

**A COMPARISON OF THE LEVEL OF ANXIETY  
AMONG FEMALE AND MALE AFGHAN REFUGEES**

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**ABSTRACT**

The present research was deigned to study the relationship between anxiety in refugees & their gender. A sample of 200 adult Afghan Refugees residing in different Old Refugee Villages and Urban Refugee Settlements of NWFP, Pakistan was taken. It was hypothesized that Female Refugees would have a higher level of anxiety as compared with Male Refugees. IPAT Anxiety Scale Questionnaire (Self Analysis Form) was administered to see the difference in their level of anxiety. The results verified the hypothesis and it was found that Female Afghan Refugees possessed a higher level of anxiety then Male Afghan Refugees. The research Supports previous studies conducted in this regard by confirming that gender difference is positively correlated with anxiety disorders.

**INTRODUCTION**

The social costs of two decades of civil was in Afghanistan have been enormous. More then one million civilians are believed to have been killed and countless others injured (Amnesty International, 1999). During the time of the Soviet occupation, over six million people fled the country. Although returned after the Soviet

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withdrawal, there are still over two million Afghan refugees in Iran and Pakistan, making Afghans the largest single refugee group in the world. Inside the country, the infrastructure and institutions of states have been largely destroyed by the conflict. According to the United Nations, the socio-economic conditions of the population are amongst the worst in the world. Healthcare is rudimentary and many are without access to basic healthcare provision. Thousand of children die from malnutrition and respiratory infections every year. Maternal mortality is one of the highest in the world. Literacy rates are extremely low and are estimated to have dropped to as low as four percent for women. Afghanistan is ranked bottom of the United Nations' gender development index.

Today, many Afghan refugees live in a state of anxiety and uncertainty. They see little hope of an early return in safety and in dignity to their homes in Afghanistan, and yet they are finding that their presence in their countries of asylum is increasingly resented. Possessing few rights in their asylum countries and vulnerable to harassment and discrimination. Afghan refugees will continue to suffer abuses, dislocation and poverty whilst they wait for the warring parties in Afghanistan and the international community to endure respect for the humanitarian law and human rights, and effective protection for returnees. (Amnesty international 1999).

According to Lipson (1993) refugees is a particularly vulnerable population that is at risk for mental health problems for a variety of reasons: traumatic experiences in and escapes from their countries of origin, difficult camp or transit experiences, culture conflict, and adjustment problems in the country of resettlement, and multiple losses, family members, country, and way of life. Refugees are vulnerable to psychological distress due to uprooting and adjustment difficulties in the resettlement country, such as language,

occupational problems, and cultural conflict. Uprooting creates culture shock, a stress response to a new situation in which former patterns of behavior are ineffective and basic cues for social intercourse are absent (Lipson, 1993).

Anxiety is defined as a state of increased physiological arousal and generalized feelings of fear and apprehension (Bootzin, 1988).

Anxiety is a normal, inevitable part of everyday life. Everybody at some time in their life will feel frightened, “stressed out” or “uptight.” In many situations it is appropriate to react with anxiety- it is a naturally healthy coping reaction to a threatening or dangerous situation.

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) anxiety disorders are categorized as Acute Stress Disorder, Agoraphobia without History of panic Disorder, Anxiety Disorder Due to General Medical Condition, Generalized Anxiety Disorder, Obsessive Compulsive Disorder (OCD), Panic Disorder with Agoraphobia, Panic Disorder without Agoraphobia, Posttraumatic Stress Disorder, Specific Phobia, Social Phobia, and Substance-Induced Anxiety Disorder.

Research shows a significant degree of psychological stress among refugees with relatively high level of physical and psychological dysfunction. (Lipson, 1993 & Chung & Kagawa-Singer, 1993).

Studies have shown that much of the depression and anxiety of refugees can be alleviated if they can keep family ties somewhat intact and can develop social networks other form their culture (Beiser, 1989 Buchwald, 1993, & Carlisle, 1995).

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Other studies have also show that while family ca be a valuable source of emotional support, immigrant families can also be too overwhelmed by their own immigration demands to provide support or can generate additional stress for their members (Aroian, et, al., 1996).

The World Health Organization considers the mental health needs of refuges a vital issue. A joint publication of WHO and UNHCR in 1996, discusses mental health problems of refugees including depression, suicidality, anxiety posttraumatic stress disorder (PTSD), and acute psychosis.

A study (Ommeren, et, al., 2001) of 418 tortured and 392 non-tortured Bhutanese refuges living in Nepal shows that compared to non-tortured refugees, tortured refugees reported more symptoms of posttraumatic stress disorder, persistent somatoform pain disorder, affective disorder, and generalized anxiety disorder, the study also determined that tortured women were more likely to report lifetime generalized anxiety disorder, persistent pain disorder, affective disorder, and dissociative disorder.

Mollica (1993) assessed long-term impact of traumatic experiences and confinement on physical ad mental health of Cambodian refugees living on Site 2; a refugee camp on the Thailand-Cambodian border. A sample of 993 adults (18 years old or older) was assessed on a questionnaire and Hopkins Symptom Checklist. Results showed that from 1975 through 1979 (Khmer Rouge regime) more than 85% of subjects reported lack of food, water, shelter, and medical care, brainwashing and forced labor. Where 54% reported murder of a family member or friend; 36% reported torture; 18% reported head injury; and 17% reported rape or sexual abuses. During the refugee period between 1980 and



1990, 25% reported experiencing lack of food or water, and 5 to 10% reported serious injury, combat, and shelling conditions. More than 80% said they were in poor health and felt depressed, having number of somatic complaints despite good access to medical services. Among these 55% reported symptoms of depression and 15% had symptoms of posttraumatic stress disorder.

Sierra Leone remains one of the most devastated areas of West Africa. Fox (2000) determined the prevalence of traumatic events among a sample of 55 Sierra Leonean refugees through the Harvard Trauma Questionnaire. Results showed that reported symptoms were associated with the diagnostic criteria for Post Traumatic Stress Disorder. The results of the study also showed that more than 90% of participants reported experiencing of forced separation from family, being close to their own death, and the murder of family and friend. Half of the sample scored high on symptoms of Post Traumatic Stress Disorder and four fifths scored above the cut-off for Anxiety and Depression.

In a consecutive series (Keller, 1997) of 258 Tibetan refugees in India, 15% reported a personal history of torture by Chinese authorities in Tibet and 47% reported a history of tortured family member or close friend. Where as 71% of these individuals identified with the history of torture and continued to suffer from significant symptoms of anxiety; 64 % from significant symptoms of depression and 21% of these met the diagnostic criteria for Post Traumatic Stress Disorder. In a retrospective study Holtz (1998) took a sample of 35 Tibetan nuns who were arrested and tortured in Tibet. The sample was matched with 35 control subjects who were neither tortured nor arrested.

The prevalence of symptom scores were in the clinical range

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for both cohorts. The sample scored 41.4% for anxiety symptoms and 14.3% for depressive symptoms on Hopkins Symptom Checklist. The findings of the study showed that torture has long term psychological effects which are independent of other refugees-related psychological stressors. The findings also showed that traumatic events during escape, can cause heightened anxiety and depressive symptoms. The study also showed that torture survivors had learnt to develop coping strategies and resilience by drawing on religious and cultural resources.

Mghir & Raskin (1995) studied the prevalence of posttraumatic stress disorder, depression, and other psychiatric disorder among adolescent and young adult Afghan refugees, who had the history of trauma when they were adolescents or children. A sample of 38 refugees between the age of 12 and 24 years were interviewed. Among these, 5 subject met the criteria for Post Traumatic Stress Disorder or Major Depression or both. Positive correlations were found between the subjects psychiatric diagnosis and the total number of traumatic events experienced and the parental level of psychological distress. The results showed the prevalence of severe but undiagnosed psychiatric disorder in Afghan refugee population.

Blair (2000) studied a random sample of 124 Cambodian adult refugee participants, ages 18 to 76 years. They were questioned about mental health status. Risk factors identified for Post Traumatic Stress Disorder and Depression were; experiencing a greater number of war traumas, increased risk of both Post Traumatic Stress Disorder and Major Depression along with increased risk of major depression and financial stress.

Weine (1995) assessed the trauma trauma testimonies of a

group of 20 adult and adolescent Bosnian refugees of ethnic cleansing. The study aimed to describe the traumatic events associated with ethnic cleansing, the symptoms of Post Traumatic Stress Disorder and Depression, and the relationship between trauma and age. The findings showed that the number of types of traumatic experiences correlated positively with age. Post Traumatic Stress Disorder was diagnosed in 64% of the refugees, and depressive disorder in 35% of the sample. The findings further showed that Post Traumatic Stress Disorder severity scores were correlated positively with the number of types of traumatic events experienced. The study also showed that the ethnic cleansing had caused high rates of Post Traumatic Stress Disorder and Depression in this group of resettled Bosnian refugees. Another study of Weine (1998) conducted after one year of resettlement of these refugees in USA showed that the level and symptoms of Post Traumatic Stress Disorder diagnosis in Bosnian Refugees remained substantial, however there was notable overall decrease in the symptoms. In another study, Weine (2000) assessed two groups of Bosnian refugees; those with Post Traumatic Stress Disorder symptoms received mental health services. The comparisons of symptoms of Post Traumatic Stress Disorder in both the groups showed that 70% met symptom criteria for Post Traumatic Stress Disorder diagnosis. Similarly the group which did not present for mental health services, reported substantially lower trauma exposure. The findings also showed that those who did not seek mental health services had substantially high symptoms levels, however they were found to be less help seeking.

Gutkovich (1999) studied 57 consecutive Russian Jewish refugee patients, 82.5 experienced psychological distress and 43.9 had clinically significant clinical symptoms. The finding showed that



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the scores of BDI and Ham-D were significantly correlated with the number of somatic complaints, hopelessness, and lack of optimism, anhedonia, and dysfunctional attributional style. Gutvoich attributed to a culturally specific tendency to express distress in somatic terms.

Aroian (1998) explained the impact of demographic variables (age, gender, marital status, education, employment, length of time in the United States) and immigration demands (novelty, occupation, language, discrimination, loss, and not feeling at home) were predictors of psychological distress in a sample of 1,647 former Soviet immigrants. Findings obtained through multiple regression analysis indicated that the combined model of demographic and demand of immigration variables were highly significant.

Steel (1999) examined the antecedents of Post Traumatic Stress Disorder Symptoms in Tamil asylum-seekers, refugee, and immigrants in Australia. The Harvard Trauma Questionnaire and Post Migration Living Difficulties Questionnaire were given to 62 asylum-seeker, 30 refugees, and 104 immigrants. The findings showed that for asylum seekers, the most frequent trauma events experienced were the unnatural death of family or friends, forced separation from family, being close to death, and murder of family or friends. The findings supported the notion that both traumatic and posttraumatic events contribute to be expression of Post Traumatic Stress Disorder symptoms.

The objective of the current study was to explore the level of Anxiety among Afghan Refugees and to measure the impact of gender on it. The hypothesis formulated for this study was "Female Refugees will report significantly high anxiety compared to the Male Refugees".



## METHOD

### Sample

The sample consisted of 200 adult Afghan Refugees residing in Peshawar, Hanguo, Kohat, Kurrum and Haripur areas of NWFP, Pakistan. These included both Female (N=100) and Male (N=100) refugees. The sample was taken from Urban Refugee Settlements and Old Refugee Villages of Peshawar, Hanguo, Kohat, Kurrum and Haripur areas of NWFP, Pakistan. Random sample and purposive Sampling Technique was used.

### *Instruments*

#### IPAT Anxiety Scale (Self Analysis Form)

IPAT Anxiety Scale (The Self Analysis Form) (Krug, Scheier and Cattell, 1976) measure the level of anxiety and is appropriate for use of age 14 to adulthood. IPAT Anxiety Scale contains 40 items having three possible alternatives. The subject is respondent is required to answer each item by choosing one of the three response. Raw score of the respondent is converted into sten score. High sten score indicates high anxiety level and low score suggests low anxiety level.

IPAT Anxiety Scale showed a test-retest reliability of .70 for a sample of 170 medical students over a two year period. The test correlated significantly with Taylor Manifest Anxiety Scale, ( $r = .70$ ), State-Trait Anxiety Inventory, ( $R=.70$ ), and S-R Anxiety Test ( $r=.54$ ). The scale has been translated in different languages. The original English version was used in the present study.

### **Scoring of IPAT Anxiety Scale**

A hand-scoring key was used to score the instrument. Raw Scores were converted into Sten Scores. High Sten Scores indicated high Anxiety Level and vice versa. Data was analyzed by using SPSS.

### **Personal Information Schedule**

This was designed to obtain demographic information of the respondents including their gender.

### **Procedure**

The participants were individually approached by researcher. They were residing in different Urban Refugee Settlements and Old Refugees Villages of Peshawar Hanguoo, Kohat, Kurrum and Haipur areas of NWFP . Elder Refugees facilitated the research procedure. They were interviewed in separate rooms. Since the questionnaire was in English, those respondents who could understand English and at the same time meet the criteria of sampling were selected. The respondents were usually the teachers of different schools established for refugees. Another important issue was to tell them about the exact purpose of the research. According to the instrument used i.e. IPAT Anxiety Scale Questionnaire, the respondents should not be made aware that their Anxiety Level is being assessed. Therefore, the respondents were told that it was a general mental health test. Demographic information was collected after establishing a satisfactory level of rapport with them. The instruction which were already mentioned in the instrument were made clear to them. Every subject was asked to fill the form by himself / herself in an individual setting. Both the subjects and the Elders were thanked a lot for their cooperation.

**Results**

In order to see the difference in the score of Refugees as an effect of gender (Females and Males), the scores of the two groups were compared as under:

**Table 1:**

Means, standard deviations and T-value of covert scores of Female and Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	100	15.49	4.52	4.765
Males	100	12.69	3.76	

$p < .001$

The above table shows highly significant difference between Female and Males on IPAT Anxiety Scales by Covert Scores ( $T=4.765$ ,  $p < .001$ ). The figures show that Females have more anxiety ( $M=15.49$ ,  $SD=4.52$ ) as compared to Males ( $M=12.69$ ,  $SD=3.76$ ).

In order to see the difference in the scores of Refugees as an effect of gender (Females and Males), the scores of the two groups were compared as under:



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**Table 2:**

Means, standard deviations and t-value of overt scores of Female and Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	100	15.29	5.19	3.268
Males	100	13.24	3.52	

$p < .001$

The above table shows highly significant difference between Females and Males on IPAT Anxiety Scale by Scores ( $t=3.268$ ,  $p < .001$ ). The figure show that Females have more anxiety ( $M=15.29$ ,  $SD=5.19$ ) as compared to Males ( $M=13.24$ ,  $SD=3.52$ ).

In order to see the difference in the scores of Refugees as an effect of gender (Females and Males), the scores of the two groups were compared as under:

**Table 3:**

Means, standard deviations and t-value of anxiety scores of Female and Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	100	30.78	9.21	4.273
Males	100	25.93	6.63	

$p < .001$

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The above table shows highly significant difference between Females and Males on IPAT Anxiety Scale by Anxiety Scores ( $t=4.273$ ,  $p<.001$ ). The figures show that Females have more anxiety ( $M=30.78$ ,  $SD=9.21$ ) as compared to Males ( $M=25.93$ ,  $SD=6.63$ ).

In order to see the difference in the scores of Refugees as an effect of gender (Females and Males), the scores of the two groups were compared as under:

**Table 4:**

Means, standard deviations and t-value of sten scores of Female and Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	100	5.79	1.50	1.601
Males	100	5.49	1.12	

$p=$  not significant

The above table shows the difference between Female and Males in IPAT Anxiety Scale by Sten Scores ( $t=1.601$ ,  $p=1.1$ ). The figures show that Females have more anxiety ( $M=5.79$ ,  $SD=1.50$ ) as compared to Males ( $M=5.49$ ,  $SD=1.12$ ) but than mean difference is not statistically significant. However, the figures show the trend that females have more anxiety than males.

**Table 5:**

Means, standard deviations and t-value of sten scores to Tajik Female and Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	100	50	1.18	2.821
Males	50	6.30	.76	

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$p < .01$

The above table shows the highly significant difference between Tajik Females and Tajik Males on IPAT Anxiety Scale by Sten Scores ( $t=2.821, p < .01$ ). The figure show that Tajik Females have more anxiety ( $M=6.86, SD=1.18$ ) as compared to Tajik Males ( $M=6.30, SD=.76$ ).

In order to see the in depth difference in the scores of Refugees as an effect of gender (Females and Males), the scores of the two groups were compared as under:

**Table 6:**

Means, standard deviations and t-value of sten scores of Pushtoon Female and Pushtoon Male Refugees on IPAT Anxiety Scale

Group	N	M	SD	t-value
Females	50	4.72	.90	.235
Males	50	4.68	.79	

$p =$  not significant

The above table shows the difference between Pushtoon Females and Pushtoon Males on IPAT Anxiety Scale by Sten Scores ( $t=.235, p=.815$ ). The figure show that Pushtoon Females have more anxiety ( $M=4.72, D=.90$ ) as compared to Pushtoon Males ( $M=4.68, SD=.79$ ) however, this mean difference is not statistically significant.



## CONCLUSION & DISCUSSION

According to the result of the present study, Female Refugees possess a higher level of anxiety as compared to the Male Refugees, however, the mean difference between females and males is found to be statistically not significant (table 4;  $t=1.60$ ). Hence, comparison of Covert Scores (table 1;  $t=4.76$ ) Overt Scores (table 2;  $t=3.26$ ) and Anxiety Scores (table 3;  $t=4.27$ ), show highly significant difference ( $p < .001$ ) between the two groups. The result on the basis of Sten Scores did not get high statistical significance and were further examined as Tajik Females vs Tajik Males (table 5;  $t=2.82$ ) and Pushtoon Females vs Pushtoon Males (table 6;  $t=.23$ ) and it was observed that the mean differences for both the comparisons reveal higher anxiety level among females as compared with males. This mean difference is found more in Tajik females when examined against Tajik Males (table 5) as compared with Pushtoon Females examined with Pushtoon Males (table 6). The overall results for this hypothesis, however, represent a higher level of anxiety in Female Refugees as compared with Male Refugees.

While considering the previous researches on the issues, it is well realized that females are more prone towards anxiety as compared with males. In Department of Physiology and Pharmacology, UNY Downstate Medical Centre, New York, Gulinello, Orman and Smith studied correlations between sex and anxiety and found that increased hippocampal expression of the alpha 4 subunit of the GABAA receptor (GABAA-R) is closely associated with higher anxiety levels in the elevated puzzle maze. They utilized the acoustic startle response (ASR) to assess anxiety levels in male and female rats undergoing PWD as the ASR is also applicable to the assessment of human anxiety responses. They

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also investigated GABAA-R alpha 4 subunit expression in the amygdale, as the amygdale directly regulates the primary startle circuit. Female rats exhibited a greater ASR during PWD than controls, indicating higher levels of anxiety and arousal. In contrast, male rats undergoing PWD did not demonstrate an increase ASR. The sex differences in the ASR were paralleled by sex differences in the expression of the GABAA-R alpha 4 subunit in the amygdale such that alpha 4 subunit expression was up-regulated in females during PWD whereas alpha 4 levels in males undergoing PWD were not altered relative to controls. These findings might have implications regarding gender differences in human mood disorders and the aetiology of premenstrual anxiety.

In College of Nursing, University of Kentucky, USA, Moser, Dracup, McKinley, Yamasaki, Kim, Riegel, Ball, Doering, and Barnett conducted a research to see the sex differences in anxiety in a diverse international sample of AMI patients. According to their finding women had higher anxiety levels than and this pattern of higher anxiety in women was seen in each country studied.

The effects of sex, ethnicity, and social class on levels of test anxiety were examined among a sample of 416 adolescent student in the Israel (Zeidner & Safir, 1989). Significant sex differences in mean levels of test anxiety were found, with girls scoring consistently higher than boys across ethnic, social, and grade categories.

Another study (Hishinuma, Miyamoto, Nishimura, & Nahulu, 2000) examined the association between anxiety and 5 predictor variables i.e. ethnicity (Caucasian, Native Hawaiian/part Hawaiian, Japanese, other), gender, grade level (9-12th), main wage earners educational level, and State-Trait Anxiety Inventory for a diverse group of students. Hawaiian students were found to have significantly higher levels of anxiety than Japanese students.

Moreover, Female students scored significantly higher than male students.

In a study (Ommeron, et al., 2001) conducted with a population based sample of 418 tortured and 392 non-tortured Bhutanese refugees living in camps of Nepal, the results obtained showed that tortured refugee were more likely than non-tortured refugees to report posttraumatic stress disorder (ICD-10), persistent somatoform pain disorder, affective disorder, and generalized anxiety disorder. The study also determined that tortured women were more likely to report lifetime generalized anxiety disorder, persistent pain disorder, affective disorder, and dissociative disorder.

The displacement of about two and a half lakh Kashmiri Hindus from the peaceful valley has caused a number of psychological and behavioral problems. Mr. Gopi Kishen had a chance to see about one hundred fifty cases between March 1990 and the end of December 1991. While majority of them presented transitory and situational maladjustment problems, there were a number of cases who had more severe neurotic symptoms like acute anxiety, neurotic depression, hysterical reactions and so on. A few patients also presented initial phase of psychotic reaction. Men were able to give vent to their grievances in social meetings etc., the women-folk suffered internally and were more worried about their new settlement in refugee camps etc. They felt the loss of their home and Land more severely than probably the male counterparts and became victims of psychological symptoms more easily. While the situational maladjustment case were given a few sessions of psychotherapy and reassurance, the severe cases of neurosis and the functional psychosis were put on drug therapy by consulting physicians.



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While talking about the difference in anxiety level between Refugee Females and Refugee Males, it should also be mentioned that many refugee women suffer rape and sexual violence both in their home countries as well as during flight to a refugee camp and /or to a more permanent country of exile. This trauma can have important negative consequences for both women and their families, and difficulties can be compounded if violence continues in the form of domestic abuse after resettlement in a new country. Moreover, cultural norms and attitudes about sexuality often make it difficult for women to discuss sexual and domestic violence with care providers or to seek mental health struggling to adjust to a new culture, women might also withstand a violent relationship rather than be alone. Furthermore, refugee women might tolerate violent behavior because they are aware of the violence their husbands have experienced and do not want to expose them again to police and other authorities. Women's asylum claims are also often tied to those of their husbands, thus adding another barrier to seeking help for abuse (Burnett and Peel 2001).

The present study is very much in connection with the previous researches in this regard. The results reveal that Female Refugee have a higher level of anxiety when compared with the Male Refugees.

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