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From victims to survivors: Resilience in the Sahrawi refugee camps

Marta Guarch-Rubio
Universidad San Jorge (España), mguarch@usj.es

Antonio L. Manzanero
Universidad Complutense de Madrid (España), antonio.manzanero@psi.ucm.es

Steven Byrne
Univerty of Limerick (Irlanda), steven.byrne@ul.ie

Abstract

Being a long-term refugee undermines the confidence to overcome this legal status. As time passes people might feel trapped in time and in space and both factors contribute to their learned helplessness. What can they do to be relieved from it? Resilience elements might be buffers to deal with it. This exploratory study focuses on the evaluation of the degree of resilience in a sample of people residing in the Sahrawi refugee camps in Tindouf (Algeria). Twenty-nine women and thirteen men, with an average age of 34.50 years were assessed. At the time they were evaluated, they had been living in a protracted refugee condition for a mean of 30.71 years. They were interviewed using a specific designed clinical questionnaire and the Resilience Scale by Wagnild and Young (1993). According to the data, 38.09% of the refugees scored a low level of resilience; 33.33% a medium level; and 28.57% a high level. Being born in a refugee camp and having little hope for the future depicted a negative correlation with coping strategies. Moreover, 50% of the participants cited fears and insecurities associated with the political situation that keeps them as refugees whereas 54.8% of them expressed hope for a positive future. No gender and age differences were found in the resilience capacity. This research contributes to the literature and shines a light on the emotional well-being of those most marginalised populations.

Keywords

Resilience; refugees; Sahrawi; hope for future; long-term displacement.

1. Introduction

During 2021, 7.3 million people were forced to flee their homes. By the end of 2021, there were 89.3 million forcibly displaced people worldwide because of persecution, conflict, violence and/or human rights violations (UNHCR, 2022). While one of the least developed regions in the world, Africa accounts for more than 27% of the world's refugee population (UNHCR, 2019). The current study focuses on the Sahrawi refugee camps in the Algerian Hamada region; where more than 165,000 Sahrawi refugees live in the Sahara Desert, one of the most inhospitable places on Earth (Guarch-Rubio, Faleh, et al., 2021; Menéndez Álvarez et al., 2021). In 1975, when the kingdom of Morocco occupied Western Sahara, some of the Sahrawi population moved to neighboring Algeria and currently reside in refugee camps at Tindouf. Another proportion of the Sahrawi resides in the occupied territories in Western Sahara (Guarch-Rubio, Faleh et al., 2021).

More than 7.2 million people are currently living in refugee camps and settlements worldwide (Truelove et al., 2020). While frequently designed to be for short-term stays, many refugee camps have been turned into long-term shelters (Kampouras et al., 2019) where the boundaries between being a refugee or a citizen seem interchangeable (Woroniecka-Krzyzanowska, 2017). It is estimated that by the end of 2021, 15.9 million refugees—74% of the world's refugee population—were living in a protracted situation. More important, perhaps, is the fact that 51 protracted situations took place in 31 different hosts, and these situations have shown no imminent signs of being resolved during 2021 (UNHCR, 2022). In this respect, Smith et al. (2021) maintain that too many refugees are caught in protracted situations far exceeding the definitional category of a group of 25,000 of the same nationality in a refugee situation for more than five years. Given this, Sahrawi refugees in Algeria represent one of the world's oldest protracted refugee situations after those of Palestinian refugees (Fernández-Molina, 2017).

Reflecting the above, many refugee camps across the globe were not designed to host such large numbers of refugees, which overtime have become overcrowded. Conditions are often poor with high population densities, limited water, and poor sanitation infrastructure. Furthermore, limited healthcare resources can create ideal conditions for the spread of infectious diseases. Thus, the living conditions in many refugee camps are considered, at best, inappropriate (Alnsour & Meaton, 2014; Lacroix & Al-Qdah, 2012). Although the camps that are the focus of this research (Tindouf, Algeria) have, to some degree, developed a state-like structure with their own political and administrative institutions, those living in the camps are subjected to extreme poverty, surviving on increasingly meager international aid, and enduring an exceptionally long wait for the

favorable conditions whereby the refugees may return to their place of origin (Gómez Martín, 2017).

Research has also consistently shown that refugees are at particular risk of facing significant mental health problems (Walther et al., 2020). Relevant literature demonstrates that, compared to the general population, the prevalence of mental health conditions (in particular PTSD, anxiety, and depression) is higher in the refugee population (Priebe et al., 2016; Schick et al., 2018). In particular, long-term stays in refugee camps are linked to an overall deterioration in the mental health of refugees (Araya et al., 2007; Bogic et al., 2015). For example, there is a growing body of knowledge that has shown inadequate accommodation, uncertain residency status, restricted access to services and a lack of opportunities to work or study can result in a marked decline in refugees' physical and mental health, sense of safety and overall life satisfaction (Khan et al., 2021; Silove et al., 2017). In their work with 562 adult Eritreans living in refugee camps in Ethiopia, Getnet et al. (2019) found that day-to-day living conditions and duration of resettlement were associated with depression. Crea et al. (2015) also found that refugees living in camps reported lower satisfaction with overall health, physical and mental health, and environmental wellbeing. Despite these issues, research has also demonstrated that resilience strategies and hope for the future remain important elements for those living in refugee camps across the globe (Darychuk & Jackson, 2015; Krause et al., 2020; Pulla & Dahal, 2015).

Although the notion of resilience is subject to multiple interpretations, it is assumed that it operates along a spectrum and encompasses many domains. These include biological, psychological, social, and cultural determinants that interact with or respond to stressors or traumatic events (Krause et al., 2020; Southwick et al., 2014). Resilience has not only been described as the human capacity to successfully adapt to trauma and adversity (Bonanno, 2004) but also as a set of reactions that enables people to counterbalance the adverse effects of life events and thrive in situations where some people cannot survive (Babatunde-Sowole et al., 2020). Almedom & Glandon,, (2007) summarize the concept of resilience as either "a process, an outcome, a dynamic steady state in the face of adversity, [or] defiance of risk/vulnerability" (Almedom & Glandon, 2007, p. 127). In terms of protracted stays in refugee camps (as is the focus of the current investigation), scholars have found that mental health and resilience are moderated by variables at the individual, family, and sociocultural levels (Aitcheson et al., 2017; Millán-Franco et al., 2019; Southwick et al., 2014). Consequently, resilience involves dynamic interactions occurring between an individual and their social and physical environment (Babatunde-Sowole et al., 2020; Jain et al., 2014; Lenette et al., 2013). For the present study, resilience was defined as the tendency to overcome factors that place one at risk of psycho-

logical dysfunction and to adjust positively to traumatic events (Lepore et al., 2006). This broad definition was adopted in the current study as it encompasses the recovery, resistance and reconfiguration elements of resilience as a concept.

Currently, the Sahrawi people are split between those who were forced to move to the Algerian camps and those who remain in Western Sahara, where their human rights are still violated for being pro-independence Sahrawi activists (Amnesty International, 2021, Guarch-Rubio, Faleh et al., 2021). This situation has resulted in the separation of many families. As noted, forced migration, by definition, has an impact on the mental health of refugees as they leave their homeland and cross borders in search of a better life (Zimmerman et al., 2011). In addition, there are serious negative effects on the quality of life for internally displaced persons due to conflict (Simancas-Fernández et al., 2022). Nonetheless, a hopeful outlook is a relevant factor in well-being and quality of life (Stevens et al., 2018), and it is inherent to the migratory process itself. In this respect, a feeling of hope is a central factor from the moment refugees leave behind their homeland to search for a better life (Guarch-Rubio & Manzanero, 2020). Hope for the future is rarely studied in refugee camps although it is considered a predisposition for post-traumatic growth (Chan et al., 2016). In the case of the Tindouf camps, given that some of the refugees currently living in the camps have not directly suffered war or displacement due to their age, it is perhaps advisable to relate hope in the future with resiliency factors.

As previously stated, the aim of the current investigation is to evaluate the levels of resilience and hope for the future of those living in the Sahrawi refugee camps in Tindouf, Algeria. As such, in this paper, we focus on those who are considered refugees because of armed conflicts or situations of generalised violence. We also reveal the difficulties faced by the refugees living in these camps as well as the coping mechanisms employed by them. A more detailed description of the research setting follows.

A focus on the refugee camps at Tindouf, as is the aim of this research, is notably absent from the literature that examines levels of resilience and hope for the future. In particular, studies on the situation in the Tindouf refugee camps remain by far the thinnest. This is surprising given that the refugee camps located near Tindouf are frequently cited as unique and exceptional cases in terms of self-management and organisation, where most affairs are run by the refugees themselves (Fiddian-Qasmiyeh, 2014). As such, the paucity of knowledge about the resilience of refugees living in Tindouf warrants further examination. As Menéndez Álvarez et al. (2021) note, "The sociopolitical situation endured by the Sahrawi population [is] marked by their condition as refugees during more than 40 years in a geographical area with adverse climatic conditions and lack of basic resources to live" (Menéndez Álvarez et al., 2021, p. 181)

Given this, by virtue of the protracted nature of the situation as well as the limited opportunities for self-reliance in the unforgiving desert environment, the situation in the Saharawi refugee camps represents an important site for research into refugees' level of resilience and their conceptualisation of hope. As such, the present project sought to shine a light on the under-researched experiences of refugees living in the Tindouf refugee camps, specifically their levels of resilience and hope for the future. According to the results found in previous studies with conflict victims, we hypothesize that Sahrawis will exhibit high levels of resilience, which, in any case, will be influenced by future expectations and socio-economic factors. Similarly, we would expect to find gender and age differences, with Sahrawi women and those of older age potentially showing higher levels of resilience.

2. Method

2.1. Participants

In this study, forty-two Sahrawi refugees living in the Tindouf camps were assessed: 29 women and 13 men. The mean age was 34.50 years (*SD* = 12.26, range [18-65]). At the time of assessment, the informants had been living in the camps for a mean of 30.71 years (*SD* = 9.96, range [11-42]). Recruitment of the participants was facilitated by the Sahrawi Ministry of Health, especially the Department of Mental Health in the Tindouf refugee camps. The research participants were referred from the health center at the *wilayas* of Bojador and Ausserd camps as well as by simple random sampling of refugees from the camps at Tindouf. Recruitment of more participants for this study was not unfeasible due to the worsening conflict between Morocco and the Sahrawi Arab Democratic Republic (SADR) after Resolution 2414 (2018) as well as the announcement in early 2018 by the European Union Court (C-266/16) that recognised the lack of sovereignty of Morocco over Western Sahara.

The sociodemographic characteristics of the participants suggest that despite the small size of the sample it is a representative one. The majority of the informants were born in refugee camps (66.66%) with an average age of 34.50 years (*SD* = 12.26). This is in line with previous UNHCR estimations, which note that 60% of the refugees in the Tindouf camps are under 30 years of age and that two generations have now been born in the refugee camps. Unemployment predominates in the sample (47.61%), which is habitual in the camps. In addition, 97.6% of the respondents live with some members of their family.

2.2. Instruments and procedure

The participants completed a specially designed clinical survey individually and confidentially. Moreover, the Wagnild and Young (1993) resilience scale was used in this study, as its use has been validated for the refugee population. The assessments were developed in collaboration with the Department of Mental Health and the Ministry of Health for the refugee camps. No qualitative data was collected in this study. To promote a higher participation rate, a local psychologist was trained and participated in data collection. Moreover, translations were revised, and their validity was verified. As such, the questionnaires were printed in both Arabic and Spanish. The data collection occurred at the homes (*jaimas*) of some participants as well as at the dispensaries of the health centers in Bojador and Ausserd.

The clinical survey, which contained twenty-three questions grouped in three thematic blocks, was applied. Firstly, sociodemographic data were collected: sex, age, place of birth of the participants, time spent as a refugee, marital status, and some aspects about their household, education, employment, general health status, and economic resources. Secondly, specific aspects regarding their psychological treatment in Tindouf were compiled. For instance, assumptions of stigma, of previous use of psychological care resources, or of traditional medicine. Thirdly, some data regarding coping and vulnerability factors were also collected. As such, data on the refugees' main supports their perception of integration in Tindouf, hope for the future, and their main fears and insecurities, were collected.

The resilience scale (Wagnild & Young, 1993) consisted of 23 items with a Likert-type response. This instrument had good to excellent internal consistency for this sample (*Cronbach's* alpha = .925). During implementation, the interviewees were asked to rank how far they agreed with each item, where one was "disagree" and seven represented "completely agree". This scale considers resilience based on two factors: a) *personal competence*, including values such as personal capacity, independence, skills, competencies, perseverance; and b) *acceptance of self and of life*, understood as flexibility and capacity to adapt. In addition, it established a global score, which determines the degree of resilience, whose theoretical values range from 25 to 175. Values higher than 147 denoted a greater resilience capacity; between 121 and 146, moderate; and below 121, low resilience. This resilience scale has been broadly used in different refugee populations and has demonstrated adequate psychometrics values with a strong internal consistency with Cronbach's α ranging from .76 to .91 (Wagnild & Young, 1993).

2.3. Data Analysis

From data collected, statistical analyses (ANOVAs and correlations as appropriate) were performed in order to study the relationship between the different

thresholds of resilience and some of the sociodemographic factors analysed. For this purpose, Statistical Package for the Social Sciences (SPSS) was used.

Ethical aspects

The assessments were carried out between December 2017 and January 2018 through individual, confidential interviews. Similar to Ibrahim & Hassan, (2017) study with Syrian-Kurdish refugees in Iraq, informed consent was collected in written or verbal form. Verbal consent was obtained using the same written document that detailed the voluntary nature of the research as well as issues pertaining to confidentiality. The document also informed the participants about their freedom to ask for information about the study, their freedom not to answer questions, and to cease the assessment at any time without consequence. This study is part of a research project regarding the assessment of memory and psychological trauma in refugees and victims of war. It was approved by the Ethics Committee at Complutense University of Madrid (Spain), reference number 2016/17-023.

3. Results

3.1. Sociodemographic characteristics

As shown in Table 1, 66% of the Sahrawi who participated in this study were born in the refugee camps of Tindouf and 33% in Western Sahara. An equal number of refugees were married (45.2%) and single (45.2%). This is in comparison with 9.5 % who had been widowed, separated or divorced. Except for one person, the vast majority (97.6%) lived with other family members and, out of this group, 45.23% lived with their partner. As regards education, the majority of respondents had attended secondary education, with 35.71% completing this level of education and 26.19% failing to do so. Levels of unemployment for the sample stood at 47.61%. Finally, 35.71% stated that they had some mild type of physical pathology.

Table 1. Sociodemographic characteristics (N=42). Resilience factors among long-term refugees at the Refugee Camps (Tindouf, Algeria).

	N	%
Place of birth		
Western Sahara	14	33.33
Refugee Camps	28	66.66
Marital Status		
Single	19	45.25
Married	19	45.25
Divorced / separated/ widow	4	9.52
Education		
Incomplete primary	9	21.42
Completed primary	2	4.76
Incomplete secondary	11	26.19
Completed secondary	15	35.71
University	5	11.90
Employment		
Unemployed	27	69.2
Employed	12	30.8
Current coexistence		
Family	41	97.6
Partner	19	45.23
Physical disabilities	15	35.71

Clinical histories included aspects oriented towards their use of psychological services in Tindouf and other elements of coping and vulnerability associated with their condition as refugees (see Table 2). Out of all the participants in this study, 23.8% had used psychological care services in the camps and contrarily 52.4% of those surveyed had used traditional medicine as psychological treatment. In addition, a slightly higher percentage (57.14%) reported knowing people who used traditional medicine for psychological treatment as a first option. Interestingly, 45.9% reported that there was a widespread attitude of rejection towards psychological treatment in Sahrawi society. In the items relating to coping and vulnerability, the family was the main support for 81% of the participants, as compared with other types of support (friends/neighbours, the wider Sahrawi community or others). Similarly, 63.41% reported feeling integrated into Tindouf society and saw themselves as a part of a wider group of people and territory. Conversely, concern for family members in Western Sahara and a possible withdrawal of aid were the principal fears and insecurities for

50% of the interviewees. More than half of the respondents (54.8%) stated that these fears took up a great deal of their thoughts, 23.80% admitted not paying much attention to these issues and 21.42% did not answer the question. Finally, 42.9% of the refugees reported a lack of hope for the future. In contrast, 54.8% reported a sense of optimism and hope for the future.

Table 2. Elements related to psychological treatments and other coping and vulnerability factors (N=42) among long-term refugees at the Refugee Camps (Tindouf, Algeria).

Psychological aspects	**N**	**%**
Treatment		
Have you used the psychological treatment in Tindouf?	10	23.8
Have you used traditional healing as psychological treatment?	22	52.4
Do you know someone who uses traditional healings as a psychological treatment?	24	57.14
Is there any sort of refusal to psychological treatment in Tindouf?		
Yes	19	45.2
No	18	42.9
Does not know/does not answer	5	11.9
Coping and vulnerability		
Family Support		
Yes	34	81.0
No	8	19.1
Do you feel integrated in Tindouf?		
Yes	26	63.4
No	15	36.58
Worries, fears and insecurities		
Cease of cooperation and familiar situation in the Western Sahara	21	50
Others	13	31
Do you dedicate time to these thoughts?		
Yes	23	54.8
No	10	23.80
Without an answer	9	21.42
Hope in the future		
No	18	42.9
Yes	23	54.8

3.2. Resilience Scale

Finally, the results obtained from the resilience scale (Wagnild & Young, 1993) revealed that 38.09% of the participants scored a low level; 33.33%, a medium level; and 28.57% a high level of resilience. The sole factors correlating to resilience were having been born in a refugee camp, χ^2 (2, N = 42) = 8.424, p < .05 and having little hope for the future, χ^2 (2, N = 41) = 7.782, p < .05. Participants who were born in the camps and those who had low hope for the future showed lower resilience scores.

No relation was found between resilience and gender χ^2 (2, N = 42) = 0.947, p = .623; age, F (2,39) = 1.342, p = .273, η^2 = .064; the years spent as a refugee, F (2,39) = 0.003, p = .997, η^2 = .000; having children, χ^2 (2, N = 42) = 1.249, p = .535; the number of children F (2,39) = 0.921, p = .407, η^2 = .045; health issues, χ^2 (2, N = 42) = 3.553, p = .169; having received psychological treatment, χ^2 (2, N = 39) = 3.510, p = .173; feelings of integration in the community, χ^2 (2, N = 41) = 1.387, p = .500; family support, χ^2 (2, N = 42) = 2.876, p = .237; or being in employment, χ^2 (2, N = 39) = 5.782, p = .056. The following section discusses these findings in more depth.

4. Discussion

This study is relevant because, for the first time, it provides scientific evidence of the degree of resilience present amongst Sahrawi long-term refugees living in Tindouf. The findings offer an enriched understanding and detailed picture of the issues faced by those resident in the camps. Thus, this research can be used to inform service providers, policymakers and authorities in the camps on the best approach in engaging with those who need assistance. Moreover, understanding resilience strategies could potentially improve the provision of trauma-informed care not only in Tindouf but also among those mental health professionals who work with refugees in other protracted situations. Despite its exploratory nature, this research constitutes a first step towards future assessments. However, heightened tensions between Morocco and the Western Sahara (November 2020) are likely to have an impact on the living conditions for those in the Tindouf refugee camps. In addition, in December 2020, the United States announced that it would recognise full Moroccan sovereignty over Western Sahara in exchange for Morocco establishing relations with Israel. These wider political issues and the violence perpetrated by Morocco in Western Sahara are potential risk factors to the mental health of the residents in the Saharawi refugee camps. As such, we contend that future research should examine the impact of these wider political issues—and the potential changes that

they have brought—on the residents of the Tindouf refugee camps. In addition, we recommend that further studies include qualitative data in order to capture the complexity of the challenges faced by those living in the camps.

In line with previous studies regarding psychological treatment (Guarch-Rubio & Manzanero, 2017), there was extensive use of traditional medicine (52.4%). Moreover, there was a high level of stigma (45.2%) associated with psychological treatment in the refugee camps. Therefore, collecting data was quite complex in the current study. This was because residents were reluctant to seek mental health care in general and thus less likely to participate in a study on mental health. In Hassaniya Arabic, the indigenous language spoken by the Sahrawi, psychology is associated with mental health issues and for that reason the vast majority of people are reluctant to participate in mental health research (Guarch-Rubio & Manzanero, 2017). As such, the results suggest that it is necessary to continue with awareness campaigns, which familiarise and normalise psychological issues among the Sahrawi refugees living in Tindouf and that are currently addressed by local psychologists. A widespread acceptance of psychological treatment and psychopathologies could potentially lead to a more efficient and reliable service. According to mental health workers' in Tindouf, one of the main limitations to accessing and subsequently, committing to psychological services, is the stigma associated with the treatment of mental health issues (Guarch-Rubio & Manzanero, 2017). This could generate a mediating resilience factor in the future since the data has shown that having received psychological treatment is not a factor mediating resilience development in the refugee camps in Tindouf. The found effect of being born in the refugee camps on resilience could possibly be explained by a cross-effect of the passage of time (Manzanero et al., 2021) and the assessment of the long-term consequences of exile from their place of origin (Vallet et al., 2017), further investigation into these aspects would be necessary. The importance of family support was mentioned by 81% of the refugees and community integration by 61.9%. This reflects previous research in this field (Afana et al., 2020; Millán-Franco et al., 2019; Siriwardhana et al., 2014), which has found that these factors are important contributors to overall levels of resilience. However, this study did not find an effect of family support or of integration with the higher or moderate levels of resilience. This was perhaps because many of the informants stated that they had high rates of family support as well as a feeling of integration in Tindouf. Neither gender nor age differences were found in the resilience capacity of the evaluated individuals.

As for vulnerability factors, 81% reported thoughts of fear, concerns or insecurities associated with their condition as refugees. Moreover, 50% of the respondents related these concerns to a possible withdrawal of international aid as well as to the situation of their family members living in Western Sahara. In

addition, 54% of the Sahrawi stated that these negative feelings took up a great deal of their overall thoughts, i.e. that they had them recurrently. Lastly, and associated with their condition as long-term refugees, 42.9% of the research participants expressed a distinct lack of hope for the future. A similar figure (41.93%) was found by Guarch-Rubio and Manzanero (2017) where a lack of hope for the future was observed among the refugees in the Saharawi refugee camps. According to the data, it is hypothesised that hope for the future could be a resilience strategy at the community level within Sahrawi society as it potentially minimizes the development of psychological problems. However, the absence of studies with this population and the issues in comparing the current results with previous work makes it difficult present a holistic picture of the degree of resilience in the Saharawi refugees in Tindouf.

5. Conclusions

The current study provides insights into a reality that has not been studied, but also opens new avenues for research. These results support previous research that suggests that the living conditions for refugees have a significant impact on mental health (Basoglu et al., 2001; Bogic et al., 2012; De Jong et al., 2003; Gootzeit & Markon, 2011; Guarch-Rubio, Byrne et al., 2021; Priebe et al., 2013; Schick et al., 2018; Steel et al., 2009). This is especially true for refugees born into an environment of forced displacement. Similar to previous research (Guarch-Rubio & Manzanero, 2017), the current study found that despite the hardships associated with living in the Sahrawi refugee camps in Tindouf, many of the informants felt hope for the future. Consequently, this exploratory study has shed some light on the factors that contribute to resilience for those living in adverse conditions. Finally, it is worth mentioning that the data indicates that the emotional vulnerability of the Sahrawi refugees is very much mediated by the wider political conflict, although more than half of the participants maintain hope for the future.

6. Limitations

Despite the new paths of psychological research that this study offers, some limitations are present. One of the major obstacles of this study is the small sample size. Due to the worsening conflict between Morocco and the SADR in early 2018, and later SARS-CoV-2 pandemic, further recruitment of respondents was impossible. As such, this research is limited in its ability to make wider inferences applicable to other populations under similar circumstances. However, there is the intention to carry out a subsequent study with a larger

sample. Consequently, this research could be considered an exploratory study. Another limitation is the lack of appropriate assessment tools which are validated and specifically adapted to this particular population. As mentioned before, the Saharawi conflict is seldom considered by the mainstream political agenda, and international aid does not prioritise mental health research on this population. For this reason, future research should assess potential mechanisms and predictors of resilience across Saharawi settings, to identify potential protective characteristics to improve their quality of life with adapted psychological tools. Thus, future research in this setting is required.

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8. Conflicts of interest

The authors have no conflicts of interest to declare.

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