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Prevalence of Trauma Symptoms among Eritrean Refugees in Jiref, Khartoum, Sudan

Bekit Teklemariam[1], Asatsa Stephen (PhD)[1], Muriithi Kambi Joel (PhD)[1], Nyagah Virginia Wanjiru (PhD)[2]

[1]The Catholic University of Eastern Africa
[2]Kiambu Institute of Science and Technology

Corresponding Author:** ***Bekit Teklemariam, *The Catholic University of Eastern Africa*

Abstract: *Refugees 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 purpose of this study was to examine the migration traumatic experiences among Eritrean refugees in Jiref, Khartoum Sudan. A mixed-method concurrent triangulation research design was employed to collect and analyze data. The study was carried out in Jiref district of Khartoum, Sudan. A total of 300 adult Eritrean refugees aged 18 and above were selected randomly to screen for pre-migration. A further qualitative sample of 10 participants was selected through extreme case sampling. Data was collected using Harvard Trauma Questionnaire. Qualitative data was collected using in-depth focus group discussion. Both descriptive and inferential statistics were applied to analyze quantitative data. The qualitative data was analyzed using thematic analysis. The study's main findings revealed high level of trauma symptoms among the refugees. As a result, the research's main recommendation was the establishment of counselling facilities to help refugees build resilience.*

Keywords: *Trauma, Migration, Pre migration, Post migration.*

1. INTRODUCTION

In the recent past, there has been a surge in the global refugee population as a result of conflict, war, persecution, human rights violations, and economic and political crises in different countries (United Nations High Commissioner for Refugees, 2022). It is estimated that 84 million people were forcibly displaced; 50.9 million were internally displaced, 26.6 million were refugees to other countries and 4.4 million were asylum seekers, or people who have applied for refugee status but were waiting for approval (UNHCR, 2022). The crisis between Russia and Ukraine in February 2022 triggered a massive outflow of refugees from Ukraine which has resulted to at least 4.8 million international refugees, with another 7.1 million displaced people living inside the country.

As a result, there is rising mental health burden among refugees in form of psychological and physical disorders as well as a reduced quality of life (Nickerson et al., 2016). According to Lee, et al., (2016), the prevalence of insomnia and its clinical characteristics was more prevalent among North Korean refugees living in South Korea more often than South Koreans did. Depression combined with insomnia was also more prevalent in North Korean refugees. In a similar study undertaken by Schweitzer, Robert et al., (2011), mental health status of people from Burmese refugee backgrounds in Australia showed that a substantial proportions of participants reported psychological distress in symptomatic ranges including posttraumatic stress disorder (9%); anxiety (20%), and depression (36%), as well as significant symptoms of somatization (37%). Participants reported multiple and severe pre-migration traumas.

Gezie, et al., (2018) equally assessed the magnitude of mental health symptoms as well as the association among socio-demographic, trafficking related exposure variables, and mental health problems of Ethiopian returnees from trafficking. According to the study's findings, the prevalence of anxiety symptoms was estimated to be 51.9 %, 34.5 % for PTSD, and 58.3 % for depression. Violence experienced during the trafficking period was found to be a mediator variable, and it was found to be significantly associated with anxiety and PTSD. This study looked at the prevalence of PTSD and depression in trafficking survivors.

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

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 (Tiong et al., 2006). Along with infectious diseases 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%). Asylum seekers examined had physical symptoms which were consistent with the torture they reported, some of which had clinical as well as forensic significance while 86% of asylum seekers met diagnostic criteria for post-traumatic stress disorder.

With evidence of adverse traumatic experiences among Eritrean refugees and there is need to generate updated data on the mental health burden in order to guide in the design of intervention strategies. This study examined the prevalence of trauma symptoms among the refugees with focus on quantitative assessment and subjective reports by participants.

2. METHODOLOGY

This study employed mixed methods concurrent triangulation design by combining correlational and phenomenological research design. The rationale for using both quantitative and qualitative approaches was to provide a better understanding of research problems and complex phenomena affecting the refugees. According to Mertler and Charles (2008). In this method, both quantitative and qualitative data are collected and given equal emphasis, which allows the researcher to combine the strengths of each form of data. 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, Khartum, 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).

2.1. 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:

$n = N/ 1+N (e)^2$ Where

n = sample size required

N = number of people in the population

e = allowable error (%)

n = 2500/1 + 2500 x 0.0025 = 344

2.2. 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 7h adult Eritrean refugee was included in the study until the desired sample size was attained.

2.3. Data Collection Instruments

The researcher used Harvard Trauma Questionnaire, for qualitative data. 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).

Focus group discussions were also used to obtain qualitative data on the trauma experiences that refugees experienced in their host country.

3. RESULTS

3.1. Analysis of Trauma Symptoms

This study thought to examine the differences in mean scores across the trauma symptoms reported by the refugees. The HTQ assess the severity of DSM-IV PTSD-symptoms by asking participants how much they were bothered by 16 PTSD-symptoms during the past week, rated on a 4-point scale (not at all, a little bit, quite a bit, or extremely). PTSD symptom severity is computed by averaging responses on the list of 16 PTSD-symptoms (range: 1–4). The HTQ recommends a clinical cut-off score of 2.5 to identify clinically significant PTSD. Diagnostic and Statistical Manual, Fifth Edition criteria for PTSD uses three sub-domains: re-experiencing traumatic events; avoidance and psychological arousal. The findings are presented in Table 1.

Table1. *Descriptive Analysis of Trauma symptoms*

	N	Minimum	Maximum	Mean	Std. Deviation
Re-experiencing Symptoms	300	1.00	4.00	2.7108	.80778
Arousal Symptoms	300	1.00	4.00	2.7620	.73153
Avoidance Symptoms	300	1.00	4.00	2.8100	.82428

According to the findings, refugees have a high prevalence of PTSD symptoms and traumatic symptoms. The most severe were avoidance symptoms, which had a (Mean = 2.8 ± .82). Participants reported (Mean = 2.76 ± .73) on Arousal symptoms, while re-experiencing symptoms reported (Mean = 2.71± .81). Avoidance symptoms implies that feeling detached or withdrawn from people, unable to feel emotions, avoiding activities that remind you of the traumatic or hurtful event, inability to remember parts of the most hurtful or traumatic events, less interest in daily activities, feeling as if you don't have a future and avoiding thoughts or feelings associated with the traumatic or hurtful events. The main reason why the refugees are avoiding the issues could be due the continuous exposure to traumatic events and an attempt to avoid distressing memories, thoughts or feeling as well as conversations about traumatic events. Avoidance is usually designed to prevent the occurrence of an uncomfortable emotion such as fear, sadness, or shame. The study further interviewed participants to bring out their subjective experience of the trauma events. One participant confessed,

> The people who took me to Sudan demanded a large sum of money. My family did not have enough money to pay them. But I needed to contact a relative in another country. They were able to pay it and, on top of that, they assisted me to start life in Sudan. You will go insane as a refugee without assistance. (Participant 8, Male)

The culmination of these traumas have deleterious impact on the refugee mental health. However, the refugees also use their social connection to overcome their distress. The participants indicated they their family and relatives resources to face their issues be it economical or psychological problems.

Other respondents admitted to using social withdrawal to cope with their problems. The act of withdrawing from social situations is referred to as social withdrawal. Some participants stated that they do not usually share their problems because they are afraid of social isolation. Participants stated that when people discover their situation, they end up blaming the victims, a practice of holding victims accountable for what happened to them. Some participant stated that they avoid to share their trauma and indicated they became reliant on their withdrawing coping mechanism:

> I sometimes talk to myself about my trauma and the conditions I am experiencing. I'd rather stay in my shell than share my problems with people who will judge me. For the time being, I don't want people to know about my condition. (Participant 11, Female)

Another participant also indicated the he uses the same method of mechanism to coping with his issues.

> When I first arrived in Sudan, I witnessed and experienced things that I do not wish to share with others. People usually blame you for no reason, as if it were your fault, and sometimes you want to share your difficulties, but no one listens because everyone is dealing with the same issue. I'd rather keep my problems to myself. (Participant 2, Male)

The participants indicated that they avoid sharing their thoughts due to fear of judgment or blame. But they might be avoiding the activities that reminds their previous trauma from triggering. Refugees, part from the enormous challenges they face after crossing into Sudan, they are confronted with the realities of deplorable conditions, a lack of support or adequate healthcare, and sharing limited resources. Therefore, many suffer from psychological and physical impairment.

4. DISCUSSION

The experiences of the Eritrean refuges indicate adverse conditions with some lacking spcial support. Okumura (2021) stated that social support for refugees who migrated escaping war, political persecution is extremely important, because refugees who had to migrate left behind many material and moral losses. It is difficult to try to start a new life in a different in anew country after experiencing psychosocial and economic difficulties during the migration process, but social support networks empower individuals in such situations and make them feel safe.

Schock and colleagues (2016) looked at refugees from Iran, the Balkans, and Turkey and reported high levels of PTSD. The avoidance behavior of those that had just suffered a significant life event was higher. This type of activity could be a way for these people to avoid reliving their past pain. Research has repeatedly associated higher levels of PTSD with higher levels of pre-postmigration trauma (Getnet, Medhin and Ale, 2019). This study on Eritrean refugees in Ethiopia found out that pre-migration living difficulties were associated directly with symptoms of PTSD and associated indirectly with PTSD symptoms in paths through duration of stay in the camp, post-migration living difficulties and depressive symptoms. Pre-migration and post-migration living difficulties were associated directly with depressive symptoms. Cognizant with present study Kangaslampi, Garoff, Golden and Peltonen (2021) analyzed PTSD symptoms among Central and East African refugees in Kenya exposed to multiple, severe traumatic events and the findings avoidance of thoughts and avoidance of situations, hyper vigilance and exaggerated startling, intrusions and nightmares, as well as physiological and emotional reactivity. Concentration problems were most central among mainly Somali refugees at a refugee camp, and associated with amnesia and sense of foreshortened future, while emotional numbing was the most central symptom among majority Congolese refugees in Nairobi.

The score on arousal symptoms are concerned with recurrent thoughts or memories of the most hurtful or terrifying events, feeling event is happening again, recurrent nightmares and sudden emotional or physical reaction when reminded of the most hurtful or traumatic events. This shows refugees must have passed through multiple traumas to feel that strong emotional reaction. Such strong emotional can be triggered by the environmental events and continuous re-experiencing of trauma on the host countries. Studies psychological impairment for a refugee does not simply resolve

with relocation to a new country. During the post migration phase, refugees may experience ongoing adversities that hamper recovery or worsen mental health, and this post migration stress impacts mental health outcomes over and above the effects of direct trauma exposure (Li, Liddell, & Nickerson, 2016). Indeed, both trauma exposure and post migration stress influence PTSD prevalence rates. Lies, Mellor, Jobson, and Drummond (2019) indicated recurrent nightmares and sudden emotional or physical reactions are common in those who have been exposed to trauma, it is nearly ubiquitous in refugees, and it is associated with symptoms of PTSD. However, the Eritrean exiles' position is exacerbated by the fact that Sudan is still mired in political and economic turmoil. Political unrest and persistent police harassment in the streets and refugee camps could have exacerbate PTSD symptoms.

These refugees fled their country because of persecution, war and/or violence and many are exposed to torture and trauma (Ziersch et al., 2020). The refugees in the relocation journey experienced traumatic events can trigger re-experiencing symptoms, especially when those stories contain similarities to their own traumatic event. Political turmoil, the declaration of a state of emergency, military coups, economic hardship and police extortion in the host country can exacerbate the refugee recovery situation.

5. Conclusion

This study reported trauma symptoms among the Eritrean refugees with subjective reports indicating re-traumatization even in the host countries. This would make the already difficult lives of the refugees more complicated which could transform their trauma into complex trauma. It is important for humanitarian organizations to work towards Psychological First Aid for refugees focusing on pre migration trauma and post migration living conditions. It is not just enough settling the refugees in refugee camps but working with local populations and authorities to give them humane treatment would go a long way in reducing the mental health burden of refugees.

References

Finklestein, M. & Solomon, Z. (2009). Cumulative trauma, PTSD and dissociation among Ethiopian refugees in Israel. Journal of Trauma & Dissociation, 10, 38–56

Getnet, B. & Alem, A. (2019). Construct validity and factor structure of sense of coherence (SoC-13) scale as a measure of resilience in Eritrean refugees living in Ethiopia. Conflict and Health. 13. 10.1186/s13031-019-0185-1.

Gezie, L. D., Yalew, A. W., Gete, Y. K., Azale, T., Brand, T., & Zeeb, H. (2018). Socio-economic, trafficking exposures and mental health symptoms of human trafficking returnees in Ethiopia: using a generalized structural equation modelling. *International journal of mental health systems*, *12*, 62. https://doi.org/10.1186/s13033-018-0241-z

Kangaslampi, S., Garoff, F., Golden, S. & Peltonen, K. (2021). A network analysis of posttraumatic stress symptoms among help-seeking refugees in Kenya. Journal of Anxiety Disorders. 78.102358.10.1016/j.janxdis.2021.102358.

Lee, Y. J., Jun, J. Y., Lee, Y. J., Park, J., Kim, S., Lee, S. H., Yu, S. Y., & Kim, S.J.(2016). Insomnia in North Korean Refugees: Association with Depression and Post-Traumatic Stress Symptoms. *Psychiatry investigation*, *13*(1), 67–73. https://doi.org/10.4306/pi.2016.13.1.67

Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current psychiatry reports*, *18*(9), 1-9.

Lies, J., Mellor, A., Jobson, L., & Drummond, S. P. (2019). Prevalence of sleep disturbance and its relationships with mental health and psychosocial issues in refugees and asylum seekers attending psychological services in Australia. *Sleep Health*, *5*(4), 335-343.

Mertler, C. A., & Charles, C. M. (2008).*Introduction to educational research*. Boston, MA: Allyn & Bacon.

Mollica, R. F., Sarajlic, N. & Chernoff, M. (2001).Longitudinal study of psychiatric symptoms, disability, mortality, and emigration among Bosnian refugees. *Journal of the American Medical Association*, 285, 546-554.

Nakash, O., Nagar, M. & Lurie, I. (2016). The Association Between Postnatal Depression, -0348 Acculturation and Mother–Infant Bond Among Eritrean Asylum Seekers in Israel. Journal of Immigrant and Minority Health. 18. 10.1007/s10903-016-8.

Nickerson, A., Cloitre, M., Bryant, R. A., Schnyder, U., Morina, N., & Schick, M. (2016). The factor structure of complex posttraumatic stress disorder in traumatized refugees. *European journal of psychotraumatology*, *7*, 33253. https://doi.org/10.3402/ejpt.v7.33253

Okumura, A., Espinoza, M. D. C., Boudesseul, J., & Heimark, K. (2021). Venezuelan forced migration to Peru during sociopolitical crisis: an analysis of perceived social support and emotion regulation strategies. *Journal of International Migration and Integration*, 1-34.

Portnoy, P. S., Diaz, A., Kupa, J., Rocroi, I., Tatel, E., Mehta, K., & Nelson, N. (2021). Patterns of torture among forcibly displaced Eritreans in California: A cross-sectional

Schock, K., Böttche, M., Rosner, R., Wenk-Ansohn, M., & Knaevelsrud, C. (2016). Impact of new traumatic or stressful life events on pre-existing PTSD in traumatized refugees: results of a longitudinal study. *European Journal of Psychotraumatology*, *7*(1), 32106.

Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: contributions of pre-migration and post-migration experience. *The Australian and New Zealand journal of psychiatry*, *45*(4), 299–307. https://doi.org/10.3109/00048674.2010.543412

Silove, D., Manicavasagar, V., Mollica, R., Thai, M., Khiek, D., Lavelle, J., & Tor, S. (2007). Screening for depression and PTSD in a Cambodian population unaffected by war: Comparing the Hopkins Symptom Checklist and Harvard Trauma Questionnaire with the structured clinical interview. *Journal of Nervous and Mental Disease*, 195, 152-157. doi: 10.1097/01.nmd.0000254747.03333.70

Tiong, A.C.D., Patel, M.S., Gardiner, S., Ryan, R., Linton, K.S. Walker, K.A., Scopel, J. & Biggs, B.A. (2006). Health issues in newly arrived African refugees attending general practice clinics in Melbourne. Med J Aust, 185 (11): 602-606. doi: 10.5694/j.1326-5377.2006.tb00724.

United Nations High Commissioner for Refugees (2022). *Refugee Population Statistics.* UNHCR; Geneva, Switzerland:

United Nations High Commissioner for Refugees (2020). *Refugee Population Statistics.* UNHCR; Geneva, Switzerland.

UNHCR (2018). Refugees and migrants arriving in Europe and at Europe's borders. January-December 2018.

United Nations High Commissioner for Refugees. Office Sudan (2020). *Global Refugee Trends*. www.unhcr.ch.

Yamane, T. (1973). Statistics: An introductory analysis. New York: Harper and Row.Yash

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