

IMPACT OF PRE-MIGRATION TRAUMATIC EVENTS ON RESILIENCE AMONG ERITREAN REFUGEES IN KHARTOUM, SUDAN

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ABSTRACT

Refugees affected by political upheaval; global pandemics and armed conflict endure a variety of potential traumatic stressors and traumatic experiences. They are exposed to traumatic experiences related to violence, death threat, hunger, trafficking, torture and much other criminal victimization. Such exposure makes the refugees vulnerable and adversely affects their psychological well-being. The situations that forced the refugees to flee their home country are often hastened by danger resulting in stress and depression. The purpose of this study was to examine the migration traumatic experiences and their influence on resilience among Eritrean refugees in Jiref, Khartoum Sudan. A correlational research design was employed. A total of 300 adult Eritrean refugees aged 18 and above were selected randomly to screen for pre-migration and resilience levels. Data was collected using Harvard Trauma Questionnaire and Connor-Davidson Resilience Scale 25 (CD-RISC-25). Both descriptive and inferential statistics were applied to analyze quantitative data. The study's main findings revealed a weak, negative, and significant relationship between the constructs of pre-migration and resilience level constructs, indicating that refugees' ability to be resilient has been significantly reduced by traumatic events and symptoms exposure. As a result, the research's main recommendation was the establishment of counselling facilities to help refugees build resilience.

Key Words: Trauma, Resilience, Refugees, Pre-migration.

INTRODUCTION

UNHCR (2018) reported that the ninth-largest refugee population originated from Eritrea, with 486,200 people forcibly displaced with main host countries of Eritrean refugees being Ethiopia

(164,600), Sudan (108,200), Germany (49,300), Switzerland (30,900), Sweden (27,200), and Israel (22,000). Similar to many other African nations, Eritrea has been through several transitions and periods of colonization in the last couple of centuries which has led to a massive forced migration. After gaining its independence from Ethiopia in 1991, after a short period of relative peace, the country plunged into another border war with Ethiopia in 1998. With the institution of indefinite national service and human right violation, thousands of Eritreans opted to flee the country.

Having escaped their adverse situation in Eritrea, the refugees after a period of time living in refugee camps, some decide to leave for urban areas or attempt to reach more developed countries, such as Italy, Israel, and the United States or Europe. There are two main routes: one is to go through Sudan into Libya, where they are at the mercy of smugglers to take them on a boat across the Mediterranean Sea on the quest to reach Italy. In the past couple of years, there have been multiple news headlines about refugee victims drowning in the Mediterranean Sea (Squires, 2016). The smugglers pack the boats beyond their capacity, resulting in the boats' capsizing in the water. In October 2013 a fishing boat carrying Eritrean refugees sank off the island of Lampedusa leading to the death of 368 people. While other refugees choose to remain in Khartoum, Sudan, supporting themselves or waiting to be resettled by UNHCR to a third country.

The second most important route to a more developed country is via Egypt to Israel. Refugees migrate from Sudan or Ethiopia to Egypt, where they are smuggled into Israel across the Sinai Desert (Van Reisen & Rijken, 2015). This path was especially risky because traffickers sold refugees to kidnappers in the Sinai Desert's unregulated territory. The kidnappers and smugglers demand ransom money from the refugee victims' families throughout the world by torturing the hostages while on the phone with their family members. Families are horrified by the sounds of torture and send as much money as they possibly can to try and save their loved ones (Fahim, 2014). This phenomenon escalated and Sudanese traffickers started kidnapping refugees from UN-refugee camps in order to sell them to traffickers in Egypt. These migrants have then ended up detained by organized human traffickers in Sinai Peninsula. The Egyptian traffickers, known to belong to the Bedouin tribe, extort the victims' and their families for ransoms, ranging from 3000 USD up to as much as 40,000 USD, in exchange for their family member's freedom (Van Reisen, et al., 2014). There have been reports that the detained migrants whose families lack funds to pay the traffickers ransom have been tortured, disappeared or killed. This human smuggling business of Eritreans was said to have generated around \$ 622 million in 2013 (UNHCR, 2013). Not all refugees make it out of the Sinai alive either with a report by Van

Reisen and Rijken (2015) estimating that 4000 persons lost their lives in the Sinai Desert within the preceding five years.

Refugees flee their home country in hopes of a better future but their journey is riddled with death, torture, dangers and a constant sense of the unknown. A study from Australia found that newly arrived African refugees had higher rates of infectious disease, psychological trauma and nutritional deficiencies than that of the general population (Tiong et al., 2006). Along with infectious disease and untreated chronic health problems, such as hypertension and diabetes, the literature equivalently revealed an increased rate of mental health issues for asylum seekers and refugees (Finklestein & Solomon, 2009). A study examining postpartum depression among Eritrean refugees in Israel revealed that 81.6% of the participants screened positive for postpartum depression as per the Edinburgh Postnatal Depression Scale. Fifty percent of the same female participants admitted to being kidnapped in route to Israel with 60.5% exposed to violence (Nakash, Nagar & Lurie, 2016). A study of Eritreans seeking asylum in the United States also reported over 300 instances of torture (Portnoy et al., 2021). The primary forms of torture reported were beating (87.7%) and forced positioning (57.9%). 90% of asylum seekers examined had physical findings which were consistent with the torture they reported, some of which had clinical as well as forensic significance. 86% of asylum seekers met diagnostic criteria for post-traumatic stress disorder.

Studies indicate that after the initial period of struggle, many refugees display an impressive drive to rebuild their lives (Pipher, 2001). The key factor for refugee resiliency is the refugee experience itself, which may make them more aggressive and innovative (Stein, 1998). The strength gained from their traumatic migration experiences enables them to learn the new language and new culture, and to achieve a certain level of stability (White, 2004). A considerable degree of integration occurs simply because life must go on as well.

According to Siriwardhana and Stewart (2013) individual and/or community resilience, as well as social support, have been identified as major possible mediators between forced migration experience and later mental health impact. Rather than a collection of solely personal characteristics like self-esteem or toughness, resilience is now viewed as a multidimensional construct that includes personal abilities and qualities, as well as social settings and a supportive family network (Connor & Davidson, 2003). Studies show that individuals with low resilience to adversity are more likely to acquire psychiatric disorders, the most prevalent of which are depression, anxiety, and conduct disorder (Hughes et al., 2013). The current study sought to examine psychological resilience in order to inform policy and practice. The study attempted to

understand how Eritrean refugees adapt to the traumatic migratory process as well as their acculturation experiences in the host country, which has not been addressed previously. This research, therefore, sought to clarify the impact of pre-migration traumatic migration experiences on resilience among Eritrean refugees living in Jiref, Khartoum, Sudan.

METHODOLOGY

This study employed correlational research design in order to understand the research problems and establish the relationship between the different variables. This study was conducted in Khartoum Jiref district of Khartoum state, Sudan. Khartoum area has long been the first choice of destination for the majority of refugees. Sudan is a destination, and, most significantly, transit country in terms of migration. It is also at the crossroads of migratory routes connecting East and West Africa to the Mediterranean Sea and Europe, as well as the Gulf States and Southern Africa (UNHCR, 2018). This study focused on refugees living in Jiref district which is part of Khartoum Sudan. The Jiref area of Khartoum has poor housing conditions, most refugees live in squalid overcrowded shelters and the area lacks basic sanitation services and infrastructure. It is a neighborhood with a high concentration of Eritrean refugees. This area continues to receive influx of refugees from Eritrea because historically many Eritreans lived in the area and it has relatively cheap renting houses. It is a place where refugees organize with human smugglers to travel to Libya.

The target population of this study were all Eritrean Refugees residing in Giref District, Khartoum, Sudan. The UNHCR (2020) report indicated that there are about 12,500 Eritrean refugees living in Khartoum State. Specifically, there are about 3,000 Eritrean refugees living in Giref district, of which 2,500 are adults (UNHCR Office Sudan, 2020).

Sampling Procedures and Sample Size

To determine the sample size for the first phase of the research, Taro Yamane (Yamane, 1973) formula with 95% confidence level will be utilized. The calculation formula of Taro Yamane is presented as:

$$n = \frac{N}{1 + N(e)^2} \text{ Where}$$

n = sample size required

N = number of people in the population

e = allowable error (%)

$$n = 2500/1 + 2500 \times 0.0025 = 344$$

Sampling Procedure

For quantitative study, a systematic random sampling method was used to select the participants. According to the UNHCR (2021) report, there are about 2500 adult Eritrean refugees living in Giref district. The 2,500 adult Eritrean refugees were divided by the minimum adjusted sample size (344) to get a sampling interval of 7. The first adult Eritrean refugee to be included in the study was chosen randomly by blindly picking one of two pieces of paper written 1st and 7th adult Eritrean refugees. After that, every 7th adult Eritrean refugee was included in the study until the desired sample size was attained.

Data Collection Instruments

This study used a standardized questionnaires to assess the pre-migration and trauma experiences among the participants. The researcher used Harvard Trauma Questionnaire, Resilience checklist, and Post-migration for quantitative data and open-ended questions for qualitative data.

Harvard Trauma Questionnaire - (HTQ)

The Harvard Trauma Questionnaire (HTQ) was originally developed by the Harvard Program in Refugee Trauma (HPRT) and the Indochinese Psychiatry Clinic in Massachusetts after years of extensive research and clinical experience with refugee populations (Mollica, McDonald, Massagli, & Silove, 2004). The HTQ was developed as a cross-cultural, clinician administered instrument to assess trauma and torture related to mass violence and their psychological impacts. It was intended to be used with clinical and community refugee populations, in both research and clinical settings (Mollica et al., 2004). Although the developers initially recommended its use for refugee populations, they have also used the HTQ among non-refugees (Silove et al., 2007). The Harvard Trauma Questionnaire (HTQ) is probably the most commonly used tool for assessing refugee pre- and post-migration traumatic events (Weaver, 2005).

The HTQ is a widely used instrument for the assessment of trauma symptoms associated with PTSD in culturally diverse populations (Mollica et al., 2004). The first section listed 40 events and participants were asked to check "yes" or "no" depending on whether or not they had experienced them (e.g., lack of shelter, lack of food and water, beating to the body, rape). The fourth section asked participants to rate the degree to which each of 16 trauma symptoms (e.g., recurrent thoughts or memories of the most hurtful or traumatic events) had bothered them during the past week. Symptom severity was rated on a 4-point scale ranging from 1 (not at all)

to 4 (extremely). The 16 items correspond to the DSM-IV criteria for PTSD (Mollica et al., 2004). All questions are answered using a Likert scale ranging from 1 = “not at all” to 4 = “extremely”.

Connor-Davidson Resilience Scale 25

The Connor-Davidson Resilience Scale (CD-RISC) measured resilience in this study. The CD-RISC consists of 25 items rated on a 5-point range of responses from “not true at all (0)” to “true nearly all the time (4).” Sample items include: “I have at least one close and secure relationship that helps me when I am stressed,” “even when things look hopeless I don’t give up,” “I try to see the humorous side of things when I am faced with problems,” and “I take pride in my achievements.”

The CD-RISC-25 consists of statements describing different aspects of resilience. The scale incorporates items which measure hardiness (i.e. commitment/challenge/control) (items 5, 10, 11, 12, 22, 23, 24), coping (2,7, 13, 15, 18), adaptability/flexibility (items 1, 4, 8), meaningfulness/purpose (items 3, 9, 20, 21), optimism (items 6, 16) regulation of emotion and cognition (items 14, 19), and self-efficacy (items 17, 25).

RESULTS

Resilience Levels of Refugees

The researcher sought to explore the differences in the mean score across the 8 conceptions of resiliency. The CD-RISC is a 25-item self-report assessment of psychological resilience. The scale measures 8 resiliency factors; hardiness, coping, adaptability, meaningfulness, optimism, regulation of emotion and cognition and self-efficacy. The finding is presented in table 1.

Table 1 Resilience Levels of Refugees

	N	Minimum	Maximum	Mean	Std. Deviation
Hardiness	300	.00	4.00	1.7348	1.12055
Coping	300	.00	4.00	1.6707	1.02937

Adaptability/Flexibility	300	.00	4.00	1.6144	1.08564
Meaningfulness	300	.00	4.00	1.7758	1.13140
Optimism	300	.00	4.00	1.7183	1.18300
Regulation of Emotion and Cognition	300	.00	4.00	1.6900	1.16623
Self-Efficacy	300	.00	4.00	1.8367	1.21377

Findings on Resilience levels of refugees show that participants reported low levels of resilience across eight resiliency factors; hardness, coping, adaptability, meaningfulness, optimism, regulation of emotion and cognition and self-efficacy. The refugees recorded better scores Self-efficacy with a (Mean = 1.84 ± 1.21) followed by meaningfulness with a (Mean = 1.78 ± 1.13). The findings have shown that Optimism indicated a (Mean of 1.72 ± 1.18) whereas a (Mean = 1.69 ± 1.17) recorded on Regulation of emotion and cognition. On hardness the refugees reported (Mean = 1.7348 ± 1.12). Coping recorded a mean of 1.6707 and a std. deviation of 1.02937 while a mean of 1.6144 and a std. deviation of 1.08564 was reported on Adaptability/Flexibility.

Resiliency has been shown to lower the risk of stresses and boost the ability to cope with the challenges that refugees confront in their daily lives. However, refugees face enormous levels of stress during pre and post-migration. The refugees are at risk of developing psychological and physical disorders as a result of their high levels of stress, which will add to their already existing trauma. Continued traumatization in the host country due inherent issues of conflict, such as trauma, violence, life threats, uncertainty, separation from family and/or losing family members, poverty, depletion of financial reserve, and living in transient conditions can often make deplete the resilience level of refugees and increase the risk of mental health disorders.

Current study results show that the overall resiliency level amongst Eritrean refugees in Sudan is low. This indicates that Eritrean refugees in Sudan are at risk for developing psychological and physical problems.

Influence Pre-Migration Traumatic events on Resilience

The study sought to find out the influence pre-migration trauma on resilience. The findings are presented below on table 2.

Table 2 Relationship between Pre-Migration Traumatic events and Resilience

		Hardines s	Copin g	Adaptability/Flexibili ty	Meaningfulne ss	Optimis m	Regulatio n of Emotion and Cognition	Self- Efficac y
Material Deprivation	Pearson Correlatio n	.417**	.361**	.270**	.413**	.316**	.300**	.377**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300
War-Like Conditions	Pearson Correlatio n	.421**	.402**	.308**	.427**	.377**	.390**	.458**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300
Bodily Injury	Pearson Correlatio n	.568**	.545**	.422**	.575**	.495**	.454**	.551**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300
Forced Confinement and Coercion	Pearson Correlatio n	.584**	.529**	.442**	.573**	.467**	.454**	.524**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300
Forced to Harm Other	Pearson Correlatio n	.678**	.632**	.580**	.665**	.555**	.544**	.601**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300
Disappearanc e, Death or Injury	Pearson Correlatio n	.720**	.697**	.628**	.731**	.632**	.617**	.663**
	Sig. (2- tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300

	N	297	298	298	298	298	298	298
Witnessing Violence to Others	Pearson Correlation	.506**	.464**	.368**	.499**	.404**	.388**	.496**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000
	N	299	300	300	300	300	300	300

The results show that the factors have a strong, positive, and significant relationship. This means that, despite their pre-migration trauma, participants demonstrated stronger resilience. The study illustrates how a victim of violence, such as a refugee can deal positively with past traumatic experiences. Forced to harm other and Disappearance, Death or Injury has scored the highest mean from the set.

The study found a strong, positive and significant relationship between forced to harm other and hardness ($r= 0.678$; $p < 0.05$); coping ($r= 0.632$; $p < 0.05$); adaptability/flexibility ($r= 0.580$; $p < 0.05$); meaningfulness ($r= 0.665$; $p < 0.05$); optimism ($r= 0.555$; $p < 0.05$); regulation of emotion and cognition ($r= 0.544$; $p < 0.05$); self-efficacy ($r= 0.601$; $p < 0.05$).

The study found a strong, positive and significant relationship between Disappearance, Death or Injury and hardness ($r= 0.720$; $p < 0.05$); coping ($r= 0.697$; $p < 0.05$); adaptability/flexibility ($r= 0.628$; $p < 0.05$); meaningfulness ($r= 0.731$; $p < 0.05$); optimism ($r= 0.632$; $p < 0.05$); regulation of emotion and cognition ($r= 0.617$; $p < 0.05$); self-efficacy ($r= 0.663$; $p < 0.05$).

DISCUSSION

Earlier studies have found that environmental factors can also act to exacerbate or buffer the impact of trauma (Panter-Brick, Eggerman, Ager, Hadfield, & Dajani, 2020). In the case of the Eritrean refugees, after their flight, besides having to deal with an often traumatic history, they encounter complex living environment rife with conflict, police harassment, detention, delays in immigration processes as well as social, cultural, and linguistic differences between their region of origin and their new setting.

This is consistent with Alqudah (2013) study, which found out showed moderate resiliency levels amongst Iraqi refugees in Jordan. The study reported that most Iraqi refugees in Jordan find it hard to meet their basic needs. These needs include medical care, housing circumstances, specialized psychological care, labor opportunities etc. These unfulfilled needs can add to the toll on the refugees’ psychological and physical health, especially those who are less resilient. Since

the results of this study shows that they are moderately resilient, this means that approximately most of them will suffer as long as these needs are not met. Chernet, et al., (2016) examined the mental health and resilience among newly arrived Eritrean refugees in Switzerland and reported symptoms of depression and somatic symptoms (≥ 10 on PHQ-SADS). The study concluded that More than 1 out of 3 presumably healthy Eritrean refugees report symptoms of PTSD, particularly in relation to traumatizing experiences during their journey to Europe. Despite high rates of PTSD participants scored high in resilience.

In the current study, participants reported feeling a sense of self-efficacy and meaningfulness. Self-efficacy is the extent to which people believe in their own capabilities to gain control over factors affecting their lives (Bandura 1989). This suggests that for refugees, who are often recovering from trauma whilst at the same time trying to overcome various other challenges associated with building a new life in a very different context, self-efficacy might play a central role in their wellbeing.

The refugees are also negotiating hard to make meaning out of their life in Sudan despite facing immense difficulties in their host country. Tippens (2017) also examined how urban Congolese refugees in Kenya promote psychosocial well-being in the context of structural vulnerability. Findings of study revealed that the primary stressors were related to scarcity of material resources, political and personal insecurity, and emotional stress. However, the Congolese refugees eased the stressors by relying on faith in God's plan and trust in religious community, establishing borrowing networks, and compartmentalizing the past and present. According to the refugees faith in God's plan, which was inextricably linked to their ability to integrate into a religious community and most participants stated using prayer to mitigate stress and negative emotions as well.

They also feel that events in their lives occurred for a reason. Despite this, they tend to have a strong sense of life purpose. Meaning is increasingly understood as a core component of well-being and of how humans develop and adapt to demands they encounter (Delle Fave and Soosai-Nathan, 2014).

The burden of continued traumatization could be the main reason for the weak, negative and significant relationship between post-migration and resilience. A number of post-migration stressors, such as poor social integration, financial hardships, and discrimination, have been proven to have a negative impact on the mental health of refugees and current research indicates post-migration stressors depletes the refugee resilience (Alexander, Mathilde, & Øivind, 2021). Some studies on refugee populations have found that social support can act as a buffer against

post-migration stressors, though the evidence for this is contested. These stressors have been shown to have strong negative direct effects on mental health. Low resilience to adversity puts individuals at higher risk of developing psychiatric problems with depression, anxiety, and conduct disorder being the most common (Hood & Duffy, 2018). Post-migration discrimination and poor neighborhoods also increased the risk for PTSD whereas a positive family environment and social support mitigated risk (Perreira & Ornelas, 2013). Daily stressors in post migration settings, such as poverty, extortion, inadequate housing, and xenophobia, had been linked to poor mental health among refugees (Ainamani et al., 2020). Labys et al. (2017) reported that many refugees described feelings of powerlessness and worthlessness, as well as passive suicidal ideation, in their work with urban Congolese and Zimbabwean refugees in South Africa.

CONCLUSION

The findings of this study imply that pre- migration traumatic experiences are dual dimensional in that they are both distressing and resilience building. Psychologists would draw some guidance from this when doing trauma intervention where there is need to address distress caused by these events but at the same time focus on bringing to awareness of the clients the possible positive transformation that is generated by these events. This approach would help in the cognitive restricting of traumatic experiences hence reversing the possible long term effects of trauma among the affected people.

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