Domestic Migration Stress and Delayed PTSD Among Displaced Persons: Moderating Role of Health Protective Factors

Shehnila Afreen¹, Muhammad Naveed Riaz², Muhammad Akram Riaz³

Department of Psychology, University of Lahore¹, Sargodha Campus, University of Sargodha², Sargodha, Department of Behavioral Sciences, Karakoram International University³, Gilgit-Baltistan.

Abstract

Objective: The study intended to investigate the moderating role of protective factors between domestic migration stress and delayed PTSD among displaced persons.

Study type settings & duration: This cross sectional study was conducted on internal displaced persons at Khyber Agency and Gilgit-Baltistan from January 2018 to January 2019.

Methodology: The convenient sampling technique was used. Five instruments including Domestic Migration Stress Questionnaire, Resilience Scale, Sense of Coherence Scale, Post Traumatic Growth Inventory and PTSD Checklist were used for data collection from 200 displaced persons from Khyber Agency and Gilgit-Baltistan, Pakistan and completed in one year.

Results: The results of the present research supported the moderating role of protective factors in the relationship between domestic migration stress and delayed PTSD among displaced persons.

Conclusion: The present research can assist in summarizing various kinds of psychological therapies and counseling strategies for displaced person which help improving their health and well being.

Key words: Domestic migration stress, sense of coherence, resilience, post traumatic growth, delayed PTSD.

Introduction

nternal displaced persons (IDPs) are group of those individuals who have to move away from their usual residency or birth places by forcefully in order to avoid the consequences of armed/war conflicts, hostility, violations of human rights, natural and man-made disasters, but they are not interested to cross an international state border.¹ Research on migrants, internally displaced persons and their children have found that if their parents accompany them, they will deal best with the distressing incidents accompanying their journey. Soldiers' reports indicate that they all suffer from shame and

Corresponding Author: Muhammad Naveed Riaz Department of Psychology University of Sargodha, Sargodha. Email: m_naveed313@yahoo.com

Received: 18 January 2019, Accepted: 21 October 2020, Published: 24 November 2020

Authors Contribution

SA, MNR & MAR conceptualized the project performed the data collection, Literature search, statistical analysis and drafting, revision & writing of manuscript.

witness multiple aggressive distressing experiences. Research has identified factors which contribute to their resilience, including their acceptance by the societies they return to. For children who are vulnerable to war, there are personal and social factors of adaptation, including emotional control, discipline and social care. Discrimination, constitutional rights violations, inequity, war conflicts, natural and man-made disasters and environmental changes all these factors can lead to migration to some other place. The surroundings and environments can provide relative driver that will persuade peoples to go away from their residencies due to uneven environments and their place remain no longer possible and pleasing for them to live.² There are potential benefits of migration including increased opportunities, and a new and better life, but there is also some drawback that could be very stressful.3-5 Feeling of anxious for family and friends visit, homesick and missing family environment are responses to these stressors.⁶ The peoples stress related experience like, poor health, unavailability of medical services. abusing. deficiency of foodstuff and abnormal death or loss of beloved one, all these exposures are significantly associates with posttraumatic stress disorder

(PTSD).^{7,8} Persistent and delayed PTSD (D.PTSD), low level of pleasure with life and destruction in overall mental health performance are long-lasting outcomes faced by displaced persons.⁹ The existence of delayed expression of PTSD has recommended by recent potential literature. For instance, a study recognized a division of U.S. armed mediators of Somalia who approved least symptoms of PTSD at first; however later on they showed considerable symptoms of PTSD.⁸

Stressful and traumatic conditions often problems. result in heart nervousness, hopelessness and PTSD, however more advanced literature is focused on the suggestion that trauma and crisis can actually beneficial for individuals, who suffer.' In this regard, there are number of moderating factors available in litrature and by adapting those factors one can improve their health and well being. Most popular among them is resilience in positive psychology; as research results showed that it aided people against disabling conditions by its positive effects in directing their lives.¹⁰ There are enough psychosocial features available in the existing literature including insight of organizational social identification. power, belongingness intellect, sense of certainty and protection in everyday life, personal self-respect and hopefulness concerning the future, which may be involved to enhance the resilience and improvement chances of displaced persons.^{11,12}

Antonovsky argued that the experience of well-being constitutes a Sense of Coherence (SOC) - the feeling that life is comprehensible, manageable and meaningful.¹³ He also assumed that generally, those persons whom have high level of SOC are expected to experience least trauma and anxiety. and he also believes that these persons can easily cope out with crisis. Sense of coherence is significantly correlated with social support and also is negatively correlated with impressive life events like persons trauma and stress.¹⁴ The occurrence of positive alteration that happens as a result of struggles with tremendously awkward life disaster and adverse events is known as Post Traumatic Growth (PTG).¹⁵ Tedeschi and Calhoun tried to clear the concept that we should view PTG not from the crisis, but we should view it within the persons through the course of their efforts with the crisis and after the trauma adjustment struggle.¹⁶

Schematic representation of the moderating role of protective factors in the relationship between DMS and Delayed PTSD among displaced persons (Figure-1)¹⁵.

Therefore the main objective of the study was to investigate the impact of domestic migration stress and delayed PTSD among displaced persons and the role of moderating factors upon person's life in our local settings.

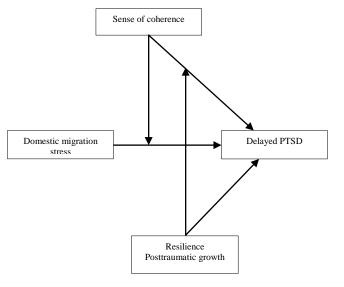


Figure 1: Conceptual framework.

Methodology

In the present study, it was hypothesized that domestic migration stress is likely to positively predict delayed PTSD among displaced persons, protective factors (resilience, SOC, post traumatic growth)are likely to negatively predict delayed PTSD among displaced person, SOC is likely to moderate the relationship between domestic migration stress and delayed PTSD among displaced persons, resilience is likely to moderate the relationship between SOC and delayed PTSD among displaced person and post traumatic growth is likely to moderate the relationship between SOC and Delayed PTSD among displaced persons.

In the present study Internally Displaced Persons (N = 200) with age ranged from 35 to 49 years (M = 35.62, SD = 10.25) were selected from Khyber Agency and Gilgit-Baltistan. Both male and female participants were in equal counterparts. Educational level of respondents was intermediate to masters. Both types of IDPs from these disasters were taken into consideration in the present study. Minimum duration between displacement and interview was one month and respondents were living in camps. IDPs were categorized as survivors of Natural Disaster (n=100, 50%) from Attabad Lake and survivors of Man-made Disaster (n = 100, 50%) due to military operations from Khayber Agency. IDPs were identified and approached for data collection with the help of the local key informants of those areas.

Domestic Migration Stress Questionnaire (DMSQ) was used to measure the stresses related to migration among displaced persons. The scale is comprised of 16 items and four sub-constructs. The scale is based on five point Likert-type response rate which is ranged from 1 = never to 5 = always. Low and high scores were considering low and high level of stress of migrants. The minimum scores were 16 and maximum scores were 80.¹⁶

Sense of Coherence Scale (SOC3) was used to measure the global orientation and personality characteristics of displaced persons. The scale is comprised of three items and measuring two dimensions. SOC3 is a three point likert-type scale ranged from 0 = no and 2 = yesusually. Low and high scores were considering low and high coherence characteristic of displaced person. The minimum scores were 0 and maximum scores were 6.¹⁷

Brief Resilience Scale (BRS) was used to measure the resilience as a protective factor among displaced persons. BRS is comprised of 6 items including three items (1, 3, 5) were positively worded and three items (2, 4, 6) were negatively worded. The scale is based on five point response format ranged from 1 = strongly disagree to 5 = strongly agree. Low and high scores were considering low and high resilience. The minimum scores were 6 and maximum scores were 30.¹⁸

Post Traumatic Growth Scale (PTG) was used to measure positive growth and benefit findings among displaced persons after displacement. PTG scale is comprised of 21 items which measures five factors. Items were scored on 6 point rating scale with 0 = did not experience to 5 = experience at very great degree. Low and high scores were suggesting low and high frequency of PTG in displaced persons. The minimum scores on PTG were 0 and maximum scores were 125.¹⁹

The PTSD checklist was used to measure the delayed expression among migrants. It is comprised of 20 items. The PTSD checklist is a five point likert-type response rate with range from 0 =not at all to 4 = extremely. Low and high scores on PTSD checklist considering low and high rate of delayed expression among displaced persons. The minimum scores are 0 and maximum scores are 80. The alpha reliability of PTSD checklist was found to be .70.²⁰

In the present study, authority letter was taken from department of psychology, University of Lahore, Sargodha. At the first step local key formants were identified due to language issues in Khayber Agency and Gilgit Baltistan. Researcher provides all necessary instructions to key informants about the questionnaires. The researcher collected data through key informants and instruments were distributed and collected through key informants. Participants were contacted through key informants and they were given information regarding the purpose of the study by taking informed consent by trained key informants in the form of signed agreement. They were also given guidelines through key informants to complete the scales. Instruments were translated, validated and pilot tested for self-administration. The Instruments are were complex for self-administration however all the participants were literate and they can understand all the questions in instruments. Instruments were translated, validated and pilot tested for selfadministration. Before to start the collection of data, the participants were make sure regarding their confidentiality and privacy. Overall, the response was encouraging and positive. The response rate was 57%, because 350 copies of questionnaire were distributed in participants and 200 were returned back.

SPSS (Version 23) was used to perform multiple statistical analyses. Psychometrics properties and correlation coefficient was computed for all scales. Regression analysis was applied to determine the moderating role of protective factors. Independent sample *t*-*T*est was conducted to verify the mean differences among displaced persons.

The ethical clearance was taken from Institutional Review Board of Advance Studies and Research, University of Lahore, Lahore.

Results

Table-1 shows that alpha coefficients among displaced persons have greater than .50, which indicate that all scales are reliable to use for analysis. The values of skewness and kurtosis are less than +1 and -1 for all variables among displaced persons which shows normally distribution of data. Correlations were theoretically consistent.

Table-2 shows moderating effect of protective factors between domestic migration stress, sense of coherence and delayed PTSD. In the first model results revealed that sense of coherence significantly moderated the relationship domestic migration stress and delayed PTSD, in second model resilience significantly moderated the relationship sense of coherence and delayed PTSD, and in third model post traumatic growth significantly moderated the relationship sense of coherence and delayed PTSD. The model is based on moderating effect of protective factors and all three protective factors played a moderating role among domestic migration stress, sense of coherence, resilience and delayed PTSD.

	Survivors of Natural disaster					Survivors of Man-made disaster $(n = 100)$					Survivors Overall disaster $(N = 200)$				
	(<i>n</i> = 100)														
Variables	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. Domestic MS	(.94)	- .32**	28**	- .408**	.94**	(.94)	- .38**	36**	44**	.95**	(.94)	- .36**	32**	42**	.95**
2. Sense of coherence		(.54)	.81**	.708**	32**		(.54)	.77**	.67**	38**		(.54)	.79**	.69**	36**
3. Resilience			(.75)	.84**	31**			(.75)	.83**	39**			(.75)	.83**	35**
4. Post traumatic growth				(.92)	39**				(.92)	45**				(.92)	42**
5. Delayed PTSD					(.96)					(.96)					(.96)
M	27.41	8.19	15.20	51.46	31.75	22.53	8.42	15.27	52.34	26.60	24.98	8.30	15.24	51.90	29.18
SD	12.07	1.34	2.75	8.99	14.86	12.85	1.54	2.93	9.92	15.33	12.67	1.44	2.84	9.45	15.28
Potential range	16-80	0-6	6-30	0-126	0-80	16-80	0-6	6-30	0-126	0-80	16-80	0-6	6-30	0-126	0-80
Actual range	1-48	4-11	9-22	39-83	2-58	0-48	4-12	9-24	36-83	2-57	0-48	4-12	9-24	36-84	2-58
Skewness	27	.03	.38	.83	15	.19	.11	.60	1.10	.19	05	.11	.49	.99	.01
Kurtosis	91	03	35	.96	96	-1.07	05	.00	1.46	-1.02	-1.09	.00	16	1.29	-1.05

Table 1: Psychometric properties and pearson correlation of study variables among survivors of natural, manmade and overall disasters.

Note. Reliability coefficients are reported in diagonal, 1 to 5 numbering indicates sequence of correlation

*p <.05. **p <.01. ***p <.001.

Table 2: Hierarchical regression showing moderating effect of protective factors between domestic migration stress, sense of coherence and delayed PTSD.

	Outco	ome: Delaye	ed PTSD	•	Outco	ome: Delaye	ed PTSD		Outcome: Delayed PTSD			
Predictors		Model 2				Model 2				Model 2		
	Model 1 B	В	95%Cl LL, UL	Predictors	Model 1 B	В	95%CI LL, UL	Predictors	Model 1 B	В	95%CI LL, UL	
Constant	8.53***	.02	[03, .07]	Constant	2.69***	.18**	[.06, .31]	Constant	6.18***	.08	[05, .20]	
Domestic migration stress (DMS)	.94***	.94***	[05, .05]	SOC	19*	25**	[42, - .08]	SOC	10	13*	[28, .01]	
Sense of coherence (SOC)	01	.01	[.89, .98]	Resilience	18*	08	[25, .10]	Post traumatic growth (PTG)	34***	25**	[41, - .09]	
DMS x SOC		.05*	[.03, .01]	SOC x resilience		23***	[33, - .13]	SOC x PTG		12*	[22, - .01]	
R^2	.893	.895		R^2	.126	.184		R^2	.172	.185		
F2	1237.02***	824.19***		F	21.322***	22.263***		F	30.797***	22.387***		
ΔR^2		.002		ΔR^2		.059		ΔR^2		.013		
ΔF		6.52*		ΔF		22.24***		ΔF		4.78*		

p* <.05. *p* <.01. ****p* <.001.

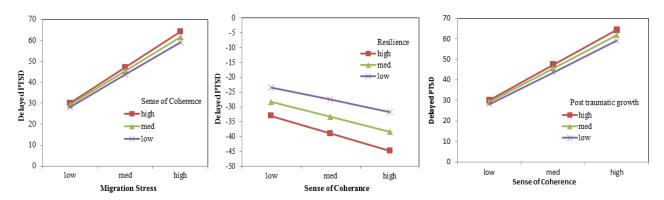
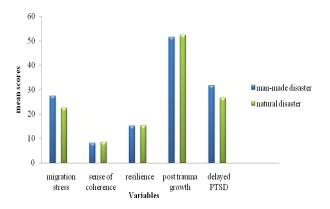
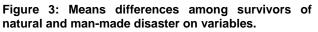


Figure 2: Mod-Graph depicts moderating effect of protective factors in the domestic migration stress and delayed onset PTSD in displaced persons of Pakistan

Table-2 also shows moderating effect of protective factors between domestic migration stress and delayed PTSD among the survivors of natural, manmade and overall disasters. Results shows that sense of coherence significantly moderated between domestic migration stress and delayed PTSD. Findings also indicate that resilience with and post traumatic growth with significantly moderated between sense of coherence and delayed PTSD (see Mod-Graph in Figure-2).

Figure-3 shows mean difference among survivors of disasters on domestic migration stress, sense of coherence, resilience, post traumatic growth and delayed PTSD. Differences on DMS and delayed PSTD were statistically significant.





Discussion

The present research has focused on the effects of domestic migration stress and protective factors on the prediction of delayed PTSD among internally displaced person. The first hypothesis "domestic migration stress is likely to positively predict delayed PTSD whereas protective factors is likely to negatively predict delayed PTSD among displaced persons" was indicated by data in present research. Previous research on the migrant account that persistent and delayed PTSD, low level of pleasure with life and destruction in overall mental health performance are long-lasting outcomes of disasters among displaced persons.⁹ The current findings are in the line with the previous research work. Previous literature suggest that protective factors are correlated with productive outcomes in the consequences of adversities, surrounding aspect of individuals' social affiliations and adverse situations.²¹ The second hypothesis was supported by the data in the present study. The Findings of the present study indicate that sense of coherence significantly moderated between DMS and delayed PTSD.

Previous studies also provide basis that SOC plays a role as a moderator of life tensions and stresses.^{4,22} The third hypothesis was also supported by data in the present study. Findings of the present research showed that resilience and post traumatic growth significantly moderated between SOC and delayed PTSD. The findings of study are in line with previous studies which have found the correlation between mental problems and resilience such as; among the victims of terrorist assault, an opposite relationship was found between mental and psychological problems and resilience.²⁰

The Findings of the present study showed that post traumatic growth significantly moderated between SOC and delayed PTSD. Helgeson et al. carry out a meta-systematic review of 87 researches, this review ultimately verify that benefit finding and growth development was linked to lesser depression and advanced health.²² As the results of present study found that the survivors of man-made disaster scored high on DMS and delayed PTSD as compared to the survivors of natural disaster was in line with existing literature that long lasting severe psychological effects are results of man-made disaster like terrorism etc.²³

The findings of the study indicates that domestic migration stress has significantly predicts delayed PTSD among displaced persons. It is also concluded that protective factors considerably moderate the relationship between DMS and delayed PTSD. The findings of the present research shows that survivors of man-made disaster have much affected as compare to the survivors of natural disasters. Hence, the implications of the present research may provide information as a baseline for planning or formulating methods and resources for reminding prominent levels of protective factors and therefore, improved psychological well-being.

The study has some limitations. In the current study data was collected through self-report questionnaires that may cause single course biasness therefore in future research it is suggested that the entire phenomenon should be investigated through other resources to get more comprehensive findings. Secondly, the study was based on quantitative method in which data from participants were collected through structure questionnaires. It is also suggested that in future research both qualitative and quantitative aspects of the phenomenon of displaced persons should be investigated to get more personal perspectives of the participants.

Conflict of interest: None declared.

References

- 1. Drury J, Williams R. Children and young people who are refugees, internally isplaced persons or survivors or perpetrators ofwar, mass violence and terrorism. Curr Opin Psychiatry 2012; 25(4): 277-84.
- Brown O. Migration and Climate Change. Accessed on 2nd December 2019) Available from URL:http://www.iom.cz/files/Migration_andClimate_C hange__IOM_Migration_Research_Series_No_31.pd f.
- 3. Berry JW, Phinney JS, Sam DL, Vedder P. Immigrant youth: Acculturation, identity and adaptation. Applied Psychology: An Int Rev 2006; 55(3): 303-32.
- Antonovsky A. Unraveling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-Bass. 1987.
- Ramirez FP, Garcia-Garcia I, Peralta-Ramirez MI. The Migration Process as a Stress Factor in Pregnant Immigrant Women in Spain. J of Tran cultural Nursing 2013; 24(4): 348-54.
- Tomas-Sabado J, Qureshi A, Antonin M, Collazos F. Construction and preliminary validation of the Barcelona Immigration Stress Scale. Psychol Rep 2007; 100(1): 1013-23.
- Roberts B, Ocaka KF, Browne J, Oyok B, Sondorp E. Factors associated with the health status of internally displaced persons in Northern Uganda. J of Epidemiol Comm Health 2009; 63(3): 227-32.
- Gray MJ, Bolton EE, Litz BT. A longitudinal analysis of PTSD symptom course: Delayed onset PTSD in Somalia peacekeepers. J Consult Clinical Psychol 2004; 72(5): 909-13
- Morina N, Ford DJ. Complex sequel of psychological trauma among Kosovo civilian war victims. Int J Soc Psychiatry 2008; 54: 425-36.
- Haidt J. Positive Psychology. Rev Gen Psychol 2005; 9, 1089-2680.
- Martz E, Livneh, H. Psychosocial Adaptation to Disability within the Context of Positive Psychology: Findings from the Literature. J Occupa Rehab 2015; 26(1): 4-12.

- 12. Porter M, Haslam N. Pre Displacement and post displacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. J Am Med Assoc. 2005; 294: 602-12.
- Antonovsky A. Unraveling the mystery of health: How people manage stress and stay well. San Francisco: Jossey-Bass. 1987.
- Eriksson M, Lindström B. Antonovsky's sense of coherence scale and the relation with health: a systematic review. J Epidemiol Comm Health. 2007; 60: 376-81.
- 15. Tedeschi RG, Calhoun LG. Posttraumatic growth: Conceptual foundations and empirical evidence. Psychol Inquiry 2004; 15: 1-18.
- 16. Rosas SR, Camphausen LC. The use of concept mapping for scale development and validation in evaluation. Eval Program Plann 2007; 30(2): 125-35.
- Lundberg O, Peck NM. A simplified way of measuring sense of coherence: Experiences from a population survey in Sweden. Eur J Public Health 1995; 5(1): 56-9.
- Smith BW, Dalen J, Wiggins K, Tooley E, Christopher P, Bernard J. The brief resilience scale: assessing the ability to bounce back. Int J Behav Med 2008; 15(3): 194-200.
- 19. Tedeschi RG, Calhoun LG. The Posttraumatic Growth Inventory: Measuring the Positive Ligancy of Trauma. J Trauma Stress 1996; 9(3): 11-8.
- 20. Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD Checklist for DSM-5 (PCL-5). Accessed on 2nd December 2019) Available from URL: http://www.ptsd.va.gov/
- Masten A, Gerwitz A. Vulnerability and resilience. In: Philips D, McCartney C, eds. Blackwell Handbook of Early Childhood Development. Oxford: Blackwell Publishing, 2006.
- 22. Helgeson VS, Reynolds KA, Tomich PL. A metaanalytic review of benefit finding and growth. J Consult Clin Psychol 2006; 74: 797-816.
- 23. Norris FH, Friedman MJ, Watson PJ. 60,000 disaster victims speak: An empirical review of the empirical literature, 1981-2001. Psychiatry 2002; 65: 240-60.