

The Strategies Used by Forced Migrants to Manage Bereavement as a Result of Multiple Losses

Ana M.M.S Rodrigues

University of Southampton, United Kingdom. ORCID: 0000-0003-1004-8481.

Email: anamargu23@hotmail.com

Received July 29, 2018; Revised October 02, 2018; Accepted October 27, 2018; Published October 27, 2018.

Abstract

A forced migrant is a person who tries to settle in another country after leaving their own country unwillingly, but is psychologically plagued by the past and by everything that characterises their country of origin. Therefore, there is a twofold difficulty: the forced migrant has to integrate into a country that was not desired, which causes psychological stress, while feel weakened by the losses and traumas associated with their departure.

The aim of this study was to determine what are the strategies employed by forced migrants to manage the grief experienced as a result of significant losses.

The research took the form of a systematic review of the literature, following a search on the electronic platform EBSCO host for studies published between January 2006 and January 2016. The search results were subsequently evaluated, respecting the inclusion and exclusion criteria previously established.

Seven studies met the inclusion criteria. The findings of these studies revealed that in order to manage the grief they experienced as a result of significant losses, many forced migrants used strategies based on work, socialisation, in religious observance, the continuation of their cultural practices and taking care of children.

The results suggest the need to give space to forced migrants to express their suffering, helping them to seek strategies that facilitate them in managing the grief that stems from significant losses associated with their departure from their country of origin.

Keywords: Forced migrants, loss, grief, coping strategies.

1- Introduction

Between the duality of onset of conflict in the state of origin and adaptation to the host state, a series of events emerges that may jeopardize the psychological well-being of the forced migrants. It is necessary to make a fresh start and, many times, this fresh start occurs in a country hitherto completely unknown, without mastery of the language, without documents proving academic/professional qualifications, without all family members, without the cultural references that characterized them as members of a group, with established customs full of meanings and symbolic representations (Martins-Borges, 2013).

Forced displacement involves losses and disjunctions that cannot be prepared and organised. Upon arrival in the host state, the forced migrant normally brings with him a feeling of failure, a feeling of grief at the losses incurred, as if he had had to deny his own existential continuity, many being accompanied by a feeling of nostalgia for a time they were "happy" in their state of origin (Berry, 2014). According to the same author, many forced

migrants are unable to envisage themselves in the host state, which in many situations is only known in the days prior to their migration. As such, the country concerned cannot be desired, imagined, as the forced migrant ends up not having the opportunity to imagine himself in the near or distant future in this new country.

Thus, as Martins-Borges (2013) claims, a forced migrant is a person who attempts to envisage himself in another country, but is mentally afflicted by a past and by everything that characterises his state of origin. As a result, here lies a twofold difficulty: the forced migrant has to integrate, as an individual, in an undesired country, a fact that obligates him to suffer psychological burden, while he feels weakened by the losses and traumas suffered. It is important to mention that, due to the nature of the conflicts that lead to the displacement of forced migrants - wars, genocides, torture, among other factors - the person carries with him an individual and collective failure, i.e. not only was he or his family affected by the conflict, but also the whole community, ethnic group or country he belongs to.

2-Problem Statement

According to Pussetti (2010), the process of forced migration constitutes a risk factor, given that it combines various losses: family and friends, language, culture, home, social position, contact with the ethnic and religious group to which he belongs. These losses are experienced as bereavement and are always accompanied by increased psychological and emotional vulnerability. As a consequence, the forced migrant has to be highly resilient, a concept, in Psychological terms, acquired through the physical sciences. However, according to Amaro (2013), resilience is not a regression to a previous state as at a physical level, but the overcoming of stressful or traumatic situations, a feature that distinguishes it from resistance insofar as resilience consists of the capacity to positively experience adversity.

Barlach (2005) states that resilience depends on the relationship that the person has with the environment in which he operates, which gives rise to his behaviour in relation to the situations and that may be adaptation or maladjustment. According to Chequini (2007, p. 94), resilience is understood as being “a process that takes into account multiple factors, a dynamic that results in the overcoming of adversity in which not only the positive adaptation of the individual is expected, but his transformation, and that of his environment”. Thus, in accordance with the quoted authors, the manner in which resilience manifests itself in the case of forced migrants likewise depends on the manner in which they face adversity, specifically, losses.

Pussetti (2010, p. 96) argues that the psychological fragility of the forced migrants is not only caused by the experience of migration, but above all “their precarious socioeconomic situation, marginalization, illegality and the lack of adequate social aid: conditions that cause psychological stress”. The psychological vulnerability associated with all these factors requires the support of all health care professionals, allowing the forced migrants to express their suffering, providing them with support so that they may develop coping strategies capable of providing them with culturally sensitive and competent responses. As such, the relationship between the health care professional and the forced migrant should represent a opportunity for listening to and acknowledging the other.

3- Research Question

This study seeks to possible answer to the following research question: What strategies are used by forced migrants to cope with grief in response to multiple losses?

4- Purpose of the Study

In order to answer this question it is proposed that a careful analysis should be conducted of the existing literature relating to the grieving process of forced migrants. Thus, the objectives of the paper are as follows: i) to ascertain the difficulties experienced by the forced migrants in their grieving process; ii) to discover the strategies employed by the forced migrants to overcome their grief in relation to the losses experienced; iii) to examine how to describe the grief experienced by the forced migrants in relation to significant losses.

Systematic literature reviews allow us to identify, select and critically assess a range of studies, extracting the best scientific evidence to respond to a research question. The objective is thus to bring together all empirical evidence through the application of systematic and explicit methods, with the aim of reducing the bias that is present within existing literature (Higgins & Green, 2011; Bettany-Saltikov, 2012). By doing so, more reliable findings are obtained from which more appropriate conclusions may be drawn and, as a consequence, important decisions regarding clinical practice may be justified.

5- Research Methods

After the first search, a first total sample of 239 papers was obtained, with the partial samples by search engines: CINAHL plus with full text; SocINDEX; ScienceDirect; MEDLINE; psycINFO Science Citation Index (via EBSCO); Delphis, Informit Humanities & Social Sciences Collection; PubMed; and PsycARTICLES . A hand search was used after recall of all the database data.

However, given the high number of papers, it proved necessary to place limits on the search, as a result of which only the following requirements were taken into account:

1. Date of publication – January 2006 to January 2016 (initially limited between: 2011-2016 and posteriorly 2006- 2016 to ensure that pertinent articles wouldn't be missed)
2. Age \geq 18 years
3. Papers in the humanities
4. Papers in Portuguese and English
5. Only studies published in Europe.

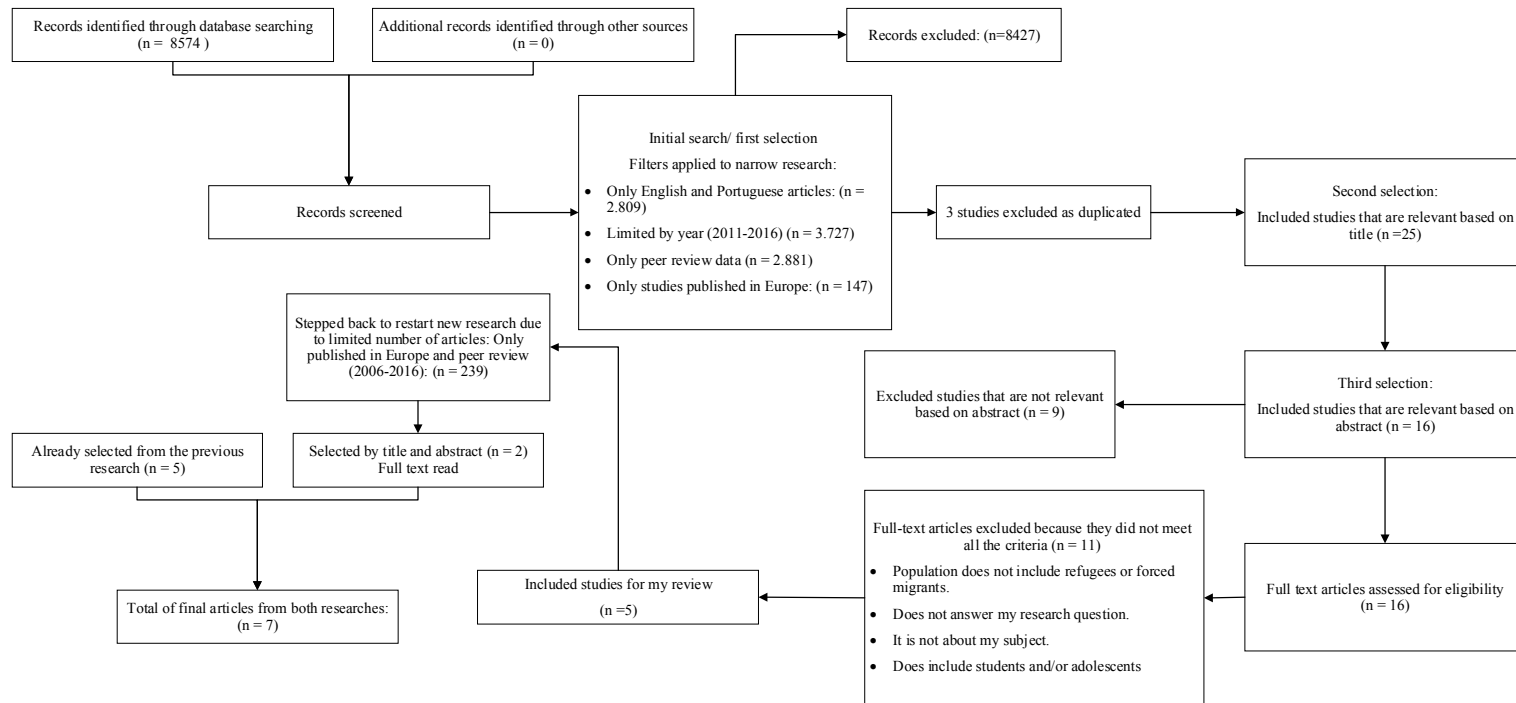
With the objective of summarising the papers identified, after entering the descriptors into the EBSCO host scientific search engine, 7 articles respectively were identified.

Only studies published in Europe were reviewed, due to the multidisciplinary nature of European studies and to limit the search. However, it should be noted that these studies were conducted inside and outside the European space. Only peer reviewed studies were included to ensure credibility and, to reduce bias, grey literature was not included. A PRISMA flow diagram in Figure 1 shows the selection of papers for inclusion and exclusion.

The assessment of the quality of the studies needed to consider the use of instruments developed for this purpose, validated, and used by the scientific community. Amongst these instruments was the list of the Cochrane Back Review Group (Furlan, et al., 2009) and the critical appraisal checklist for randomised and pseudo-randomised studies of the Joanna Briggs Institute (JBI, 2011).

Fig.1.-PRISMA

PRISMA flow diagram Adapted From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097



6- Findings

From the papers identified through the types of search selected and the use of the methodology mentioned above, papers were selected and a critical appraisal performed, based on the selection criteria adopted. The corpus of the study consisted of seven papers.

Then, the main findings of the analysis of the selected papers are presented, which have been grouped and organised into a table to answer the research question formulated previously. Table 1 summarises the characteristics and dimensions of the papers, thus facilitating their understanding and comparison to each other, namely the method, participants/sample, objectives and main findings. A summary description is made of the most important aspects corresponding to each paper that forms part of the corpus of this systematic review.

Table 1- Summary of the papers

Paper number	Paper details	Type of Research	Source And Database	Design	Setting of the study	Population/ Sample size	Aims	Methods	Evaluation Results /	Decision
1	African Refugees in Egypt: Trauma, Loss, and cultural adjustment. Henry, Hani M.(2012)	Qualitative Research	Death Studies Medline	Case-Control Studies	Egypt	6 African Refugees living in Egypt for more than 3 years.	Identify the Influence of pre immigration on trauma and cultural losses in the process of refugee's acculturation.	Interviews	-Real histories of adaptive and maladaptive bereavement; -Describes coping methods used by refugees that faced losses; -Mention factors that influence bereavement ; - This sample seems to be fairly small.	Included
2	Posttraumatic stress disorder and prolonged grief in	Analytical Cross Sectional Studies	BMC PsycINFO	Empirical	Sidney	248 Mandaean adult refugees	Identify factors associated with symptoms of refugees	Interviews	-Methodology is well defined; -Talks about adjustment difficulties;	Included

	<p>refugees exposed to trauma and loss.</p> <p>Nickerson et al (2014)</p>						<p>exposed to trauma and loss posttraumatic stress disease and prolonged grief disease</p>		<ul style="list-style-type: none"> -Posttraumatic syndrome disease and prolonged grief disorder and adjustment correlation; -Assesses trauma symptoms; -Include more than physical loss – traumatic events and living difficulties; -Different groups with different symptoms have different difficulties with adaptation .(Prolonged grief disease group – likely to have more adaptation difficulties) - there are distinctive symptom profiles in distressed sub-groups; -The traumatic event of the loss is 	
--	---	--	--	--	--	--	--	--	---	--

									considered and increases the probability of Posttraumatic Stress Disorder/ Prolonged Grief Disorder (PTSD/PGD) -Results show that that there is a unique relationship between loss of culture and support and PTSD reactions.	
3	Contextualizing Afghan refugees views of depression through narratives of trauma, resettlement stress, and coping. Alemi et all (2016)	Qualitative	Transcultural Psychiatry Social Sciences	Cross Sectional	San Diego	18 Adult Afghans refugee/ asylum seeker or forced migrant (11 males and 7 females)	Exploring the experience of depression and the cultural aspects of mourning and coping mechanisms.	Interviews	-3 participants arrived less than one year and majority 10 or more years; -Includes refugee and non-refugee Status; -Depression is attributed to loss; -- war may not be the main factor for the mental health issues- loss	Included

									of identity, loss of social roles, social, personal and cultural distress.	
4	Resource loss, resource gain, PTSD, and dissociation among Ethiopian immigrants in Israel. Michal (2016)	Mix Methods: Qualitative and Quantitative	Scandinavian Journal of Psychology Social Sciences	Cross Sectional	Israel	600 Ethiopian immigrants	Examine the loss and gain of resources, posttraumatic stress disorder (PTSD) and dissociation among Jewish Ethiopian immigrants in Israel following exposure to stressful events occurring pre and post-migration	Interviews and Questionnaires	-Immigrants face an acculturative stress due to cultural loss; - Loss of personal resources directly influence acculturation / adaptation and associated with posttraumatic stress disorder; -Resource loss is more powerful than resource gain; - Analyses how different type of resources affects the individual and consequently the process of bereavement.	Included

5	Mohajir women survivors in postcolonial Karachi: on grief. Chaudhry et al (2014)	Qualitative	South Asian History & Culture Scopus	Qualitative	Pakistan	58 Mohajir women	Analyses Mohajir women experiences of grief	Interviews and Observation	-Refers to war violence and other forms of violence- "everyday violence"; - How they construct the grief; - What are the coping mechanisms; -The questions analysed in this study meet my own research goals.	Included
6	Violence experience and psycho-social family adaptation of Vietnamese refugee women in the U.S.	Qualitative Research	International Journal of Psychiatric Nursing Research CINAHL Plus	Qualitative	United States	30 Vietnamese refugee women in the United States	Analyses disrupted family ties on psycho-social family adaptation to separation and loss.	Open ended interview guide	Ethical considerations were mentioned; Recorded interviews can increase bias;	Included

	Fox et all (2008)									
7	Post-traumatic stress in asylum seekers and refugees from Chechnya, Afghanistan, and West Africa: gender differences in symptomatology and coping. Renner et all (2009)	Mix Methods: Qualitative and Quantitative	International Journal of Social Psychiatry Social Sciences	Qualitative	Austria	150 asylum seekers and refugees from Chechnya, Afghanistan, and West Africa	Explores the differences in gender concerning clinical symptoms and coping strategies in refugees.	Questions and interviews	Includes geographic areas diversity from participants; Analyse differences between gender; Translation resources and the help-participation of a cultural guide increase risk of bias; About my topic of research.	Included

6.1- Linkage with native cultures

In a qualitative study, Henry (2012) sought to discover the influence of significant losses and trauma suffered by forced migrants in their process of acculturation in the host state, as reflected in the manifestation of their links with native cultures. The sample consisted of six forced African migrants who took refuge in Egypt due to wars and political persecution, who were interviewed regarding the circumstances of their flight from their state of origin, as well as regarding their life experiences in Egypt in the process of adaptation.

The author found that all the participants continued to maintain links with their native cultures, but these links manifested themselves in a different way, depending on their ability to assimilate the traumas arising from cultural losses. The interviewees reported having successfully overcome the significant losses and cultural losses through the development of continued links with their native cultures, which helped them to integrate Egyptian culture into their life experiences and accept the difficult political conditions in Egypt in relation to forced migrants.

The continuity of their native culture contributed largely to their overcoming the traumas arising from their situation as forced migrants, these links with their native culture offering them solace.

In conclusion, these cases reflect that a successful adaptation to an unknown culture may depend on the response of the individual to the circumstances that attended their flight from their state of origin, as well as their ability to face their cultural losses.

The study also demonstrated that the impact of the trauma of the situation that leads to the condition of being a forced migrant depends on cultural beliefs, experiences and socialisation assuming themselves as strategies adopted to face the significant losses. All of the participants complained regarding the difficult political situation prevailing in Egypt, but only those who assimilated the significant losses and pre-traumatic experiences arising from the situation experienced in their state of origin were able to continue their links to their native culture, adapt to these conditions and minimise their negative influences.

6.2- Religious belief and education

Based on a qualitative study, Alemi et al. (2016) explored how Afghan forced migrants conceptualised their mental health, reflected in levels of depression, in relation to the trauma they experienced. Accordingly, 18 Afghans living in the San Diego area of the USA were interviewed. Causes, symptoms and treatments in relation to the depression were studied, with narratives reporting stressful factors in relation to their integration into the community of the host state and coping mechanisms. It was demonstrated that there is a relationship between the causality of the depression and the traumas of pre-migration war, namely the separation of the family, and post-migration, including dissonance of status and cultural conflicts and linguistic differences, which generate intergenerational challenges. The depressive symptoms were seen as highly debilitating and included changes in temperament, altered cognition, evasion, dissociative behaviours and somatic complaints.

Alleviation was found via family reunification and in community support, in the faith of religious belief (prayer) and the educational success of their children in the USA. It was found that 9 forced migrants had experiences in their native country that caused depression, regardless of the sociodemographic situation, including the imprisonment of relatives, arbitrary forced entry into their home and interrogations by government agents, fear of being killed and the eminent threat of maltreatment at the hands of government factions and/or

militias that disputed power to the point of destruction. These were the events reported that led to the participants fleeing Afghanistan for Pakistan with the help of smugglers.

The participants reported crossing mountains on foot and/or on horseback, seeking temporary shelter in villages, experiencing long periods of hunger and facing the threat of being killed along the way. These findings lead the authors to mention the need for professionals in various areas who work with forced migrants in the host country to take their significant losses and stress factors caused by cultural and linguistic impacts into account, along with the way each experiences his own struggles and devises coping strategies, so that intervention may be developed based on the needs expressed by the forced migrants.

6.3-Support from others

Chaudhry (2014) explored the experiences of Mohajir women and their suffering in response to losses arising during the armed conflict of 1985-1999 in Karachi, Pakistan. Probing into the suffering of the survivors and their attempts to face that suffering became starting points for understanding the impact and contours of multiple types of violence, including structural violence, of which the lives of poor women form a particular part. The memories and stories of Karachi, being threatened with death and seeing other women tortured and killed, relatives murdered and incarcerated in prisons under appalling living conditions, are implicit in their accounts of suffering, which leads them to lament losses at an individual and family level, along with the deprivation of their rights.

The violence that has permeated their lives is reflected in their current suffering. For many Mohajir women, being a forced migrant due to the whole situation experienced in their native country, where they were subject to high levels of repression and violence, represents enormous suffering. The grieving and poor Mohajir women can only find a small degree of solace among women in similar circumstances. Women aged over 50, women in the 30-40 age group and younger women demonstrate different coping mechanisms to deal with the suffering.

6.4-Social and domestic activities

Renner and Salem (2009) investigated the specific requirements of forced migrants from Chechnya, Afghanistan and West Africa for dealing with anxiety and post-traumatic depression through psychometric instruments that evaluate these somatic symptoms. They also studied social adaptation by means of semi-structured interviews among a sample of 150 forced migrants. They found that, in terms of total scores in the test, the women demonstrated considerably more somatic symptoms than men, but there were no other gender differences.

In respect of the categories obtained from interview data, marked differences were found in gender. In comparison to men, women reported more somatic symptoms, more acute emotional manifestations and a loss of sexual desire, while men reported detachment. In terms of total scores obtained by the psychometric measurements, men and women differed significantly only in relation to the higher frequency of somatic symptoms reported by women, while all measurements of depression, anxiety and post-traumatic stress, as well as the questionnaire on social functioning, did not result in significant gender differences.

Women reported weeping and a feeling of having a lump in their throat, as well as feeling a heaviness in their whole body more frequently than men, very often accompanied by a loss of sexual desire. For women, typical coping strategies were concentrating on their children and on various domestic activities, while men preferred to seek work and socialise. Moreover,

in accordance with the traditional gender roles, men reported a higher degree of detachment, as well as different coping strategies, namely involvement in social activities and seeking information, where problems are generally discussed in groups.

6.5-Culture and contextual factors

Nickerson et al. (2014) determined whether distinct classes of post-traumatic stress disorder and psychogenic pain disorder exist in survivors of the trauma of exposure to conflicts and persecution, and examined the specific types of stressful experiences of forced migrants. The sample consists of 248 adult Mandaean forced migrants, who were assessed for an average of 4.3 years in the host state, Australia, after fleeing Iraq. The majority of the participants was male (48%), with an average age of 38.31 years (± 14.53) and with an equivalent of 10.98 years of education (± 3.78). On average, the participants had been in Australia for 4.31 years (± 4.25). The latent class analysis revealed four classes of participants: one class combining post-traumatic stress/psychogenic pain disorder (16%), predominantly post-traumatic stress (25%) and a resilient class (43%). Taking into account the fact that the class combining post-traumatic stress/psychogenic pain disorder had as predictor exposure to traumatic loss, those that exhibited greater psychogenic pain disorder showed a greater propensity to report adaptation problems since their flight from Iraq, and the individuals with greater post-traumatic stress showed a greater propensity to have difficulties relating to a loss of culture and social support.

It was demonstrated that the difference in culture and the context of the host state played a significant role in increasing the suffering of the forced migrants after the significant losses. Most of the participants described bitterness (which may be defined as feeling irritated, associated with feelings of vengeance and helplessness). This study is consistent with other research that links psychogenic pain disorder to bitterness after exposure to war (Morina, Rudari, Bleichhardt & Prigerson, 2010). This symptom, according to the authors, may be an indicator of anguish when the loss is experienced in a violent context.

These forced migrants demonstrate difficulty in accepting the losses arising from the violent situations resulting from the conflicts experienced in the state of origin. Moreover, they experience great difficulty, in the host state, in holding acts of worship or religious rituals that represent stages of transition for overcoming/accepting their losses. This evidence demonstrates the importance of cultural and contextual factors in assessing how the forced migrants attempt to overcome the psychogenic pain arising from their losses. The study demonstrates that half the sample exhibited resilience, which is confirmed by other studies and that indicates that the majority of people exposed to trauma and significant losses recovers naturally over time and exhibit no psychopathological symptoms (Rothbaum, Foa, Riggs, Murdock & Walsh, 1992; Bonanno, Boerner, Wortman, 2008).

Adaptation, after exposure to traumatic situations and significant losses, becomes a normative response in the context of forced migrants exposed to situations of persecution and extreme violence. Nevertheless, some forced migrants also report psychopathological symptoms as a result of their exposure to traumatic situations and significant losses, resulting in mental disorders (Mollica, McInnes, Poole & Tor, 1998; Van Ommeren, De Jong, Sharma, Komproe, Thapa & Cardena, 2001).

According to Neria and Litz (2004), simultaneous exposure to trauma and significant losses results in a twofold emotional charge. Thus, the combination of traumatic events and the factors related to the losses arising from them may result in symptoms relating to psychogenic pain disorder. In a study by Nickerson et al. (2014), forced migrants exposed to

the loss of a loved one such as, for example, witnessing the murder of a loved one, experienced post-traumatic stress and psychogenic pain disorder. Thus, the authors considered that the experience of a traumatic event and simultaneously a significant loss appears to have a negative impact on the mental health of the forced migrants, resulting in a high likelihood of the onset of post-traumatic stress and psychogenic pain disorder.

According to Nickerson et al. (2014), these symptom profiles are associated with exposure to different types of experiences that the forced migrants lived through, such as traumatic significant losses.

6.6-Employability and self esteem

Finkelstein (2016) studied the losses and gain of resources, post-traumatic stress disorder and dissociation among Ethiopian Jewish forced migrants in Israel after exposure to stressful events, before, during and after migration. The study consisted of a random sample (N=478) of three waves of migrants (N₁=165; N₂=169; N₃=144). The data were gathered in 2001. The average age of the participants was 39.84 years (± 10.14); 53.9% (n=257) were men and 46.1% (n=220), women. Of these participants, 165 were migrants under Operation Moses (who had been in Israel for 18 years), 169 were migrants under Operation Solomon (who had been in Israel for 10 years) and 144 were migrants under Family Reunification legislation, and had been in Israel for 6 years.

The migrants under Operation Moses had higher rates of literacy and were more religious at the time of migration than the other two groups. They arrived in Israel while still very young, predominantly single and with a low birth rate per family compared with that found in the other groups. However, among the migrants under the Family Reunification legislation, who were older when they arrived in Israel, the birth rate per family was higher compared to the other two groups. The rate of married migrants was 68% of the Operation Solomon immigrants, 78% of Family Reunification migrants and 46% of Operation Moses migrants after arrival in Israel. At the time the study was carried out, there were no difference in religiosity, the majority being religious (46%) or traditional (47%) and a minority, secular (7%).

Finkelstein (2016) found significant differences in terms of the intensity of the traumatic events prior to migration: the Operation Moses migrants (M=2.95, ± 1.34) experienced more acutely traumatic events prior to migration than the Operation Solomon migrants (M=1.98, ± 1.23) and the Family Reunification migrants (M=2.09, ± 1.21). Likewise, significant differences were found in the difficulties experienced during the post-migration period: migrants from the Family Group (M=2.90, ± 0.64) had greater difficulty in the post-migration period than the Operation Moses group (M=2.67, ± 0.78) and the Operation Solomon group (M=2.52, ± 0.68).

The only significant difference found in the intensity of the post-traumatic stress disorder occurred between the Operation Moses migrants (M=1.78, ± 0.63) and the Family Reunification migrants (M=1.74, ± 0.59), who experienced it more intensely than the Operation Solomon migrants (M=1.52, ± 0.45). Nevertheless, the frequency of dissociative experiences did not differ in the migration groups.

The same study revealed that the Operation Moses migrants reported greater losses in terms of the dimension of housing than the Operation Solomon migrants and the Family Reunification Resistance. The Family Reunification migrants reported greater losses in terms of the dimension of employment than the Operation Solomon migrants. In terms of the dimension of self-esteem, Family Reunification migrants suffered greater losses than the Operation Solomon migrants. Moreover, older participants tended to report greater losses of employment and self-esteem.

In terms of gains for coping with the losses, the most widely reported is related to housing. Younger participants managed to find more employment and gain greater self-esteem. These resources for coping with losses were acquired more by Operation Moses migrants than by Operation Solomon and Family Reunification migrants. Age did not affect the acquisition of these resources.

A significant relationship was found between the symptoms of post-traumatic stress disorder and the loss of resources for gaining self-esteem ($r=0.17$; $p<0.001$), with a positive dissociation associated with gains of resources in terms of housing ($r=0.20$, $p<0.001$). Both the post-traumatic stress disorder and the aforementioned dissociation were manifested to a greater extent by younger forced migrants. The strategies that the forced migrants found to overcome the losses and post-traumatic stress disorder consisted of seeking employability, gaining self-esteem and taking energy from their native culture.

The study performed by Finkelstein (2016) regarding losses of personal resources, such as self-esteem, and increases in psychopathological symptoms provided evidence in line with other previous studies, which demonstrate that loss of self-esteem is associated with an increase in psychopathological symptoms in forced migrants (Adams & Boscarino, 2006; Kristen, Horsey, Palmieri & Hobfoll, 2010), which is also consistent with the studies conducted by Renner and Salem (2009) and Nickerson et al. (2014). Finkelstein (2016) states that his findings suggest that all participants who reported a greater loss of self-esteem also reported more intense psychopathological symptoms.

Fox et al. (2008) studied Vietnamese women refugees in the United States of America, the host state, who suffered violence during the Vietnam War, taking into account their flight from Vietnam and their incarceration in concentration camps. The violent experiences included witnessing massacres, being assaulted, raped and being deprived of basic necessities in concentration camps. These women exhibited symptoms of post-migration depression, anxiety and post-traumatic stress disorder, which is also documented in the studies conducted by Renner and Salem (2009), Chaudhry (2014) and Nickerson et al. (2014), showing that forced migrants who have experienced situations of significant loss and traumatic experiences of great violence exhibit negative psychopathological and emotional responses.

In the study conducted by Fox et al. (2008), one of the greatest traumas experienced by the Vietnamese women was separation from their families, both in Vietnam and in the USA. The standard consequences of the breaking of family ties among forced migrants are psychopathological symptoms, which require a further adaptation to current life in the state of origin. In the study conducted by Fox et al. (2009), employment constituted a new psychosocial family adaptation for the Vietnamese women, given that none of them worked in Vietnam. Moreover, the women reported that staying at home all day alone was boring and caused them even more suffering due to their grieving for the family members from whom they had been separated. In these cases, work served not only to provide a better standard of living, but also as a distraction from their emotional pain.

Although it was clear that most of the women were not very satisfied with the work they had in the USA (factory work, cleaning, cooking and laundry services), there were other perceived benefits, i.e. the women reported their personal satisfaction as a result of the employment, for example being more exposed to North American culture, an opportunity to study the English language and socialization, these being strategies for coping with the situations of loss.

7-Conclusion

From the articles analysed, despite the fact that the vast majority of the forced migrants have been exposed to traumatic situations of significant loss prior to travelling to the host state and during their adaptation to that country, with a culture, language and socio-political structure different from that of the state of origin, the studies identify that they develop psychopathological symptoms related to grief and trauma. Forced abandonment of their state of origin is always a stressful situation associated with the psychogenic pain disorder arising from their losses.

It was found that in work, in socialisation, in religious worship, in the continuation of their cultural practices and in the attention paid to their children, many forced migrants find strategies for managing the grief that they experience in relation to their significant losses.

It was clear that the need should be recognised for their involvement in integration initiatives in the host state, this being an effective means for living a dignified life where genuine respect is shown for human rights.

It is necessary to create more support centres for forced migrants staffed by professionals from various areas of knowledge, such as nurses, who should be open to listening, dialogue and respect for the rights of these people, under a holistic approach.

Accordingly, it is believed that this systematic review of the literature has reinforced even further the assumption that greater efforts must be made to intervene in relation to mental health among traumatized forced migrants, which should include not only the treatment of post-traumatic psychopathological symptoms, but also ensure that those people can gain resources such as self-esteem and a deeper understanding of their anguish, which may result in a gain in other resources for them to be able to manage their grief in relation to their significant losses.

As a nurse, in my professional practice with forced migrants, I consider it important to know how to listen to a person's individual story, helping him to alleviate the pain arising from his traumatic experiences, whether in his state of origin or in the host state.

It is not easy for a forced migrant to articulate with certainty what his intentions are for the future. Very often, part of his response is beyond his control. Very often, the current precariousness of their lives leads them to suffer an increase in major psychological suffering. Thus, the residential establishment should be considered as the only solution for the recovery of lost freedom and dignity, which implies turning it into a safe haven where these people who have experienced truly traumatic situations in their state of origin are treated with dignity.

It can be seen that, by its very nature, mental health is one of the most delicate aspects of the problem of forced migrants, due to their situation of vulnerability and due to the need to acquire cultural competencies, whether at the personal and professional level or even at the institutional and organizational level of the state of origin. This vulnerability may lead the forced migrants to appeal for help, and it is in this context that all psychological support should be provided, taking into account the experiences of each individual. Opportunity should be given for them to express their suffering, and they should be helped to find strategies that facilitate the management of their grief over their significant losses.

In short, services geared to populations of forced migrants should provide an opportunity for listening to and acknowledging others.

References

- Adams, R.E. & Boscarino, J.A. (2006). Predictors of PTSD and delayed PTSD after disaster: The impact of exposure and psychosocial resources. *Journal of Nervous and Mental Disease*, 194, 485-493.
- Alemi, Q., James, S., & Montgomery, S. (2016). Contextualizing Afghan refugee views of depression through narratives of trauma, resettlement stress, and coping. *Transcultural Psychiatry*, Vol. 53(5): 630-653.
- Alemi, Q., Stempel, C., Baek, B., Lares, L., Villa,, P., Danis, D., & Montgomery, S. (2016). Impact of Postmigration Living Difficulties on the Mental Health of Afghan Migrants Residing in Istanbul. *International Journal of Population Research Volume 2016 (2016)*, Article ID 7690697, 8 pages
- Amaro, L.S. (2013). Resiliência em pacientes com câncer de mama: o sentido da vida como mecanismo de proteção. *Revista da Associação Brasileira de Logoterapia e Análise Existencial*, 2(2), 147-161.
- Barlach, L. (2005). *O que é resiliência humana? Uma contribuição para a construção do conceito*. São Paulo: Instituto de Psicologia.
- Berry, J.W. (2014). Migração, aculturação e adaptação. In de Biaggi, S., & Paiva, G.J.de (orgs.). *Psicologia, E/Imigração e Cultura* (pp. 29-45). São Paulo: Casa do Psicólogo.
- Bettany-Saltikov, J. (2012). *How to Do a Systematic Literature Review in Nursing: A Step-By-Step Guide*. Nova Iorque: Open University Press. ISBN-13: 9780335242276.
- Bonanno, G.A., Boerner, K., Wortman, C.B. (2008). Trajectories of grieving. In *Handbook of bereavement research and practice: Advances in theory and intervention*. Edited by Stroebe MS, Hansson RO, Schut H, Stroebe W. Washington DC: American Psychological Association; 287-307.
- Chaudhry, L.N. (2014). Mohajir women survivors in postcolonial Karachi: on grief. *Journal South Asian History and Culture*, Volume 5, Issue 3
- Chequini, M.C.M. (2007). A relevância da espiritualidade no processo de resiliência. *Revista de Psicologia*, Vol. 16, 1/2, 93-117.
- Finkelstein, M. (2016). Resource loss, resource gain, PTSD, and dissociation among Ethiopian immigrants in Israel. *Scandinavian Journal of Psychology*, 57, 328-337.
- Fox, P.G., Baldwin, K.B., Rossetti, J., Plonczynski, D. et al. (2008). Violence experience and psycho-social family adaptation of vietnamese refugee women in the U.S.
- Furlan, A., Tomlinson, G., Furlan, A. D., Pennick, V., Bombardier, C., & van Tulder, M. (n.d). 2009 Updated Method Guidelines for Systematic Reviews in the Cochrane Back Review Group. *Spine*, 34(18), 1929-1941.
- Henry, H.M. (2012). African Refugees in Egypt: Trauma, Loss, and Cultural Adjustment. *Death Studies*, v. 36, 7, 583-604.
- Higgins J., & Green S. (2011). *Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0*. The Cochrane Collaboration.
- The Joanna Briggs Institute. (2011). *Joanna Briggs Institute Reviewers' Manual*. University of Adelaide. Retrieved May 4, 2007, from <http://joannabriggs.org/assets/docs/sumari/ReviewersManual-2011.pdf>
- Kristen, H.W., Horsey, K.J., Palmieri, P.A. & Hobfoll, S.E. (2010). The role of protective self-cognitions in the relationship between childhood trauma and later resource loss. *Journal of Trauma and Stress*, 23, 264-273
- Martins-Borges, L. (2013). Migração involuntária como fator de risco à saúde mental.

- Rev. Inter. Mob. Hum.*, Brasília, Ano XXI, 40, 151-162.
- Michal, H. (2016). Resource loss, resource gain, PTSD, and dissociation among Ethiopian immigrants in Israel.
- Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(7): e1000097. doi:10.1371/journal.pmed1000097
- Mollica, R.F., McInnes, K., Poole, C., Tor, S. (1998). Dose-effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *Br J Psychiatry*, 173: 482-488.
- Morina, N., Rudari, V., Bleichhardt, G., Prigerson, H.G. (2010). Prolonged grief disorder, depression, and posttraumatic stress disorder among bereaved Kosovar civilian war survivors: a preliminary investigation. *Int J Soc Psychiatry*, 56(3): 288-297.
- Neria, Y., Litz, B.T. (2004). Bereavement by traumatic means: the complex synergy of trauma and grief. *J Loss Trauma*, 9: 73-88.
- Nickerson, A., Liddell, B.J., Maccallum, F, Steel, Z., Silove, D. & Bryant, R.A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BMC Psychiatry*, 14,106, 2-11
- Pussetti, C. (2010). Identities in Crisis: migrants, emotions and mental health in Portugal. *Saúde Soc.* São Paulo, v.19, 1, 94-113.
- Renner, w. & Salem, I. (2009). Post-traumatic stress in asylum seekers and refugees from Chechnya, Afghanistan, and west Africa: gender differences in symptomatology and coping. *International Journal of Social Psychiatry*; Vol 55(2): 99-108. DOI: 10.1177/0020764008092341
- Rothbaum, B.O., Foa, E.B., Riggs, D.S., Murdock, T., Walsh, W. (1992). A prospective examination of post-traumatic stress disorder in rape victims. *J Trauma Stress*, 5(3):455-475.
- Van Ommeren, M., De Jong, J.T., Sharma, B., Komproe, I., Thapa, S.B., Cardena, E. (2001) Psychiatric disorders among tortured Bhutanese refugees in Nepal. *Arch Gen Psychiat*, 58: 475-482

8- Appendix

The JBI Critical Appraisal Checklist for the qualitative research

<p>Papers</p>	<p>Renner et all (2009) Post-traumatic of asylum seekers and refugees from Chechnya, Afghanistan and Western Africa: gender differences in symptomatology and coping", <i>International Journal of Social Psychiatry</i>, 55, 2, p. 99-108</p>	<p>Fox et all (2008) The experience of violence and psychosocial support the adaptation of the family of Vietnamese refugee women in the U.S, <i>International Journal of Research In Psychiatric Nursing</i>, 14 1679-1697, 1, p.</p>	<p>Henry, H.M. (2012). African refugees in Egypt: Trauma, loss and cultural adaptation. <i>Studies of Death</i>, v. 36, 7, p. 583-604.</p>	<p>Alemi, P., Stempel, C., Baek, B., Homes, L., Villa, P., Danis, D., & Lucas, S. (2016). Impact of the difficulties of Life Postmigration on the mental health of migrants resident Afghans in Istanbul. <i>International Journal of Research Population 2016 Volume</i> (2016), Article ID 7690697, 8 pages</p>	<p>Chaudhry, L.N. (2014). Mohajir surviving women in Karachi: post-colonial about the pain. <i>Journal of history and culture of South Asia</i>, Volume 5, Issue 3</p>
<p>1. There is congruence between the philosophical perspective and the research methodology?</p>	<p>Yes. This is a study with application of psychometric instruments to assess anxiety and depression post-trauma of forced migrants from Chechnya,</p>	<p>Yes The study adopted an interpretative perspective and research methodology used. Features a focus of knowledge resulting from the</p>	<p>Yes. The study clearly presents the theoretical or philosophical assumptions on which the study is based, with theoretical and methodological</p>	<p>Yes. Qualitative study explored how the forced migrants Afghans conceptualise his mental health, with reflexes in levels of depression in relation to the trauma they have experienced.,</p>	<p>Yes. Extraction of ethnographic data through in-depth interviews and observations maintained By interviewers - between 1999-</p>

	<p>Afghanistan and West Africa, as well as if resorted to structured interviews through which he studied social adaptation of 150 forced migrants. The study assumes that an international level, a high number of forced migrants need help as a result of post-traumatic stress or problems of acculturation. It is a study using content analysis of the interviews and quantitative analysis of the psychometric tests. The chechen participants received questionnaires in Russian, while the Afghan participants received translations from Farsi of questionnaires. All participants in the West Africa had support in English language and,</p>	<p>phenomenon of study, focuses on issues for the assembly of women 30 Vietnamese refugees forced migrants from a rural area of Vietnam after 1975 admitted in a city Midwest of the USA. Study explains the qualitative nature, demonstrating the rigor in its design, alluding to the philosophical orientation followed: a study of ethnographic orientation, using the structured interview as a means of data collection. It is used a complete process of demand of contrasts, sorted, grouping some as dimensions of contrast, with the placement of the information in a</p>	<p>background of the problem: it examines the influence of the trauma of pre-immigration in the process of acculturation forced migrants, reflected in the manifestations of their continuing ties with the native cultures. I.e., through a qualitative study, with a sample of six African refugees who fled to Egypt because of wars and political persecution that they were victims in the country of origin. Were interviewed about the circumstances of the departure from their countries of origin, as well as about their life experiences in Egypt, the host country.</p>	<p>were interviewed 18 Afghans resident in the area of San Diego, USA. Studied the causes, symptoms and treatments at the level of depressive symptoms, with narratives relating to stress factors in relation to their integration into the Community of the host country and coping mechanisms In the first place, all interviews were conducted in Hebrew between July and October 2012. With the exception of two interviews at mosque Other interviews were conducted in the homes of the participants. As typically required by the Afghan culture, spouses of some women participants (three of the seven) were present during</p>	<p>2000 with 58 Women Mohajir. The project included a collaboration between six feminist activists and researchers of South Asia, including the investigator, to favor the views of women on the situations of conflict. This project has distinguished itself by being an attempt to understand the origin of reproduction and the impact of violence through stories of women survivors. The women were taken as sociopolitical actors who tried to negotiate with the armed</p>
--	---	--	--	--	--

	<p>therefore, the psychometric questionnaires were administered in its original form (HSCL-25, HTQ, IES-R, BSI and SASS - Form answered so on paper registration); the CAPS-1 was conducted as a structured interview with the help of interpreters based in its German version with participants from Chechnya and Afghanistan, while the English version was used for the interviews with participants from West Africa.</p>	<p>paradigm.</p>		<p>the interviews. The interviews lasted between 45 minutes and an hour. Recording Applications</p>	<p>violence and structural violence to ensure their own survival and their families in a world distorted by conflict</p>
<p>2. There is congruity between the research methodology and the research problem or goals?</p>	<p>Yes. The study consists of quantitative and qualitative methods, questionnaires and structured interviews were applied,</p>	<p>Yes A qualitative study was made using semi-structured interviews. This method was selected</p>	<p>Yes. The study methodology is congruent with the research problem. Observations were used to refine and modify the template:</p>	<p>Yes. The study methodology is adequate to deal with the issue of research. The qualitative methodology followed took into account that</p>	<p>Yes. There is congruence between the methodology and the problem and consequent goals, being a</p>

	<p>respectively. The study methodology is adequate to deal with the issue of research. Psychometric instruments were used to analyze and coping Symptomatology and researchers used methods of data collection in the context of the culture in the present study, such as structured interviews (population: total of 150 refugees and asylum seekers in Austria of Chechnya, Afghanistan and Western Africa:) - ethnographic approach and phenomenological perspective and quantitative analysis.</p>	<p>as the most appropriate means to obtain detailed data and rich on the prospects of the Vietnamese refugee women on family adaptation. There is congruence between the qualitative methodology, the research problem and objectives. The woman who served as a guide was Vietnamese, social worker on a voluntary organization in the community. The option is due to the fact that it is very well known and respected in the community and spoke fluent English and Vietnamese, managing to provide the acceptability necessary for researchers to interview the women in the community.</p>	<p>growing theory. It is a detailed study of multiple cases for the drafting of a report of continuous bonds of forced migrants Africans with the native culture (Egyptian), so that distinguishing features, as well as the common characteristics, such as those related to the contextual factors, could usefully inform the growing theory.</p>	<p>the forced migrants Afghans are a difficult group to access. Perhaps in relation to the potential stigma to participate in a study of mental health, this required the identification of culturally sensitive methods to gain the confidence of the participants, i.e., to have access to the community of forced migrants afghans as a preliminary step in the research process. So, before commencing their study, the authors conducted preliminary interviews with key informants with leaders of the clergy and the Afghan community and with health professionals and professionals related to resettlement in Afghanistan and not</p>	<p>continuity of a job Previously performed based on data set, this time using the words of women to focus explicitly on the loss, sadness and grief experienced . In addition to other deprivations, such as The loss of livelihoods and the home, most of the participants faced the violent death of a male member of the family.</p>
--	---	--	---	---	--

		<p>Served as cultural guide and accompanied the interviewers in each interview, serving as a translator. As the study explored the potential personal and sensitive material, were taken all ethical considerations.</p> <p>There is congruence between all this methodological process and the exploration and description of the experiences of women, related to the separation and the loss of family members, as well the effects of disruption of family ties in the family and psychosocial adaptation in the USA.</p>		<p>in Afghanistan, as well as focus groups with community members of various ages. Topics included: 1) The size of the population of forced migrants Afghans and the sociodemographic composition in the San Diego area; 2) suggestions on effective strategies for sampling, recruitment, and assess the receptivity of the Afghans to participate in a study of "mental health"; and 3) the stressors and mental health conditions that affect the forced migrants Afghans.</p>	
<p>3. There is congruity</p>	<p>Yes. Data were</p>	<p>Yes. The study</p>	<p>Yes. The study</p>	<p>Yes. There is</p>	<p>Yes. There is</p>

<p>between the research methodology and data collection methods?</p>	<p>collected through two questionnaires and structured interviews.</p>	<p>followed a phenomenological approach and data were collected through phenomenological interviews. Data were collected through a basic script, with audio recording, giving special attention to the thoughts and sentiments expressed by women. The recording helped a lot in data analysis and ensured the quality of results.</p>	<p>followed a phenomenological approach and the data were collected through phenomenological interviews, aiming to obtain rich descriptions of the experiences of each interviewee, without following rigidly standardized questions. Appeal also to the observation of the contextual environment of each participant.</p>	<p>congruence between the methodology and data collection.</p>	<p>congruence between the methodology and data collection.</p>
<p>4. There is congruity between the research methodology and the representation and analysis of data?</p>	<p>Yes. The meanings of all participants are included in the study. The authors describe the differences between the sexes in terms of symptoms and coping strategies.</p>	<p>Yes The study followed a phenomenological approach to exploit the experience of women in relation to separation and the loss of family members, as well the effects of disruption of family ties in the family and psychosocial</p>	<p>Yes. The data were analyzed and represented as congruent with the methodological position, with exploration of the influence of significant losses and trauma of forced migrants in their process of acculturation in the</p>	<p>Yes. The data are analysed and represented in a way that is consistent with the methodological position. As a result, it has avoided transcripts verbal responses; thus, the copious notes were taken by the first author during and immediately after</p>	<p>Unclear</p>

		adaptation in the USA. Thus, participants were asked to describe their experiences of significant losses, as well as experiments, taken as violent, which included witnessing massacres, being attacked, raped and the deprivation of basic necessities of life in concentration camps. Reporting also its adaptation to the host country.	host country, reflected in the manifestations of their ties with the native cultures.	interviews to optimize recall. The quotations of participants are, therefore, partially paraphrased But, however, retained by described with precision the meaning of participants.	
5. There is congruity between the research methodology and the interpretation of the results?	Yes. The results are used to inform professionals about to accommodate the gender-specific differences in care. "(...) In the course of social psychiatric interventions the traditional. Understanding of gender roles of	Yes. The study followed a phenomenological approach to explore the traumatic experiences of Vietnamese women. The results were used to demonstrate how these women, after the experience of traumatic	Yes. The study followed a phenomenological approach to exploit the experience of forced migrants in their process of acculturation in the host country, reflected in the manifestations of their ties with the	Yes. There is congruity between the research methodology and the interpretation of results, being interpreted through the conceptual framework of base.	Yes. There is congruity between the research methodology and the interpretation of results, which were analyzed in the light of prior knowledge of the experiences of

	<p>asylum seekers and refugees should be considered." p.106 "(...) Group interventions also have to be provided for men and women separately in order to be able to focus on their symptoms and specific needs".</p>	<p>experiences of great violence presented psychopathological and emotional responses, as well as to demonstrate what strategies to face the situations of loss. The interpretation Phenomenology allowed to understand the significance of the phenomenon to the participants of the study, without any intention of generalising the results to the total population of migrant women forced who experienced losses, i.e., there is no explicit intention of a standardization of responses to trauma and strategies to confront the significant losses of these women with generalisation to a</p>	<p>native cultures to verify what the strategies used by each participant to overcome the significant losses and cultural losses through the development of continuous ties with their native cultures, demonstrating how these integrated into the Egyptian culture their life experiences, as well as to demonstrate how faced the difficult political conditions of Egypt in relation to forced migrants.</p>		<p>women <i>Mohajir</i>, a previous study.</p>
--	---	---	--	--	--

		wider population.			
6. There is a statement by locating the researcher culturally or theoretically?	Yes. The researchers play an important role in the process of qualitative research, with demonstration of its importance in the assessment of the evidence. There is a cultural recognition and theoretical orientation as support of the results obtained.	Yes. The authors reveal know the universe researched culturally, providing theoretical orientation on the subject, i.e., make a theoretical contextualisation of the repercussions of the Vietnam war on women forced migrants who have migrated to the United States. Is done a framework on the memories of experiences of violence during the war, his escape from Vietnam and in concentration camps. Are addressed the psychological and social implications of the loss and the	Yes. The investigator has an important role in the process of qualitative research, giving signs of theoretical orientation. Reveals knowledge about the phenomenon under study, alluding to the cultural adjustment of forced migrants Africans, having developed and refined the use of continuous bonds model of mourning in the understanding of acculturation, examining the role of contextual influences on the outcome of this process. The study examines the influence of the trauma of pre-	Yes. The authors reveal know the universe researched culturally, providing theoretical orientation on the subject. Even the first preconceived notions of the author and the possible concepts that were based on the experiences of forced migrants afghans were revised in theory concepts about beliefs about depression and other mental health problems, to sustain empirically the results.	Unclear.

		<p>separation of family members, the great emotional impact of the loss of family members. It is made an allusion to the Vietnamese family structure and function between the countryside and the American family system, as a way to support theoretically the results of interviews and their interpretation.</p>	<p>immigration on the capacity of forced migrants Africans in their process of acculturation in Egypt, as reflected in the manifestations of their continuing ties with the native cultures. It also focuses on the internal mental representations of many aspects of their native culture, such as the cultural identity, family, friends, language, values and traditions, as a basis for their adaptation to the host country: Egypt. These mental representations are alive and continue to provide after participants solace and solutions to the problems of adaptation to the host country.</p>		
7. It is the influence of the	Yes. Researchers	Yes. Researchers	Yes. The investigator	Yes. Researchers	Yes. The study

<p>researcher on the research, and vice-versa, directed?</p>	<p>examine critically their own role and potential influence during data collection.</p>	<p>examine critically their own role and potential influence during data collection, having as a guide a Vietnamese woman known by the Community of the interviewees. While explicit its role of interviewers.</p>	<p>critically examines its own role and potential influence during the data collection, reporting as responded to the events that occurred during the study.</p>	<p>examine critically their own role and potential influence during data collection.</p>	<p>included a collaboration between six feminist activists and researchers of South Asia, including the investigator.</p>
<p>8. Are participants, and their voices, adequately represented?</p>	<p>Yes. The interviews were recorded and transcribed registration units, having a result groups of categories, through qualitative content analysis according to Mayring (2003): (1) what was useful for dealing with traumatic experiences? (23 categories); (2) what was considered stressful? (24 categories); (3) That symptoms of post-traumatic stress</p>	<p>Yes. It provides illustrations of data to demonstrate the basis of conclusions and to ensure that the participants are submitted anonymously, by following the ethical precepts of a qualitative study.</p>	<p>Yes. The study provides illustrations of results to show the basis of its conclusions and to ensure that the participants are represented in the same, demonstrating that the complaints of all participants on the difficult political conditions prevailing in Egypt. There is a demonstration that only those who assimilated their significant losses</p>	<p>Yes. They were heard and recorded the testimonies of 18 Afghans, 11 men and seven women aged between 36 and 71 years old, predominantly pashtun ethnic.</p>	<p>Yes. The testimonies of the Mohajir, women are well represented, with explicit their past experience and present, as well as the different coping mechanisms against suffering.</p>

	<p>attributable to PTSD (15 categories) or concepts specifically cultural (24 categories) have been tested? And (4) What are the traumatic events remembered? (6 categories). Thus, we obtained a total of 92 categories that emerged from the transcripts of 150 interviews.</p>		<p>and the pre-traumatic experiences resulting from the conditions experienced in their country of origin is that they were able to give continuity to its bonds native culture to adapt to these conditions and minimize their negative influences.</p>		
<p>9. It is the ethics of research, in accordance with the current criteria, or by recent studies, and there is evidence of ethics approval by an appropriate body?</p>	<p>Yes. For the recording of structured interviews was prompted the informed consent, respecting the confidentiality of data.</p>	<p>Yes. It was requested permission of every woman to record the interview, having all participated voluntarily, i.e., there is the assumption of an informed consent. The recording of the interviews focused on the thoughts and sentiments expressed by women.</p>	<p>Yes. The participants responded to a booklet of study published in the old <i>campus</i> of the American University in Cairo and in the offices of the UNHCR also in Egypt. Were safeguarded the rights and the guarantee of security of the interviewees, for protection of their identity, not to feel more vulnerable and marginalised in</p>	<p>Yes. Were followed all ethical precepts, having participants refused the audio recording of the interview.</p> <p>This study was reviewed and approved by the Institutional University Branch</p> <p>The Review Board (IRB). Sampling techniques were used to maximum variation to represent a wide</p>	<p>Yes. There is no reference to the true identity of women. The study assumes to safeguard the confidentiality of participants, these being only the knowledge of the research team.</p>

			<p>Egypt. The study participants read and signed an informed consent form that was approved by the Institutional Review Board of the University. This form was presented to the participants of the study, which reported that they had the right to stop the interview at any time, if you feel any discomfort. The informed consent form also provided the telephone number of the office of academic support from the university if participants wished to submit complaints about the procedure of research. The participants were also encouraged to enter in contact with</p>	<p>range of variations in beliefs and narratives of the depression. If recruited participants of both sexes and of different ages, education, ethnicity and time since the resettlement in the U.S.</p>	
--	--	--	---	---	--

			<p>the author if needed for a mental health professional to further explore their thoughts and feelings after the interviews. The interviewer addressed the participants with greater sensitivity and provided support for validation. The author mentions that, despite these safeguards, it is possible that some participants had not felt completely comfortable during the interviews. However, the achievement of the same may have produced important benefits to transmit the unheard voices of participants, resulting in a study that described their experiences.</p>		
--	--	--	--	--	--

<p>10. Do the conclusions drawn in the survey report from the analysis of flow, or interpretation, data?</p>	<p>Yes. The research findings are based on data collected, taking as a basis the hypothesis that gender specific results could be obtained by: (1) quantitative measures of post-traumatic symptoms and somatic effects, as well as a questionnaire of social adaptation; and (2) By structured interviews qualitative, in order to develop recommendations for the psychiatric social assistance given to differential needs of men and women participating in the study.</p>	<p>Yes. There is a relation between the results and the visions and the words of the participants of the study. The researchers shall ensure that the research findings are based on data collected; and discussion of the results from the text generated through interviews, with triangulation with authors who represent these reports.</p>	<p>Yes. The conclusions from the analysis of the results are presented taking into account also the theoretical foundations of models built. The investigator reveals to have ensured that the findings of their research are based on data collected by means of interviews with forced migrants Africans, who were in Egypt.</p>	<p>Yes. The conclusions from the analysis of the results are presented, taking into account also the theoretical foundations of models built.</p>	<p>Yes. The article documents an analysis of interviews with women Mohajir survivors of Karachi post-colonial to taking into account: the violence and sorrow; the management of grief; and 'raise the dead'. Reveals how these women were tormented by memories of armed conflict and subsequent situation of forced migrants.</p>
<p>The decision</p>	<p>Included. According to the critical</p>	<p>Included. According to the critical</p>	<p>Included. According to the critical</p>	<p>Included. According to the</p>	<p>Included. According to the</p>

	assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 10 positive responses.	assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 10 positive responses.	assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 10 positive responses.	critical assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 9 positive responses.	critical assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 8 positive responses.
--	--	--	--	--	--

The JBI checklist of critical evaluation analytics to cross-sectional studies

	Finkelstein, M. (2016). Resource loss, resource gain, PTSD, and dissociation among Ethiopian immigrants in Israel.
Were the criteria for inclusion in the sample clearly defined	Yes. Sampling of aleatory type for convenience. Type of cluster sampling in a total of 600 Ethiopian immigrants, withdrawal of 14 different urban municipalities to obtain a similar number of immigrants and each one of the three waves of migration.
Were the subjects of study and the configuration described in detail?	Yes. Contact information with participants was removed from the Ministry of the Interior, using age stratification in a random sample (for example, 30-36, 37-43, 44-50), with an equal number of men and to obtain a representative sample. The sample size was determined using a power value of 0.80 and type I error of 0.05. As the group differences were unknown, an effect size of 0.13 was determined to detect differences between the groups. Thus, a sample of 576 reached the power

	level and the size of the sample target was defined as 600 in total, 200 individuals per group.
The exposure was measured in a valid and reliable?	Yes. The study clearly describes the method for measuring exposure. This is the reliability of the processes included in the study, with the reliability intra-rater and inter-rater reliability. The questionnaires were administered by the research assistants: male assistants for the male population and female assistants for the female population. The majority of the questionnaires (n=417; 87%) was administered orally; 13% (n = 61) were self-administered.
Were objectives, default criteria used for the measurement of the state?	Unclear
Were identified as factors of confusion?	Unclear
Were strategies to deal with confounding factors stated?	Yes. The stratification of the sample, with adjustments, to evaluate the statistics used in the study. It was performed a multivariate regression analysis to take account of the factors measured.
The outcomes were measured in a valid and reliable?	Yes. The group differences of traumatic events, traumatic peri-migration and post-migration difficulties were evaluated by analysis of variance (ANOVA). We used the Chi-squared to assess the prevalence of those who met the criteria for PTSD, by wave of immigration. It was used the Pearson correlation between PTSD, dissociation of gains and losses of resources, taking into account the age. We used the t-test to examine differences in PTSD, taking into account the gender, marital status and the academic qualifications. Multivariate analyses were used to Variance (MANOVA) to evaluate differences in loss and gain of resources by wave of immigration. Multiple regressions were conducted to examine the prediction of PTSD and decoupling for gain and loss of resources, age, wave of immigration and exposure to traumatic events peri and post-migration.
The statistical analysis used was	Yes. Descriptive analysis was used and the inferential statistics.

adequate?	
The decision	In accordance with the criteria analysed, and taking into account that Article 6 received positive responses and 2 unclear, included in the literature review.

	Admissions, A., Liddell, B.J., Maccallum, F, Steel, Z. Silove, D., & Bryant, J. (2014). Post-traumatic stress disorder and prolonged sadness in refugees exposed to trauma and loss. 14,106 BMC Psychiatry, p. 2-11
1. Were the criteria for inclusion in the sample clearly defined?	Yes. The study included a specific group: refugees exposed to trauma and loss that were evaluated, on average, 4.3 years from the entry of Portugal as a result of persecution in Iraq.
2. Were the subjects of study and the configuration described in detail?	Yes. Sample clearly identified: "Participants were 248 adults of the Mandaean community Resident in Sydney, Australia, who reported that they He had lost a loved one."p.2; (...) "who were evaluated, on average, 4.3 years from the entry of Portugal. The data were collected between September 2006 and November 2007. There is a clear description of demography, location and time period.
3. The exposure was measured in a valid and reliable?	Yes Gives details of exposure of a population in time and space as transcribed above. Determines how the majority of the population to be selected There is a clear relationship between the measure and the phenomenon under study Provide a basis for comparisons of culture. Is the amount of time and effort are needed for the respondents to devote to the interviews; and affirms that there were incentives for the participants. After the nature of The study was explained, the informed consent was obtained

	<p>For all participants, and the study was approved by Ethics.</p>
<p>4. Objective, standard criteria were used for the measurement of the state?</p>	<p>Yes</p> <p>This study investigating symptom profiles</p> <p>The Pos traumatic and prolonged suffering among refugees resettled</p> <p>Kill exposed to trauma and loss.</p> <p>Diagnostic methods are used, such as: The Harvard Trauma questionnaire was used to</p> <p>Evaluate exposure to trauma and pos traumatic symptoms and the Inventory of Symptoms of complicated grief, measurement of PGD and the subscale of Checklist-Depression Symptom Hopkins</p> <p>[19] was used to measure depression symptoms</p> <p>Main characteristics are present, for example: "a symptom was considered present if the individual, occurring "sometimes" (3) "many times" (4), or "always" (5) or experiencing it as "some" (3), "Marked" (4) or "OVERWHELMING" (5)." p.2</p> <p>Predictors were included in the initial model</p> <p>Age; gender; Proficiency in English; exposure to arrest</p> <p>And the abuse, the traumatic loss, and conflict; and adaptation</p> <p>Difficulties, threat to the family, determination of residence</p> <p>Difficulties, health, well-being, difficulties, and asylum</p> <p>Loss of culture and identity.</p>
<p>5. Confounding factors have been identified?</p>	<p>Yes. There are factors that may be associated with the outcome that were reported in the study.</p> <p>During the study, the planning, inclusion was restricted by confounding variables, such as the time. (Refugges were evaluated in an average of 4.3 years since the entry of Australia).</p>

<p>6. Were strategies to deal with confounding factors stated?</p>	<p>Adjust yes: <i>"Although no census information was available, community leaders identified a potential test A sample of 367 individuals based on existing community".p.2</i></p> <p><i>(..)The fifth class fee was not clearly distinguishable from other classes. Thus, the most parsimonious Four-class solution was maintained."</i>p.4</p>
<p>7. The results were measured in a valid and reliable?</p>	<p>Yes. The measurement tools selected were reliable instruments, such as the Harvard Trauma Questionnaire, the inventory of complicated grief, the subscale of Checklist-Depression Symptom Hopkins, DSM-IV-derived algorithm, etc. The author selected that already existed instruments that measure a construction similar to she wished to measure.</p> <p>I can identify congruence between the constructions, the instruments and the constructs for this study.</p> <p>Establishes the author as the measurement was made: <i>"These research assistants received two days of training in the administration of measures of mental health, and received weekly supervision of the first author"</i>p.3</p> <p>Despite this, there is no information on the investigation of three visits in terms of experience in research. Specificities involved in data collection may have an impact on the results. In addition, participants literacy levels can affect the quality of the responses, considering the degree of complexity of some of the issues and the full time needed to the instruments.</p>
<p>8. The statistical analysis used was adequate?</p>	<p>Yes.</p> <p>The latent class analysis was important considering that allowed the researcher to find subgroups based on two main groups originals. <i>"We identified Latent classes on the basis of dichotomous indicators of PTSD and PGD symptoms. "</i>p.3</p>

The decision	According to the critical assessment carried out in accordance with the evaluation criteria for a qualitative study proposed by the JBI, considers that the article can be included in the study, because it presents 8 positive responses.
---------------------	---

Adapted from: The Joanna Briggs Institute. (2011). Joanna Briggs Institute Reviewers' Manual. University of Adelaide. Retrieved May 4, 2017, from <http://joannabriggs.org/assets/docs/sumari/ReviewersManual-2011.pdf>