

Innovations

Forced Migration and Post Traumatic Stress Disorder: A Review Article

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Abstract: *Migration to a new environment often leads to significant changes in human lifestyles. When people are forced to relocate, they may develop various psychological disorders. Common mental health issues in such situations include stress, depression, anxiety, post-traumatic stress disorder (PTSD), and schizophrenia. During and after migration, individuals may face traumatic events that leave lasting memories, potentially leading to PTSD. PTSD was first recognized in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published in 1980. Its inclusion in the DSM marked a recognition of the profound effects that exposure to traumatic events can have on an individual's mental well-being. The DSM criteria for diagnosing PTSD include experiencing a traumatic event, along with specific symptoms such as intrusive memories or nightmares, avoidance behaviors, negative shifts in mood and cognition, and increased arousal. This condition can cause physical, mental, and behavioral challenges, affecting an individual's ability to adjust. While some people recover from PTSD relatively quickly, others may suffer from its effects for a lifetime. This study aims to explore the different aspects of forced displacement, focusing on the relationship between PTSD and forced migration.*

Keywords: *Forced Migration, Post Traumatic Stress Disorder, Mental Health, Displacement, Adjustment Disorder*

1. Introduction

Soul-searching drives humans to move from place to place in search of a perfect home, seeking peace and stability. Kenneth Boulding's 1956 monograph suggested that human knowledge is shaped by mental images, which are influenced by the world and formed through personal experiences (Gold, 2019). These experiences guide people to settle in places that resonate with them. Such interactions between humans and their environments have played a pivotal role in the rise of ancient civilizations like *Mesopotamia* and the *Indus Valley*.

Friedrich Ratzel's work on *Anthropogeographie* explores the relationship between humans and their environment, emphasizing how the physical environment shapes human lifestyles. He argued that the external environment is a partner to human activity, not a mere backdrop (Hussain, 2004). Over time, people create a life in harmony with their surroundings based on accumulated experiences. However, when this way of life is disrupted—whether by human or natural forces—it can lead to significant changes. Forced migration often compels populations to relocate, leaving behind the cultural, historical, and environmental forces that once shaped their lives. Alfred Hettner, in his work *Landschaftskunde*, described regions as products of these cultural, historical, and external forces. When forced to migrate, people may experience mental stress that significantly impacts their well-being. The challenges faced before, during, and after displacement can lead to mental health issues, including stress, anxiety, PTSD, depression, adjustment disorders, and schizophrenia (Idemudia and Boehnke, 2020). The causes of forced migration are both human-induced and natural. Natural disasters and hazards often trigger forced migration, while human-induced factors such as political, physical, and socio-cultural conditions drive displacement. The migration process itself involves trauma, violence, travel difficulties, lack of basic necessities, and economic hardships. These traumatic events can leave lasting mental scars, potentially leading to PTSD. The severity and extent of PTSD are often linked to the intensity of the trauma experienced, with symptoms differing based on factors such as gender, age, and the individual's personal circumstances. PTSD is influenced by socio-cultural, economic, and identity-related issues that arise both before and after displacement. Forced migration can lead to significant emotional distress that demands immediate attention. Mental health support is essential for displaced populations, as recognizing the severity of PTSD is crucial for providing effective treatment. While some individuals may recover from PTSD in a matter of weeks, for others, the trauma may persist for years or even a lifetime. Therefore, it is vital to address the mental health needs of those forcibly relocated as a matter of urgency.

2. The Impact of Forced Migration on Post Traumatic Disorder

• Post Traumatic Stress Disorder and Forced Migration

Post-traumatic stress disorder (PTSD) arises from experiences of severe trauma such as illness, natural disasters, rape, or combat. It is characterized by persistent anxiety, flashbacks, and intrusive memories of the traumatic event (Solomon et al., 1993). PTSD involves re-experiencing traumatic events through vivid flashbacks and violent nightmares, which can resemble the symptoms of Complex PTSD. While PTSD primarily induces feelings of threat, Complex PTSD can lead to emotional instability, disconnection, and the development of negative self-concepts (Cloitre et al., 2014). While some individuals may experience personal growth in the face of grief, others may

fall into depression, develop suicidal thoughts, and face psychotic episodes. One theory, Post-Traumatic Growth, suggests that traumatic experiences can prompt individuals to appreciate the fragility of life and reflect on its value. Practices such as meditation, and spiritual or religious activities, can play a significant role in helping individuals heal post-bereavement (Gerrish et al., 2009). PTSD was formally introduced by the American Psychological Association in 1980, and can be triggered by both social and natural environmental factors (Mucci et al., 2018).

Migration is a global phenomenon that can often lead to mental health challenges. These issues are typically caused by language barriers, cultural differences, and adverse experiences. Migrants are particularly vulnerable to mental illness, facing obstacles that lead to low self-esteem, anxiety, and physical health problems (Virupaksha et al., 2014). Migration occurs for various reasons, including socio-political, natural, and economic factors. Migrants, especially those displaced by war, violence, or forced migration, often suffer from mental health disorders (Kirmayer et al., 2011). The stress of migration often leads to a range of mental health issues, including loss of social status, feelings of inadequacy, unemployment, and difficulty forming relationships, which can contribute to the development of schizophrenia, self-harm, and suicidal tendencies. Pre-migration traumatic events can lead to heightened anxiety and a reduction in life satisfaction. However, some refugees exhibit resilience, which helps them avoid mental health issues (Gramaglia et al., 2022) (Siriwardhana and Stewart, 2012).

In 2015, it was estimated that 244 million people migrated globally, with 133 million settling in the United States and Europe, largely due to warfare. As a result, migrants faced significant economic pressures related to professional development and personal relationships. During their journey, they often develop acute mental health disorders, both short-term and long-term (Truswell, 2017). Forced migration is inherently traumatic, with individuals often experiencing frustration, emotional turmoil, and stress. The struggle to adjust to a new culture, language, and social environment can lead to anger and paranoia, as individuals attempt to cope with PTSD. Both pre- and post-migration stressors contribute to trauma, including issues related to legal status, healthcare, chronic stress, discrimination, and low self-esteem. (Tuomisto and Roche, 2018) (Idemudia and Boehnke, 2020). Forced migrants experience complex PTSD, with prevalence rates ranging from 2% to 86%. This variation is influenced by geographic factors and other conditions, such as repeated trauma, post-migration difficulties, and prolonged exposure to stress (Mellor et al., 2021). Countries such as Algeria, Gaza, Ethiopia, and Cambodia have seen large numbers of migrants due to property loss, exposure to violence, and lack of food, all of which contribute to the development of mood, anxiety, and somatoform disorders, eventually culminating in PTSD (Dobricki et al., 2010).

There is also a connection between PTSD and mild traumatic brain injury (TBI) in migrants. Those who experience both may develop psychological trauma, with symptoms such as flashbacks, irritability, and sleep disturbances (Bryant et al., 2009). South Asian survivors of political violence who migrate to the United States often experience an increase in stress after migration, largely due to difficulties in adjusting to a new culture, language, and social environment (Chu et al., 2013). Migration in Uttarakhand has had a significant impact on villages, with many turning into "ghost villages" as people migrate for employment, education, or marriage. Recent migration trends are largely driven by economic opportunities, with low living standards, limited job prospects, and inadequate educational facilities being primary factors (Yadav et al., 2018) (Awasthi and Mehta, 2020).

- **Post Traumatic Stress Disorder – Symptoms and Stories of Forced Migration**

The development of PTSD differs between men and women. Men are more likely to experience traumatic events such as non-sexual assault, accidents, disasters, and war, while women are more prone to childhood abuse, sexual violence, and interpersonal violence. Men tend to encounter traumatic events at a higher rate, making them twice as likely to develop PTSD (Lockhart, 2014). Families affected by PTSD, especially females, often have a history of childhood and sexual abuse, which can lead to violent behavior passed down to children. These women also face suicidal tendencies and educational barriers. Interestingly, childhood abuse rates are higher in males than in females (Vries et al., 2018).

Anger, aggression, and self-harm are more prominent in Complex PTSD compared to regular PTSD. While PTSD is marked by re-experiencing trauma, hyperarousal, and avoidance, Complex PTSD is characterized by severe anger, aggression, and self-destructive behaviors (Dyer et al., 2009). Political instability in Venezuela, which has led to the forced migration of approximately 4.5 million people since 2014, has resulted in traumatic experiences that contribute to high rates of anxiety and depression among migrants. Around 19% of these migrants were diagnosed with depression (Carroll et al., 2020). A study of Lebanese soldiers revealed a strong link between PTSD, depression, somatization, and overall health. Interestingly, individuals with strong family ties and religious connections experienced fewer PTSD symptoms (Farhood and Dimassi, 2011). In the United States, African Americans are particularly susceptible to PTSD due to the violence and trauma their communities have endured. Negative social interactions, lack of acceptance, and alienation within their neighborhoods can exacerbate PTSD symptoms (Allen, n.d.). Sweden has seen a significant influx of refugees, particularly in its southern regions. These refugees often experience anxiety, PTSD, and depression after being displaced (Mangrio et al., 2021). Mexican migrants to the United States also face challenges like ethnic discrimination, language barriers, and difficulties in

education and employment, which lead to depression, anxiety, chronic fatigue, and substance abuse (Donato et al., 2020). A comparative analysis of PTSD among migrants in France and Brazil showed that Brazil had higher post-traumatic growth, likely due to stronger family ties, whereas France's migrants, despite better job opportunities, faced slower post-traumatic growth due to a lack of basic amenities (Islam et al., 2014). In Denmark, 26% of newly arrived refugees were referred to psychiatry for PTSD, with a total of 64% of South Asian migrants from Pakistan, Iran, and Afghanistan diagnosed with PTSD (Hyass et al., 2022). Similarly, migrants in Italy face PTSD as a result of both their migration journey and post-migration struggles. Rights and support groups are vital in helping these migrants improve their mental health and support their post-traumatic growth (Rodolico et al., 2020). Both pre- and post-migration experiences significantly shape an individual's mental health. Younger populations are particularly vulnerable to developing mental health issues such as suicidal behavior, schizophrenia, and trauma-related resilience. Refugees are thus at high risk for poor mental health from a young age (Bhugra, 2004) (Mesa-Vieira, 2022).

The forced migration of children from Latin America to the United States often involves violence, poverty, and human trafficking, which lead to psychological trauma and the development of Complex PTSD (Franco, 2022). Political instability and civil war in South Sudan have resulted in mass violence, which has significantly increased refugee numbers in the Nile Valley region. These refugees experience pre-traumatic development due to atrocities, leading to high levels of traumatic stress and low resilience (Neuner et al., 2004). Children fleeing ISIS in Iraq, now residing in Jordan, face poor mental health due to social isolation, lack of pleasurable activities, and emotional problems. This isolation results in mild to severe depression (Jabbar and Zaza, 2019). The autobiography *The Wall Between Us* recounts the depressive disorders experienced by women whose families have migrated to the USA. It highlights the difficulty of accessing mental health services in smaller communities (Fitzgerald et al., 2013). Prolonged displacement in Sri Lanka during the 1990s led to widespread mental health disorders, including depression, anxiety, somatoform disorders, and PTSD (Siriwardhana et al., 2013). Despite high rates of forced migration in Bhutan, the country reported high levels of happiness in 2005 and 2010. This paradox is attributed to a lack of direct information from the migrants (Ansari, 2017). Migrants in Lebanon experienced micro-PTSD, while those in Denmark faced more severe PTSD. The distance traveled during migration played a significant role in the severity of PTSD, with 73% of women being particularly vulnerable (Eiset et al., 2022). Refugees in a Kenyan camp, fleeing from countries like Somalia, Ethiopia, Sudan, and Uganda, suffer from PTSD due to political violence and family loss. The camp provides counseling and support, particularly for women and the LGBTQ+ community (Mulwa et al., 2021). African refugees in Italy, coming from various countries impacted by distress and political

unrest, have shown low empathy and high levels of personal distress, contributing to the development of PTSD (Aragona et al., 2021).

- **Post Traumatic Stress Disorder – Impact of Language, Lifestyle and Culture**

North Koreans often undergo traumatic experiences under their country's regime, making them vulnerable to PTSD. Many North Koreans migrate to South Korea seeking a better future, but their past trauma makes it difficult for them to adjust. The stress of adapting to South Korean society is exacerbated by challenges related to language, culture, and the experience of migration (Shin et al., 2021). A comparison between the native Finnish population and immigrants in Finland revealed that PTSD was more prevalent among immigrants, who also had higher rates of psychiatric comorbidity than the Finnish-born population (Kieseppa et al., 2021). Migrants from Asia and Africa who identify as LGBTQ+ face issues related to sexual orientation and gender identity crises. Post-migration, they often encounter daily discrimination, harassment, and violence. These individuals migrate to countries like the USA, Mexico, and South Africa in search of better opportunities and resilience against the stressful experiences they face (Yarwood et al., 2022). LGBTQ+ migrants are particularly vulnerable to blackmail, assault, forced heterosexual marriages, and rape, leading to feelings of embarrassment and difficulty in reconnecting and building social networks (Dhoest, 2019). During migration, many individuals transition from a sociocentric society to an egocentric one, which can result in mental health issues such as schizophrenia and alienation. The Black community in the USA is a prime example of this phenomenon, where migration stress and the search for cultural identity often lead to nostalgia and disillusionment (Bhugra, 2004).

Somali migrants have a strong Islamic faith and believe that mental disorders during migration can be treated through Islamic healing. Interviews with Somali elders and Islamic healers revealed that they attribute anxiety, nausea, fainting, and social suffering to evil spirits, and many Somali migrants prioritize traditional healing over Finnish healthcare (Molsa et al., 2010). In Canada, South Asians, the largest minority group, experience mood disorders, anxiety, and stress during their first generation of migration (Islam et al., 2014). Kurdish men migrating to Sweden face unique psychological and emotional challenges. They feel a lack of freedom and dissatisfaction with Swedish society, which negatively impacts their mental well-being (Taloyan et al., 2011). The COVID-19 pandemic led to remote schooling and social distancing in Austria, worsening the mental health of both native and migrant students. Migrant adolescents, in particular, experienced higher levels of depression, insomnia, anxiety, and poor overall well-being, largely due to cultural and language differences (Pieh et al., 2022). The autobiography *Do They Hear You When You Cry* sheds light on the psychological impact of forced migration, particularly on women who face

maltreatment. These women experience hysteria, denial, false accusations, and personality changes. Their past experiences, coupled with the struggle to choose between escape and resistance, lead to catastrophic consequences that can result in complex PTSD (Samir and Manqoush, 2020). Refugees from Bosnia, Croatia, Ethiopia, Sudan, and Somalia, who settled in Australia, reported that post-migration challenges play a more significant role in their mental health than pre-migration trauma. Migrants deal with economic difficulties and cultural shocks, which affect their psychological well-being. When diagnosing refugees, it's essential to consider the political, racial, economic, and cultural factors they face (Fozdar, 2009).

The Mahatma Gandhi National Rural Employment Guarantee Act, which promises employment, has led some marginalized laborers to migrate for better opportunities. However, despite the promise of work, these workers often face significant mental distress during the migration process (Parida, 2016). A study of Tajik migrant wives revealed that they reported severe depression, mild anxiety, and moderate to severe PTSD, particularly among those who had suffered physical and emotional abuse (Pirova et al., 2018). A clinical study on Arabic-speaking migrants from Palestine and Iraq found high levels of PTSD, as these individuals had endured significant trauma and loss. This trauma contributed to the development of severe PTSD (Riber, 2016). PTSD among Afghan refugees in Norway also varied, with factors such as age, migration experiences, and gender playing a role. Young male refugees, in particular, faced the most traumatic events, leading to depression and PTSD (Brea-Larios et al., 2022).

- **Post Traumatic Stress Disorder and Adjustment Issues**

A case study conducted in Rome revealed that migration often leads to stress, PTSD, somatization, and adjustment disorders. As a result, there is a notable increase in suicides, insomnia, and drug use. Women experiencing these issues tend to struggle with mood disorders and feelings of nostalgia (Gramaglia et al., 2022). A study examining Syrian children's psychological symptoms in relation to their stressful life events, as well as a group of adolescent refugees in Greece, found that the forced migration of adolescents disrupted their identity formation. They developed defensive mechanisms to cope with their trauma, which led to social withdrawal, disillusionment, hostility, and mental disturbance (Anagnostopoulos et al., 2006). In Greece, asylum seekers, particularly from Syria, Iraq, Pakistan, Afghanistan, Palestine, and Kyrgyzstan, often develop resilience in response to prolonged exposure to political tension, violence, genocide, and long-term migration. Despite these hardships, they manage to build resilience (Maria et al., 2021). Syrian refugees in Istanbul, struggling with poverty and exclusion from work due to physical disabilities, face significant adjustment issues. The inability to find work because of musculoskeletal impairments lowers their self-esteem and diminishes their hope for a new life away from the warzone (Polack et al.,

2021). In Israel, refugees living in shelters and asylums experience significant psychological distress due to the harsh conditions, which exacerbate their trauma (Yifat et al., 2022). A study in Australia found that teenagers who had relocated to start a new life there were generally happier than they were in their home countries. However, while boys showed improvements over time, girls suffered more from trauma and required longer to heal. Across the board, adjustment disorders were common due to cultural, religious, and language barriers (Mahadevan & Jayasinghe, 2022). Diaspora communities play a vital role in recognizing the mental stresses that accompany migration, as they share testimonies of loss, displacement, and exile. Recovered individuals from Bosnia, Croatia, and Afghanistan reported that support, self-esteem, skills, and confidence helped them form their identity and overcome adjustment and stress disorders following their traumatic experiences (O'Neill, 2004). PTSD can weaken the immune system, leading to chronic inflammatory diseases, depression, skin disorders, and other physical symptoms. Individuals with PTSD often have low plasma cortisol levels and poor self-rated health (Altemus et al., 2006). PTSD is also linked to Cannabis Use Disorder, with teens whose fathers had a history of heavy cannabis use being more likely to develop the disorder. Substance abuse, mental health disorders, and poor cognitive and psychological functioning are common characteristics of individuals with PTSD, which often leads to depression and anxiety (Cornelius et al., 2010). Clinical child psychology suggests that PTSD symptoms often develop during youth, with repeated traumatic events causing biological and psychological changes. These events can deregulate the hypothalamic-pituitary-adrenal axis, affecting an individual's ability to manage stress. Symptoms such as hypervigilance, difficulty concentrating, flashbacks, and a diminished interest in activities may emerge from untreated trauma. Such trauma often stems from child abuse, a disrupted family life, or exposure to stressful events at an early age (Kearney et al., 2009). Syrian and Iraqi refugees resettling in the USA experienced high rates of PTSD, depression, and anxiety. In their first month of resettlement, researchers found a link between inflammation and psychopathology, with interleukin 1 beta and C-reactive protein being elevated in females. These markers help the body combat trauma and assist in managing migratory stress (Grasser et al., 2020). Forced displacement has a significant negative impact on both physical and mental health, particularly among older populations. Following the construction of the Tehri dam, many elderly Garhwali individuals were displaced from their homeland, which led to difficulties in adapting to their new environment (Kedia & Willigen, 2001).

- **Healthcare and Concerns for Individuals with Post Traumatic Stress Disorder**

Since the recognition of Post Traumatic Stress Disorder (PTSD) in 1980, several innovative treatment approaches have been developed. These include social and

family-based therapies, behavioral treatments, imagery-based therapies, distress tolerance-focused therapies, power therapies, and technology-assisted treatments. In addition, pharmacological options such as propranolol, ketamine, d-cycloserine, prazosin, and MDMA have been utilized to address PTSD (Cukor et al., 2009). Extensive research indicates a direct link between migration and the development of PTSD, highlighting the need for enhanced mental health services for migrants. Approximately 47% of migrants experience mental health challenges, with refugees facing double the rate of such issues compared to migrant workers (Bustamante et al., 2017). In Australia, asylum seekers from other countries receive support, but limited services, visa-related challenges, and deteriorating conditions led to 11 deaths in 2014. This situation has worsened, resulting in a sense of hopelessness for migrants attempting to build new lives (Procter et al., 2018). In Central Asia, many migrants work in labor-intensive jobs, often without access to mental health care. Consequently, women in particular face a higher risk of poor mental health. The more frequently a migrant moves, the more likely they are to experience depression and substance abuse issues (Ismayilova et al., 2013). A study focusing on Latin American migrants revealed that those forced to migrate endure traumatic experiences at various stages—during departure, migration, and resettlement. This highlights forced migration as a global crisis that demands attention from mental health professionals (Clauss-Ehlers, 2019). Urban refugees also face significant psychological challenges during displacement. A study among Somali migrants showed that individuals who experienced childhood trauma prior to migration often struggle with mental health issues. Therefore, improving the mental health of migrants post-migration can be achieved through community-level programs and family-based interventions, which should involve all members and focus on addressing their traumatic experiences (Im et al., 2022). Syrian children exposed to art therapy—engaging in meaningful and enjoyable activities—showed a significant reduction in PTSD symptoms following the therapy (Ugurlu et al., 2016). PTSD is also a known risk factor for tobacco use. Among women with severe mental illness, smoking is a common behavior, with high consumption and low cessation rates. This leads to poor health outcomes and elevated healthcare costs. Women who have experienced trauma are particularly vulnerable to nicotine dependence (Young-Wolff et al., 2014). Fibromyalgia, a chronic, non-articular rheumatic condition that causes widespread muscular and skeletal pain, is associated with extreme fatigue, impaired cognition, and non-restorative sleep. Research indicates that fibromyalgia can contribute to the development of PTSD, which in turn leads to depression. Consequently, fibromyalgia patients often report traumatic events and experience maladaptive coping mechanisms and personality disorders (Conversano et al., 2019).

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4. Conflict of Interest

All authors declare that there was no conflict of interest during this study.

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