CoReMH
CONSORTIUM ON REFUGEES' & MIGRANTS' MENTAL HEALTH

POSTTRAUMATIC GROWTH AMONG REFUGEES IN TRANSIT

research report

2023

Acknowledgments

This publication is created by Consortium on Refugees' and Migrants' Mental Health (CoReMH). The research was conducted by:

- Psychosocial Innovation Network - PIN (Serbia)
- Medecins du Monde - Croatia office
- RCT Zagreb (Croatia)
- Medecins du Monde - Bosnia and Herzegovina office
- World Vision International (Bosnia and Herzegovina)

Publication authors:
Maša Andrić, Lena Ilić, Marina Ćurčić, Draga Šapić

Research authors:
Maša Vukčević Marković, Draga Šapić, Jana Dimoski, Dean Ajduković

Research associates:
Ante Župić, Sunčica Lazanski, Valentina Zeljak Božović, Igor Jokić, Miloš Pralica, Mirjana Ostojić, Rasema Kruscica-Hasanspahić, Irena Pašić, Snježana Ivanović, Milica Zelenović

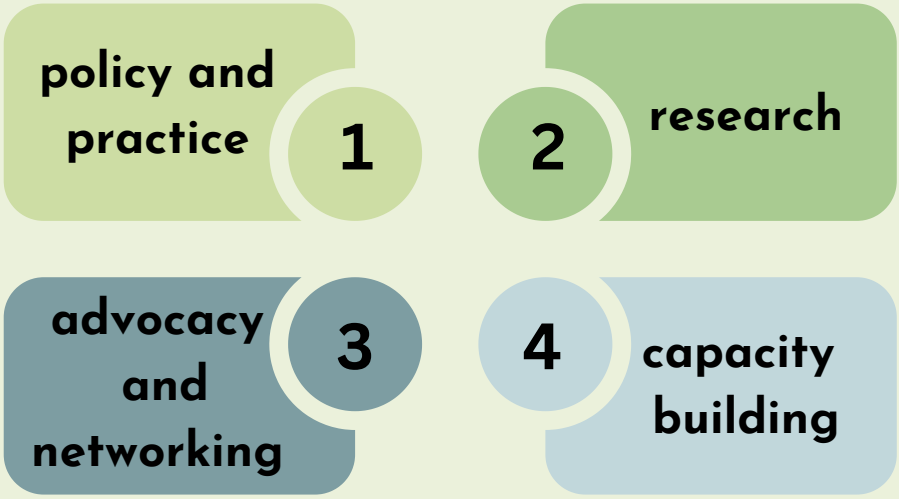
The primary objective of this report is to provide information on mental health of people who were forced to flee their home countries for different reasons. For better readability and simplicity, the term ***refugee*** will hereinafter be used to refer to all participants in the study, regardless of their legal status at the time of the research.

Suggested citation:
Consortium on refugees' and migrants' mental health [CoReMH] (2023). *Posttraumatic growth among refugees in transit: research report.*

About CoReMH

- Founded in 2020, **Consortium on Refugees' and Migrants' Mental Health (CoReMH)** consists of organisations that specialise in protection of mental health of refugees in the wider area of Southern Europe. Our goal is to connect key actors that deal with refugees and their mental health, hoping to create a shared approach in the field.
- Transit is a particular context which is ever-changing and often lacks research, which CoReMH recognises and pays special attention to. Therefore, we put a special focus on countries on a transit route.
- Currently, CoReMH consists of 25 members from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Hungary, Italy, Kosovo*, Serbia, and Turkey

CoReMH's work is organised in four working groups:



* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Summary

- The aim of the present study is to assess psychological vulnerabilities and strengths among refugees in transit. More specifically, the study focused on posttraumatic growth (PTG) among refugees in transit - does it occur, in which domains, and how is it related to psychological difficulties and wellbeing.
- Better understanding of PTG among refugees in transit is relevant because of the potential PTG may have in the process of recovery in the aftermath of trauma exposure.

PTG showed to be grouped around three domains: changes in self-perception, changes in interpersonal relationships, and a changed philosophy of life.

PTG is present among refugees in transit in moderate to high amounts.

PTG is not related to psychological difficulties; however, it is related to personal wellbeing.

Despite the numerous challenges refugees are facing, capacities for cognitive and emotional restructuring, needed for PTG to occur, remain preserved.
Mental health and psychosocial support interventions can represent spaces that could enable PTG, and they should be available to refugees regardless of their location.

Introduction

By the end of 2022, more than **108 million** people were forcibly displaced while more than 40 million out of the total number are refugees or asylum seekers.

Transit is a land that must be crossed in order to reach the final destination. It can last from several days to several years.

192,266 migrants were registered in Western Balkans in 2022, and data shows that **one in five** migrants have experienced at least one form of violence, exploitation or abuse along the route.

Besides PTSD (post-traumatic stress disorder), can **growth** also result from traumatic experiences?

PTG means not only to overcome a traumatic event, but to further grow from the experience. It is a process parallel to the adaptation to the source of stress and disturbance.[2]

What is the aim of our research?

To assess psychological difficulties, wellbeing and growth among refugees in transit.

Why is our research important?

The potential PTG may have in the process of recovery from trauma exposure.[3]

Method

Participants

249 participants
76.1% men
29.65 average age

Currently residing in:
Bosnia and Herzegovina
Croatia
Serbia

Measures

1. **Demographic characteristics questionnaire**
2. **The Posttraumatic Growth Inventory (PTGI)**[4] - measures the extent of positive changes as a result of traumatic and stressful experiences
3. **Refugee Health Screener (RHS-15)**[5] - assessing refugees' mental health, including symptoms of anxiety, depression, and PTSD
4. **The Well-Being Index (WHO-5)**[6] - estimates psychological wellbeing

Data collection

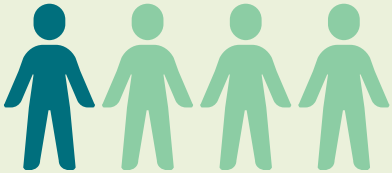
Data was collected from May to December 2022 by:

- Psychosocial Innovation Network - PIN (Serbia)
- Medecins du Monde - Croatia mission
- RCT Zagreb (Croatia)
- Medecins du Monde - Bosnia and Herzegovina mission
- World Vision International (Bosnia and Herzegovina)

Results - difficulties & wellbeing

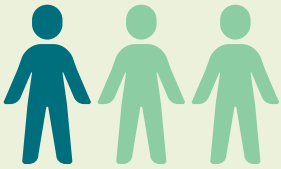
anxiety

On the anxiety screening, **25%** of the sample was positive. That means **1 in 4 people** exhibited pronounced symptoms of anxiety including discomfort with the anticipation of negative outcomes of future events.



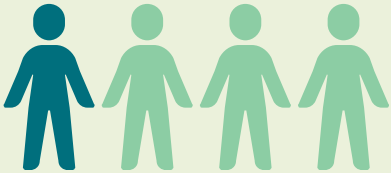
depression

On the depression screening, **31%** of the sample was positive. That means around **1 in 3 people** exhibited pronounced symptoms of depression such as depressive mood, difficulties sleeping, feelings of helplessness.



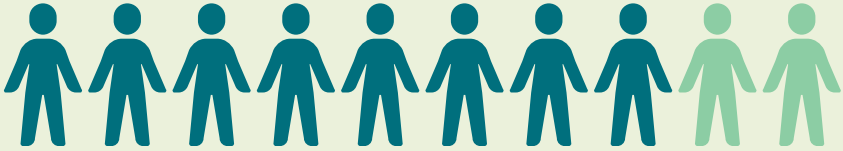
PTSD

On the PTSD screening, **24.6%** of the sample was positive. That means around **1 in 4 people** exhibited pronounced symptoms of PTSD such as reliving the traumatic event, avoidance, irritability and guilt, among others.



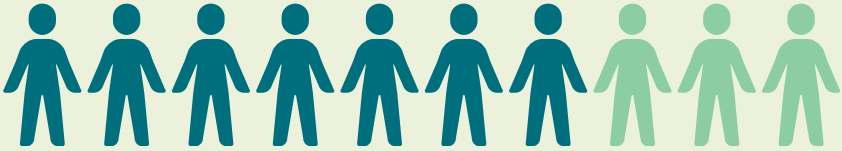
psychological vulnerability

In total, **84.7%** of the sample showed to be psychologically vulnerable. This means around **8 out of 10** people require additional psychosocial support.



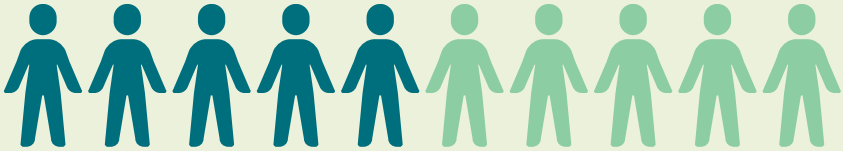
acute distress

69% of the sample screened positive on acute distress. This means around **7 out of 10 people** are currently and acutely under a severe amount of stress and require psychological first aid or crisis intervention services.



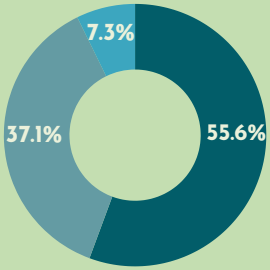
wellbeing

Around **half of our sample** (**49.6%**), showed lowered wellbeing. However, half of the sample reports having pleasant feelings, which is encouraging.



Results - PTG

In the sample representing transit refugee population, PTG showed to be structured around three wider domains: **Changes in self-perception**, **Changes in interpersonal relationships** and **Changed philosophy of life.** Our research showed that PTG is present in ***moderate to high levels.***



CHANGES IN SELF-PERCEPTION

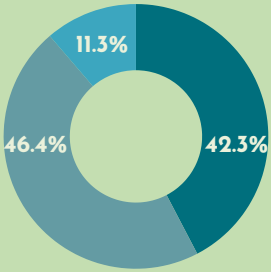
positive changes regarding personal strength and self reliance

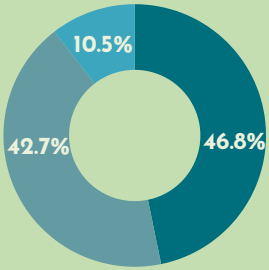
92.7% of our sample reported high or moderate levels of change.

CHANGES IN INTERPERSONAL RELATIONSHIPS

positive changes regarding valuing closeness with others and seeking their support

88.7% of our sample reported high or moderate levels of change.





CHANGED PHILOSOPHY OF LIFE

positive changes regarding new possibilities and opportunities that occurred as a result of traumatic experience

89.5% of our sample reported high or moderate levels of change.

LOW MODERATE HIGH

Results - PTG

Analyses showed that PTG and psychological difficulties are **not related**. This is in line with how PTG is conceptualized - it is not contrary to experiencing psychological difficulties, therefore they can coexist and not be codependent.[7]

PTG in total contributed **more** than any symptomatology (anxiety, PTSD, depression) to the prediction of wellbeing, and our exact model* went as follows:

changes in philosophy of life significantly predict wellbeing**

changes in interpersonal relationships significantly predict wellbeing***

changes in self-perception do not contribute to the prediction of wellbeing****

*model 1 [F (3, 244) = 12.158, p < .001] ; model 2 [F (6,241) = 22.469, p < .001] showed significant improvement [[$^{\Delta}$F(3, 241) = 28.646, p < .001, $^{\Delta}$R=.229]

**β =.327, t = 4.898,$_{2}$p < .001

***β =.243, t = 3.480, p < .001

****β = - 0.012, t = - 0.152, p = .879

Conclusions

Positive effects of social support and valuable social relations were widely documented to have an important role in various domains of positive psychological functioning of refugees such as wellbeing[8] and preventing psychological difficulties like anxiety, depression and PTSD.[9] Social support systems for refugees should be strengthened in all host communities.

Cognitive and emotional restructuring is crucial for PTG to develop and progress...

SO

...mental health and psychosocial support interventions can be a **space for growth to develop.**

Individuals need time for growth to occur, but the relationship between trauma and growth weakens over time... [11]

SO

...mental health and psychosocial support interventions should be available even along the transit route.[10]

References

1. United Nations High Commissioner for Refugees (UNHCR). (2023). *Refugee Statistics*. https://www.unhcr.org/refugee-statistics/

2. Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15(1)*, 1–18. https://doi.org/10.1207/s15327965pli1501_01

3. Von Arcosy, C., Padilha, M., Mello, G. L., Vilete, L., Luz, M. P., Mendlowicz, M., Serpa, O. D., & Berger, W. (2023). A bright side of adversity? A systematic review on posttraumatic growth among refugees. *Stress and Health*, 1–21. https://doi.org/10.1002/smi.3242

4. Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Jounal of Traumatic Stress, 9(3)*, 455–471.

5. Hollifield, M., Toolson, E. C., Verbillis-Kolp, S., Farmer, B., Yamazaki, J., Woldehaimanot, T., & Holland, A. (2016). Effective screening for emotional distress in refugees: The Refugee Health Screener. *Journal of Nervous and Mental Disease, 204(4)*, 247–253. https://doi.org/10.1097/NMD.0000000000000469

6. Bech, P. (2004). Quality of life and rating scales of depression. In S. H. Preskorn, J. P. Feighner, C. Y. Stanga, & R. Ross (Eds.), *Antidepressants: Past, Present and Future* (pp. 149–167). Springer. https://doi.org/10.1007/978-3-642-18500-7_5

7. Calhoun, L. G., & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications for clinical practice and research. *Journal of Social Issues, 54(2)*, 357–371. https://doi.org/10.1111/0022-4537.701998070

8. Schlechter, P., Rodriguez, I. M., Morina, N., Knausenberger, J., Wilkinson, P. O., & Hellmann, J. H. (2021). Psychological distress in refugees: The role of traumatic events, resilience, social support, and support by religious faith. *Psychiatry Research*, 304, 114121. https://doi.org/10.1016/J.PSYCHRES.2021.114121

9. Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry, 40(2)*, 179–188. https://doi.org/10.1111/j.1440-1614.2006.01766.x

10. Purić, D., & Vukčević Marković, M. (2019). Development and validation of the Stressful Experiences in Transit Questionnaire (SET-Q) and its Short Form (SET-SF). *European Journal of Psychotraumatology, 10(1)*. https://doi.org/10.1080/20008198.2019.1611091

11. Liu, A. N., Wang, L. L., Li, H. P., Gong, J., & Liu, X. H. (2017). Correlation between posttraumatic growth and posttraumatic stress disorder symptoms based on Pearson correlation coefficient: A meta-analysis. *Journal of Nervous and Mental Disease, 205(5)*, 380–389. https://doi.org/10.1097/NMD.0000000000000605