

# **Experiences of Displaced Persons During and in the Aftermath of the War in Nagorno-Karabakh: A Qualitative Research Study**

Master of Public Health Integrating Experience Project  
Professional Publication Framework

by

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## **ABBREVIATION LIST**

**ADAPT** – Adaptation and Development after Persecution and Trauma

**AUA** – American University of Armenia

**COVID-19** – Coronavirus disease of 2019

**GDP** – Gross domestic product

**IDP** – Internally displaced people

**IRB** – Institutional Review Board

**LMIC** – Low- and/or middle-income countries

**NK** – Nagorno-Karabakh

**RA** – Republic of Armenia

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## ABSTRACT

**Background:** Armed conflicts have resulted in the forcible displacement of almost 80 million population of the world by the end of 2019 recording the highest such number in history. Forcible displacement is defined as leaving homes due to a sudden crisis, including an armed conflict. Armed conflicts and forcible displacement are shown to be associated with multiple mental and physical health disorders among affected population. Also, overall social functioning of displaced people is disturbed.

In 2020, a war broke out in Nagorno-Karabakh (NK), an area of conflict between Armenia and Azerbaijan, resulting in around 60,000 people forcibly leaving their homes. During this time, the Republic of Armenia (RA), as the host country was experiencing the second wave of coronavirus disease of 2019 (COVID-19) pandemic, which further restrained the country's capacity to accommodate the displaced persons. Given this backdrop, this study aimed to explore the experiences of displaced persons during and in the aftermath of the war. Specifically, the study aimed to understand (1) how the displacement happened, (2) how displaced persons were currently living, (3) what were the experiences with psychosocial support are, and (4) what were the perceived needs for psychosocial support.

**Methods:** This qualitative research was guided by the principles of phenomenology. The target population was adult individuals who were forcibly displaced due to the war of NK in 2020. The data were collected in March 2021 through 12 semi-structured in-depth interviews, either face-to-face or online. The participants were purposefully selected through convenience, snowball, and maximum variation sampling. The interview guide inquired about the participants' demographics, displacement process, current living circumstances, psychosocial well-being, and experiences with psychosocial services. The data were analyzed through inductive and deductive thematic analysis, using the pre-defined themes of the Adaptation and Development after Persecution and Trauma (ADAPT) model for part of the data.

**Results:** Seven participants were women and 5 were men, and the mean age of the sample was around 40 years. Most of the participants came from Shushi and the region of Hadrut, and half were currently residing in Yerevan. Three themes were identified: (1) displacement as an overlooked stage of war; (2) psychological support: projecting needs, rejecting services; and (3) adapting to the post-war situation. It was revealed that the participants were left alone as decision makers during the displacement finding themselves in extremely unsafe situations. However, the expectations were low for a system-based support during the process. When speaking about their needs for psychological support, all were skeptical towards the effectiveness of psychological services, as these services concerned themselves. In contrast, they thought that psychological services were useful in meeting the needs of others. Also, low propensity to seek or accept psychological support was identified. Finally, all the psychosocial domains of the ADAPT model were found to be disturbed. The 'four walls', a self-owned living place, regained social interaction, restoration of social roles and re-evaluation of existential meanings were reported to be important in the post-conflict adaptation.

**Conclusions:** Displacement is an important war stage which requires proper coordination and communication by the government to ensure residents' safety. Mental health care professionals and advocates should tailor the provided care integrating the revealed important patterns of

perception of psychosocial support to diminish the resistance towards psychological services among the displaced persons. Also, further research on and advocacy for mental health care are recommended to thoroughly understand the reasons behind the skepticism and the resistance to psychological services and to enhance the overall mental health literacy in the population. Finally, a re-establishment of safe, predictable and comfortable environment, eliminating social stigma towards the displaced persons and promoting social engagement and integration, are needed as urgent measures to support recovery and adaptation.

# **1. LITERATURE REVIEW**

## ***1.1. Introduction***

The world continues to be witness to armed conflicts of varying magnitude, causing suffering at many places around the world.<sup>1</sup> According to the United Nations High Commissioner for Refugees (UNHCR), as a result of armed conflicts almost 80 million of the world's population were forcibly displaced by the end of 2019, recording the highest number in history.<sup>1</sup> The number of newly displaced population comprised about 11 million people during 2019.<sup>1</sup> The number of children fleeing due to violence more than doubled during the period 2010-2018<sup>2</sup> comprising 40% of displaced population in total at the end of 2019.<sup>1</sup> The definition of forcible displacement refers to leaving homes due to a sudden crisis,<sup>3</sup> and displaced population includes refugees, asylum seekers and IDPs.<sup>3-5</sup>

Armed conflicts create immense burden on global health causing death and illness.<sup>6-9</sup> Mounting evidence documents significant associations between experiencing armed conflict and having impaired mental and physical health.<sup>10,11</sup> In such critical situations mental disorders, such as depression, anxiety, psychotic illnesses, cumulative stress, and most commonly reported post-traumatic stress disorder are major public health problems among affected populations.<sup>10,12-16</sup> Moreover, armed conflicts among conflict-affected populations have significant direct and indirect disturbing effects on social functioning, including impaired family relationships, occupational dysfunction and disrupted participation in community activities.<sup>13,17</sup> Among risk factors predisposing affected population to psychiatric disorders are war exposure, torture, loss of family members, separation from family, and low socioeconomic status.<sup>18,19</sup> Research also



reports about links between trauma exposure and poor physical health outcomes,<sup>20</sup> including infectious diseases<sup>21,22</sup> and chronic heart diseases.<sup>23</sup>

The economic cost of such humanitarian crises is very high. A country that experiences conflict is expected to have loss in annual GDP growth by 2.0 to 8.4 percent.<sup>24</sup> In 2019, the European Commission humanitarian fund spent 1.6 billion Euro to aid forcibly displaced populations and their hosting countries.<sup>25</sup> It is also important to emphasize that forcible displacement has not only expanded but also lost its temporary nature, since the average duration of displacement is 20 years for refugees and 10 years for the vast majority of IDPs.<sup>25</sup> Hence, both economic and health burden on affected populations and hosting communities is long-lasting.

### ***1.2. Conflict in NK (Artsakh)***

NK has been a subject of pending ethnic and territorial conflict between Armenia and Azerbaijan since 1988.<sup>26</sup> In 1991, the conflict led to a war between the two sides, and a ceasefire was signed in 1994.<sup>26</sup> As a result, more than a million people were forcibly displaced on both sides.<sup>27</sup>

Despite the conflict being considered frozen,<sup>28</sup> several escalations occurred for short periods including a 4-Day War in 2016.<sup>29</sup> On September 27, 2020, Azerbaijan, having the support of Turkey and hired mercenaries, started a war of unprecedented scale against NK.<sup>30-32</sup> The war ended on November 10,<sup>33</sup> resulting in around 3000 military personnel and 72 civilian deaths on Armenian side.<sup>34,35</sup> Moreover, approximately 60 percent of the reported 150,000 population of NK has been forcibly displaced to elsewhere in NK or in the RA.<sup>36,37</sup>

At the same time, the RA, as a host country of the conflict-affected population, has been experiencing the second wave of the COVID-19 pandemic. In a 44 day-span from the start of the war to November 10, the number of new daily cases reached around 2,000 increasing more

than 11 times.<sup>38</sup> Given the additional burden of wounded soldiers, the country resources have been highly restrained by the simultaneous pandemic and the war.

In this context, the risk of poor management of the physical and mental healthcare needs of the displaced is high. Such co-occurrence of two disasters requires increased efforts to mobilize the existing capacity and enhance it to accommodate the greater need for care on both fronts – the pandemic and the war. Hence, it is of paramount importance to understand the experiences and needs of the population witnessing war and undergoing conflict-induced displacement. Early identification of their needs and concerns is critical in informing policymaking and resource allocation. It is also important to better understand the human toll resulting from the NK conflict and document the lived experiences and perspectives of people who have witnessed the conflict.

### ***1.3. Study Aim and Objectives***

The study aimed to understand the experiences of displaced persons during and in the aftermath of the war in NK, 2020. Specifically, the study aimed to answer the following research questions: **(1)** How did the displacement happen? **(2)** How were displaced persons currently living? **(3)** What were the experiences with psychosocial support? **(4)** What were the perceived needs for psychosocial support?

## **2. METHODS**

### ***2.1. Study Design***

The study applied qualitative research methodology<sup>39</sup> guided by the principles of phenomenology<sup>40</sup>. The core of the phenomenological study is the ‘lived experience’, and the aim is to ‘return and explore the reality of life and living’ as conceived by the participants setting aside (or ‘bracketing’) any preconceived notions.<sup>41,42</sup> Such an approach would enable a more

open research process allowing to investigate lived war experiences and the attached meanings more in-depth and in a natural setting,<sup>43</sup> as it involves fewer assumptions and integration of novel contextual data.<sup>44</sup>

## ***2.2. Study Population***

The study was conducted among the adult displaced population. To be eligible for the study participants should have been 18 years old or above and forcibly displaced due to the NK armed conflict that started during the Fall 2020. In addition, participants should have been able to orally communicate in Armenian or in English.

## ***2.3. Data Collection***

Data were collected in March 2021 through semi-structured individual in-depth interviews, accompanied by field notes made by the interviewer after each interview. All the interviews were conducted by the student investigator. The interviews within the territory of the RA were face-to-face, whereas an online interview mode was applied in those cases where the participants were in NK at the time the interview was taken. During face-to-face interviews safety measures were taken to prevent spread of COVID-19 infections, including physical distancing and wearing masks.

The data collection was conducted in a place and time that was convenient for the participants. It was implemented by asking the participants where and when they preferred to meet for the interview, and the student investigator prioritized the convenience of the participant while making the appointment (e.g., participant's house/place of stay, workplace, outdoor place if the weather allowed a reserved room at the AUA, or any virtual platform enabling a video call). Participants were consented and interviewed once, with a notice that the investigator might

approach them later for clarifications if need be. The interviews were audio-recorded with the consent from the participants.

#### ***2.4. Study Instrument***

The interview guide (see Appendix 1) covered key topics in accordance with the research questions, including open-ended questions and probes. It consisted of four main section. The introduction section included questions about demographics. The first section, inquired about the details of the displacement process, as well as the current circumstances the participants were living in. The questions of the second section were about current psychosocial wellbeing of participants, including their social engagement, relationship with family, friends and relatives, emotional state and experiences with psychosocial services. The concluding section allowed the participants to express additional thoughts ask questions. After the interview, all participants were given a list of free psychological services operating in the RA and NK (see Appendices 2 and 3).

The interview guide was translated into Armenian (see Appendix 4) and pre-tested by conducting two interviews with the people within the network of the student investigator. No changes were found to be necessary regarding the formulation and order of the questions. Nonetheless, during the course of the interviews, new questions about discrimination against the displaced persons in the RA were added.

#### ***2.5. Sampling Strategy and Sample Size***

The participants were selected through the combination of purposive convenience, snowball, and maximum variation sampling methods. They were initially identified through the personal network of the student investigator and the advising team. Afterwards, through snowball

sampling, the interviewees helped find further eligible participants. They were purposefully chosen to be heterogeneous by sex, age, occupation, and previous and current place of residence in NK and the RA, to allow understanding of the possible diversity of the war experiences. All participants were first approached via a phone call.

Considering the aims of the study to document and mainly describe the experiences of the displaced persons rather than to develop a theoretical account, as well as in light of the time constraints associated with tight master thesis deadlines, it was expected that interviews with 12 to 16 participants should suffice to draw a comprehensive descriptive picture and achieve acceptable saturation in the data.<sup>45</sup>

## ***2.6. Data Analysis***

After the interviews, the verbatim and anonymized transcriptions of the interviews were prepared. The data enriched by the field notes were analyzed using inductive and deductive techniques of thematic analysis.<sup>46</sup> For the analysis of the data referring to participants' reported current living circumstances, Silove's ADAPT model<sup>47</sup> was utilized. This model describes five psychosocial domains in the post-conflict adaptation phase, which are at high risk of disruption.<sup>47</sup> These include: the (1) safety and security, (2) bonds and networks, (3) justice, (4) roles and identities, and (5) existential meaning, served as pre-defined themes. The rest of the data were analyzed through inductive analytic reflection without any pre-defined analytical unit. Data transcription and analysis were conducted manually by the student investigator. The separate excerpts of the transcripts were coded using the initial coding method,<sup>48</sup> with further pattern identification, in forms of themes and subthemes. All the analysis and interpretation decisions were made through peer-debriefing with the advising team.

## ***2.7. Ethical Considerations***

The study protocol was approved by the IRB of the AUA (#AUA-2021-002). The participants gave informed oral consent as a proof of participation agreement. The consent form (see Appendices 5 and 6) included information about the study aims and objectives, as well as its potential risks and benefits. The participants were notified that leaving the study beared no consequences. During the in-depth interviews no identifiable information was recorded, except for the audio tapes of the interviews. The tapes were kept in a password-protected file in the personal computer of the student investigator and will be destroyed after the end of the study.

## **3. RESULTS**

Out of 18 approached individuals (10 women and 8 men), 12 agreed to participate. Reasons for refusal included: being '*sick*', being '*busy with baby*', being on military service, and '*inconvenient weather conditions*'. One candidate declined to give a reason for the refusal.

The interviews lasted on average 78 minutes, ranging from 43 to 129 minutes. Eleven interviews were face-to-face, and all were audio-recorded. Five of the interviews were conducted in a room at the AUA, 5 of them at the participants' living place, and the 2 interviews at the participants' workplace. In all cases only the interviewer and the participant were present during the interview. Seven out of 12 the participants were women. The age of the participants ranged from 21 to 67 years, with a mean of 39.6 years. The participants varied greatly by the region from which they came, and where they were currently residing. Seven participants came from Shushi and the region of Hadrut; two were from the capital of NK, Stepanakert. At the time the interviews were

conducted, half of the participants were residing in Yerevan, one in Stepanakert, and the rest were living in marzes of the RA (see Table 1).

## **Theme 1. Displacement as an overlooked stage of war**

### **Subtheme 1.1. People on their own**

In the majority of cases, participants reported being left on their own to make decisions regarding leaving their residence as the war broke out. Several factors were identified to be essential in their decision, resulting in delayed displacement and longer the time spent in the war zone.

First, participants described their initial perception of the war, which, as the events unfolded, turned out to be very different from the reality. Indeed, many felt initially safe and emphasized that they expected the war *‘to last four days, as the April war in 2016’* and that *‘no one could have imagined that it would turn out to be so long and dangerous’*. This perception of the situation contributed to the participants’ decision not flee their residence.

*‘Many people, old and young, would not leave our village. We could not believe how the enemy could come and reach our homes. It was impossible’.*

(a 49-year-old woman, left the conflict zone in early October)

Second, many of the participants were concerned about leaving their family members behind, as their family members (husband, son, daughter etc.) were involved in war activities. They were determined to stay in the conflict area *‘at any cost’* to *‘help’* or to show their *‘dedication’* to their loved ones.

*‘When you know that your sons are on the front line, and you cannot help them with anything, it is an inexplicable feeling, emotion. You can do nothing but to stay there to show that you are standing by their side.’*

(a 42-year-old woman, left the conflict zone in late October)

Finally, several participants reported that everything was *'hasty'* and *'uncertain'*, and that they felt *'unprepared'* and had *'no place to go'*.

*'We were thinking: "Where to go? Will it be for one day? On whose door to knock with so many people [in the family]?" We did not want to leave, man, we did not have a place, where were we supposed to go?'*

(a 48-year-old woman, left the conflict zone in early October)

However, the further escalation of war activities and the local situation becoming *'very serious'* forced participants to eventually flee their homes.

*'There was nothing to decide. The enemy stands in front of your house, about 200 meters afar. You have no choice of any kind.'*

(a 22-year-old man, left the conflict zone in early October)

Several of the participants found themselves in challenging and dangerous situations while fleeing, including poor health status among family members (e.g., 4<sup>th</sup> stage cancer, hypertension, post-operative recovery, disability). A few referred being on the road for a long time as a *'torture'* with noticeable worsening of their health afterwards.

*'Frankly speaking, I was feeling so bad; the health problems were so many. I reached Hrazdan, I could not walk for one week. They did some injections so that I could recover a bit.'*

(a 42-year-old woman)

Several participants reported that the displacement from the war zone happened in phases, which made fleeing even more challenging. Initially, they would seek for a *'safer'* place in Artsakh for temporary displacement, thinking that they will return soon. However, as those places became increasingly unsafe with the escalation and expansion of the war activities, they were forced to



flee again in search for safer places. During this process, some participants reported encountering dangerous experiences (e.g., being displaced with several people packed in a small car; having a child as the driver; driving the car at night with the headlights turned off lights; or fleeing during shellings).

*‘They were shooting with guns; but the bullets were fortunately not reaching us. If they shot with a ‘pulemyot’ [a machine gun] or other thing, for sure they would kill us all. Upon reaching behind the hills, we would feel relieved. Then the space would open again, and the shooting would resume.’*

(a 67-year-old man)

### **Subtheme 1.2. System failure?**

According to all participants, the system had minimal or no involvement in coordinating and supporting residents during their displacement. The great majority of them reported having organized the displacement (e.g., finding a car, moving or taking care of personal belongings, finding destination) through their *‘own efforts’* and *‘network’*, and that they were not offered any help from the various levels of the government. Only one participant (a 33-year-old man), who had the unique opportunity to go back to the village before it was handed over, spoke of receiving *‘a voucher for 100-liter of gas’* and a promise of a car from the district center that never materialized.

In the meantime, almost half of the participants acknowledged the important role that individual volunteers and non-governmental organizations played in assisting to leave the war zone.

*‘On those days [during the war], evacuation was organized, but not on an official [governmental] level, but through civil initiatives. And basically, people were coming from*

*Yerevan [to NK] with their own cars, Sprinters, Fords, making appointments in advance. Residents were gathering at place X, and they [volunteers] were taking them out. My daughter, sister and I came with a similar sprinter.'*

(a 34-year-old woman)

Participants differed in their views towards government involvement and assistance. Most accepted the situation, given that they had no expectations for assistance to the residents.

*'At that time, I was not expecting for someone's help. My whole focus was on the war, on the victims...'*

(a 43-year-old woman)

These participants expressed no criticism towards government being passive during the fleeing period. A few further elaborated that at that time *'nothing was needed from the system'* because *'the country had more important things to take care of [soldiers on the front line, country borders]'* (a 21-year-old woman).

*'In this situation you cannot blame anyone. In our village there is barely any young person left, they had all gone to the front. Starting with the 'gyughapet' [the head of the village], all were at the front lines.'*

(a 36-year-old woman)

In contrast, a few participants perceived the government as *'incompetent'* and *'careless'* in handling the war, including in years leading up to the war.

*'We were completely unprepared; the system was not prepared for a war of such scale or its consequences. Everything was absolutely paralyzed' ... 'In our building, where I live, there was even no basement [to hide from the shelling]. We had no place to take shelter. Is there such a fighting country?'*

(a 34-year-old woman)

*'The war revealed that in our region, the officials were not at their [right] places. Right after the first explosion, they were the first to flee.'*

(a 50-year-old man)

## **Theme 2. Psychological support: projecting needs, rejecting services**

### ***Subtheme 2.1. 'I am strong enough, but others might not be'***

Participants' perception of psychological services and that of their own needs for psychological support were interconnected. Among all the participants, the general perception of psychological services was dependent on whether they viewed the needs for services in relation to themselves or to others.

In all cases when participants were inquired about their own needs for psychological help, they revealed skepticism towards the effectiveness of psychological services and focused on the strength of their own character. Many participants were critical about the value of psychological services, as they claimed professionals not having the ability to help them. The perception of their 'pain' and 'grief' as an individual and intimate topic was common among all of the participants.

*'That pain will always be with us. I could, for example, go, sit by a psychologist, and talk with them. But no matter how much you talk, you will always experience it [the pain]. In any case, you will go home and stay alone with your thoughts. That person [psychologist] cannot come and take those thoughts out of your head.'*

(a 21-year-old woman)

*'What is the meaning of going to a psychologist? That psychologist is not going to be by my side at all times. If it were so, they should have been by my side 24 hours a day.'*

(a 50-year-old man)

At the same time, participants identified themselves as being solely in control of the situation.

All participants considered themselves '*strong enough*' to '*take care of themselves*' and '*overcome everything*' as they have '*always done*'. As one participant noted:

*'That [strength] comes from your mind which you need to control yourself.'*

(a 21-year-old woman)

*'One probably can recover by oneself. It is just that we need time, I guess. We're so resilient by nature, that we will recover on our own. We just need time to recover.'*

(a 42-year-old woman)

While participants rejected their own need for psychological support, they often claimed to provide such support to others.

*'I will be a psychologist for others, I am giving everyone hope. Do I need to go to a psychologist? I am the greatest psychologist.'*

(a 67-year-old man)

As to the possible reasons for participants' perceptions of strength and independence of their own persona, a few mentioned '*others*' and '*family*', and they did not want to look '*weak*' or '*broken*' in their presence. This was also linked to the unique character of Artsakhians as '*proud people*' in whom emotional problems are unfathomable.

*'I do not have the right to be sad. If I were in low spirits, my mother would be the same, my sister would become sad too. But then the night comes, all go to sleep, and the image of the strong girl disappears.'*

(a 21-year-old woman)

In contrast, when abstracted from their own persona and talking about services and psychological support in general or in relation to people other than themselves, participants expressed positive views, considering the services to be *'essential'*, *'necessary'* and *'useful'*.

*'Of course, it [psychological support] is necessary, it's essential. I have a friend, she was taking everything very seriously, in a very emotional way. My attitude is more rational, it is a war, everything can happen. But she could not control her emotions. She even could yell at or offend someone, I don't know. I advised her to seek psychological help. But I myself did not do so. I can handle it.'*

(a 34-year-old woman)

Participants were approving of the fact that people who might not be strong enough would need psychological help, especially after *'experiencing so many things'* as a result of the war.

*'There are many people who need it [psychological support]. Not everyone is strong, there are people who are weak. If people need it, they should go [to a psychologist] to tidy up their mental world a bit.'*

(a 21-year-old woman)

*'No, it's a very good thing. There are so many people who need it, so many people, almost 60% in my circle.'*

(a 67-year-old man)

**Subtheme 2.2. Refusing psychological services or receiving them in not that *'traditional'* *'psychological'* way**

Overall, participants' experience of psychological support and services during and in the period following the war was poor.

In the period following the war, none of the participants reported making any effort on their own to seek for professional psychological support. To the question, if they had any intention to do so, only one participant gave a positive answer.

*Now and then it had occurred to me [to seek for psychological help] during war time [crying]. I was just considering it secondary.'*

(a 34-year-old woman)

In contrast, almost half of the participants reported that they were offered a professional psychological support by either individual volunteers or non-governmental organizations. In most of these cases, the offer was made to the participants during a face-to-face encounter, such as taking a social support package from a volunteer organization or talking with new acquaintances, whereas one participant received it through a phone message from a hospital. However, two participants reported accepting the offer. The support was perceived to be provided not in a way that was viewed as *'traditional'*, where a person registers for an appointment at a psychologist's office. The psychological service was provided at the participants' living place by professionals with whom they had already been in contact in the context of social aid, and the process was perceived as an informal *'heart-to-heart'* conversation.

*'Without asking, she [the psychologist] knew, she was seeing. She was acting so that I would not feel that she was helping in that [psychological] way.'*

(a 49-year-old woman)

Both participants reported positive and *'healing'* effects of the psychological support.

Specifically, they reported learning to *'not to feel despair when facing difficulties'*, *'continue to live'*, and *'control their emotions'*.

### **Theme 3. Adapting to the post-war situation**

#### **Subtheme 3.1. Safety and security: striving to regain the lost 'four walls'**

All participants identified aspects of their current living circumstances which created a sense of *'insecurity'*, *'uncertainty'* and *'unpredictability'*. Most commonly, participants connected their sense of security and control with their house. The perceived importance of the owned living place was revealed in the descriptions of how they had built their houses *'with their [own] hands'*, *'invested so many years of their lives in [them]'* and lost them *'in a second'* being *'left with nothing'*. Before the war, almost all the participants were living in their own houses, while here after moving and resettling multiple times, they were still renting a place to live. Losing the house meant losing their locus of control.

*'At any moment they [landlords] could come and tell us to leave the house. You cannot live like that.'*

(a 22-year-old man)

Hence, many participants emphasized that the only need they currently had was to find *'four walls'*, a permanent and self-owned living place, where they could *'continue living again'*, *'find their peace'*, *'plan their future life'* or *'build a new life again'*.

*'One should have four walls, to come in the evening, lie on the sofa and rest. I need only that. The rest I will create on my own.'*

(a 67-year-old man)

In most cases, striving for *'four walls'* also explained the lack of interest towards the current circumstances participants lived in and the lack of desire to improve anything.

*'For me that house [the house the participant was currently renting] doesn't mean anything. It is just a temporary thing.'*

(a 21-year-old woman)

Another common factor of perceived unsafety and lack of control was being away from the homeland. It was reflected in the desire to return to their house, land, and lifestyle *'as soon as possible'*.

*'I don't feel good and safe in Yerevan. Of course, it's part of my homeland, but it's not mine. I cannot find my place here.'*

(a 43-year-old woman)

*'I should go to my homeland, to my home. If there is no house, at least it will be my homeland. I still don't believe that Shushi is not there. It seems to me that one day I will go home.'*

(a 42-year-old woman)

The issue of physical safety was perceived differently by the participants. Many of them did not mind living in the conflict zone, which was still perceived as their *'home'*.

*'No, what danger. I don't have that feeling anymore. It is our homeland, our home.'*

(a 49-year-old woman)



On the other hand, a few of the participants reported feeling insecure and unprotected to go back to the current territory of Artsakh.

*'For example, the school is 21 meters from the enemy. Who will give me that security, so that my child goes back and attends school? No human mind can comprehend such thing. There is no security guarantee there. Let's rely on God and sleep.'*

(a 50-year-old man)

Lastly, most participants reported feeling financially insecure. They identified discrepancy between their financial abilities and needs.

*'I've given all that I brought from the village to the landlord and the broker. By the end of the month, I have to leave the house, as I cannot pay the rent anymore.'*

(a 36-year-old woman)

Moreover, many were unemployed or had an unstable job, while the financial support from the government was perceived to be *'too little'*, *'inadequate'*, and even *'offensive [because of how small the support was]'*.

*'You [the government] say that you give me 68 thousand [drams], now I say, in my family only three out of six are receiving it, my sons and husband are not receiving that money, they are over 18. Should I buy food, clothes? What should I buy with that 68 thousand?'*

(a 43-year-old woman)

### **Subtheme 3.2. Bonds and networks: grief of loss, relief through integration**

Participants discussed that while the war has disrupted their bonds and networks, it has also helped to strengthen them, as discussed below. Indeed, the family separation inflicted by the war

continues in the post-war period, often because several family members have already returned to Artsakh.

*'Our family consists of three people, and it is currently divided into three parts. All three of us live in different places. What can I say?'*

(a 49-year-old woman)

The importance of family in helping to distract from the painful thoughts associated with the war, adapt to the situation and *'move forward'* was highlighted by several participants.

*'My sons, I live for them, I fight for them. My sons are what keeps me alive and makes me move forward.'*

(a 42-year-old woman)

A few participants reported to have suffered a personal loss. They mentioned about their *'strong ties'* with those persons who died during the war. Also, they described how *'awful'* they felt and about the heavy emotional burden they carried now.

*'I was very close to my brother. I have many brothers, but he was my favorite. I feel his absence, I constantly feel it. His clothes remind me of him, his picture reminds me of him. I totally feel his absence.'*

(a 22-year-old man)

*'I couldn't transfer my son's grave here [the grave is currently in the lost territory]. This longing is suffocating [crying], the longing... I have no other consolation.'*

(a 67-year-old man)

In the meantime, several participants also highlighted meeting new people after they fled and receiving warm and empathic treatment. Many found it therapeutic to be integrated into a new local community.

*'The only positive side of war is the presence of our new neighbors. It's true that we got disconnected from our old neighbors, but thank God, here we met such people... They helped us as they can. I cherish their kindness every single day.'*

(a 30-year-old man)

*'I met here such people here, you wouldn't believe. If you hurt your finger [speaking metaphorically], they will get together and help you out.'*

(a 33-year-old man)

### **Subtheme 3.3. Justice: unfair war, unequal treatment**

Many participants talked about the sense of injustice while reflecting on what happened and while reflecting on the war and assessing their living circumstances. Several participants reported violation of their human rights and how the *'war had changed their lives without their permission'*.

*'One cannot comprehend, that you can peacefully live on your land for so many years, and you can wake up one day simply because of the shelling of your house [because your house was destroyed].'*

(a 34-year-old woman)

Furthermore, the perception of how the government was treating the displaced persons raised a sense of injustice and inequality among several participants.

*'People lost their homes; they lost all they'd created in their lives. Now, they [the government] give them 300 thousand [drams] and say: "Go, live as you want". It doesn't fit into my logic.'*

(a 30-year-old man)

*'They [the government] say: "Do you have children at home?" or "Do you have a disabled person?" No, I don't. Then, I cannot benefit from that program, period. If I don't belong to any of these categories, does that mean I don't live, I don't breathe?'*

(a 49-year-old woman)

In few instances, people highlighted their distrust towards the system. It was reflected in such statements as *'social aid packages were distributed at night, so that no one could see'* (a 42-year-old woman), *'the same people were always supported by the system'* (a 67-year-old man), and *'the system was doing everything to save as much money as possible, but at our cost'* (a 50-year-old man).

#### **Subtheme 3.4. Roles and identities: back to point zero**

Participants discussed the social role pre-war, and questioned whether their role could be reestablished in their new communities post-war. All the participants who were employed before the war had lost their job and were currently in search for opportunities to realize themselves as full and equal members of the society. Some participants acknowledged the extensive opportunities thanks to the resettlement, while others adopted new roles through professional advancement (e.g., learning new languages, developing new skills). To them, the job was an important constituent of their identity.

*'I have been working almost all my life and I cannot [live] without working. I would learn to do any job.'*

(a 49-year-old woman)

On the other hand, some participants spoke of unemployment and a growing sense of their 'uselessness' in the society. They highlighted this as a reason to consider leaving the country.

*'Sometimes I feel that I have nothing to do in this country. If I feel that no one needs me, it's possible that I will leave the country even now.'*

(a 30-year-old man)

Another major issue raised by most participants was the perceived sense of 'statelessness' and loss of sense of 'belonging'. 'Who are we?', 'where do we come from?' were common questions many participants often asked themselves, revealing their concerns of losing their cultural and national identity.

*'It took us a long time to resurface the core of our identity, in order to understand who we are. We just started learning our national songs, digging into our culture. And after all that, coming back to point zero and seeing that everything went up in flames, it's an awful pain.'*

(a 34-year-old woman)

*'There is no difference between losing your homeland and dying.'*

(a 50-year-old man)

In addition to the sense of ‘statelessness’, many participants felt as ‘strangers’, ‘denied’ and ‘blamed’ in their new communities. They identified various encounters when they felt ‘separated’ and ‘differentiated’ from the society.

*‘The taxi driver noticed from my accent that I was obviously an Artsakhian and said:  
“Because of you so many young boys lost their lives, because of you we also gave up  
territories of Armenia. Go to your Artsakh.”’*

(a 36-year-old woman)

Finally, a few participants denied being called a ‘refugee’ stressing the fact, that they were forced to leave their homes against their will. This was reflected in one of the participant’s statement:

*‘You call it refugee when you WANT to escape from somewhere. We are not refugees, we are deprived, as they deprived us from everything, from everything.’*

(a 49-year-old woman)

### **Subtheme 3.5. Existential meaning: despairing, but also re-evaluating**

When reflecting on their past and current experiences, almost all participants talked about existential challenges they confronted and discussed how they tried to make sense of their lives.

Most described how their sense of life continuity got disrupted since the war started, and how their lives continue to feel disrupted. This idea was expressed in multiple statements, such as:

*‘Life has fallen apart’* (a 21-year-old woman); *‘These six months are like an extended nightmare’* (a 34-year-old woman); *‘It’s like a dream’* (a 36-year-old woman); *‘All my thoughts and life are revolving around war now’* (a 50-year-old man); and *‘We live partially’* (a 43-year-old woman).

*'Our days just go by. We do everything aimlessly. There is no desire to do anything... I don't want to comb my hair. I don't want to speak to anyone.'*

(a 48-year-old woman)

Overall, however, most participants concluded their reflections on a positive note. They reported re-assessing the presence of their loved ones, valuing, and being satisfied with what they have, and acknowledging that *'life goes on'*. Some of them also mentioned re-evaluating the importance of homeland and highlighted that the rest of their lives should be dedicated to strengthening their country.

*'The priority should be to help Armenia and Artsakh to get back on their feet. We should do everything possible to develop and support our country, so that it could recover after the war.'*

(a 30-year-old man)

Nevertheless, for a few participants, the feeling of senselessness and existential uncertainty were intense, which led to questioning their lives in general. To the question what they would have done differently during and after the war, one of the participants responded:

*'I would stay in Shushi, definitely.' ... 'Now it's too hard. It's better for a person to die than to live this way.'*

(a 42-year-old woman)

#### **4. DISCUSSION**

This study explored the experiences of displacement, current living circumstances and psychosocial support among people who fled their homes due to the NK war in Fall 2020.

Analyzing the participants' experiences during the displacement showed that the residents were left on their own to decide about the measures of safety and whether to leave the region as the war broke out. The decisions to leave the region were shown to be influenced by several factors, including a distorted sense of safety, family members being actively involved in the war activities, and uncertainty, which, in many cases, contributed to delays in displacement. Moreover, the lack of coordination from the broader system (including the government) created a situation wherein the special needs of people suffering from physical ailments were not accounted for, and the residents' overall safety during their journey to a safe place was additionally jeopardized.

It should be noted that most participants themselves expressed low expectation for support from their government during their displacement. The discrepancy between the participants' expectations and the dangerous circumstances in which they were displaced raises big concerns and questions as to how the government could have been better prepared to ensure the residents' safety.

The study revealed that the participants' perspectives on psychological services changed depending on whether they thought of these services to address their own needs or those of others. Regarding their own needs, all participants were skeptical about the effectiveness of psychological services and reported relying on the strengths, as seeking psychological help was perceived as threatening to their self-esteem and sense of control over the situation. In the literature, unfavorable views on treatment effectiveness have been documented to decrease the likelihood to seek mental health support.<sup>49,50</sup> Furthermore, non-Western cross-cultural studies have reported that sharing psychological problems with a professional may be perceived as a sign of weakness, which enhanced a preference for self-control and endurance on one's



problem.<sup>51-53</sup> Such behavior was explained by the predominance of masculine values and the fear for harmed reputation among these cultures.<sup>51-53</sup> In this study, participants built a picture of themselves as sufficiently strong to overcome war trauma and projected the need for psychological support onto others, indicating culturally rooted suppression of feelings, which may be at odds with masculine values.

On the other hand, participants' negative perception of psychological care was diminished when abstracted from their persona. This showed that, in general, psychological care might be perceived positively. These findings indicate that in this setting, psychological support should be purposefully advocated in a way that does not undermine or conflict with people's perceptions of their strength and self-esteem building on the existing general disposition towards psychological support.

The study participants demonstrated low propensity to seek or accept psychological support. Other studies, conducted in LMICs, also suggested that mental health care services were poorly utilized among conflict-affected people.<sup>54,55</sup> A study conducted in the Ukraine reported that almost three fourth of IDPs who likely needed psycho-social support did not receive it due to multiple reasons, including stigma/embarrassment, use of own medications, and unaffordable services.<sup>54</sup> On the other hand, a few participants in this study reported to have received psychological assistance. However, they still expressed a certain level of resistance towards those services by refusing the notion of the 'traditional' psychological support/service. This indicates that there might be a misperception among the target population and the broader Armenian society about the purposes and processes of psychological support. It raises concerns about their knowledge of the benefits of mental health and highlights a need for further research and advocacy for mental health in the country.

Silove's ADAPT model helped systematically analyze and report the findings regarding the adaptation of the participants to the post-war situation. The model describes five psychosocial pillars, which are considered to be at high risk of disruption after an armed conflict. All participants felt the presence of pervasive physical, mental, and financial insecurity, which, as they reported, diminished their control over the situation. In the meantime, in the post-conflict environment, the ongoing exposure to uncertainty and the absence of a sense of control and resources have been shown to increase the risk of mental health impairment.<sup>56-58</sup> Emphasis on obtaining 'four walls' as a key driver of recovery might suggest that the needs of displaced persons lie mostly within first two stages of Maslow's needs hierarchy, particularly in desire to find 'shelter' and safety.<sup>59</sup> Finally, return to homeland, regardless of its current occupied status, was still a relevant solution for participants to regain the control over their lives. Therefore, consideration of these factors and re-establishment of a safe, predictable, and comfortable living environment will help with the recovery and adaptation of the survivors and help them feel like home again.

The experience of personal loss and family separation are well-documented risk factors for mental health disorders among conflict-affected people.<sup>18,19</sup> In this study, these factors were reported to hinder adaptation. At the same time, support from family and the wider network were identified as factors associated with the ability to cope with traumatic experiences, a finding consistent with several other studies.<sup>60-62</sup> Hence, promoting restoration of interpersonal bonds and networks are essential measures of recovery.

Our results indicated increased sense of unfairness among participants, referring to the war in general and how the government has managed the war and the post-war situation. War seriously violates international humanitarian and human rights law,<sup>63</sup> and participants' perception of

violation towards their human rights is self-evident. According to the literature, preoccupation with injustice might frequently trigger anger, sometimes to the extent of explosive episodes, which may further affect mental health and social engagement among conflict-affected populations.<sup>64,65</sup> In addition, given the presence of distrust among participants towards the system, hindering adaptation and integration into the society, our results imply that restoring the sense of justice in the displaced community is necessary, but might require multi-sectorial system involvement.<sup>47</sup>

All participants reported to have disrupted social roles after war in different ways, including losing their jobs, becoming ‘*stateless*’, ‘*strangers*’, and ‘*denied*’ in their current communities. Unemployment, discrimination and national identity distortion leads to social disengagement and adverse mental health conditions.<sup>66-68</sup> Although a few mentioned that they were working to regain their professional role and engagement in the society, enabling full professional realization of displaced persons and elimination of ‘Artsakhian-Armenian’ divide are essential to restore constructive communal structures and cohesion of the society.

This study revealed that most participants faced existential crisis and were in a constant search for meaning of life. Meaning is central for human beings, and finding a meaningful context for the traumatic experience, as was demonstrated through many participants’ re-evaluation, fosters recovery from trauma.<sup>69</sup> Hence, understanding the disruption of existential meanings among the displaced persons and directing them towards constructive re-assessment would be fundamental for successful psychosocial recovery.

## **5. STRENGTHS AND LIMITATIONS**

The qualitative assessment of displaced persons' experiences during and in the aftermath of the war allowed to explore in-depth the displacement process, their psychosocial support experiences and perceptions, and the dynamics of the post-war adaptation. This study targeted participants with various age, sex, and previous and current places of residence, which increases the transferability of the results. Most of the interviews were conducted face-to-face, despite logistic difficulties due to the COVID-19 pandemic. Face-to-face interviews on a sensitive topic, such as war, ensured direct interaction between the interviewer and the participants, increasing the richness of the collected data by enhancing the rapport with the participants

Additionally, during the data analysis, the use of investigator triangulation while making decisions in data coding and interpretation increased the credibility of the study results. Also, to ensure dependability and confirmability of the results, all the steps of the study starting from its development to reporting findings were transparently recorded in the student investigator's research diary. Finally, the research diary also included notions on explicit and implicit preconceptions and assumptions the research team might have had and detailed descriptions of how they could have affected the decision making in all phases of the study.

The limitations of the study should also be recognized. First, conducting face-to-face interviews among people already returned to NK was not feasible in the scope of this study. In our sample only one participant had returned to NK and with whom the interview was conducted online. This limits the transferability of the study findings to those who have returned to NK. Second, the processes of data collection and analysis were not purely iterative, given the time constraints, which limited the meaning saturation of some units of the data.

## **6. CONCLUSION**

Our findings suggest that displaced persons generally experienced uncoordinated and unsafe displacement. The study invites the attention of government agencies to displacement as an important war phase which requires effective coordination and communication for the sake of residents' security. With that, it puts an emphasis on the importance of the country's overall disaster preparedness which can be improved by adoption of the international experience.

Our findings also revealed important patterns of perceptions of psychological care and needs which need to be considered by mental health care professionals and advocates while providing psychosocial support to the displaced persons. This would mean, for example, to offer psychological care in a non-traditional way, such as avoiding organizing it in an office-like setting and seeking for informal ways of providing it. In this way, the resistance of the population towards psychological services would be diminished in the short term. In addition, the study highlights the need for further research on and enhanced advocacy for mental health care to understand displaced persons' perception of the benefits of psychological services and their function. In turn, this will help to reduce the stigma associated with mental health services in the long term.

Lastly, investigating the dynamics of the five psychosocial domains of the ADAPT model among the displaced persons the study leads us to make the following conclusions. First, there is an urgent need for reestablishing a safe and secure environment for displaced persons. To achieve this goal the improvement of their housing situation particularly would be helpful. Similarly, increasing job and professional development opportunities would help to both reestablish their social roles and enhance their sense of safety.

Second, interpersonal bonds within the family and the wider social network for the post-war adaptation can be enhanced by social support interventions, including supported employment<sup>70</sup> and social prescribing (‘referring people to a range of local, non-clinical services to support their health and wellbeing’)<sup>71,72</sup>. Such interventions would promote healthy relationships within the communities of the RA and would additionally help overcome the Artsakhian-Armenian divide.

The combination of the mentioned approaches listed above could assist in providing psychosocial support to conflict-affected people. It would foster the re-establishment of an environment where the displaced persons would have opportunities for self-realization and restoration of their existential meanings.

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## TABLES

Table 1. Demographic characteristics of the study participants

Characteristics	Categories	n
<b>Age</b> (years), mean (range)		39.6 (21-67)
<b>Sex</b>	Men	5
	Women	7
<b>Previous place of living</b>	Region Hadrut	4
	Shushi	3
	Stepanakert	2
	Region Askeran	1
	Region Shahumyan	1
	Region Kashatagh	1
<b>Current place of living</b>	Yerevan	6
	Marz Aragatsotn	1
	Marz Shirak	2
	Marz Ararat	1
	Marz Gegharkunik	1
	Stepanakert	1

## APPENDIX 1

### Experiences of displaced persons during and in the aftermath of war in Nagorno-Karabakh: Semi-structured interview guide

Interviewee ID: \_\_\_\_\_

Interview venue: \_\_\_\_\_

Interview date: \_\_\_\_\_

Interview start time (hh/mm, 24 h): \_\_\_\_\_

#### Introduction

1. What is your age */completed years/*?
2. Gender */mark without asking/*
3. Marital status
4. Profession

#### Section 1. Displacement and current circumstances

##### **Sub-section 1.1. Current living situation**

1. Where are you currently staying?
2. Would you please describe the circumstances you are currently living in? **Probes:** With whom?
3. How satisfied are you with your living conditions?
4. How would you like to change your living conditions?

### Sub-section 1.2. The process of displacement

1. Would you please tell me how you came to place X? */name the place where the subject lives now/*  
**Probes:** When and how was the decision made to leave Artsakh? What other places could you go?
2. Could you, please tell me a bit about your experiences with the war and leaving Artsakh? **Probes:** Where were you living in Artsakh before the war? How long? With how many people? Where were you when the war started? How long did you stay in Artsakh during the war? How did you protect yourself and where/with whom did you stay?
3. Could you tell me a bit about what you thought and felt when you were leaving your home? **Probe:** For example, were you thinking it was temporary and that you would return?
4. Now, may I ask you to describe the process of moving? **Probes:** When did you leave? Whom did you leave with? What did you take with you?
5. What challenges did you encounter on your way? And upon arrival? What did you do/feel about those?

### Sub-section 1.3. Assistance with displacement

1. How was the assistance with moving organized? **Probes:** Who assisted you with moving? Did anyone contact you from the local/governmental/non-governmental organizations to help with moving or during your stay?  
 **If yes:** Could you, please tell me more about it? How was it done? How did you feel about it? What do you think could have been done better?  
 **If no:** Why do you think no one helped you out? How did you feel about it? What do you think could have been done to make this process easier for you?

**(For those who are planning to return to Artsakh) Sub-section 1.4. Returning back**

1. When are you going back home?
2. What information do you have about the current state of your house?
3. What are your feelings about going back home? **Probes:** Do you feel safe? Do you think it will be the same living at home as it was before? What would be different?
4. How is the assistance with returning organized? **Probes:** Who is assisting you in this (relatives, government, NGOs)? How do you think the assistance/information regarding moving back could be improved?

**Section 2. Psychosocial wellbeing**

**Sub-section 2.1. Current social engagement**

1. What do you currently do? **Probe:** Are you working or looking for a job?
2. What about your family members?
3. Were/Are you involved in activities/initiatives aiming to support Artsakhians and/or soldiers?
  - If yes:** How did you get involved in them? How has it changed your life after moving to place X?
  - If no:** What is the reason? What are your thoughts about such initiatives?
4. What about your family members involvement in such activities/initiatives?

5. May I ask how you currently feel yourself with your family members/relatives/friends? **Probes:**  
comfortable, more attached vs. tense, conflicts.
6. How have your relationships changed during and after the war?

### **Sub-section 2.2. Psychological wellbeing and psychosocial help**

1. How do you feel yourself emotionally/psychologically? **Probe:** What bothers you the most nowadays?
2. What do you do for that? **Probe:** What/who helps you with that?
3. Have you tried to seek for psychosocial help yourself?
  - If yes:** Please tell me more about your experiences with that. **Probes:** How has your mental state changed after that? What do you think of the help you have got/are getting?
  - If no:** Did you have thoughts to ask for help? What was the reason you did not take an action? What do you think could help get the help you need?
4. Have you been offered a psychosocial help by any individual or organization? **Probes:** What is your experience with such initiatives? What improvements would you suggest?

**Sub-section 2.3. Overview**

1. What would you have done differently during displacement/war? And after displacement?
2. What are your future plans in terms of your living place? Your work? And life more broadly?
3. What support do you need to help you navigate through this life stage?

**Conclusion**

1. Is there anything else you would like to share with regarding your experiences of displacement?
2. Finally, is there anything you would like to ask me before we conclude?

**Thank you very much for the interview!**

Interview end time (hh/mm, 24 h): \_\_\_\_\_

## APPENDIX 2

### Free psychological services

1. [“Depi kyanq” initiative](#)– aims to provide psychological assistance to those who have suffered due to the war. The services are organized in the Republic of Armenia (for all age categories), in the Republic of Artsakh (for children), and online (for all). It incorporates the following organizations:

- [Mental Health Services \(MHS\) Organization](#)
- [Intra Mental Health Center](#)
- Psychosocial Regulatory Center

Phone number: +374-99-11-79-75

2. [“Hilfmann” psychological service](#) - provides psychological assistance to persons suffered from the war. The services are delivered in all regions of the Republic of Armenia and the Republic of Artsakh. The registration is [online](#) or via telephone.

Phone number/Whatsapp/Viber/Telegram: +374-55-55-09-11, +374-93-55-02-99

## APPENDIX 3

### Ավճար հոգեբանական ծառայություններ

1. ‘Պեպի կյանք’ նախաձեռնություն –

([https://m.facebook.com/story.php?story\\_fbid=108127044513281&id=104318584894127](https://m.facebook.com/story.php?story_fbid=108127044513281&id=104318584894127))

Անդրծվել է պատերազմի պոռոտի սուստի ժամերին հոգեբանական աջակցություն

սրահայրելու նախաձեռնություն: Ծառայությունները կազմակերպվում են Հայաստանի

Հանրապետության մեջ բոլորի տարիքային խմբերի համար/, Արցախի Հանրապետության մեջ

երեխաների համար/ և օնլայն: Այն ներառում է հետևյալ կազմակերպությունները.

- MHS հոգեկան առողջություն ծառայություն (<http://mhs.am/>)
- Ինտեսնալ հոգեկան առողջություն կենտրոն (<http://sgmf.am/intra-mental-health-centre/>)
- Հոգեառողջական կարգավորման կենտրոն

Հեռախոսահամար՝ +374-99-11-79-75

2. ‘Հիլֆմանն’ հոգեբանական ծառայություն

([https://services.hilfmann.com/ru/?fbclid=IwAR2z1DC3Vc\\_rsfOgYWU\\_rwo6uB2U2FysXc1ndBbYD0z\\_kKKDV6NuE92alrx0](https://services.hilfmann.com/ru/?fbclid=IwAR2z1DC3Vc_rsfOgYWU_rwo6uB2U2FysXc1ndBbYD0z_kKKDV6NuE92alrx0)) - սրահայրում է հոգեբանական աջակցություն և անձանց, ովքեր սուստի

են պատերազմից: Ծառայությունները սրահայրվում են Հայաստանի և Արցախի

Հանրապետության բոլոր շրջաններում:

Գրանցումը օնլայն (<https://services.hilfmann.com/hy/register-for-an-appointment/>) կամ

հեռախոսազանգով:

Հեռախոսահամար/Whatsapp/Viber/Telegram՝ +374-55-55-09-11, +374-93-55-02-99



#### APPENDIX 4

Տ ե ղ ա հ ան վ ած ան ձ ան ց փ ո թ ձ ը և ապր ու մ ն ե թ ը պատե թ ազ մ ի ը ն թ ա ց ք ու մ և ա թ դ յ ու ն ք ու մ .  
Հ ա թ ց ազ թ ու յ ց ի ու ղ ե ց ու յ ց

Մաս ն ա կ ց ի ID \_\_\_\_\_

Հ ա թ ց ազ թ ու յ ց ի վ ա յ թ \_\_\_\_\_

Հ ա թ ց ազ թ ու յ ց ի օ թ \_\_\_\_\_

Հ ա թ ց ազ թ ու յ ց ի ս կ ի զ ք /ժ ժ :թ թ / \_\_\_\_\_

#### Ն ե թ ած ու թ յ ու ն

1. Քանի՞ տարեկան եք /լրացված տարիներով/
2. Առ / նշել առանց հարցնել ու /
3. Անուսնական կարգավիճակ
4. Աննազխտություն

#### Ան 1. Տեղստանությունը ու նր և ներկայ իս պյ մանները

##### Ենթամաս 1.1. Ներկայ իս արել ու պյ մանները

1. Դրտե՞ղ եք պ ժ մ մնում:
2. Կնկարադրե՞ք, ինդրում եմ, թե ի՞նչ հանգամանքներում եք պ ժ մ արում: **Հուշող հարց. Ո՞ւմ հետ**
3. Դրքա՞ն բավարարված եք ներկայ իս պյ մաններով:
4. Ի՞նչը կփոխեիք ներկայ իս հանգամանքներում:

**Անթախ 1.2. Տեղահամահան ընթացքը**

6. Կհնդրեհ պսոհել , թե հնչ սհես եկսք վկա ը Ա / Եշու մ տղ պ ն վկա ըի սնվհնու մը, որսեղ մհանսկիցը պ ժմ բնսկվու մ է, հու սսվել օգտսգործել ‘ Հպ սստն’ բսռը որսխս ներկկ պ հս սարել սկկ ըի սնվհնու մ  
**Հու շող հսքցեր.** Ե ըբ ս հնչ սհ’ ս որոշու մ կկ սցվեց թողնել Արցսխը: Ո ըիշ որսե’ ղ կսրող էիք գնսլ :
7. Կսրո’ ղ էք, հնդրու մ էհ, մի վոքը սվել հն պսոհել պստերսզմի ս Արցսխը թողնել ու Ձեր վորձստու թյ սն մսսիհն: **Հու շող հսքցեր.** Որսե’ ղ էիք բնսկվու մ Արցսխու մ միհնչ պստերսզմը: Որքս’ ն ժսհնսկ: Քսնի’ հոգու հետ Որսե’ ղ էիք, էրբ պստերսզմը սկսվեց: Որքս’ ն էք մնսցել Արցսխու մ պստերսզմի ընթացքու մ: Ինչ սհ’ ս էք հնքնեղ Ձեզ պշսպնել ս որսե’ ղ/ու’ մ հետեք մնսցել :
8. Կսրո’ ղ էք, հնդրու մ էհ, մի վոքը սվել հն սսել Ձեր մսքերի ս սարու մների մսսիհն պ ն պսիհն, էրբ Լքու մ էիք Ձեր սու նը: **Հու շող հսքց.** Օրիհսկ’ կսրծու մ էիք սսժսհնսկսկո’ ը է, ս Դուք հետկվերսդսնս’ ք:
9. Ա ժմ, կսրո’ ղ էհ Ձեզ հնդրել նկսրսզրել սեղսվոխսնսն ընթացքը: **Հու շող հսքցեր.** Ե ըբ սեղսվոխվեցիք: Ո’ մ հետեիք սեղսվոխվու մ: Ի’ նչ վերցրիք Ձեզ հետ
10. Ի’ նչ սրգել քների/ղժվսրու թյ ու նների էք հսնդիսվել ճսնսպրիհիհն: Իսկ պ սսեղ ժսհնսկել ու’ գ: Ի’ նչ սրեցիք դրսնք հսղթսսսրել ու հսսսր: Ի’ նչ զգսցու մներ ու նեիք պ ղ ժսհնսկ:

**Ենթամաս 1.3. Տեղահանման աջակցությունը**

2.3 Տեղափոխման հետևանքով ինչպիսի՞ օգնություն էր կազմակերպված: **Հուշող հարցեր.** Ո՞վ է աջակցել Ձեզ սեղանախման հարցում: Ռոնե՞ մեկը սեղան/կառավարման մարմիններից/հասարակական կազմակերպություններից Ձեզ հետևանքաբաժնի է սեղանախման հարցում օգնելու համար կամ այստեղ մնալու ընթացքում:

- Եթե այո.** Ինչպիսիք է կանխատեսվածը: Ինչպե՞ս է դաշտում: Ի՞նչ վերաբերում է ներքին և արտաքին անվտանգությանը: Ձեր կարծիքով ի՞նչը կարելի էր ավելի և ավելի կազմակերպել:
- Եթե ոչ.** Ի՞նչ էր կարծում ինչու՞ ոչ ոք օգնություն չէր ցուցաբերում: Ի՞նչ էր կարծում դրան հետևանքներից: Ձեր կարծիքով ի՞նչ կարող էր արվել Ձեր համար այս ընթացքը հեշտացնելու համար:

**(Կրանց համար, ուղքեր պատկերում են վերադասնակ Արցախի) Ենթամաս 1.4. Վերադարձ**

5. Ե՞րբ էր պատկերում վերադասնակ:
6. Ի՞նչ սեղանախման ժամանակ էր ԶԲԻ-ի սան և ժամանակակից մասին:
7. Ի՞նչպիսի զգացումներ ունեք հետվերադարձի հետևանքով: **Հուշող հարց.** Ձեզ արհուլ զգում էր: Կարծում էր՝ սանն արելը նու՞յնը կլի ինչի ինչ անվանում էր: Ի՞նչը կլի ինչի տարբեր:
8. Վերադասնակ ու հետևանքներից ի՞նչ աջակցություն է կազմակերպվում Ձեր համար: **Հուշող հարցեր.** Ո՞վ է Ձեզ աջակցում այդ հարցում (հարստացում, կառավարություն, ՀԿ-ներ): Ի՞նչ էր կարծում՝ սրահանում աջակցությունը/սեղանախման ընթացքը ինչպե՞ս կարող է բարելավվել:

**Ան 2. Սոցիալ - հոգեբանական կեցու թյ ու նր**

**Ենթաբա 2.1. Արկայ իս սոցիալ ակնն ներգրավվածու թյ ու նր**

5. Ա ժմ ինչն՞ վ եք զբաղված: **Հու շող հարց.** Սշխատու՞ մ եք կամ վնսրու՞ մ եք աշխատնք:
6. Իսկ Ձեր ընտանիքի անդամնե՞ ըր:
7. Աերգրավվա՞ ծ եք/էիք բարեգործական գործու նեու թյ ան մեջ/նսփաձեռնու թյ ու ններու մ, որոնք նսքսակ ու նեն օգնել սրցսփցիներին և/կամ զինվորներին:
  - Եթե այ ո.** Ինչ սփ՞ ս եք ներգրավվել : Ձեր մանակցու թյ ու նր ի՞ նչ է փոխել Ձեր կյ անքու մ սյ ստեղ սեղախիսկել ու ց ի վեր:
  - Եթե ոչ .** Ո՞ ըն է սքաձառը: Ինչ սփ՞ ս եք վերսբերու մ նման նսփաձեռնու թյ ու ններին:
8. Ի՞ նչ կսաեք Ձեր ընտանիքի անդամների ներգրավվածու թյ ան մասին նման գործու նեու թյ ան մեջ/նսփաձեռնու թյ ու ններու մ:
9. Կսրո՞ ղ եմ ինդրել Ձեզ նկսրսգրել , թե ինչ սփսին են հսրսբերու թյ ու նները Ձեր և Ձեր ընտանիքի անդամների/բսրեկամների/ընկերների միջև: **Հու շող հարց.** Հսրմսրսվե՞ ս ավել ի կսսլլա՞ ծ, թե՞ լ սրված, կոնֆլ իկսնե՞ ը:
10. Ինչ սփ՞ ս են ձեր հսրսբերու թյ ու նները փոխվել սքսերսզմի ընթացու մ և դրսնից հետ:

**Անթախա 2.2. Հոգեբանական կեցու թ ռ ու նը և սոցիալ -հոգեբանական սջակցու թ ռ ու նը**

5. Ինչ սխի՞ ս էք Ձեզ գգու մ է մոցիոնսս /հոգեբանական սռու մով: **Հու շող հսրց.** Ի՞նչ ն է ամենից շսռՁեզ սնհսնգսսոցնու մ սջ սօր:
6. Ի՞նչ էք սնու մ դրսհսսսր: **Հու շող հսրց.** Ո՞վ/Ի՞նչ ն է օգու մ Ձեզ սջ դ հսրցու մ:
7. Փորձե՞լ էք ինքնեդդ վնսրել հոգեբանսսոցիսս սկսն սջակցու թ ռ ու ն:
  - Եթե սջ ո.** Ինդրու մ էմ սլել ի մսնրսնսն սսսմել Ձեր սջ դ վորձսռու թ սն մսսին: **Հու շող հսրցեր.** Դրսնից հեսո Ձեր հոգեկսն կսրգսսլիճսկը ին՞ չ վովոլու թ ռ ու ն է կրել: Ինչ սխի՞ ս կգնսհսսէք սջ դ սջակցու թ ռ ու նը:
  - Եթե ոչ.** Ո նեցե՞լ էք սջակցու թ սն դիսմել ու մսքեր/մսսսրու թ ռ ու ն: Ի՞նչ ու որնէ գորձնսկսն քսլ չ էք ձեռնսրկել: Ձեր կսրձիքով ի՞նչ ը կօգնեդ Ձեզ գսնել սջ ն սջակցու թ ռ ու նը, որի կսրիքը Դու ք ու նեք:
8. Ձեզ որնէ սնհսսկսս կսզմսկերսրու թ ռ ու ն սռսջսրկե՞լ է հոգեբանսսոցիսս սկսն սջակցու թ ռ ու ն: **Հու շող հսրցեր.** Ինչ սխի՞ վորձսռու թ ռ ու ն ու նեք նսնսն նսսսսձեռնու թ ռ ու նների հեսկսսկսձ: Ի՞նչ բսրել սլու մներ կսռսջսրկեիք:

**Ենթամաս 2.3. Անվտու մ**

- 4. Կս՞ ինչ -որ բան, որ պլ յ կերպկանեիք պատերազմի/սեղախիսան ընթացքու մ և հետ:
- 5. Ի՞նչ սարգապ սններ ու նեք սարել ու սեղի հետկապլած: Իսկ աշխատանքի հետկապլս՞ ծ: Իսկ ընդհանրապես կյ անքի առու մո՞ վ:
- 6. Ի՞նչ աջակցու թյ սն կարիք ու նեք, որը կօգնի առաջ շարժվել կյ անքի պ ս վու լ ու մ:

**Ախարտ**

- 3. Կս՞ որևէ պլ բան, որ կցանկանայ իք կիսել ինձ հետսեղանսանսան Ձեր վորձառու թյ սն հետկապլած:
- 4. Ի վերջո, կս՞ որևէ բան, որ կցանկանայ իք հարցնել ինձ մինչ և ակարսել ը:

Շատ շնորհակալ եմ թյ ու լ՞ ն հարցազրույցի համար :

Հարցազրույցի ավարտ /Ժժ :ր ր / \_\_\_\_\_

## APPENDIX 5

American University of Armenia

Institutional Review Board #1

Consent Form for Participants

### Experiences of displaced persons during and in the aftermath of war in Nagorno-Karabakh: A Qualitative Research Study

Hello, my name is Natella. I am a student at the Turpanjian School of Public Health (SPH) at the American University of Armenia (AUA) and as part of my master thesis project we are doing a project to explore the experiences during the war started in Fall 2020 in Nagorno-Karabakh.

I am inviting you to participate in an interview for this project because you have been forcibly displaced due to the war, and we would like you to share your experiences during this challenging period. Your participation will involve this interview, which will take approximately 60 to 90 minutes. You might also be contacted later after the interview for clarifying information you will provide during the interview, if necessary, to make sure I understood you correctly. You will be one of approximately 12 people who participate in these interviews.

Your participation in this study is voluntary. During the interview there will be questions about your displacement, current living circumstances, and your experience and expectations regarding psychosocial help after the displacement. You may refuse to answer any of the questions or can stop the interview at any time if you feel uncomfortable with anything. You are not threatened by anything in case you refuse to participate in this interview. During the interview you might experience discomfort given the sensitive topic of the study. There is no financial compensation or other personal benefits from participating in this interview other than the opportunity to share your experiences. It is possible that the information obtained from you will inform the research community and governmental bodies about the post war expectations and needs and might help contain the current crisis. This will be a benefit not only for you but also for the entire population affected by the war.

With your permission, I will use either audio-recording, or note taking to make sure that we will not miss any of the information you provide us with. All the information given by you will stay confidential. Your name will not be written anywhere, and only the summary findings from all interviews will be presented in the final report. My notes and the recording will be stored without any information that can identify you, and the recording will be destroyed at the end of the entire project. Quotes from the interview may be used in reporting the final project findings but will be completely anonymized.

If you have any questions regarding this study you can call Dr. Varduhi Petrosyan, the Dean of the SPH of the AUA, (374-60) 61 25 92. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Ms. Varduhi Hayrumyan, the Human Participant Protections administrator of Institutional Review Board of the American University of

Armenia (374-60) 612561. The principal investigator of the study is Dr. Ani Movsisyan, a Visiting Assistant Professor in the SPH.

Do you agree to participate? Thank you. If yes, shall we continue? Do you agree to the recording? If YES, I will turn on the recorder when we start the interview. If NO, I will take notes during the interview, if you do not mind. Please say YES or NO. If you are ready, we can start.



**APPENDIX 6**

Հայաստանի ամերիկյան համալսարան

Գիտական էթիկայի թիվ մեկ հանձնաժողով

Իրազեկ համաձայնությունն

Տեղահանված մարդկանց փորձը և ապրումները պատերազմի ընթացքում և արդյունքում. որակական ուսումնասիրություն

Բարև Ձեզ, իմ անունը Նաթելլա է: Ես սովորում եմ Հայաստանի ամերիկյան համալսարանի Թրփան ճեան հանրային առողջապահության բաժնում: Իմ մագիստրոսական թեզի շրջանակներում ես ներկայումս իրականացնում եմ ծրագիր, որի նպատակն է հասկանալ տեղահանված մարդկանց փորձը և ապրումները 2020 թ.-ի աշնանը սկսված պատերազմի հետևանքում:

Դուք հրավիրված եք մասնակցելու այս հարցազրույցին, քանի որ Դուք պատերազմի պատճառով ստիպված եք եղել լքել Ձեր բնակավայրը, և մենք կցանկանայինք իմանալ այս դժվարին ժամանակահատվածում Ձեր ապրումները: Ձեր մասնակցությունը սահմանափակվում է ներկայիս հարցազրույցով, որը կտևի մոտավորապես 60-ից 90 րոպե: Հետագայում հարցազրույցից հետո հնարավոր է Ձեզ հետ կապ հաստատել հարցազրույցի ընթացքում Ձեր կողմից տրված ինֆորմացիան ճշգրտելու նպատակով, եթե դրան հրաժեշտությունը չի ներհանում: Դա կօգնի ինձ համոզված լինել, որ ես Ձեզ ճիշտեմ հասկացել: Դուք մեկնեք մոտ 12 մասնակիցներին, որոնք ընտրվել են մասնակցելու այս հարցազրույցներին:

Ձեր մասնակցությունը այս հետազոտությանը ամբողջությամբ կամավոր է: Հարցազրույցի ընթացքում կլինեն հարցեր Ձեր տեղահանության, ներկայիս ապրելու հանգամանքների և տեղահանումից հետո հոգեբանական և օգնություն Ձեր փորձառության և ակնկալիքներին մասին: Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել: Դուք նաև իրավունք ունեք ավարտել հարցազրույցը ցանկացած պահի: Հարցազրույցի ընթացքում հնարավոր է, որ Դուք անհարմարություն զգաք ելնելով թեմայի զգայուն լինելուց: Ձեզ ոչինչ չի սպառնում, եթե Դուք հրաժարվեք մասնակցել այս հարցազրույցին: Մասնակցությունը չի ներառում որևէ ֆինանսական փոխատուցում կամ անձնական շահբացի հնարավորությունից կիսվել Ձեր փորձով և ապրումներով: Հնարավոր է, որ Ձեր

տրամադրած տեղեկատվությունը կօգնի Հայաստանի կառավարությունը հետապնդել արգելափակման ճգնաժամի հաղթահարման համար նորոշումներ կայացնելու հարցում: Սա օգուտ կլինի ոչ միայն Ձեզ, այլև ընդհանուր բնակչության համար, որը տուժել է պատերազմից:

Ձեր համաձայնությունը ամբողջական ազդեցություն է հարցազրույցը կամ գրառումներ կվերցնեմ հարցազրույցի ընթացքում՝ Ձեր կողմից տրամադրված որևէ ինֆորմացիա բաց չթողնելու նպատակով: Ուզում եմ տեղեկացնել, որ Ձեր կողմից տրամադրված տեղեկությունը գաղտնի է պահվելու, Ձեր անունը չի նշվելու ոչ մի տեղև տեղեկատվությունը ներկայացվելու է միայն ամբողջական գեկույցի տեսքով: Ձեզանից հավաքագրած ինֆորմացիան (ձայնազրույցում, գրառումներ) կպահվի առանց Ձեր անձը բացահայտող տեղեկատվության և կոչնչացվի ծրագրի ավարտից հետո: Հարցազրույցից մեջբերումներ կարող են օգտագործվել ծրագրի վերջնական արդյունքների մասին գեկույցում, բայց դրանք կլինեն անանուն և չեն բացահայտի Ձեր ինքնությունը:

Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել Հայաստանի ամերիկյան համալսարանի Հանրային առողջապահություն ֆակուլտետի դեկան Վարդուհի Պետրոսյանին հետևյալ հեռախոսահամարով՝ 060 61 2592: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, Դուք կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտահետազոտական էթիկայի համակարգող՝ Վարդուհի Հայրումյանին (374-60) 612561 հեռախոսահամարով: Ծրագրի գլխավոր հետազոտող է հանդիսանում Թրփան ճեան հանրային առողջապահություն բաժնի հրավիրյալ դասախոս Անի Մովսիսյանը:

Դուք համաձայն եք մասնակցել հարցազրույցին: Շնորհակալություն: Եթե այո, շարունակե՞նք: Համաձայն եք ձայնազրույցում: Եթե ԱՅՈ, ես կմիացնեմ ձայնազրույցը, երբ մենք կսկսենք հարցազրույցը: Եթե ՈՉ, ես գրառումներ կկատարեմ հարցազրույցի ընթացքում, եթե դեմ չեք: Խնդրում եմ ասել ԱՅՈ կամ ՈՉ: Եթե Դուք պատրաստ եք մենք կարող ենք սկսել:

## **LIST OF APPROPRIATE JOURNALS**

Journal of Interpersonal Violence

Qualitative Health Research

BMC Public Health

Qualitative Research Journal

Public Health Reports

BMJ Global Health

International Journal of Qualitative Studies on Health and Well-being