussein regime. We did not interview persons about events after the demise of the regime. Almost all had also lost close relatives and/or friends due to torture, imprisonment, and murder by the Saddam Hussein state. Many of these events occurred during the Anfal – the campaign against the Kurds by the Iraq central government between 1986-9. This has been described by various sources as a campaign of genocide against the Kurdish people. In the interviews conducted in Halabja, respondents focused almost exclusively on the effects of a single event during the Anfal – an attack on the city using chemical weapons in May 1988 in which 5,000 people were killed and many more were injured.

Free List Results

Overview of Problems Affecting Torture Survivors and their Families

Most of the problems described in the free lists can be grouped into the following categories:

- 1) Excessive rumination over the past traumatic events and their effects on their lives, resulting in depressed mood and withdrawal.
- 2) Mental problems (particularly PTSD symptoms) resulting directly from the traumatic events.
- 3) Mood and anxiety problems (including sadness, anger and hopelessness) resulting from the perceived impact of those events on their lives, particularly reduced function, poverty and discrimination.
- 4) Unhappiness over perceived discrimination and lack of opportunities
- 5) Lack of freedom and opportunity, particularly among women for cultural reasons.
- 6) Relationship problems within the family due to the above problems.
- 7) Lack of assistance from family, community, and the government.

Overview of Function Responses

The same respondents who were asked about problems were also asked about functioning (see Methodology). The responses for both men and women are combined in Table 2, in order of decreasing frequency. These responses are not discussed further in this report but later will be used to generate a locally-based questionnaire on functioning for men and women.

Key Informant Results

As described in the Methodology section, we reviewed the free list results and selected several problems for more detailed study using the key informant interviewing method. Three major categories of problems were identified in the free lists and it was these that were selected for further investigation:

- a) Problems related to mood and depression symptoms.
- b) Problems directly related to the torture experience.
- c) Problems associated with how people relate to others, including how others treat them.

All key informant interviews focused on these three issues.

Table 3 summarizes the descriptions of the symptoms and effects of these three groups of problems. Similar symptoms and effects are grouped together (rather than listing items in order of decreasing frequency). The more frequently mentioned items closely correspond to symptoms comprising four related but distinct disorders in Western psychiatric nomenclature, specifically, Traumatic Grief, Major Depression, Generalized Anxiety Disorder and Posttraumatic Stress Disorder (PTSD). These most prominently include:

- a) Depressed mood
- b) Withdrawal
- c) Ruminating on the past to the point of significantly impaired current functioning
- d) Having memories of past traumatic events intruding upon their ongoing thought processes and trying to avoid such reminders and unbidden disturbing thoughts
- e) Sleep problems
- f) Prominent anxiety symptoms
- g) Desire for death and feeling dead already (anhedonia)
- h) Poor treatment and exploitation by others
- i) Hopelessness
- j) Lack of support by family and others
- k) Perception that they are mentally ill
- l) Poverty
- m) Yearning and longing for the deceased
- n) Irritability
- o) Difficulty thinking or concentrating

In addition to these classic symptoms and problems commonly found in trauma-affected groups, there were also problems particular to this population. The most frequent was waiting for those who were killed to return. Another common issue was regret over their past sacrifices for the current government, given their current state and lack of support by the government, and the feeling that they were looked down upon by others.

Table 4 summarizes the descriptions and effects of the problems of persons close to torture survivors; mostly family. Like items are again grouped together and form a similar pattern to those of the torture survivors themselves, including depression and PTSD-like problems, suggesting that these problems are somehow transferable to those close to the torture survivors and/or that they stem from a shared experience of current problems. Prominent are relationship problems within the family, and perception of a lack of understanding by family and others of the tortured person.

Table 5 describes the causes of the various problems affecting torture survivors and their families. Causes are grouped under subheadings reflecting the problems being caused.

Respondents blame many of their problems on their current situation, particularly on how they are treated by others. Poverty and lack of compensation or other forms of assistance are major issues, as is the perception that others look down on them because of their past experiences and their current poverty, which results in marginalization and depression. Marginalization is also viewed as a failure of appreciation and education in the wider community. Mental problems are viewed both as a cause of marginalization and as a result. Similarly, insomnia and depression are both results of traumatic events and the cause of other problems.

Table 6 describes how people cope with the problems of mood/depression, problems related to the torture experience, and problems in how they relate to others. Dysfunctional behaviors are mentioned including as suicide, alcohol use, and withdrawal. Other more constructive suggestions include visiting those affected, providing work, and clinical treatment. Others include education of people in general about these issues, providing resources (including housing).

Conclusions

This study was intended to describe how torture survivors and their families in the Suleimaniyah Governate view their situation, particularly their current problems. Particular focus was placed on identifying and describing problems or issues that could potentially be addressed by HA programs (See Appendix, tables 1,3, and 4), as well as informing how these programs could be designed so that they are understandable and acceptable. The latter involves programs that address the causes of the problems (as perceived by local people-Table 5) and take into account their suggestions for what might be done (Table 6).

Based on the data, we reached the following conclusions about how respondents view the situation of torture survivors and their families:

1. Both torture survivors and their families face significant and similar mental health problems. These include key symptoms of psychiatric disorders described in other countries: Traumatic Grief, Major Depression, Generalized Anxiety Disorder, and PTSD.
2. Torture Survivors and their families also confront significant psychosocial problems including poor relationships within the family and marginalization from the wider Kurdish society.
3. The PTSD symptoms pertain to the torture experience while those of Traumatic Grief pertain to the violent deaths of family members and others close to the tortured person.
4. Symptoms of Major Depression and Generalized Anxiety Disorder are partly direct effects of the torture experiences. However, these problems, and the psychosocial problems described above, are also largely due to their current situation. That situation includes in particular poverty and resentment of (and discrimination by) the wider society. It also includes regret over the sacrifices they feel they have made because these sacrifices have not produced the assistance and recognition from the government or from the society to which they believe they are entitled.
5. While respondents included dysfunctional behaviors among the ways they deal with their problems, respondents also recognized the need for social re-engagement, clinical treatment, and work or other activities to both earn money and engage their time. They also emphasized the need to meet their desire for compensation and

support by the government, and to improve the attitude towards them of the wider society through education and information.

Recommendations

1. Torture survivors and their families should receive services from CMHWs based on CMHWs' existing psychoeducation and counseling skills.

These services could help to address many of the psychosocial issues identified in this study. CMHWs should therefore identify and engage persons with these problems.

2. In addition to CMHWs' existing skills, specific interventions will be required to effectively treat persons with the specific mental disorders identified in the qualitative Data. The disorders are unlikely to adequately respond alone to the existing psychoeducational and counseling approaches currently available through the CMHWs.

These interventions should consist of treatments found to be effective in other similarly affected populations and which are likely to be feasible and acceptable locally. Counseling for trauma-related symptoms and for mood disorders should be among the therapies considered, since these problems are prominent in this population and treatment modalities have been proven effective elsewhere among similarly affected groups.

3. Program interventions might also include advocacy and outreach to community leaders and other members of society, to improve their understanding of the problems and distress that torture-affected persons may continue to experience for years after the initial traumas.

The results of this study suggest that the treatment of torture survivors by the wider community is a major issue. Community education on the experiences and plight of torture survivors, if feasible, could help to reduce the stigmatization of this group.

4. Programs to provide economic assistance would be highly valued.

Lack of resources and employment opportunities are major issues for torture survivors and families. Directly providing such assistance may be beyond the resources of HA. However, advocacy for assistance within the Kurdish government and Kurdish organizations could be explored. For example, CMHWs may be able to advocate with the KRG for benefits to which survivors are entitled. Case Managers at the HA torture treatment center in Suleimaniyah are to be trained on this issue and it would be useful to improve the capacity of CMHWs to do such advocacy. With regards to employment assistance, one approach might be to link survivors with any existing and relevant income generation programs in their area.

5. The impact of specific interventions could be assessed, to determine whether they are effective and how they can be improved.

This could be done in the form of a controlled trial comparing interventions or comparing an intervention with other services that are currently available. Non-controlled trial formats could also be considered if a controlled trial is not possible.

Next Steps

- 1. Determine which mental and psychosocial problems can and should be addressed by the network of CMHWs.*
- 2. Develop a quantitative assessment instrument to assess the severity of these problems. This instrument will be used to screen torture-affected persons for inclusion in whatever interventions will ultimately be provided to address these problems. Pre and post intervention assessment using the instrument will be used to assess change in severity, as part of the intervention impact assessment.*
- 3. Develop the intervention(s) for use by CMHWs to address these specific mental health disorders problems. Train and supervise CMHWs in the use of this approach.*
- 4. Develop and implement an approach to a) monitor how well the intervention is provided and b) to assess its impact.*

Steps 1 and 3 will be done in consultation with an informal group of clinical staff at HA, local mental health professionals in Kurdistan, JHU faculty, and external experts in mental health interventions feasible for use in low resource environments. Steps 2 -4 will primarily be done by JHU faculty, but in consultation with other group members and other experts in assessment.

APPENDIX: Results of Data Analysis*⁶

Table 1: Problems of Torture Survivors and their Families
(Summary of 42 Free List Interviews).

•○ㄴ●㉨□□ㄴ	Number of Respondents
<p>دەروونی، زۆر هەموو هەستەکانمان لای ئەقویە کە بۆچی نێمە وامان لێ هات و زیانمان لێ سەنرایتۆ ، نەمان توانی وەک هەموو کەسیکی ناسایی بۆین، نەمان هەمیشە توشی دلتەنطی و بیئارامی و خەمۆکی و هەلخۆشەطیری دەبین(㉨)</p> <p>Mentally, every one of us think about why we have become like that (handicapped and mental problems), why our life was taken, and why we could not live as a normal person. This makes us feel sad, depressed, impatient, angry, and introverted all the time.</p>	20
<p>کۆمەلایەتی نادادئەروەری ، مەنبوز کران ، هەست دێکات ناداد ئەروەری کۆمەلایەتی هەیه ، هەست کردن بە جیاوازی کردن بە جیاوازی کردن لێ ناو تاکەکانی خەڵک هەموومان وەکۆ یەک ستیر ناگریین</p> <p>Social injustice, feeling that there is social unfairness. Feeling discrimination, we are not treated equally.</p>	16
<p>کێشە خێزانی (㉨) تەلاق (㉨) ، کێشە ئابوری ، جیپە و (㉨) 25% ئەو کەسانە کە جیا بونەتۆ زیندانی سیاسی بوون و ئەشکەنجە دراو ، خواردنەوی کەهول بە زۆری بۆتە هۆی جیا بونەتۆ و (㉨) خۆکوشتن (㉨)</p> <p>Family problem (divorce), economic and housing problem. 25% are those who are political detainees and they have been tortured. Drinking alcohol has become the cause of divorce and suicide.</p>	10
<p>بیرکردنۆ و ضاوێروانی ، بیر لەتۆ دێکەتۆ کەس و کاریان بطەرتۆ یان ئێسک و ئروسکیان بطەرتۆ ، نا ئێستاش جل و بێرط دێکرن منالە کانیاں بطەرتۆ</p> <p>Thinking and waiting; they are thinking of their relatives to come back or their bones. They have been buying clothes for their children (in the hope that they will return).</p>	7
<p>کێشە ضیانیەتی ، کۆمەلە دوو ضیانی ، ضیانی دەولەتەتد و ضیانی هەزار</p> <p>Class problem, community is divided into two classes: the rich and the poor.</p>	7
<p>نازادی ئافەرت ئەطرن : ذن بۆی نی یە بی ئرسی مێردەکی بۆتیە مالی باوکیشی</p> <p>(Men) violate women freedom; women are not allowed to go to her father's home without his husband's permission.</p>	6
<p>توشی ترس بوین لێ کۆمەلە ، مەبەست ئەقویە ناویرین بۆین زیندانی سیاسی بوین ضونکە خەڵک بە سوک سەیرمان دێکات یەکسەر دێرسن تەعداتان لیکراو؟</p> <p>We have the problem of fear from the community, means we are afraid to say we were political detainees because people look down at us and immediately ask have you been raped?</p>	6
<p>دەرومان ئاسودە نی یە ، هەمیشە فلیمەکانی زیندان لێبەر ضاومانە زۆر عاتیفین، لێبەر ئەقویە هیض دلتەنطی نەکران هەمیشەکانمان لێ بیرە تا ئێستا کاربەتری دەرونی لێ سەرممان هەیه</p> <p>We are not happy, we see the films of prison are in front of our eyes every time, and we are so sensitive because we have not been cared for. We only remember the problems and they have mental affect on us until now.</p>	6
<p>وێک ئیویست ریزیان لێ ناظیریت ، هەست بەکەمی</p> <p>They are not respected as they should be. They have an inferiority complex.</p>	5
<p>قەسە ناشرین بەرامبەریان دێکرت ، نیهانە دێکرت بەتایبەت ذنان و کزانیاں نازناویک نراون عەزەبواوەکان ، بۆ نمونە کەس داوای کۆمەکانیاں ناکات</p>	5

⁶ *In all tables responses given by a single respondent are excluded.

Using swear words (bad words) against us. We are insulted; especially women and girls are called names, that you are fucked by Arabs.	
<p>ئەشيمانين نيسنا لكو كارانهى كردومانه 80% ئەشيمانن لكو ئاغيرقوى كە لەسقرى ئەشكەنجە دراون ، واتە ئكو خزمەتانهى بو حكومت و ئيشمقرطيان كردو</p> <p>We regret what we have done (for the government). 80% of all the people regret serving the Persharga doctrine that they have been tortured for, means the services that they did for the government and Peshmarga.</p>	4
<p>ئقيوهندي كومه لايقى لاواز بو</p> <p>Social relationships in society have become weak.</p>	3
<p>لغناخدا روخاوين ، نغنا بجهسته دغنين بهلام له ناخدا مروين</p> <p>We are destroyed internally. We are physically alive but our soul is dead.</p>	3
<p>بير ضونقوى زور ، لغبيرضونقوى شتى رۇدانه به هوى نغفال</p> <p>Forgetting, forgetting (to do our) daily activities due to Anfal.</p>	3
<p>به تانيا ماونقووه ، ضونكه كوركانيان طقوره بون وذيان هيناوه ، نيسنا به تانيا ماونقووه</p> <p>They have been staying alone because their sons have grown up and got married. They are alone now.</p>	3
<p>خوزطه دهخوازين لقطل كس وكارمان نغفال بكرائنايه</p> <p>We wish that we had been exposed to Anfal (ie, killed) with our relatives.</p>	3
<p>خكو بينين به كس وكاركانيانقوه كە نغفال كراون ، خقوى ناخوش</p> <p>Bad dreaming, they dream about their relatives who have been (victims of) the anfal.</p>	3
<p>خرايى دقرونى خلك به طشتى ، نكو كسانه به هوى زورى كيشهكانيانقوه</p> <p>توشى طرفتى دقرونى بوون وئك توره بون وبيناقتى</p> <p>Generally people are mentally bad, those people have mental problem due to their problems like angriness and sadness.</p>	3
<p>كيشى دقرونى ، مستققر نين و زولم ليكراون ، ههست دكقن تا نيسناش</p> <p>زولميان ليكراوه ههست دكقن هيضيان بو نكراوه ، زوربهى خلك مقيوس بوون</p> <p>Mental problem: we are unstable and oppressed, we feel that nothing has been done for us. Most of the people are disappointed.</p>	3
<p>كيشى ئيجتماعى ، علاقاي ئيجتماعى وئكو جارن نهماوه ضونكه ههموى</p> <p>دابراوه له يهكتر به هوى نغفالقوه</p> <p>Social problems. Social relationship are not like they were in the past because people were separated from each other due to the Anfal.</p>	3
<p>كيشى توره بوون ، زور جار له نغيجى نكو نغشكغجىيهى كە خواردومانه</p> <p>توره دقبين له مال ومنالمان ، نغبونى نغحمول وزور جار دقبوربينقوه</p> <p>We have a problem with rage; as a result of the torture we faced, many times we become furious of our children, lose our patience, and sometimes we faint.</p>	3
<p>نغخوشى دقرونيان هقيه ، بارى دقرونيان زور خراثة وئعصابمان زور هيلاكه</p> <p>، علاجى كيشى دقرونى وجهستهيان بو نكراوه</p> <p>We have mental health (mental illness); we are in a very bad psychological condition. They have not been treated mentally and physically.</p>	3
<p>خلكى تاك نهماون ، روو لههتر شوييك دكقن خيانتت لى دكقن بويه زور</p> <p>جار ناضار دقبين كە راست وئاك نغبين ، بير دكقنقوه دلسوز نغبين خراثة بكتين</p> <p>There is no honest people. Anywhere that we go they betray us, so we are obliged not to be honest and to do wrong things.</p>	2
<p>منالمان بو نهماوه، نغمانى منالاً بو بهموى نغوى كە يهكيك نغبيت يارمغتمان</p> <p>بدات له ذيانى رۇدانهدا ، زور جار كە نغقوى دقرا ديت وا ههست دكقن كە دينقوه</p> <p>We lost our children, so there is nobody to help us in daily life. Some times when we hear a knock on the door we feel our children are coming back.</p>	2

<p>كەسبىك نى يە بايەخمەن ئىدىيات ، ھىيىز كەسبىك نى يە ئىيەتسىمانا ئىدىيات وطالتەتمەن ئىدەكەن كە ئىنقىالىن. There is no body to take care of us, and they make fun of us that we are (survivors of) the Anfal.</p>	2
<p>كەيشەي بىر كەردنەو ، نەجىبىرى بارى دەروونى Problem of thinking and mental instability.</p>	2
<p>كەيشەي دەروونى ھەيە تاوانبارو جاشەكان كە خەلكيان ئىنقىال كەرد ئىستە دەسەلات بە دەستى ئىوانە ، لە روى دەروونىو كەرى كەردۆتە سەر خاوەن ئىنقىال They have mental problem because the criminals and the Mercenaries, who they committed Anfal, are in power now. Mentally this affects the Anfal people.</p>	2
<p>بەتەققەن ضونكە ھەمىشە ضاوەروانن وەلبان خۇش نى يە They are sad and unhappy, they are waiting continuously.</p>	2
<p>بارى دەروونيان تەواو نى يە ، ضونكە زۆربەي كەس و كەرى ئىنقىال جەلو بەرطيان رەش يان شىنە ورىش ناتاشن Mentally, they are in bad situation, most of Anfal relatives wear black and they don't shave beard (ie, they are still in mourning).</p>	2

Table 2: Activities and tasks men and women do to care for themselves, their families and their communities (summary of 42 free list interviews)*

Activity or Task	ذمارة Number of respondents
Bringing children up well	26 تەربىيەتتى مەندال بە شىۋەتەكى باش
Providing the requirements of his family	15 بەزىي دىئەتتە خەزىنەتتە دابىن بەكات
Everybody should cooperate with the community	13 تەبىئەتتە ھەممۇ كەس ھەركەتتە بەكات
Employment	11 كارپوزار بەيت
Charity	9 زەكاتتە كەردەن
Be trustful	9 راستتۇ بەيت
Having good relationship with the other people	9 تەبىئەتتە باشى ھەقىقەتتە تەمىنلە خەلك
Respect other people	8 رەزەقەتتە ۋە ئىختىرامتە خەلك بەتتە
Keeping honor	8 شەرتتە بەتتە بەزىي
Respect his family	7 رەزەقەتتە خەزىنەتتە بەتتە
Gender equality	7 بەتتە سەنئەتتە بەتتە
Looking after his family	6 زەكاتتە بەتتە ۋە كەتتە بەكاتتە خەزىنەتتە
Make the community and the family aware (in general)	6 ھەتتە بەتتە كەتتە بەكاتتە خەزىنەتتە
Respect the habits of the community	6 رەزەقەتتە داب ۋە نەتتە بەكاتتە بەتتە
Contributing in the happiness and sadness of people.	6 بەتتە بەتتە بەتتە ۋە ناخۇشەتتە بەكاتتە خەلك
Be friendly with his family members	6 ۋەك ھەتتە بەيتتە تەمىنلە بەكاتتە خەزىنەتتە
Faithfulness	6 دەسۇز بەون
Doing work outside and housework	5 تەتتە بەتتە ۋە دەرەتتە تەتتە بەكاتتە
Be an active person	5 مەتتە بەتتە بەتتە بەكاتتە
Doing housework	5 تەتتە بەتتە بەكاتتە
Baking	5 نان كەردەن
Keeps his/her personality	5 شەتتە بەتتە خەتتە بەتتە بەكاتتە
Praying	5 نەتتە كەردەن

Farming	كاري كشتوكال و دهشت بكات	4
Does not discriminate among children; be fair.	جياوازي لة نيوان مندالكاني نهكات (داد ثروتر بيت)	4
Follow the rules of the country	ثغيرقوي ياساي وو لاتهكة بكات	4
Controlling the problems	زالبون بهستر كيشهكان	4
Don't let the children to leave study	رپه نهدهيت مندال واز لة خويندن بينيت	4
Charity and helping the poor	خير كردن ههبيت يارمته ههزاران بهديت	4
Women should involve in politics	ذن سياست بكات	4
Be lovely	خوشهويست بيت	3
Man should be a man	ثياو نهبيت ثياو بيت	3
Don't violate the right of the others	تهعداله كهم نهكات	3
Be kind with her husband	دلي ميردي رابطريت	3
Covering the shortages of his family	كهم و كورتيهكاني ذيانى بو ثربكهتقوه	3
Don't be harmful to other people	زقرو زياني بو خهك نهبيت	3
Having unity between them(spouse)	نهبيت بهكيهتيان لة نيواندا بيت	3
Feeling responsibility towards his region	بهرامهر ناوضهكته ههست به ليترسراويته بكات	3
Try to root corruption out	ههولدان بو نههيشتهني طهدهلي	2
Picnic	سهيرانكردن	2
Sport	وقرزشكردن	2
Harmony with his wife	طونجان لهطلل ذنهكتهي	2
Defend people and be patriotic.	ديفاع لة خهك بكات و ههروهه نيشتمان ثروتر بيت	2
Creating high scientific personality	دروستكردني كهسايتي بهرزي زانستي	2
Taking part in the scientific seminars and meetings	بهشداريكردن لة كورو كوروبونهوهي زانستي	2
Marriage their sons and girls	كض بههه به شوو ذن بو كورهكانيان بهين	2

ذن لة سنور لا نعدات بزانيب ضون مامل دةكات نازادي يةكةي ئيستغلل نةكات	2
Women should not deviate from their rights and don't exploit their freedom	
تيطيشتن لة ديان	2
Life understanding	
دروستكر دني خير انيكي توكمة	2
Creating a compacted family	
ئاسايش بووني كو مملطا	2
Having Security in the community	
هتوبوني خزمطوزاري	2
Having services	
فتنتازياني دياني هتبيت	2
Having fantasy of life	
دلي مال و مندالي رابطريت	2
Be kind with his/her family	
معاشي هتبيت	2
Having salary	
لتبتر ضاوي بيت	2
Appreciation	
قسة نطيريتوة	2
Keep himself/herself from backbiting	

**Table 3: Nature and Effects of Selected Problems on Torture Survivors
(summary of 21 Key informant interviews)**

Symptoms and effects	نیشانەکان و کاریگەرێتیەکان	ذمارة Number
Depression	خەمۆکی	18
Crying	طریان	8
Misery	دل تەنطی	15
They are alive physically but their soul is dead, they wear black until now.	بە جە ستە زیندون لە ناخەوێ مردون (تا ئیستا جلی رەشیان دانەکەندووە)	5
They feel that they are destroyed.	هەست دەکەن کەسانی روخاون	4
Loneliness	تەنیاپی	14
Isolation	دابەران	9
They don't want to be seen by any body.	خواخواپانە کەس نەیانبینیت	6
They are introverted.	دورەتەرین	8
Thinking about the past.	بیرکردنەوە لە ڕابردو	20
They can not forget the past easily.	لەبیر نەتسوونەوێ ڕابردو بە ئاسانی	11
The events are in front of their eyes(what happened to them in the past)	بەردەوام روواوەکانیان لەبەر خواوە	2
Feel shocked (when they remember the torture that they have been faced in the prison, it makes them shocked).	ڕادەصلەتکین	2
They are absent –minded.	خەتیاڵیان دەروا	4
They are waiting; waiting for their relatives (who were killed) to come back.	خواوەروانن(خواوەروانی کەسوکاریان دەکەن بپەرینەوێ)	8
They are not interested in feasts or celebrations (they remind them of the past).	ئارەزووی جێن و یادووەریەکان ناکەن(یادپاری ڕابردو تیا داپە)	6
Insomnia	خەوزراندن	17
Nightmares	خەوی ناخۆش یان کابوس	12
Dreaming (about the events)	خەو بینن (خەو بینن بە روواوەکان)	5
Our feeling is injured. Therefore, we cannot sleep	هەستمان بریندارە بۆیە خەومان لێناکەوێت	2
Anxiety	دەلا ڕاوکی	6

9	ترس و توفيقين (واهست دهكهن جاريكي تر توشي نهوشكسنييه دهنقهوه) Horror and fear; they feel that they will face the disaster again
3	هست دهكهن كه كسيكي زه عيفن تواناي كار كردن وبريار دانيان نيه They feel that they are weak and they cannot work and make decisions.
9	تتنا بردن بو خو كوشتن Suicide
13	ناره زووي مردن دهخوازن They wish for death
2	لتبتر طوناها نهبيت نهطينا خويان نهكوشت If it were not taboo they (tortured people) would suicide
11	به ضاوي كهقهوه يان به ضاوي سوكهقهوه سفير دهكرين They are treated down (badly)
2	استغلال(ذنهكان ناضار بوون نيش بكنن توشي نهيهانه ودهستريذي سكسي هاتون) Exploitation; the women are obliged to work and they are raped and insulted.
8	تهيوهندي كومه لايتيان تهبيعي نيه Social relationships are abnormal
8	بيزاري Annoyance
11	تورهن They are irritated
4	حقيان فهوتاره (نهبووني عدالت) Their rights are violated; lack of fairness
10	كس طويمان ليناطريت No body listen to us
2	هست به كمي كردن Inferiority complex
4	نوميدمان نهماوه (رهش بينين) They are hopeless; they are pessimistic
2	كضهكانين شوو ناكهن Their daughter does not want to get married
3	تهلاق Divorce
2	ناكوكي نيوان خوي خيز انهكهئي Conflict between his family and self
12	جياوازن له خلكي (كسيك نيهيه سترثرشتي مالهقهوه بكات، كس نيه كهسايهتيان بو بكات) They (tortured people) are different from other people; there is no body to take care of them or work for the family.
3	كسي دلسوزيان نهماوه (توزيك له نيش وناره كهكانيان كهم بكاتقهوه) They don't have a faithful person to bring their pain down.
11	بيناقهتي (جاران ذيانينان نهكهقهوه بوو به لام نهيسنا دابراون) Exhaustion; they lived together (before the disaster) but they are separated now.
13	توشي نهخوشي دهروني دهن They get mental illnesses

Psychological complex	له طرى دى دىرونيدا دىن (عىةى نىسى)	2
Instability (mental)	ناارامى	3
we are regretful for what we had done(the service we provided for peshmarga)	ئىشيمان بونىة لىةى كى كر دومانىة	6
They have not been compensated	قىر بونىة كر اوانىة	5
Amnesia	فقان زاكىرة	2
Psychological conflict	مىارىة نىسى	2
They feel shame	هسىة بىة شىر مىزارى دىكىن	2
Brain washing	غىسل دىماغ	2
Blood-pressure illness	نىخوشى زىخت	2
infertility	نىزوكى	2
Blindness	كوىر بون	3
Poverty	هذىرى	8
Joblessness	بىكارى	6
Lack of house	نىبونى خانوو	3

Table 4: Nature and Effects of Problems of Persons Close to Torture Survivors (Mostly Family) (summary of 21 Key informant interviews)

Effects on people	كاريطه قريه كاني له سقر خلك طروثي	ذمارة Number
People cannot be happy	خلك ناتوانيت مورتاح بيت	3
People are angry	خلك توريه	8
People are impatient	خلك بي سقرن	2
People are depressed	خلك ختموكة	9
People crying	طرياني خلك	3
People have got amnesia	خلك شتي لتبيرئه ضيئة	3
People are silent and don't speak a lot	خلك بيدتطن قسه كهم دةكنن	4
Lack of confidence	نعماني متمانه	2
People are hopeless	بي هيو بووني خلك	8
Having fear	ترس لاي خلك	3
People have got insomnia	خلكي كهم ختويان هتية	9
People think about suicide	خلك بيري خوكوشنتي هتية	5
People are upset with their life	بيزارن له ذيان خويان خلك	3
They are thinking a lot of this bad situation	زور بير لهم وقزعة ناخوشة دةكنتوه	13
People are very pessimistic about life	زور رةشبينن بترامبتر به ذيان خلك	2
People have no ambition of life	خلك تموحي به ذيان نية	2
They feel there is nobody to take care of them	هتست ناكنن كتسيك هتية نازيان هتلبطريت	4
They are hoping for return of the past(the previous life was better than this life in general)	متيلي رابردويان هتية	2
People have mental upset	خلك هتلتصوني دتروونيان هتية	2
Their(people) brain is tired	خلك ميتسكي هيلاكه	2
People misunderstand each other	خلك به هتلة له يةكتر تيدتطن	2
Women are isolated from the community	دابرائي زن له كومتلطادا	5
Fighting with those People around them	شتركدن لهطلل كتساني دتورو بتر	3

The youth are not well-educated now	طەنجان ئاستى خويندنيان دابنزبوة	2
There is no awareness (they are not well-educated) among people and family	هوشيارى كەتمە ھەخەك و خيزان	8
Lack of social relations	تيكسونى ئىبوتىدى كۆمەلايەتى	3
Some people have become a burden on others	زۆربەي خەك كەسانى تر بارە بەستەر شانيانەو	2
Girls are spinsters	قەيرەي كەسان	2
Even make their families sad	خيزانەكان ئىيانەو نا رەختە دەبن	4
Dismemberment of the family	ئەرتەوازەبوونى خيزان	4
Family separation	دابرانى خيزان لە يەكتەري	4
Divorce	تەلاق	3
Their families are exploited	خەلكى خيزانەكانيان ئىستىغلال كەو	2
People have health problems	خەلكى كەشەي تەندروستى ھەيە	3
The youth go abroad	رۇشتى طەنجان	2
People are jobless	بەكارى خەك	4
They are not provided with needs of life	بەيوى زىانيان دابىن نەكراو	10

2	بههوى نهوى ميشكمان ورفوريكى تيادايه و نائاساييه وايردوه حنز به نيكة لاوى خلك نكتهين و حنز بهتتهايى دكتهين We don't like to mix with other people and we want to be alone because there is an abnormal sound in our brain.
	<i>Causes of family problems</i>
4	كتمى نمكانياتمان بوته هوى تلاق دان و بيتاقتى و همت كردن بهتتقس و دل نيسى Income shortage becomes the cause of divorce, tiredness, inferiority, jealousy.
3	هتست به فتراعى عاتقى دكتهين و بههوى لدهسدانى كتم و كاربان و بير كردنهوه لقرابردو We feel affection gap due to loss of our relatives and thinking about the past.
2	بههوى لدهست دانى نندامه سيكسيكان و لاوازي سيكسيان و نتروكى بوته هوى خوكوشتن لايه ثياوان يان لاي هتديكيان بوته هوى بيتاقتى و ختموكى هتدى جاريش شبت بوون و تلاق و شترمترارى Due to impotence and infertility, men suicide. Some of them are annoyed and depressed and sometimes makes them mad, divorced and shame.
2	بههوى هتستردن به تتهاييهوه توشى كيشتى خيزانى بوون Loneliness has led them to family problems.
	<i>Causes of insomnia</i>
15	بههوى زوربيركردنهوه و قهلقى و لدهست دانى شتكان توشى كتم خوى و نهخوشى دهرورونى و بيهيواي بووين Due to thinking a lot, anxiety, and losing our properties we have insomnia mental illness and desperation.
4	بههوى بير نهضونهوه شته ناخوشهكان توشى دلتهنطى و صدمه و كتم خوى بووين We are sleepless, depressed and shocked because we cannot forget the terrible things (the terrible things that they had faced).
	<i>Causes of feeling sad or depressed</i>
9	حنزبمردن دكتهين بههوى نهوى نداشت نكرابين We wish we were dead because we have not been compensated.
9	بههوى نهبونى طورانكارى لهذيانمانداو بيزاربوون و نهبونى زهمانى ذيانمان و نازارى جهستى و كتم نندامى بير له خوكوشتن دكتهينهوه ثاوات به مردن دهخوازين و هتست بهكتمى دكتهين Due to the lack of changes in our life, annoyance, physical pain and handicap, we think about suicide, we wish we were dead and we feel inferiority complex.
6	بههوى بيركردنهوه مان له مردنى براو ميردو كتمو كارمان هتست به دلتهنطى دكتهين زياتر لاي ننهفالكراوهكان نتم حالته هتية Because of thinking about the death of our husbands, brothers and relatives we feel sad. It is common among anfallen (killed) people.
4	بههوى بير نهضونهوه شته ناخوشهكان توشى دلتهنطى و صدمه و كتم خوى بووين We are sleepless, depressed and shocked because we cannot forget the terrible things. (the terrible things that they had faced).
4	بههوى ويرانى شارهكتهينهوه توشى دلتهنطى دهن Their collapsed cities make them sad.

2	به هوى نهبونى مندال و خيزانوة تووشى كفتابة بووين ﴿﴾ We are depressed due to lack of children and family.
2	به هوى لةدهست دانى نةندامة سيكسيكان و لاوازي سيكسيان و نةزوكى بؤة هوى خوكوشتن لاية ثياوان يان لاي هةنديكيان بؤة هوى بيتاقتنى و خةمؤكى هةندى جاريش شيت بوون و تةلاق و شةرمةزاري Due to impotence and infertility, men suicide. Some of them are annoyed and depressed and sometimes makes them mad, divorced and shame.
2	به هوى ئوقوى ئوقودة ناخوشيمان لةذياندا بينيو و لةلايىن بئر ئرسانوة ليما نائرسرئتوة خوزطة بةمردن دةخوازين Because we suffered a lot in life and there is no official person (in power) to ask about us (no one visits us and questions about our life), we wish we were died.
	<i>Causes of feeling tired</i>
4	كتمى ئمكانياتمان بؤة هوى تةلاق دان و بيتاقتنى و هةست كردن بةتفقس و دل ئيسى Income shortage becomes the cause of divorce, tiredness, inferiority, jealousy.
4	به هوى ضاوةروانى بةر دةوامانوة توشى دودلى و بيتاقتنى و ماندوبون بوين Due to permanent waiting (waiting for their killed relatives to come back) we are anxious, annoyed and tired.
2	به هوى هةلصونى دةروونيو ميسكيا ن هيلاكو تةحتموليان كةمة Due to angeriness, they are impatient and their brain is tired.
2	به هوى نةمانيان لة شويى جيطي يةكيمان بو جيطيبيكي تر بؤة هوى بيزاري و بيتاقتنيان و توشى نةخوشي دةرووني بوون Because they are displaced from their original place to another place, it (displacement) makes them tired annoyed and they have got mental illness.
	<i>Causes of ruminating/poor thinking</i>
4	به هوى خوى ناخوشوة رابردوة بيرناضيتوة و مورتاح نين ﴿﴾ Due to nightmares they cannot forget the past and they are uncomfortable.
3	به هوى كائبةوة دةست دةجولئين و دالخيان زورة و شتيان بير دةضيتوة Due to depression they move their hands, think a lot and get amnesia.
2	به هوى دودلى و ماندويئيمانوة ناتوانين بريار بو ضارةتوسى خومان بدةين Due to tiredness and anxiety we cannot decide our destiny.
2	به هوى نهبونى تموح بو ديان لاي طئجان بؤة هوى زور بير كردنوةيانوا هةست دةكفن شايتنى هيص شتيك نين Due to the lack of ambition of life, the youth are thinking a lot and they feel that they do not deserve anything.
2	به هوى لةدەستداني كةسة طورةكانوة هةست دةكفن زةعيفن و ناتوانن بريار بدةين Because they lost their head of the family, they feel that they are weak and they cannot make decisions.
	<i>Causes of anxiety and irritability</i>
14	به هوى بى بةروبوومى حوكمة و نادادئثروورى و ئاورنەدانوةى كؤمەلطا ليما توشى ئازار و دابران و بيزاري و تةلاق و كائبة بوون Due to unfairness and the carelessness of people we have been subjected to torture, isolation ,annoyance, divorce, and sadness.
10	به هوى ئوقوى بة ضاوى سوكةوة سةيردەكرين ئيمة بيزار دةبين و هةست بةدابران دەكەين زەواجمان بو ناكريت Because we are treated poorly, we feel annoyed and isolated and we cannot get married.
7	به هوى نةتوانيمان بو دابرين كردنى ئيداويستەكانى مندالەكانمان توشى كةم تەحتمولى و دابران بووين حەز بةتەنهايى دەكەين و هەست بةنا ئارامى بيزاري دەكەين Because we cannot provide our children's requirements we have been faced with isolation and impatience and we feel instability.

<p>بههوى ضاوةروانى بهردوامانقوة توشى دودلى و بيتاققتى و ماندوبون بوين Due to permanent waiting (waiting for their killed relatives to come back) we are anxious, annoyed and tired.</p>	4
<p>كهم خقوى هوكارىكة بو توش بوونى عصبىيت و نخوشى دةروونى Insomnia is one the causes of nervousness and mental illnesses.</p>	3
<p>بههوى هةلضوونى دةروونىةوة ميشكيا ن هىلاكقو تةحتموليان كةمة Due to angriness, they are impatient and their brain is tired.</p>	2
<p>به هوى نةمانيان له شوبنى حىطى يةكهميان بو جىطىتيكي تر بؤة هوى بىزاري و بيتاققتيان و توشى نخوشى دةروونى بوون Because they are displaced from their original place to another place, it (displacement) makes them tired annoyed and they have got mental illness.</p>	2
<p>Other</p>	
<p>بههوى كهمى لايئى ماددى دةببنة ضارةسئر نةكردى نخوشيةكانيان Due to bad economic condition, their illnesses cannot be treated.</p>	6
<p>خوشةويستى نامينيت بههوى جياوازى خويندةواريبهوة Love is meaningless (there is no real love relationship) due to educational discrimination.</p>	3
<p>لقبر نةوةى تا نىست هبض تويندنةوةيةكى كومةلايئى دةروونى نةكراوة بو تاشماووى نةنقال بؤية توشى نىكضوونى دةروونى بوون They have mental problem because no mental and social research has been done to the survivors of Anfal.</p>	2
<p>بههوى نازار و هىلاكيةوة و توشى كيشةى تةندروسنى و دةروونى بوون Due to torture and tiredness we have been subjected to health and mental problem</p>	2
<p>بههوى دةرمان و خواردى بهرضووة توشى نخوشى دةروونى و نخوشى ترسناك بوون Due to taking expired pills, we have been subjected to dangerous and mental illnesses.</p>	2
<p>لقبر نةوةى زوربهى خلك خةمؤكيان تىداية و طوشةطيرن نارةزووى ديدار ناكفن و ضبذ له هبض خوشيةكى ديان نابيين People cannot live happily due to depression and introversion and they don't like to be interviewed.</p>	2
<p>بههوى نةبوونى ناسايشةوة لقاو ولاتةكهماندا همتت بهترس دةكتهين Due to the lack of security in our country, we feel fear.</p>	2

Table 6: What people do about selected problems (summary of 21 Key informant interviews)

What people do about the problems?	خەتلكى ڤى دەكەن ؟؟؟	ڤمارەكەى Number
Resort to suicide.	تەقا بۇ خۇكوشتن	11
These kinds of people should be visited.	نەم جۇرە كەسانە ئۆيۈستيان سەردان ھەيە	5
Resort to alcohol.	تەقا بىردن بۇ مادە ھۇشبەتەرەكان	3
They want to stay in their own houses.	لەقا مالەكانى خۇماندا بىمىنەقە	3
They speak aloud and shout to be helped.	ھاوار ئەكەن بۇ نەقەى يارمەتيان بىرەت	3
They need to work in order to forget the past.	ئۆيۈستى بە كار ھەيە ڤونكە ھەز دەكات مشغول بىت ۋە نازارەكانى لە بىر بىڤىنەقە	3
To open a psychiatric hospital for treating psychological problems.	كردنەقەى نەخۇشخانەقەى دەروونى بۇ ڤارەتسەترکردنى كىشە دەروونىەكان	3
To provide them with housing or some areas to build their own houses.	دايىن كردنى زەقۇ بۇيان	3
To establish a center to study this event.	دەزقۇى دراسات ھەبىت بۇ لىكۆلنەقە لەم رووداۋە	2
They have ambition, they want to live, take them abroad.	تموحيان ھەيە ۋە ڤانيان نەقەى ۋە بىنە دەقەقەى	2
We must look at them sympathetically.	ئۆيۈستە بە ڤاۋى سۇزقە سەبىريان بىرەت	2
To open course by the organization and you to raise the moral and awareness of the people.	كردنەقەى دەقورات لە لايقن رىكخراۋەكانەقە لە لايقن ئۆقەقە بۇ بىرەزكردنەقەى وورە و ناستى ھۇشياريان	2
We work and do our best for our children so they will not face the same problem as we do in the future.	ھەقۇل دەدەين منالەكانمان ۋەكو خۇمانى لى نەقەت	2
Those aids must be provided to those that are in real need of it, not to those who do not need it.	ئۆيۈستە نەقۇ يارمەتيانە بۇ خەزەتەكردنى خەلكانى ئۆيۈست بىت نەك بۇ خەلكە كە ئۆيۈستيان بىقۇ يارمەتية نىية	2
Ministry of education must dedicate skilled people to schools and parks to teach them how to love and like people.	ۋەزەرتى نەقروردە كەسى ڤارەزا دايىن بىكەن بۇ قوتابخانەقۇ باخۇسەكان بۇ نەقەى ڤىرى خۇشەقويستيان بىكەن	2
Due to poverty, their relatives adopt and raise their kids.	لەبەق كەمدەرامەتى منالەكانيان نەقەن بە كەس و كار يان بەخىويان بىكات	2
On going out from home, they hope not to seen by people.	كە دەقەنەقەت لە مال خاۋاۋايانە كەسەك نەيان بىنەت	2
They must be compensated financially to forget the past	ڤەقەقەقۇ بىرەنەقە لە رووي مادىقەقە بۇ نەقەى ھەنەدى لە نازەقەكانيان لە بىر بىڤىنەقە	2

نعم جورة كفسانة ئيويستيان به طويطرتن هنية These kinds of people must be listened to.	2
تنها طريانمان له دهست ديت بو كتمكدنوةى ختمكانمان Crying is our only way to alleviate our depressions.	2