The Resilience of Women Living in War Zones: A Qualitative Study of the Resilience Factors in Internally Displaced Adult Syrian Women

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Abstract

Background: Ten years of the ongoing Syrian conflict have led to one of the worst displacement crises globally and dramatically impacted people's mental health. The majority of refugees and internally displaced people are women and children. In conflict settings, women are considered one of the most vulnerable populations, especially when faced with new responsibilities and challenges. However, there is a lack of studies examining mental health and resilience among internally displaced people.

Objective: This qualitative study aimed to investigate resilience among internally displaced women living in Syria during the conflict, understand the changes in their gender role and explore the coping strategies they followed to face their circumstances.

Methods: Nine participants who met the research criteria (internally displaced, woman and over 18 years old) were recruited through purposive sampling. Participants took part in online semi-structured qualitative interviews, which were conducted in Arabic, recorded, transcribed, analysed and then translated to English. Three main topics were discussed: coping strategies, gender role, resilience factors. Thematic analysis was used to analyse the transcripts.

Results: Three main themes and six sub-themes have been identified. The first theme reflected both positive and negative coping strategies, while the second elucidated how the women's gender roles have changed during the conflict and how the women were affected by social norms. The third theme discussed the factors that promoted or obstructed their resilience. Generally, there was a lack of knowledge about mental health and resilience concepts among participants.

Discussion: This study highlighted the resilience factors and coping strategies among internally displaced women. Forced coping was the most common strategy. Additionally, faith played a paramount role in how participants dealt with their circumstances and was both a coping strategy and a supportive factor. Although women managed to cope with the new gender role, the changes had left them in conflict with the social norms. Furthermore, the hindering factors were reported considerably more. The findings narrow the gap in the existing literature of this population. This study could be a starting point for further studies to better understand resilience, especially among internally displaced populations in low-middle-income countries.

The Resilience of Women Living in War Zones: A Qualitative Study of the Resilience Factors in Internally Displaced Adult Syrian Women

Background, Context, and Theoretical Framework

The Syrian Conflict

The Syrian conflict has been classified as "the worst man-made disaster the world has seen since World War II" (United Nations, 2017). It started in 2011, and after a decade, with 13.4 million people needing humanitarian and protection assistance, there is no sign of resolution (Office for the Coordination of Humanitarian Affairs [OCHA], 2021; United Nations High Commissioner for Refugees [UNHCR], 2021). The conflict has resulted in dramatic social, economic, educational and humanitarian changes, with losses between 2011 and 2017 estimated at 1,214 billion dollars (Yusuf, 2017). Syrians have suffered the consequences of destroyed infrastructure, particularly essential services such as electricity disruptions, a decline in water availability, lack of access to health care services, and limited employment opportunities (United Nations Economic and Social Commission for Western Asia, 2020). A major repercussion is the dramatic inflation in the economy, which affected people's ability to cover their basic needs (Chokr, 2021), forcing over 80% of Syrians to live below the poverty line and 9.3 million to face food insecurity (Roth, 2021).

Moreover, the loss of human capital was dreadful, with over 400,000 Syrians killed, 6.7 million internally displaced people and 5.6 million refugees in neighbouring countries and 1 million seeking asylum in Europe (Cheung et al., 2020; OCHA, 2021).

Internal Displacement

Displaced people are either refugees who cross international borders; or internally displaced people (IDP) who relocate to safer places within the same country either forcibly or voluntarily (UNHCR, 2012). However, as IDP live under the same government, they lack international protection that safeguards refugees and have reduced access to aid supports (Thomas & Thomas, 2004). IDP have higher rates of mental health disorders than refugees and are more vulnerable to experience morbidity and malnutrition (Salama et al., 2001). Numerous studies have emphasised a strong link between high levels of mental health disorders and conflict-driven forced internal migration (Porter & Haslam, 2005; Steel et al., 2009).

Mental Health in Syria

Less than 2% of the general health budget goes to mental health services in Syria (World Health Organisation [WHO], 2011). Misunderstanding and stigma of mental disorders remain significant obstacles for accessing mental health care (Hedar, 2017). Before the conflict, there

were only 120 psychiatrists in Syria, and 70% were based in Damascus (Hedar, 2017). The only two public and two private psychiatric hospitals in the country were either destroyed or out of services due to the conflict (Abou-Saleh & Mobayed, 2013; Assalman et al., 2008). Furthermore, psychiatrists have dropped from 120 to 60, covering only 10% of the acute needs (Hedar, 2017). The results of the substantial decline in mental health professionals and the dramatic increase in mental health disorders have created an immense treatment gap (Kakaje et al., 2021).

There is a lack of data on the prevalence of mental illnesses in Syria (Hedar, 2017). However, the WHO (2012) estimated that 4% and 20% of Syrians suffer from severe and moderate mental health disorders, respectively.

Women in Syria and Gender Role

In conflict areas, women are vulnerable to experience sexual abuse, harassment, trafficking, and exploitation (Karasapan, 2016). Women in Syria lack access to essential services such as obstetric and reproductive health care (Sami et al., 2014; United Nations Population Fund [UNFPA], 2013). The Syrian war has exacerbated violence against women and girls, including discrimination, gender-based violence, rape, early and forced marriage, kidnappings, sexual assaults, and intimate partner violence (GAPS UK, 2018). During the war, women faced new responsibilities due to the changes in gender roles. Many women have overnight become the breadwinners of their families after losing spouses and fathers in the conflict; more than 22% of families inside Syria are now female-headed, compared to only 4% before the war (UNFPA, 2020). Over 90% of widows and wives with missing husbands are living in extreme poverty (Human Rights Watch, 2021).

The changes in gender roles can be better understood through exploring the social norms and cultural beliefs (CARE Insights, 2020a). Many social practices dictate women's choices and reinforce the subordination of women to men increasing gender-based violence (House, 2010). The Syrian society is still predominantly patriarchal, and stereotypes like being nonentities, dependant and predominately housewives are widely attached to women. Such beliefs unjustly legitimise the control of women's life, forcing young girls out of education and into early marriage (CARE Insights, 2020a; The Syrian Observatory for Human Rights, 2020). Furthermore, limited laws criminalise gender-based discrimination, marital rape, domestic violence or honour killings (House, 2010). The World Economic Forum report (2021) on the global gender gap ranked Syria at 152 out of 156 countries.

Resilience

Resilience is the ability to maintain equilibrium after facing stressful and difficult situations and to convalesce, flex and adapt effectively to threats (Luther et al., 2000; Masten & Reed, 2002). Others defined resilience as the ability to learn how to live and adapt to the ongoing life challenges (Sossou et al., 2008) or good outcomes despite severe threats to development (Masten, 2001). The concept of resilience is widely debatable. Some researchers perceive it as an individual's ability to recover after facing stressful situations (Crawford et al., 2006), while others consider it more than personal abilities and skills. Furthermore, some researchers have studied resilience on the individual level (Mohaupt, 2009), while others researched community resilience (Adger, 2000; Panter-Brick & Eggerman, 2012).

Studies found that IDP with low levels of resilience are prone to developing mental health disorders (Siriwardhana & Stewart, 2013; Ziaian et al., 2012). This has attracted some researchers to examine the resilience factors (Siriwardhana & Stewart, 2013). In addition, studies found a difference between refugee and IDP men and women in adapting coping strategies during conflicts. Women's coping strategies tend to be manifested in emotional responses and seeking support, while men rely more on recreational activities (Seguin &Roberts, 2017) or use avoidance strategies by consuming alcohol (Ezard, 2011).

Most research on mental health in conflict areas focuses on trauma, and few studies have explored coping strategies and protective factors of mental health during conflicts (Steel et al., 2009). Moreover, most studies focus on refugees who live in high-income countries, while most forcibly displaced people are IDP in low-and-middle-income countries (UNHCR, 2015).

Several studies explored the resilience of displaced Syrians but were primarily focused on trauma-exposed Syrian refugees in high-income countries (Atari-Khan et al., 2021; Hasan et al., 2018); camp-based refugee women in neighbouring countries (Boswall & Al Akash's 2015; El-Khani et al., 2017); or internally displaced men and women in Northern Syria, which is a de facto autonomous region of Syria, with substantially different context to the rest of Syria (CARE Insights, 2020b). Syrian refugees in the United States reported that family, community support, and faith were essential factors in building resilience and coping with challenges (Atari-Khan et al., 2021). Islamic beliefs were the strongest supportive factor (Hasan et al., 2018). El-Khani et al. (2017) identified three themes: adapting to new norms, seeking support and maintaining well-being through faith, which was the most used coping strategy found, and trust in God played a pivotal role in maintaining mental health. Boswall and Al Akash's (2015) found that women coped through resorting to Islamic practices such as prayers and Quran recitation, maintaining

family contact and establishing new relationships. Participants in the CARE Insights (2020b) study regarded resilience as a process and not a series of individual or community characteristics. They also emphasised the importance of social capital in boosting well-being and resilience and how financial support is vital for those who lack social support. Additionally, some perceived the shift in the women's roles positively.

Present Study

The researcher was not aware of any studies on the resilience of internally displaced women living in regime-controlled areas in Syria. Women have a fundamental role in the post-conflict recovery and reconstruction processes (Sami et al., 2014). Therefore, there is a need for further research examining the resilience of internally displaced women and exploring the influencing cultural and environmental factors. This study could be a starting point for further research exploring how Syrian women maintain their resilience and mental health during one of the world's worst conflicts despite the lack of mental health services.

Research Objectives

This study aims to explore the factors affecting mental health and resilience among internally displaced Syrian women. The research objectives are:

1. Identify the resilience and coping strategies adopted by internally displaced Syrian women during the war.
2. Explore how internally displaced Syrian women are adopting new livelihood strategies and new gender roles.
3. Understand the ways in which internally displaced Syrian women maintained their well-being and mental health despite the lack of mental health provision.

Research Questions

1. What strategies do internally displaced Syrian women adopt to cope with stress and changing context during the war?
2. How are internally displaced Syrian women adapting to their new gender roles?
3. What are the resilience factors that support internally displaced women during the Syrian conflict?

Method

Research Design

A qualitative approach was chosen to study the experience of resilience among women in Syria, as it focuses on people's perspectives of their lived experiences (Moser & Korstjens, 2018), which cannot be reached through statistical analysis or quantification methods (Borbasi & Jackson, 2012). Qualitative research studies the social phenomena to understand how people face, respond to, and find a meaning of their life events (Teherani et al., 2015). Additionally, qualitative design is especially suitable for researching understudied (Hunt, 2011) and sensitive topics (Connolly& Reilly, 2007).

Interviews in qualitative research describe central themes in the participants' lived experiences (Moser & Korstjens, 2018). Therefore, individual interviews were selected for their ability to provide in-depth information about people's experience and their suitability for addressing sensitive issues privately. Additionally, a semi-structured interview guide was developed to allow the researcher and participant to discuss topics in-depth, with follow up questions and comments (Fox, 2009). The researcher gave special attention to the nature of the questions asked as that participants' contextual and cultural background may affect their willingness to discuss particular topics (DeJonckheere &Vaughn, 2019).

Different studies emphasized that cash incentives are a helpful tool to increase participants involvement (Singer et al., 2002). Participants were given their vouchers of approximately £12, and their local travel expenses were covered.

Participants and Sampling

Participants were recruited through the purposive sampling method, which is suitable for the research strategy. Purposive sampling aims to gather rich and depth information relevant to the phenomenon of the study; therefore, the samples tend to be small size but information-rich (Vasileiou et al., 2018). Purposive sampling is the most common sampling strategy used in qualitative research (Guest et al., 2006) and used for interviews to achieve an even representation of all ages (Battaglia, 2008). It identifies individual participants or groups who have experience with the phenomenon of interest (Cresswell & Plano Clark, 2011) and are willing to provide information about the research topic (Etikan et al., 2016).

The sample size was nine internally displaced adult women who live in rural Damascus. The field coordinator spoke with 11 women, two withdrew after showing interest due to personal circumstances, and nine were interviewed. The eligibility criteria for participants were women aged over 18 years old who have been displaced within Syria due to the conflict. A sample size

between 6-12 participants is deemed appropriate for collecting adequate depth and breadth information from participants' perspectives (Guest et al., 2013). Although results from nine participants may not be generalisable, they do provide valuable insights for further research.

Demographics of the sample varied in terms of age, marital status and number of children (see Table 1). The participants were aged between 24-63 years old (average was 40 years old). Participants were not highly educated, and none of them completed high school. All participants were living in rural areas and have experienced displacement multiple times. All participants were Muslim.

Table 1

Participants information

Participant ID	Age group	Marital status	Children
P1	46–60+	Widow	3–5
P2	19–34	Missing husband	0–2
P3	35–45	Married	5+
P4	35–45	Widow	3–5
P5	35–45	Married	3–5
P6	46–60+	Married	3–5
P7	46–60+	Married	5+
P8	19–34	Widow	3–5
P9	19–34	Single	0–2
Average	40 years old	–	4

Note. Information was aggregated into groups to protect the participants' identities.

Data Collection

The data was collected through online semi-structured interviews. One interview for each participant with interviews lasting between 18-57 minutes with an average of 34 minutes. A semi-structured interview schedule was developed (see appendix 1). The interview schedule started with warm-up questions preceded by an introduction between the researcher and participant. Then participants were asked open-ended questions on resilience, changes in gender role and coping strategies (see Table 2). Probing questions were used when appropriate to elaborate on answers.

Table 2

Interview Guide

Interview topic	Sample question
Warm-up	Introduction between the participant and the researcher
Mental Health	What is your knowledge about mental health/ resilience?
	What has your mental health been like during this time of war and living away from home?
	During the toughest times (major crisis), can you describe a real low point that you faced?
Coping and stress	How do you feel in your daily life since your displacement because of the war?
	Have you had any mental health breakdowns?
	How do you cope with pressure?
Change role	Many women in Syria have faced new responsibilities –has your role as a woman and/or a mother changed during displacement? How so?
Social aspects	What role do you think your family play in your mental health?
	How does your family affect your mental health?
	What role do your personal connections (relatives, neighbours) play in your mental health?
	What role do your friends play in your mental health?
	Who supports you in keeping good mental health?
	Can I ask you what role did religion play in your mental health?
	Is there anything that makes it hard for women to seek support from friends, family and care providers in Syria?
Closing	Is there anything else you would like to add?

Procedure

Due to the travel restrictions imposed by the COVID-19 pandemic, the researcher could not travel to Syria to conduct the research. Therefore, a field coordinator was recruited to facilitate participant recruitment on the ground, and the interviews were conducted remotely by the researcher. Participants were recruited via a local organisation in Syria (Hayat organisation) that had agreed to conduct the research with their beneficiaries and provided access to a meeting room and logistics (computers & headphones). Internet cards were provided to the coordinator.

The researcher provided Hayat with the participant criteria, and they shared a list of their beneficiaries who meet the requirements with the field coordinator. The latter is a member of the

organisation and has already access to the data. The beneficiaries of Hayat had consented to be contacted about future training & research opportunities. The field coordinator split the beneficiaries into three groups: young group (19–34 years old), middle group (35–45 years old), and older group (46–60+ years old), and then re-listed each group alphabetically. The field coordinator contacted the first name on the list of each group to explain the study aims and ask if they would like to take part, then contacted the second on the list and so on, until having 3 participants from each group.

The researcher translated the informed consent, information sheet, and privacy notice from English to Arabic and then asked a professional translator to review them. The field coordinator explained the aim of the study and gave each participant an information sheet and privacy notice to read, and then provided a link to the informed consent form (using Microsoft Forms) to read, sign and confirm whether they would like to take part. The researcher explained that participants could withdraw from the interview at any time or withdraw their data after the interview has been concluded without giving a reason. Participants were given voucher incentives before commencing the interviews, and their local travel expenses were covered.

Online interviews were conducted over Microsoft Teams in Hayat's centre in Damascus, Syria, using the organisation's computer. Participants sat alone in a private room during the interview. The field coordinator had set up the room, prepared the Team's call link and provided hand sanitiser and masks for participants before leaving the room.

All interviews were conducted, transcribed and analysed in Arabic to minimise lost meanings in translation and maximise accuracy and coherence (van Nes et al., 2010). Transcripts were first anonymised, analysed and later translated to English by the research. The interviews were audio-recoded and saved to secure cloud storage (University of Glasgow [UoG] OneDrive for Business).

Data Analysis

Thematic analysis (TA) was used to analyse the data due to its ability to identify and analyse patterns of meaning and themes in qualitative data (Braun & Clarke, 2006). TA is a common data analysis approach for qualitative studies (Castleberry & Nolen, 2018). The researcher followed the thematic analysis guidelines by Braun and Clarke (2006). The inductive thematic analysis approach was used as it does not require a pre-existing coding frame, and therefore, the themes discovered are strongly linked with the data.

The NVivo 12 Pro software was used for coding. The researcher read the transcripts multiple times and took notes for the initial codes relevant to the research's question. Then, all the

codes that fit together were put in one group to create initial themes. All the codes were repeatedly refined to ensure themes reflected the women's experiences. Also, sub-themes were added to highlight the differences in the themes.

Ethical Issues

The researcher received ethical approval for the study from the College of Medical, Veterinary & Life Sciences (MVLS) ethics committee at the UoG.

To ensure consents are fully informed, the researcher and the field coordinator explained the study aims again and read the information sheet, privacy notice and the informed consent to all participants in Arabic. The researcher reminded the participants that interviews would be audio-recorded and gave them the opportunity to ask questions. Participants were made aware that their participation is entirely voluntary and can be stopped at any point, and that will not affect any services they receive from the Hayat organisation. Additionally, to ensure vouchers (incentives) are not inducement, participants were given the vouchers before conducting the interviews. They were also informed that they could keep the vouchers even if they decided to withdraw from the research.

Informed consents were signed electronically using Microsoft Forms, and interviews were recorded using Microsoft Teams, all saved directly to the UoG secure OneDrive. Names and personally identifiable details were removed during transcription, and participants were given pseudonyms to protect participant confidentiality.

The interview and questions asked might provoke negative emotions, and recalling memories might cause stress or sadness. Participants were apprised of this, and a list of psychological services was provided to link them with psychological support if needed. The researcher was aware of the women's circumstances and ensured a safe and comfortable online and physical environment; the interviews took place in a private room at Hayat centre which was familiar to the participants. The researcher clarified that the slightest feeling of concern is enough to suspend the interviews immediately.

Conducting online interviews involves additional ethical considerations. For example, participants may feel uncomfortable when being recorded or excluded if they do not have technological competence or continuous internet connection (Hay-Gibson, 2009; O'Connor et al., 2008). Hence, participants were instructed to end the interview with a click of a button if they felt uncomfortable. Also, internet access was provided to eliminate any financial burdens and via an organisation-managed laptop. Still, data saved directly to the UoG OneDrive was accessible only for the researcher.

Results

Summary

Data analysis revealed three main themes and six sub-themes (see Table 3). Themes highlighted key aspects of the participants' experiences during the conflict through focusing on coping strategies, gender role and resilience factors.

Table 3

Summary of the main theme, sub-themes and codes

Theme	Sub-theme	Code
Coping Strategies	Negative coping	Forced coping
		Intentional forgetting
		Avoidance and escaping
		Emotional suppression
	Positive coping	Religion practices
		Forward-thinking
		Find meaning
		Distraction
		Comparison with others
Gender role	Conflict with social norms	Conflict with social norms
	Accepting the new role	Accepting the new role
Resilience factors	Supportive factors	Faith
		Family support
		Being a mother
		Personal traits
		Social support
	Hindering factors	Losses
		Living with others
		Stigma
		Lack of support
		Lack of livelihood

Theme 1: Coping Strategies

All participants attempted to overcome the different adversities and challenges faced during the war and displacement through following various coping strategies. These can be classified into positive and negative strategies.

Negative Coping

Participants developed their own negative coping strategies towards the hardships they faced. Those strategies included forced coping, intentional forgetting, avoidance and escaping, and emotional suppression.

A forced coping strategy involves accepting the circumstances faced in the ten years of conflict. Women reported how they felt hopeless to change anything and how they had no option but adaptation. These are exemplified by the following quotes.

> P1: You have no option but to think a lot and ask a lot, […] Finally, you will force yourself to cope.
>
> P4: Without patience, we can't bear our circumstances. […] no matter what we do, we cannot change anything.

Other participants developed an intentional forgetting strategy to overcome their negative memories and feeling.

> P3: I always try to forget these negative memories and get them out of my head. When I put my head on the pillow, I try to forget everything. Sometimes when someone mentions those memories, I get out of the room.
>
> P5: Primarily ignoring and forgetting, I try not to think about past events, especially in front of my children.

A few women chose to cope by avoiding triggering situations.

> P1: When I am annoyed, I like to go for a walk alone to not disturb anyone. Or I sit alone in the house because I don't want anyone to ask me what's wrong with you.

The majority of participants adapted by repressing their feelings to look strong and resilient in front of their families, and they often did not share their sadness and frustration. Also, some women found verbalising their feelings challenging.

> P7: I don't let my husband and children see my tears.
>
> P1: You hide them [emotions] to show people that you are happy but you are not. Many things disturb you […], but when I talk with my children or when I talk to you, I show that I am ok.

Positive Coping

Several positive coping strategies were adopted by the participants to face their misfortunes. These strategies included religious practices, forward-thinking, finding meaning, work and comparison with others.

Most participants practised different faith-based activities to overcome their adversities. Participants mentioned that following their religious practices, which included prayers and reading the Quran, were their sources of relief in the dark times.

P2: When we are in crisis, we resort to God. My relationship with God is so strong, […] I wake up at night to read the Holy Qur'an and pray.

P9: When I feel stressed, I read through it [Holy Qur'an], so I relax.

Focusing on the future was another strategy of positive coping. Some participants chose to focus on their children's study as they considered them the hope of their life, and helping them to succeed will support the women to overcome their traumatic memories. Others decided to think about developing their skills or continuing education.

P5: So I put all my hope in my children to study and graduate to achieve their father's dream.

P2: I always say to myself that I am not old; I am still young, for example, I must practice in a gym, I must become fit. Now I like to study and set for the 9th grade.

Some participants developed their own perspective of the adversities and sought to find a meaning of their hardships. Participants believed that they would overcome future challenges as they did in the past.

P1: Whenever we have a crisis, we think it is the biggest, but it passes with time. After a while, new crises emerge, and we have to face them.

One participant found working a successful strategy that has aided her adaptation during the conflict through distracting her attention from the sound of bombs and shelling.

P7: The lessons I gave took two hours of preparation, which distracted me from hearing the strange voices [bombs' noises]. My children were happy to see me working; we have hope for the future.

For others, comparison was a supportive mechanism to accept their current situation and feel at ease. The fact that all people were going through the same conflict helped some women cope; others found it relieving to imagine that some were enduring significantly worse circumstances. Some also used positive thinking and tried to alleviate the traumatic pain by focusing on their fortunes.

P1: We all are in exceptional conditions, and we are all equal, […] we were all in this together. We were acting as knowing that everything would pass.

P2: I always try to look at people who have experienced worse situations than mine. I always say thanks God, my children are okay, and none of them was harmed.

All the participants used both negative and positive coping strategies. However, the researcher classified them into two labels because women did not specify the type of coping strategy they followed. Forced coping strategy was the most common negative strategy that the majority followed. In contrast, religious practices were the most commonly used positive strategy among the women, while avoidance and find meaning strategies were the least strategies that women talked about.

Theme 2: New Gender Role

All the participants explained how their gender role had dramatically changed during the war, and they elaborated on the new responsibilities they had to take. Those who had been widowed during the conflict had to fill both parents' roles.

P3: Before the crisis, I didn't get out of the house unless it was urgent […], but now I am responsible for everything.

P8: Before the war, I didn't use to work or be responsible for anything but my children and house. But when he [husband] died, I became responsible for everything.

This finding includes two sub-themes: how the new role was conflicted with the social norms and how the women started to accept the new role.

Conflict With the Social Norms

Participants reported that coping with new roles was troublesome because their social norms do not tolerate women working and limit their role to housewives. Several participants described how their cultural and societal norms have made them uncomfortable with their new gender role.

P1: In the beginning, it was tough, but when I dealt with people who were similar to my characters, I felt that they weren't so different, they were like our families. The obstacles were from our traditions in our area. For example, women don't sit with men, and I had to.

A few participants mentioned how their new role affected their female identity, as they felt they lost their femininity because they worked in roles typically associated with men.

P8: I forgot myself, I forgot that I am a woman or from the gentle gender, hahaha. I didn't take care of myself as a woman for a long time.

Accepting the New Role

Although some women had to work and deal with men for the first time in their life, participants expressed that they are now used to and coping well with this role.

Six women reported that they struggled with the new gender role due to social norms. However, they managed to accept it later.

> P3: At first, it was too difficult to get in and out because I did not use to go out except to visit my family. After that, I adapted, and the new role became normal for me.

Theme 3: Resilience Factors

This theme identifies the different factors which affected women's resilience, including two sub-themes: supportive and hindering factors.

Supportive Factors

Many participants discussed factors that supported them to maintain their mental health and become resilient. These factors involve faith, family, personal traits, support from friends and relatives, and psychosocial support sessions.

Faith. All the participants spoke about the vital role of religion to protect their mental health. Trust in God gave participants a sense of hope and helped them to accept their fate.

> P4: Our hope in God is enormous; when you pray to God, you feel good because everything is in his hand; he gives us everything; you feel safe.

A few participants expressed that they believe that God will reward them in the end for how patient they were towards those circumstances.

> P8: Surely the faith in God saved us and gave us power; I am sure God will compensate us for everything bad we had. I like this idea to have compensation from God; I feel that God is always with me.

Family Support. Having family members was a crucial supportive factor of mental health. All participants, bar one, described the positive role of their families to maintain their mental health.

> P7: my husband, sons, and daughters had a tremendous influence; we helped each other. My children are my future; I want to give them hope to be strong like me.

Some participants spoke about the positive role of their husbands to support them in their tough times.

> P4: Without him [my husband], I don't know what would happen to me… he consoles me… he constantly works to support us… I feel so comforted... I like to pray for him; God bless him.

Being a Mother. In addition to that, most women described how having children was their reason to become resilient. They explained how their children motivated them to overcome their adversities.

> P5: When my husband died., I stayed shocked for five days without food or drink. I did not say a word, then I woke up from the shock and found my children around me begging me to be strong for them; they made me get out of the shock and be strong. Seeing my children around me was the reason to be strong.
>
> P2: Factors that make me stronger and resistant are my children. I say that I must be strong for them to provide them with their needs.

Personal Traits. Another supportive factor was the personal characteristics that some women have, such as a sense of humour and patience. Women reported that having those internal traits supported them to be strong and overcome their situation.

> P7: I am patient, and I have a sense of humour to face my situation.
>
> P4: By patience, we can bear our circumstances. […] whatever we do, we can't change anything.

Social Support. Another supportive factor that positively impacted the women's mental health was the psychosocial support sessions that all participants attended. One of the participants explained how these sessions boosted her confidence in her abilities.

> P2: The sessions with the facilitator support us psychological to resist and get over our problems.
>
> P6: We wait for the psychosocial support sessions because the facilitator's talk positively impacts my mental health.

Friends and Relatives' Support. Three women described that their friends and relatives played a significant role in maintaining good mental health, as they supported them morally and reminded them how strong they were.

> P3: There is just one lady that I talk to on the mobile phone. She and I support each other,[…] She supports me by reminding me that God will help us.
>
> P8: My relatives were always supporting; all of them praised me for raising my children and staying strong.

Hindering Factors

Numerous factors hindered the women's resilience. These factors are stigma, traumatic memories, loss, frequent displacement, poor living conditions, financial difficulties, and support.

Losses. All participants described their losses during the war as the most tragic event they have ever faced, which caused traumatic memories that they could not forget or cope with. Additionally, participants expressed how the sudden loss of their safety and stability by losing their home, husband and loved ones affected their resilience severely.

> P4: The biggest crisis was when our house was destroyed; all of us were really destroyed […] we lost everything we had, the house and the shop. I felt that I was no longer useful in life; I was depressed.

Living With Others. Three participants mentioned that another obstacle to resilience was living with others. During the displacement, many families had to live together in tiny, rented houses; they were under pressure to deal with many people and felt they lost control of their family.

> P2: We sat with our relatives in the same house, in crowds there were many problems because many families live in one place.

Lack of Support. In addition to the losses, most participants described the lack of support from the community, relatives and extended family. Also, the three widows described how their families-in-law neglected them.

> P2: There was another thing that shocked me, my husband's family let me down. They said that they were not able to support or help or pay the rent for me.
>
> P8: My mother-in-law affected me negatively too, I became hateful, maybe not, but I am always mad with her. She gave me the children without any care till now.

Lack of Livelihoods. Few participants described how the lack of livelihoods and financial difficulties added additional stress to their mental health and slowed the development of their resilience.

> P4: No house.. renting is expensive, no mercy... my husband's work is bad… nobody helps the others. Everyone is selfish.
>
> P7: We were living in a basement, so there was very little light. It was dark without electricity, no support.

Stigma and Lack of Psychological Services. Although many participants reported that there were psychological support sessions in their area, two participants described the lack of psychological services. Importantly, all participants explained that they do not prefer seeking mental health support due to the stigma. Participants described how mental health problems were viewed in society and how this prevented them from seeking psychological aid.

> P4: I don't like to go [to mental health support].

P3: if I told people that I wanted to go to the psychologist, people would tell me: do you have a mental disorder? Are you mad?.

Additionally, the majority of participants described how their pride prevented them from seeking support from relatives or community services.

P8: I prefer to sleep hungry without asking anybody for anything. I don’t ask for help from anybody. It is so hard to ask. We have dignity.

Discussion

The study aimed to explore the resilience of internally displaced Syrian women, understand how they cope with their circumstances and how their gender role has changed, and identify the factors that influence women's mental health. Through online semi-structured interviews, three main themes and six sub-themes were uncovered.

The findings are significant as they not only shed light on the supportive factors of resilience but also the negative factors that hindered the resilience of IDP, which were scarcely examined in the literature. Additionally, the findings highlighted the passive coping strategies among participants, which were not covered in other studies as far as the researcher is aware

All the participants reported poor mental health conditions due to the traumatic experiences during the war and the difficult living conditions. People affected by wars are vulnerable to experience greater challenges than the act of conflict, manifested in multiple forms of adversities that continue post-conflict (Panter-Brick et al., 2009; Seguin et al., 2016).

The results demonstrated various coping strategies adopted by internally displaced women. Many participants explained how they were compelled to accept their circumstances and stay strong to protect their families. That was consistent with what Atari-Khan et al. (2021) found that Syrian refugees described their efforts to continue life and protect their families as a resilience strategy. Also, several women coped with adversities by intentionally repressing the traumatic memories, which gave them a sense of relief, while a few coped through avoidance. The finding aligns with Seguin et al. (2017) study of IDP women, which found that women developed escaping and avoidance coping strategies both psychically and emotionally by sidestepping stressful situations. Avoidance and memory suppression could be symptoms of mental health disorders (NHS website, 2018). War is one of the most mentally and emotionally stressful situations that any individual could experience (Kakaje et al., 2021) and often leads to developing mental health disorders such as Post-Traumatic-Stress-Disorder (PTSD), anxiety and depression (De Jong et al., 2003; Tinghög et al., 2017). Studies found that women experience mental health disorders twice as often as men (Acarturk et al., 2018; Tinghög et al., 2017), and married women were more prone to mental health problems than single women (Vlassoff, 2007). Additionally, emotional repression and attempting to look strong despite feeling otherwise could be interpreted as a sign of alexithymia, a defensive mechanism that people adopt in stressful situations to prevent unpleasant feelings (Baudic et al., 2016). Also, there is evidence that alexithymia is linked with PTSD, one of the most common mental health disorders among IDP (Becirovic et al., 2017; Tinghög et al., 2017).

Participants also highlighted different positive ways of coping. The most common strategy was practising faith and spirituality. This is consistent with previous research among Syrian refugee women, which found Islamic practices were the most common coping strategy (Boswall & Akash, 2015; Hasan et al., 2018). Additionally, believing in God supported displaced people to overcome unpleasant feelings (Atari-Khan et al., 2021; Schweitzer et al., 2007). Furthermore, accepting God's will (destiny) helps Muslims feel optimistic and ease their healing process (Ciftci et al., 2013). Especially, in Syria where religion plays a significant role in people's lives (Hassan et al., 2015).

Focusing on the future was an effective coping strategy for some. This comes as no surprise as hope and future aspiration play a significant role in promoting well-being and overcoming mental health difficulties (Goodman, 2004). There is also evidence that optimistic people develop adaptive responses that promote their resilience (Conversano et al., 2010).

Viktor Frankl's theory demonstrates how finding meaning is crucial for surviving adversities such as wars (Frankl, 1985). This was another successful coping strategy of the research participants who adapted through finding meanings of what happened and developing alternative perspectives of seeing adversities. They may have developed an adversity mindset, as they believe as they have managed to conquer their previous adversities, they would be able to confront and cope with current and future traumatic events (Walther et al., 2021),

Studies showed that IDP women often develop distraction strategies to cope with their adversities, including seeking work (Seguin et al., 2017; Walther et al., 2021). This is in line with the current finding where women sought work and volunteering opportunities as an alternative source of income and a way of shifting attention away from difficulties. Distraction strategies divert people's focus from stressful circumstances to new situations that promote pleasant feelings (Tarafdar et al., 2020).

Some participants developed their own strategy through comparisons with others. The comprehension that others may be suffering more than them helped participants to accept their circumstances. The social comparison theory offers a possible interpretation that how individuals compare themselves with others influences their psychological resilience towards traumatic events (Hooberman et al., 2010). Individuals who tend to compare themselves downwardly (with those who experienced more traumatic situations) feel less distressed (Todd & Worell 2000; Walther et al., 2021).

The results show how the women's gender role has changed due to the conflict and how the women accepted the new role that often conflicted with the social values. In patriarchal

societies such as Syria, women are financially dependent on men. They face multi-layered barriers to their integration and contribution to society with fewer available opportunities, making them more vulnerable when conflicts break out (Alsaba & Kapilashrami, 2016; CARE Insights, 2020a). The current study highlighted how participants suddenly found themselves in situations they had never faced before, including working for the first time, dealing with men and even shopping outside alone. It may be possible that such a significant transformation in roles was disproportionate to their ability to adapt (Arostegui, 2013). Additionally, negative stereotypes, such as women's role is to give birth and raise children and are only capable of certain jobs, were prevalent in Syria (CARE Insights, 2020b). This may interpret why some participants reported that the new responsibilities impacted their view of gender identity, as they sometimes felt less feminine. Meertens & Stoller (2001) showed that displaced women could lose their social and cultural identity during conflicts.

This substantial shift in women's gender role may have left some, especially those who became the sole breadwinners, in a great conflict between the social values and the urging need of their families. However, women were forced to accept their new role to feed their children. Nevertheless, women reported feeling adapted and capable of these new responsibilities over time. It may be due to habituation, which helped embrace the new role, as the participants highlighted. Also, women reflected on how seeing others in the same situation eased their acceptance of the new role. Wagner et al. (2015) suggest that sharing the same circumstances with others creates a sense of relief and leads to better acceptance of difficult situations. Another interpretation is the change in power dynamics in their families, as women are now able to make their own decisions after being marginalised for a long time. This suggestion is supported by CARE Insights (2020b) study of displaced Syrian women who perceived the shift in their gender roles positively and felt empowered when finding themselves capable of coping with the new challenges and supporting their families during the conflict.

Participants explained various elements that helped them maintain their mental health, overcome hardships, and boost their morale. These supportive factors gave them a sense of community and that there are people who care about them.

The result suggests although religious practices were an effective coping strategy, faith and religious beliefs were among the most supportive factors. Religious beliefs promoted the participants' trust in God and helped them to accept their fate. The role of religion in maintaining the mental health of displaced people is evident in literature (Ai et al., 2005; El-Khani et al.,2017; Hasan et al., 2018). Religion followers tend to find meaning from each adversity they face (Abu-

Raiya & Pargament, 2015). Faith helps people be optimistic towards their future even during tragic circumstances, as it provides a sense of strength and comfort that God will help them (Hasan et al., 2018). Additionally, the adaptive fatalism concept in faith helps people accept things out of their control (Atari-Khan et al., 2021). Various studies among refugees demonstrated how faith strengthens resilience by creating a sense of meaning and trust in God which helped them accept their situations (Ai et al., 2005; El-Khani et al., 2017; Hasan et al., 2018).

Family and community support are supportive factors in promoting high-quality resilience (Siriwardhana et al., 2014). Family and community support networks are pivotal in Connor & Davidson (2003) definition of resilience. Numerous studies demonstrated the vital role of social support in enhancing resilience, facing stressful situations, promoting mental health and reducing medical morbidity (Ozbay et al., 2007; Southwick et al., 2005). Previous studies showed that seeking support from family was a common strategy that promoted the resilience of displaced people (Atari-Khan et al., 2021; Schweitzer et al., 2007). This aligns with the current findings. All participants emphasised the importance of family in sustaining resilience, and some said they could not overcome their darkest times without such support.

Resilience is sometimes defined as a person's ability to recover from adversity. Hence, having individual characteristics that aid coping is essential (Greeff & Ritman, 2005). Personal characteristics were a paramount factor that helped face hardships among Syrian (Walther et al., 2021) and Sudanese refugees (Schweitzer et al., 2007). The current study suggests that personality traits such as being patient, warm-hearted and self-supportive and having a sense of humour helped displaced women cope with their traumatic experiences.

Nevertheless, different factors inhibited the good mental health of the participants and reduced their ability to cope with their misfortunes. All participants rated their mental health as very poor, and they mentioned that their losses during the ten years of conflict were the most traumatic experiences ever faced. The losses varied between losing homes, loved ones, and personal possessions. Such sudden losses may have caused the women to develop feelings of uncertainty and danger. IDP and refugees experience losses in both materials and intangibles (Seguin et al., 2017). The loss of the spouse has been associated with poor mental health, as women found themselves responsible for managing their home and taking care of their children alone (Morina & Emmelkamp, 2012). Ongoing war is a major threat to mental health because poverty, violence and lack of livelihoods become part of the community situation (Panter-Brick et al., 2018).

The results showed that women were concerned about the perception of mental health disorders in their community. Despite struggling with traumatic memories, none of them sought support due to pride, stigma and the lack of support. Stigma is the most prevalent reason preventing refugees from seeking mental health support (Morris et al., 2009; Saechao et al., 2012). This is because stigma affects people's beliefs and attitudes (Abdullah & Brown, 2011). All women bar one reported that they could not swallow their pride and seek social support. Additionally, there was a lack of support from the community and relatives. Support from family-in-law was particularly scarce, and all the widowed women reported how they were shocked with how their family-in-law treated them after the husband died. Notably, the researcher did not find any previous studies that highlighted similar results. The current research presented other factors that negatively influenced women's resilience, including poor living conditions and frequent displacement during the war. Prolonged displacement and poor living conditions have been associated with poor resilience and poor mental health (Siriwardhana & Stewart, 2013).

Strengths And Limitations

There is a lack of research that examines the resilience of IDP, and most studies addressed the resilience among Syrian refugees. However, the context of IDP is substantially different.

The researcher was an "insider". Insider researchers are familiar with the participants' culture and know how to approach topics, which encourages participants to open up (Bell, 2005; Merriam et al., 2001). The insider researchers' knowledge of the context helps understand the participants and read their non-verbal cues (Greene, 2014). Nevertheless, DeLyser (2001) argued insider researchers could be biased, too subjective and may develop assumptions based on prior experience. Participants expressed how the researcher's self-disclosure of cultural background made them comfortable and viewed the researcher as a community member who understands the suffering. Importantly, sharing the participants' native language allowed the researcher to interview participants in their native language and code the Arabic transcripts to avoid loss of meaning during translation. Additionally, the researcher managed to overcome COVID-19 restrictions by collaborating with a local organisation in Syria to recruit and interview women remotely.

There are limitations of the study. Firstly, although the concept of resilience exists in the Arabic culture, there is no direct translation of the word; over four different terms are used interchangeably, but none conveys the precise meaning of resilience. Therefore, the researcher used several Arabic words during interviews when referring to resilience.

The second limitation was the political situation. Some participants were hesitant to talk about the conflict for safety reasons. However, the researcher was aware of the topic's sensitivity, and avoided any political questions and reassured the participants at different stages that their identity would be anonymised, and they could choose not to answer any question.

The third limitation was the limited sample representation. It only covered one group of participants from one local organisation and who came from two rural areas in Damascus, Syria. Moreover, all participants were from low socio-economic status and did not continue their education. Therefore, future research needs to target women from various socio-economic, geographical and educational backgrounds.

Reflexivity

Declaration of interest: The researcher is a woman, Muslim, Syrian, and I have lived almost her entire life in Syria, including nine years of the conflict. Therefore, objectivity was challenging to be maintained throughout the project.

Recommendations

Based on the research findings, the following recommendations are suggested:

- The study highlighted how internally displaced women faced one of the world's worst crises. The revealed themes could be formed into strategies to develop culturally appropriate psychosocial interventions in conflict situations.
- The research reflects on the value of economic and social empowerment in preparing women for adversities. For example, life-skills workshops, vocational training and micro-funding opportunities could help address gender stereotypes, enhance livelihoods conditions and empower IDP to be financially secure and establish start-up businesses (World Food Programme, 2021).
- Community organisations in Syria could run awareness sessions and encourage women to attend psychosocial support sessions to address misconceptions, reduce stigma and encourage seeking professional help.

Conclusion

The study aimed to explore the resilience among internally displaced women during the Syrian conflict. Multiple negative and positive coping strategies that helped women to manage the traumatic experiences and hardships were reported. The most common strategy was forced coping. Notably, faith played a prominent role in the way participants approached their circumstances and was both a coping strategy and a supportive factor that helped them maintain their mental health. Furthermore, the findings showed how the women's gender role has changed

during the Syrian crisis, leaving them in conflict with the social norms, which added additional stress. Participants, however, described how they were able to cope with their new gender role. Interestingly, although various supportive factors were present, the participants reported the hampering factors considerably more and explained how such factors impacted their mental health dramatically, especially their losses.

The study findings contribute to the knowledge of resilience among internally displaced women in low-middle-income countries in conflict settings by narrowing the gap in the existing literature. This research may encourage other researchers to examine the resilience of IDP further. Lastly, the results could support mental health professionals by shedding light on some coping strategies and supportive elements of this particular group.

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Appendices

Appendix A: Target Journal

International Journal of Qualitative Studies on Health and Well-being. https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=zqhw20

Appendix B: Supporting Evidence

Code Prevalence Table

Theme	Sub-theme	Code Name	No. Transcripts	Total No. References
Coping Strategies	Negative coping	Forced coping	7	13
		Intentional forgetting	4	6
		Avoidance and escaping	3	4
		Emotional suppression	5	8
	Positive coping	Religion practices	7	10
		Forward-thinking	7	8
		Find meaning	3	4
		Distraction	5	8
		Comparison with others	4	6
Gender role	Conflict with social norms	Conflict with social norms	5	9
	Accepting the new role	Accepting the new role	4	5
Resilience factors	Supportive factors	Faith	9	16
		Family support	8	22
		Being a mother	5	9
		Personal traits	6	9
		Social support	3	5
	Hindering factors	Losses	8	16
		Living with others	3	6
		Stigma	3	4
		Lack of support	8	15
		Lack of livelihood	8	15

Appendix C: Research Ethics Committee Approval Letter

University of Glasgow

23rd August 2021

MVLS College Ethics Committee

Project Title: The resilience of adult women living in war zones.: A qualitative study of the factors related to resilience in internally displaced adult Syrian women living inside Syria.

Project No: 200210001

Dear Dr Marie Kotzur,

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project.

- Project end date: As stated in application.
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: (http://www.gla.ac.uk/media/media_227599_en.pdf)
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely,

Jesse Dawson
MD, BSc (Hons), FRCP, FESO
Professor of Stroke Medicine
Consultant Physician
Clinical Lead Scottish Stroke Research Network / NRS Stroke Research Champion
Chair MVLS Research Ethics Committee

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Appendix D: Participant Information Sheet

University of Glasgow | College of Medical, Veterinary & Life Sciences

PARTICIPANT INFORMATION SHEET

You are being invited to take part in a research study about: The resilience of adult women living in conflict settings: A qualitative study of the resilience factors in internally displaced adult Syrian women.

Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. If you decide to take part in this study, you will be given a copy of this Participant Information Sheet and the signed consent form to keep.

The purpose of this study is to form part of the MSc in Global Mental Health at the University of Glasgow (Scotland, United Kingdom).

This study aims to:

1. Understand the ways in which internally displaced Syrian women maintain their wellbeing and mental health despite a lack of mental health support.
2. Collect information about the resilience factors that Syrian women used and how they cope with the stress/trauma during the war.

Why have I been invited to take part?

You have been invited to take part in this study because you are nominated from the association (Hayat insitutition) based on the study criteria (adult internally displaced women, aged 19-35).

We would like to speak with women aged +18 years old who have had to leave their homes and move to a different part of the country because of the war

All participants should be able to, speak Arabic. The field coordinator will read the informed consent, information sheet for women are unable to read and they will ask to sign their name.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason, also withdraw your data after the interview has concluded

All the interviews will be in the Arabic language.

What will happen if I take part?

There will be 6-9 interviews

If you agree to take part, you will take part in a one interview. This will take up to 1 hour and we willaudio record it and type up the recording. We might use direct quotations from the typed version in the reports of the study, but will remove your name and any other information that could identify you.

Are there any risks/ downsides to taking part?

The nature of interviews and questions asked might provoke negative emotions and recalling memories might cause stress or sadness. You will be linked with psychological support and psychological first aid support if needed. If this is something you would like to know more about, the field supervisor will provide you with more information about how to access these services, such as:

- ☒ http://fadfada-pss.com/: Fadfada is a new service provided from UNDP, which aim to provide psychological support through virtual means of communication in a confidential manner and is available to people all over the country.

  The platform provides support from: psychiatrists, psychologists, sociologists, speech therapists, and family support counselors, they work around the clock, six days a week. You can request support from the website and then the specialist will contact you and follow up on your case without any cost.
- ☒ Syrian Arab Red Crescent: in its centres provide psychological supports both (individual or groups sessions)

  SARC: Damascus Branch: XXXXXXX /XXXXXX
  SARC: Rural Damascus Branch: XXXXX / XXXXXXX

How will I benefit from taking part?

Your travel expenses will be covered.

You will be compensated with a small gift to thank you for your time.

How will my information be stored?

All information that is collected about you, or responses that you provide during the course of the research will be kept strictly confidential on secure University of Glasgow computers. You will be identified by an ID number, and any information about you will have your name and address removed so that you cannot be recognised from it.

All data in electronic format will be stored on secure password-protected computers. No one outside of the research team will be able to find out your name or any other information which could identify you.

Who do I ask for more information?

For any questions or comments or if you need more information, please contact the researcher:

……

…….@student.gla.ac.uk

……
…….@glasgow.ac.uk

Appendix E: Research Project Outline

The resilience of adult women living in war zones.: A qualitative study of the factors related to resilience in internally displaced adult Syrian women living inside Syria.

Brief description of the project

Ten years of the ongoing Syrian conflict have impacted people's mental health dramatically, especially women as they are considered are one of the vulnerable communities affected by war, as the majority of refugees and internally displaced people are women and children (Aburas et al., 2018). This study will aim to explore the factors that affected mental health and resilience among internally displaced Syrian women. There is limited research on mental health of adult women inside Syria. Therefore, this research will focus a starting point for further studies to explore:

- ☒ How Syrian women are surviving one of the worst conflicts in history,
- ☒ Understand the resilience strategies that the Syrian women used and how they are coping with the stress/trauma during the war
- ☒ How Syrian women adopt new livelihood strategies and new gender roles
- ☒ How Syrian women during the conflict are maintaining their wellbeing and mental health despite the lack of metal health services.
- ☒ **Background**

The United Nations in 2017 described the Syrian conflict as "the worst man-made disaster the world has seen since World War II" (United Nations Human Rights, 2017). Also, in 2018 UNICEF expressed their indignation through publishing a blank statement to demonstrated that no words can describe the conflict in Syria (UNICEF, 2018).

The ongoing war has left around 400,000 Syrians killed, including 115,000 civilians, and more than 6 million internally displaced persons and 5.6 million Syrians refugees in neighbouring countries and nearly 1 million seeking asylum in Europe (Cheung et al., 2020).

Before the war, the mental health domain in Syria was very poor with only 2% of the general health budget going to mental health (WHO, 2011). The Syrian conflict has affected people's mental health significantly The International Rescue Committee report announced that more than 50% of Syrian people is in need of mental health support (The International Rescue Committee, 2018)

There are only 70 psychiatrists in Syria, which cover less than 9% of the psychological needs; unfortunately, half of them fled the country, which caused a considerable treatment gap (WHO, 2013).

Syrians have experienced an increase in already existing mental health disorders, new psychological problems due to the conflict, and violence and issues with adaptation, especially in the refugees' situation (Hassan et al., 2016).

Since 2011, The Syrian Observatory for Human Rights documented the death of over 380,000 people in Syrian including 13,000 women (The Syrian Observatory for Human Rights, 2020). The Syrian war has exacerbated the different types of violence against women and girls, such as discrimination, gender-based violence, rape, early forced marriage, kidnappings, sexual assaults, and intimate partner violence (GAPS UK, 2018).

During the war, women have also faced new responsibilities, as the consequence of changing gender roles in society which could add additional stress to their mental health. Some women have become sole breadwinners overnight for their families after losing husbands and fathers to the conflict; around 17% of families inside Syria are now female-headed (CARE Insights, 2016).

The possible implications of the research

- A base for further studies on the resilience of adult women in war zones
- Highlight the important resilience elements and reinforcing in NGOs mental health programmes
- Inform mental health programmes in Syria

Research questions and hypotheses

1. What are the resilience factors that support internally displaced women during the Syrian conflict?
2. What strategies do internally displaced Syrian women adopt to cope with stress and changing context during the war?

Methodology: A qualitative study

The method of data collecting will be both:

- 4-6 interview
- 2 focus group (between 8-10 women each group)

Sample: internally displaced adult women (19- 35)

My sample will be a convenience sampling and I will use thematic analysis. As part of interview I will use the resilience and mental health scale to know more information about their state.

Resilience: EGO RESILIENCY SCALE (J. Block & Kremen, 1996) or Connor-Davidson Resilience Scale (CD-RISC)

Mental health: Arabic Scale of Mental Health (ASMH): Ahmed M. Abdel-Khalek

I will choose my sample from the women beneficiaries of associations. I will have a field supervisor inside Syria to facilitate the interviews and focus groups. The interviews will be online with me and it will in Arabic, and I will translate it.

The focus groups will be face to face with field supervisor and I will be online. And I will transplant the main ideas. Therefore, I will ask a financial support from the university as this will help me to encourage women to participate.

Ethical Considerations

1- Informed consent: explain that their participation is voluntary and can be stopped at any point they wish. Each participant is read a statement of informed consent, given a copy, and asked to sign it by hand.

2-Interviews' nature: The nature of interviews and questions asked might provoke negative emotions and recalling memories might cause stress or sadness. Participants will be made aware of this and will be linked with psychological support and psychological first aid support. Field supervisor will direct them to

3-Information sheet: I will provide participants with an information sheet explaining the aims of the study.

4-Permission: take a permission form participation to recode the interviews

5-Confidentiality: I will never use names in transcripts.

6-Safety of the psychical environment: ensuring that field conditions are safe for participants, even if it is only a slight feeling of something wrong, to suspend research temporarily.

7-Safe online environment: establishing a "safe" online environment encourages participant to disclose in interviews. To help achieve this safety, I will Buy an internet card especially for the

study propose, to let participants use it instead of using their own phone, for their safety and to make interviews more easily. Therefore, the online interview and focus group will take place in the organization, to make the interview environment more comfortable.

Proposed timetable:

	March	April	May	June	July	August	September
Submit Research proposal to Ethics committee							
Write literature review							
Collect data collection from participants							
Analysis the results							
Write- up of dissertation							

Barriers To Success

- The local organisations in Syria, might not collaborate to do my research with their beneficiaries.
- Difficulty to recruit the suitable number of participants.
- Maybe some participants might drop out before interviews take place.

Research context

Generally, internally displaced people divide into three levels:

1- people lived in shelters, and it's very difficult to reach them as it will need an approve from the government and it will take long time and generally they do not agree.
2- people moved to other areas and they register in local associations to receive support, and I can reach them by asking the local associations to do my study with their beneficiaries.
3- people now live in other areas and do not register in any associations and it is very difficult for me to reach them.

Appendix F: Consent Form

University of Glasgow | College of Medical, Veterinary & Life Sciences

Participant Identification Number:	
Title of Project:	The resilience of adult women living in war zones: A qualitative study of the factors related to resilience in internally displaced adult Syrian women.
Name of Researcher(s):	xxxxx

CONSENT FORM	Please initial box
I confirm that I have read and understood the Participant Information Sheet and Privacy Notice version 2.0 dated 22/07/2021.	☐
I have had the opportunity to think about the information and ask questions.	☐
I understand that taking part is voluntary and I can change my mind at any point, without giving a reason and without consequences.	☐
I agree with how my research data and consent form will be collected and processed as explained in the Privacy Notice version 2.0 dated 22/07/2021	☐
I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.	☐
I understand that if I withdraw from the study, my data can be removed.	☐
I agree to my interview being audio-recorded	☐
I understand that what I say in the interview may be quoted directly in reports and articles that are published about the study, but my name or anything else that could tell people who I am will not be revealed.	☐
I understand that the recorded interview will be transcribed word by word and the transcription stored for up to10 years in University archiving facilities in accordance with Data Protection policies and regulations.	☐
I agree to take part in the study.	☐

Name of participant	Date	Signature
field coordinator: xxxxx	Date	Signature

All translations including the interview transcripts can be made available upon request.