

# The Center for Victims of Torture

## Assessing Refugee Mental Health Among Eritrean Refugees in Tigray, Ethiopia: A Representative Survey of Adi Harush and Mai Ayni Camps

### Overview of Findings

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For more information:  
Sarah Peters  
Program Evaluation Advisor  
speters@cvt.org

Shannon Golden  
Research Associate  
sgolden@cvt.org

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## Executive Summary

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The Center for Victims of Torture (CVT) in Ethiopia carried out a mental health assessment of Adi Harush and Mai Ayni refugee camps, in the Tigray region, in January 2020. CVT conducted a survey (N=605) that is representative of the adult populations of the two camps. The goal was to understand the needs and perspectives of Eritrean refugees in order to inform mental health and psychosocial support (MHPSS) service providers and other stakeholders in designing interventions responsive to the needs of the population. This section contains a summary of key findings.

**There are generally positive ideas about mental health, including broad agreement that social support networks and discussing past traumatic experiences are useful in addressing mental health problems.** Survey respondents tended to agree that it is “good to talk to family or friends about mental health,” and that they felt they could depend on their communities for help coping with ongoing challenges, stress, or worries. They also largely agreed that it helps to think or talk about what happened in order to deal with trauma. This can be a resource for MHPSS interventions.

**There are also strong pockets of stigma towards mental health.** Just over two thirds of respondents saw mental health as negative, referring to illnesses or problems. Additionally, one third of respondents saw mental health problems as shameful or a sign of weakness or personal failing. Targeted, community-based awareness-raising strategies to combat stigma are necessary to address these misperceptions. Additionally, providers ought to create pathways to access services that are minimally exposing or stigmatizing. Individuals in need of services will be less likely to access services if they believe they will face stigma in their community.

**Most people report using healthy strategies for coping with difficult emotions.** A majority of respondents reported spiritual activities, connecting with family or friends, or doing social or entertainment activities as coping mechanisms they use. MHPSS providers can draw upon these existing coping strategies as opportunities to provide culturally resonant support. Group-based interventions may be particularly salient in this environment. Providers should engage in discussions about how interventions can draw upon religion or spirituality, while also being mindful of the fact that it is common for some survivors to feel disillusionment with their religion given their past and present struggles.

**Many people report going to a hospital or a clinic when they are facing mental health concerns.** Staff at medical facilities should receive training on protocols to screen and identify people struggling with mental health issues, and they should be equipped with appropriate referral networks to mental health service providers.

**Refugees rank mental health-related problems as major issues in their current lives, particularly worries about people at home and grief over loss of loved ones.** MHPSS services should be considered essential interventions for refugee populations. To meet these needs and address the interrelated character of many of these problems, service providers should develop a coordinated response, including referral pathways and follow-up processes. Notably, concerns about meeting the basic needs of food, shelter, and clothing were relatively low.

**Refugees report moderate mental health symptom levels, and half of all respondents indicate impaired ability to function in daily life.** The ten individual symptoms included in the survey are indicative of depression and post-traumatic stress disorder, two of the most common psychological

responses to trauma exposure. Respondents reported, on average, experiencing symptoms with a frequency of approximately 2 on a scale of 1 to 4 (or “rarely”). Almost one-third of respondents said that mental health problems sometimes or often cause trouble with their daily functioning. We estimate with 95 percent confidence that between 37 to 49 percent of the adult population in Adi Harush and Mai Ayni have symptoms which could indicate a need for specialized mental health care.

**The most commonly reported symptoms are difficulty falling or staying asleep; feeling less interest in things one used to enjoy; and difficulty concentrating or focusing.** These symptoms are associated with depression, and may result from loss of loved ones, home, identity, and hopelessness about the future while living in a refugee camp.

**Eight percent of the population reports currently having suicidal thoughts.** The respondents who said they had had such thoughts in the past two weeks should be considered high risk. Service providers in all sectors should be trained to identify warning signs of suicidality and referral pathways to provide appropriate follow up support should be strengthened, including developing short-and medium-term safety planning in the response. An inter-agency collaboration is recommended to develop a suicide prevention strategy, as well as a protocol for responding appropriately after a suicide attempt.

**Almost half (46 percent) of the population report surviving primary torture. Interventions likely to include torture survivors should integrate considerations for this population into program design.** Outreach and education initiatives should focus on population segments likely to have higher rates of torture survivors. Service providers should bring in experts or train their staff on specialized skills needed to provide torture rehabilitation services. Mental health services for torture survivors should be more intensive and longer-lasting to adequately address needs.

## **Methodological Summary**

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We conducted interviews with a sample of individuals (N=605 total) who are representative of the adult populations of Adi Harush (N=314) and Mai Ayni (N=291) refugee camps (near Shire, Tigray, Ethiopia) as of January 2020. Determining the overall population sizes of these camps is challenging. At the time the survey was conducted, the most recent official population data from UNHCR for Adi Harush and Mai Ayni was published in January 2018 and October 2018, respectively. In preparation for the survey, CVT received unpublished population figures from ARRA that indicated 2,677 households and 13,282 people in Adi Harush, and 3,207 households with 13,930 people<sup>1</sup> in Mai Ayni. The ARRA figures are disaggregated by camp zone, but not by gender or age group. Thus, the 2018 UNHCR data was used in conjunction with the ARRA data to estimate the adult population of each camp. UNHCR’s figures indicate that 60 percent of Adi Harush<sup>2</sup> and 55 percent of Mai Ayni<sup>3</sup> is over 18; thus the adult-only population was estimated to be 7,969 and 7,662, respectively. Although a large segment of the population is minors, they were excluded from this data collection, due to

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<sup>1</sup> One of the five zones of Adi Harush was missing a population figure in the data received from ARRA; CVT estimated the population for the zone by multiplying the reported number of households for that zone by the average household size in that camp. Average household size was estimated using the other four zones’ population data.

<sup>2</sup> UNHCR. 31<sup>st</sup> January 2018. “Camp Profile Shire: Adi-Harush Refugee Camp.”

<sup>3</sup> UNHCR. 31<sup>st</sup> October 2018. “Camp Profile Shire: Mai-Aini Refugee Camp.”

ethical restrictions on research with minors, particularly highly vulnerable minors (largely, unaccompanied refugees) and highly sensitive topic areas (here, mental health and trauma). Our sample included about 4 percent of the adults in these camps and 10 percent of the households.

Data collection was completed from January 21 to 28, 2020. The questionnaire was completed in person in individual interviews, in or around respondents' homes. About two-thirds (69%) of interviews were completed electronically with tablets; the other 31% were completed on paper.<sup>4</sup> The questionnaire was bilingual, with both Tigrigna and English, although tablet-based survey questionnaires appeared only in Tigrigna. Most interviews were conducted in Tigrigna, with a small minority done in Saho or Amharic. The questionnaire asks close-ended questions about knowledge and attitudes about mental health and trauma; daily difficulties or stressors; mental health symptoms; some physical health problems; coping strategies; household mental health; torture; access to services; and demographic information. Mental health support was available for respondents who experienced distress.

Due to the relatively contained geographic areas and known number of total dwellings, we used a geographic interval method to sample dwellings for inclusion. We selected the intervals based on estimations of exclusion rates, and non-response rates, as well as estimates of the productivity of our interview teams. We used an interval of six dwellings in Adi Harush and seven in Mai Ayni; these intervals resulted in full geographic coverage of both camps. Our response rates for the two camps were nearly identical, suggesting strong adherence to sampling protocols. Our contact rate was 57 percent, due primarily to dwellings we found empty. Our cooperation rate was 92 percent, with most eligible respondents completing an interview. Our refusal rate was 4 percent for eligible respondents who were available but chose not to participate.

Fieldwork was carried out by six teams, each with four to five enumerators and one supervisor; clinical, research, and program management staff provided supervision and support. Within the camp, teams received assigned starting points and used an assigned interval to select households. In Adi Harush, teams used a six-household interval; in Mai Ayni, the size of the interval was seven households. Within each selected household, individuals were selected randomly, without replacement, and with adherence to a gender quota.

The combined sample included a total of 605 interviews<sup>5</sup>, with equal proportions of men and women. Respondents' ages ranged from 18 to 70 years old, with an average of 30 years old. The sample deviates slightly from the population age distribution. Our samples in both camps included fewer young adults, especially young men, than present in the population,<sup>6</sup> which fits the expectation

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<sup>4</sup> Tablets were generally used by enumerators who felt most comfortable with electronic data collection; all enumerators who completed interviews with tablets received specific training on using them. Most (64 percent) of enumerators used tablets for almost all of their interviews, 28 percent of enumerators used almost exclusively paper, and 8 percent used a combination of methods.

<sup>5</sup> Enumerators conducted a total of 618 interviews, but there were quality concerns about one interviewer's completed surveys from the first three days of data collection. As a result, the 13 surveys conducted by this enumerator on the first three days (all in Mai Ayni) were dropped entirely from the analysis. On subsequent survey days, the enumerator's surveys were directly observed and supervised by a survey coordinator.

<sup>6</sup> Of the adult population (using 2018 UNHCR demographic distribution with the population figures provided by ARRA in January 2020), 60.0 and 54.5 percent are aged 18 to 24 in Adi Harush and Mai Ayni, respectively. Our samples included 38.3 and 34.0 percent of respondents in this age range in Adi Harush and Mai Ayni.

that this segment of the population is least likely to be at home during the daytime when we conducted the interviews. Additionally, our sample includes more people over the age of 60 than present in the population data available.<sup>7</sup> The sample also deviates substantially from the estimated camp gender distribution. This was also expected. Our individual selection in our sampling methodology involved alternating selection of men and women respondents. Although available gender-disaggregated data on camp populations included more men than women,<sup>8</sup> we used this methodology to ensure that women were adequately included in the samples, and to prevent over-inclusion of men speaking as representatives of their households. We created a weight to adjust the survey demographic proportions on age and gender for each camp to match the population proportions. All descriptive analyses are conducted with weighted data, to adjust the samples to match population characteristics.<sup>9</sup>

## Demographic Characteristics

The survey sample was roughly balanced by camp and by gender: 52 percent of interviews were conducted in Adi Harush and 48 percent in Mai Ayni; within each camp, 50 percent of respondents were women and 50 percent men (this was due to the sampling approach, and the gender proportion was adjusted by weighting the data, as noted above). Respondents in Mai Ayni were slightly older, on average (*mean* = 31), than those in Adi Harush (*mean* = 29). The vast majority of respondents (98.5 percent) were from Eritrea, although a few respondents (1.5 percent) said that Ethiopia was their home country. Almost all respondents spoke Tigrigna; a small minority spoke Amharic, Saho, and/or English.

### Key Characteristics of Survey Respondents<sup>10</sup>

	Adi Harush	Mai Ayni	Combined
<b>Sample size</b>	314	304	605
<b>Women</b> (valid %)	50	50	50
<b>Age</b>			
Mean*	29	31	30

<sup>7</sup> The 2018 UNHCR population figures, which were used for demographic distribution estimates, indicate 0 percent women over 60 in Mai Ayni and 0 percent adults over 60, of any gender, in Adi Harush. However, CVT's sample does include men and women over 60 in both camps. It is possible that this discrepancy exists because the demographic data was more than one year old at the time the survey was conducted, or perhaps that figures of less than 1% were rounded down to 0 in UNHCR's publication. Rather than weighting to 0 survey responses from women over 60 in Mai Ayni and men and women over 60 in Adi Harush, these responses were simply weighted to 1, so as not to exclude the perspective of older adults entirely.

<sup>8</sup> The adult population (using 2018 UNHCR demographic distribution with the population figures provided by ARRA in January 2020) includes 38.3 and 45.5 percent women in Adi Harush and Mai Ayni, respectively.

<sup>9</sup> Except for on age and gender, the variables used in the creation of the weight. The age and gender distributions reported in *Demographic Characteristics* below are the distributions observed in the sample itself, without the weight applied to adjust to population characteristics.

<sup>10</sup> All data presented here are weighted, except gender and age, the variables used to create the weights.

Range	18-70	18-70	18-70
<b>Home country (valid %)</b>			
Eritrea	98	99	98.5
Ethiopia	2	1	1.5
<b>Languages spoken (valid %, not mutually exclusive categories)</b>			
Tigrigna	99	98	99
Amharic	4	7	6
Saho	3	6	4
English	3	4	4
Other languages <sup>11</sup>	1	1	1
<b>Household size (not including respondent)</b>			
Mean	4.2	4.0	4.1
Range	0-11	0-12	0-12
<b>Completed levels of education (valid %)</b>			
No education*	43	35	39
Primary*	56	64	60
Secondary	21	27	24
Technical	1	1	1
University	1	3	2
<b>Years in current camp</b>			
Range	0 – 10 years	0 – 12 years	0 – 12 years
Mean*	2.8 years	4.2 years	3.5 years
<b>* Differences between camps are statistically significant (<math>p &lt; 0.05</math>).</b>			

Respondents reported moderate household sizes, with a mean of just over four people in addition to the respondent. Respondents in Mai Ayni had more education, on average, than those in Adi Harush. In Mai Ayni, 64 percent of respondents had at least a primary education; the figure was 56 percent for Adi Harush. The amount of time respondents had lived in the camp varied widely: some respondents had arrived less than a month previously, while others had been there ten years or longer. The standard deviation of reported time in camp was just over three years. However, the average time since arrival was shorter for Adi Harush (2.8 years) than in Mai Ayni (4.2 years). The difference was statistically significant ( $p < 0.01$ ).

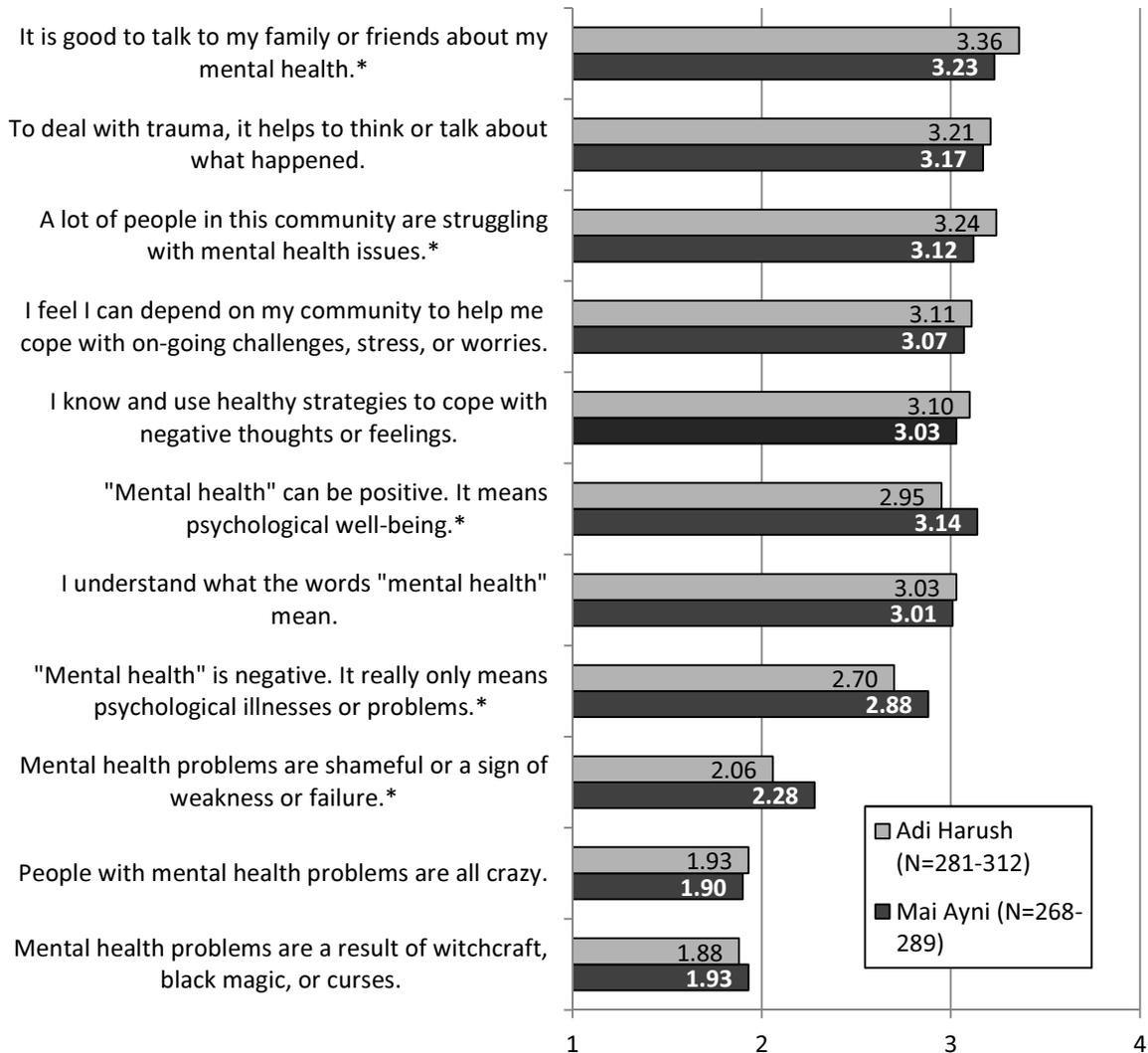
## **Knowledge and Attitudes about Mental Health**

Respondents had generally positive attitudes about mental health. They were most likely to agree with the positive statements, and were more likely to disagree with the most negative, stigmatizing statements. Respondents also showed a strong belief that many people in the community were struggling with mental health issues.

<sup>11</sup> Other languages reported included Afar and Blen.

# Knowledge & Attitudes about Mental Health: Mean Scores by Camp

*"Do you agree or disagree with the following statements?"*



\* Differences between camps are statistically significant at 0.05-level.

Mean response  
1=strongly disagree / 4=strongly agree

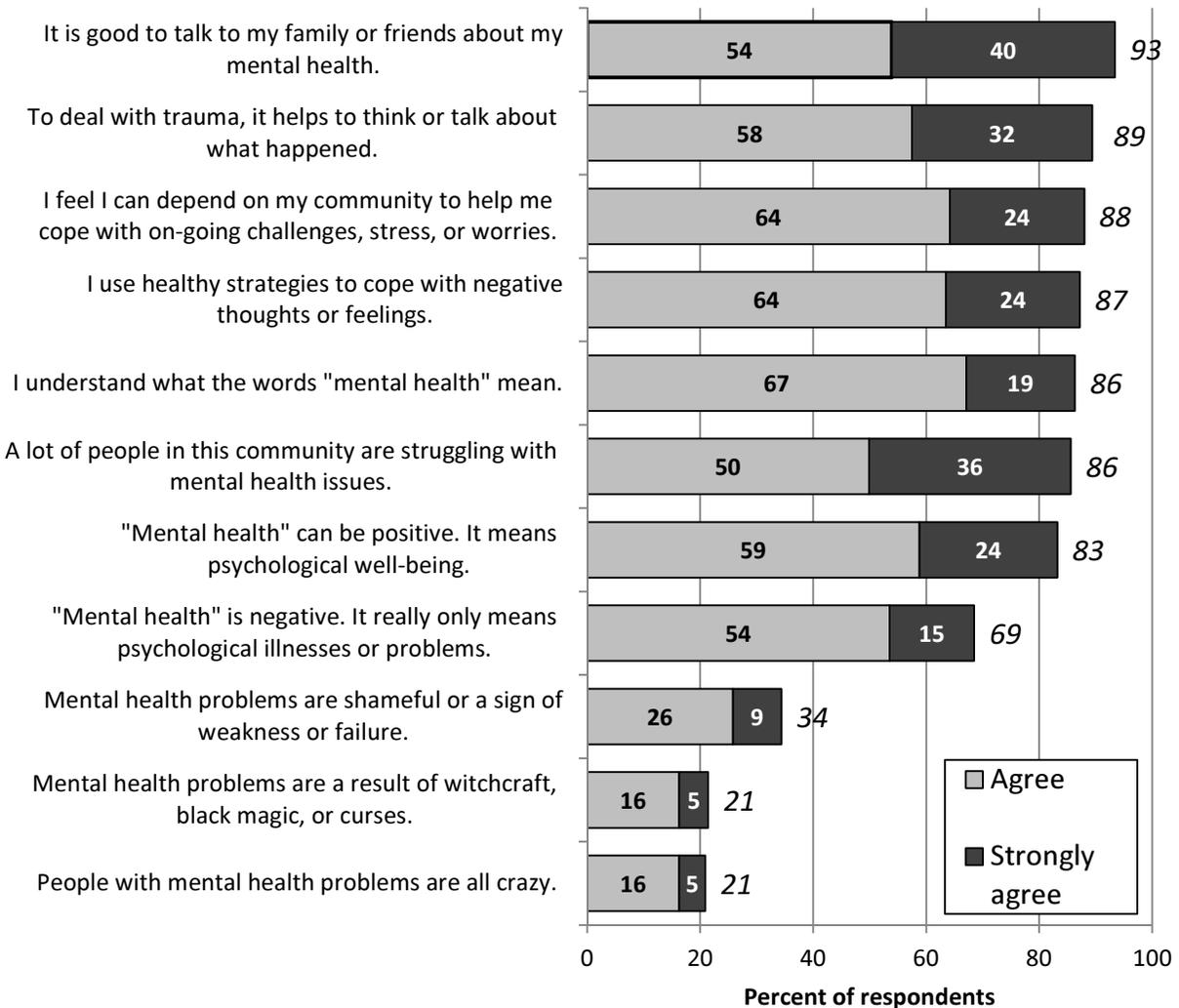
In addition to the perception that many in the community struggle with mental health, respondents most strongly agreed with statements concerning relying on one's community to help cope, and using healthy coping strategies. There were some significant differences in

knowledge and attitudes between the two camps. Residents of Adi Harush were more likely to agree that it is good to talk to family and friends about mental health issues, and that many people in the community were struggling with mental health issues, although there was still strong agreement with these statements in both camps. Residents of Mai Ayni were, on average, more likely than those of Adi Harush to agree both that mental health can be positive *and* that mental health is only negative – suggesting, perhaps, greater polarization of attitudes within the former camp. Mai Ayni residents were also significantly more likely to agree that mental health problems are shameful or a sign of weakness or failure, suggesting greater stigmatization of mental health issues in that camp.

The figure below disaggregates respondents who agree or strongly agree with each statement, combining respondents from all zones of the camp. A strong majority agreed with the positive statements: that it is helpful to deal with trauma by talking about what has happened, that they can depend on their community to help them cope, that they use healthy coping strategies, that they know what “mental health” means, and that mental health can be positive. While there was less agreement with negative statements, 34 percent of respondents still agreed that mental health problems are shameful, 21 percent agreed that they result from witchcraft or curses; 21 percent agreed that people with mental health problems are “crazy.”

## Knowledge & Attitudes about Mental Health: Respondents who "Agree" or "Strongly Agree"

*"Do you agree or disagree with the following statements?"*

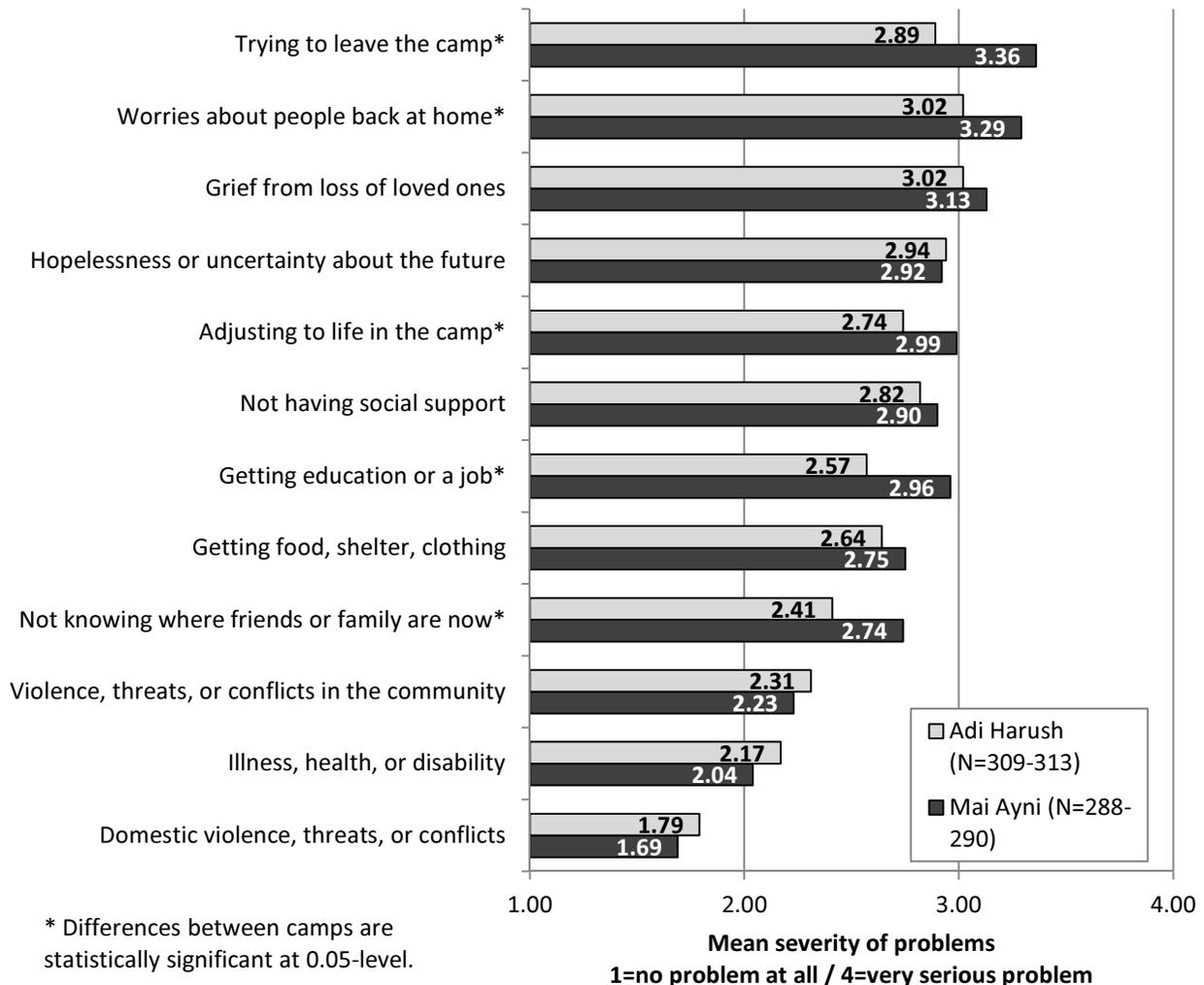


### Ongoing Stressors

Overall, the problems most frequently reported by respondents in their daily lives were: trying to leave the camp, worries about people back at home, and grief from the loss of loved ones. Residents of Mai Ayni, in general, rated most problems as being more severe than residents of Adi Harush; they reported significantly more difficulty with trying to leave the camp, worries about people back at home, adjusting to life in the camp, getting education or a job, and not knowing where family or friends are. Concerns about domestic violence, violence in the community, and illness or disability were the least commonly reported problems.

## Current Problems: Mean Scores by Camp

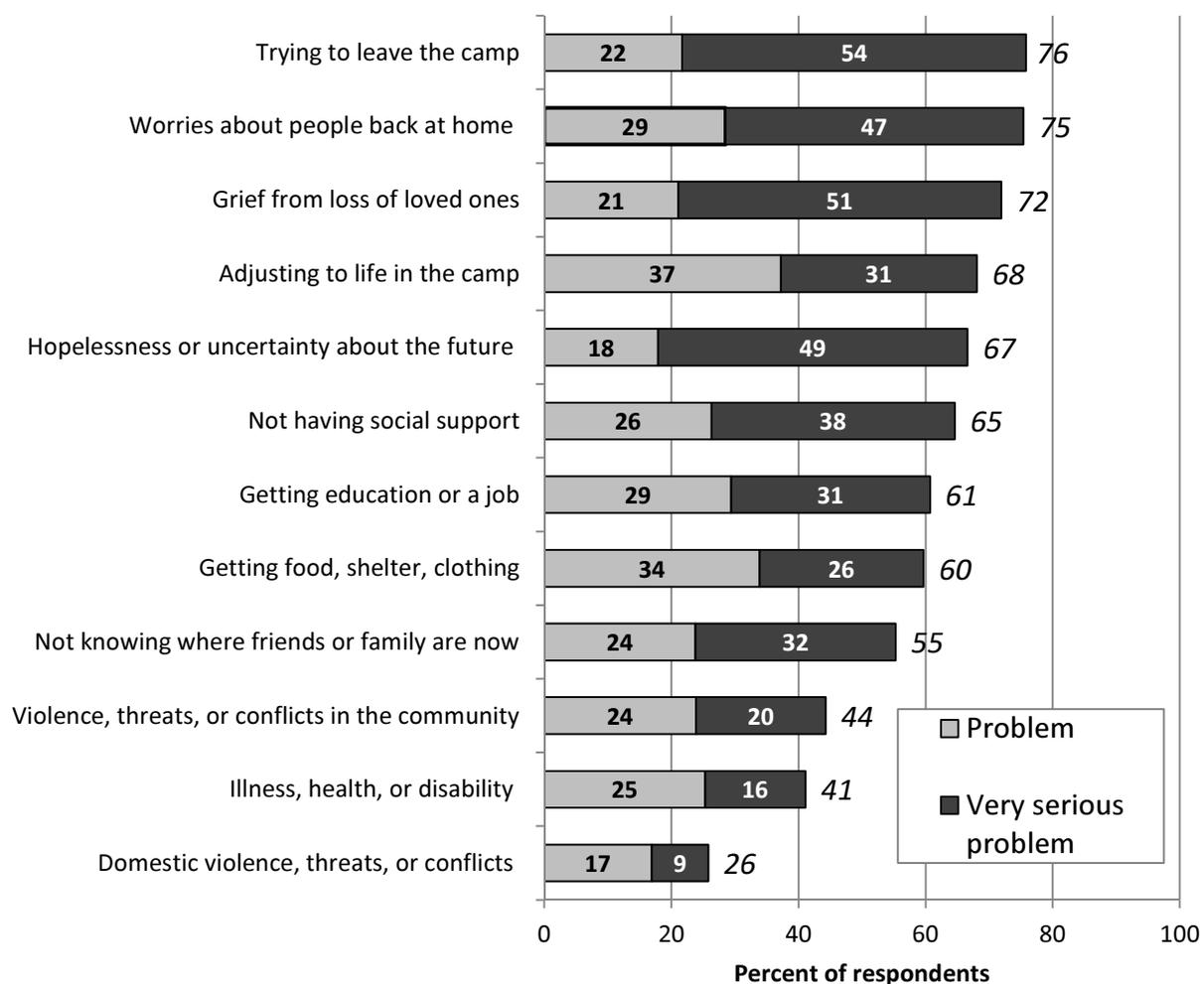
*"How difficult is each of these things in your life right now?"*



Overall, 75 percent of respondents said worries about people back at home, and 72 percent that grief from loss of loved ones, were problems or very serious problems they faced, suggesting a strong need for mental health support. Additionally, 76 percent of respondents said that trying to leave the camp, and adjusting to life in the camp, were problems or very serious problems for them, indicating that life in the camp is stressful for many and may contribute to mental health issues. More respondents ranked emotional concerns related to worry, grief, and hopelessness as problems in their life than did those who reported problems of basic necessities, like food, shelter, and livelihood – although these were still considered problems by more than half of respondents. Domestic violence was least frequently reported as a problem, but still just over one-quarter of respondents said this was a problem or very serious problem for them.

## Current Problems: Respondents who Select "Problem" or "Very Serious Problem"

*"How difficult is each of these things in your life right now?"*



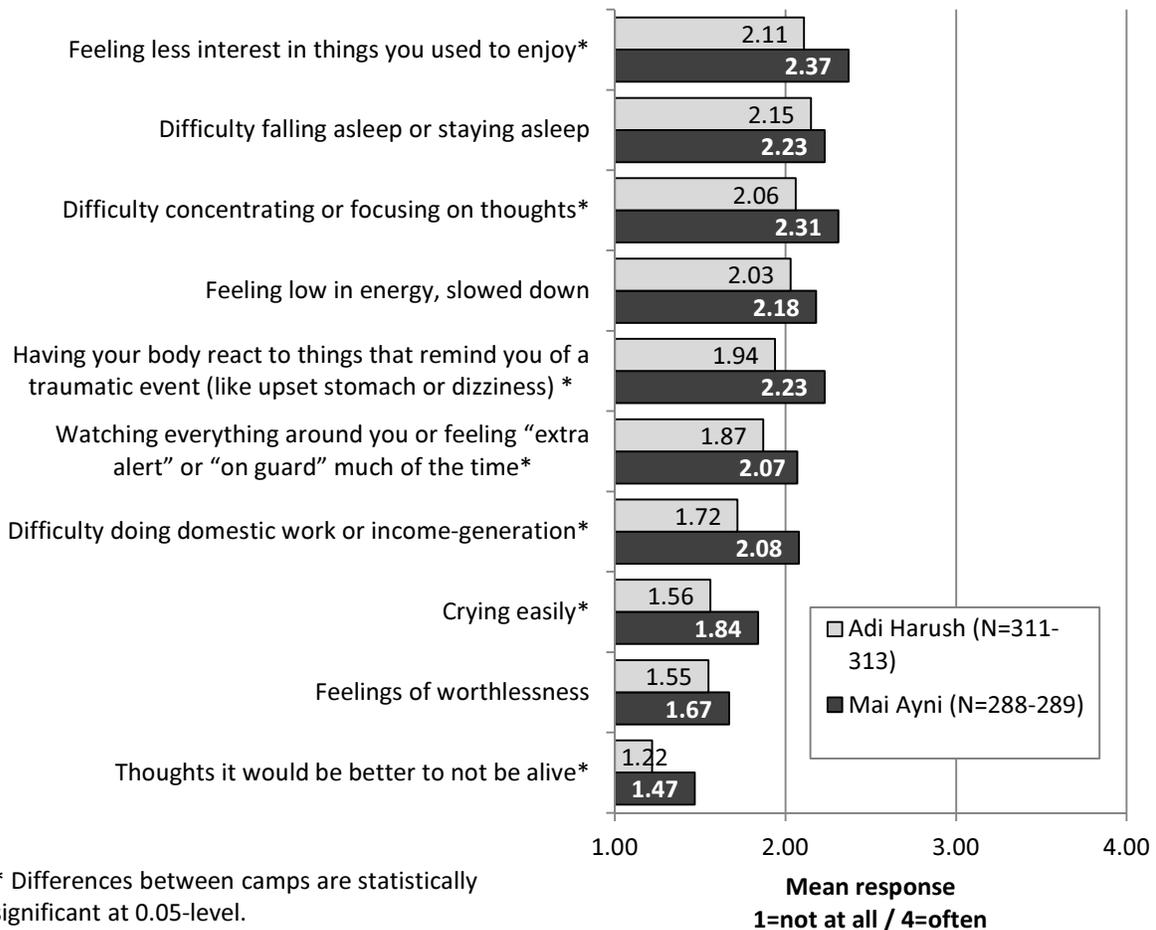
After ranking to what extent each issue is a problem in their life currently, respondents selected just one problem that is causing them the most stress. Notably, the most common response in both camps by a large margin was hopelessness or uncertainty about the future – despite the fact that it was not what was most frequently reported as a problem or very serious problem. Thus, while hopelessness was not a problem for everyone, for those who considered it a problem, it was what they considered most stressful or challenging. Other common problems considered most stressful included worries about people back at home, not having social support, and grief.

## Mental Health Problems and Symptoms

Respondents were asked how frequently they experienced ten symptoms in the past two weeks. These symptoms are indicators of depression and can also indicate post-traumatic stress disorder. The most commonly reported symptoms were loss of interest and enjoyment, difficulty sleeping, and difficulty concentrating. Every symptom was reported more frequently, on average, by residents of Mai Ayni than those of Adi Harush; in seven of the ten symptoms, the difference was statistically significant. Suicidal thoughts were the least commonly reported symptom.

### Symptom Areas: Mean Scores by Camp

*"How often have these problems bothered you in the past two weeks?"*

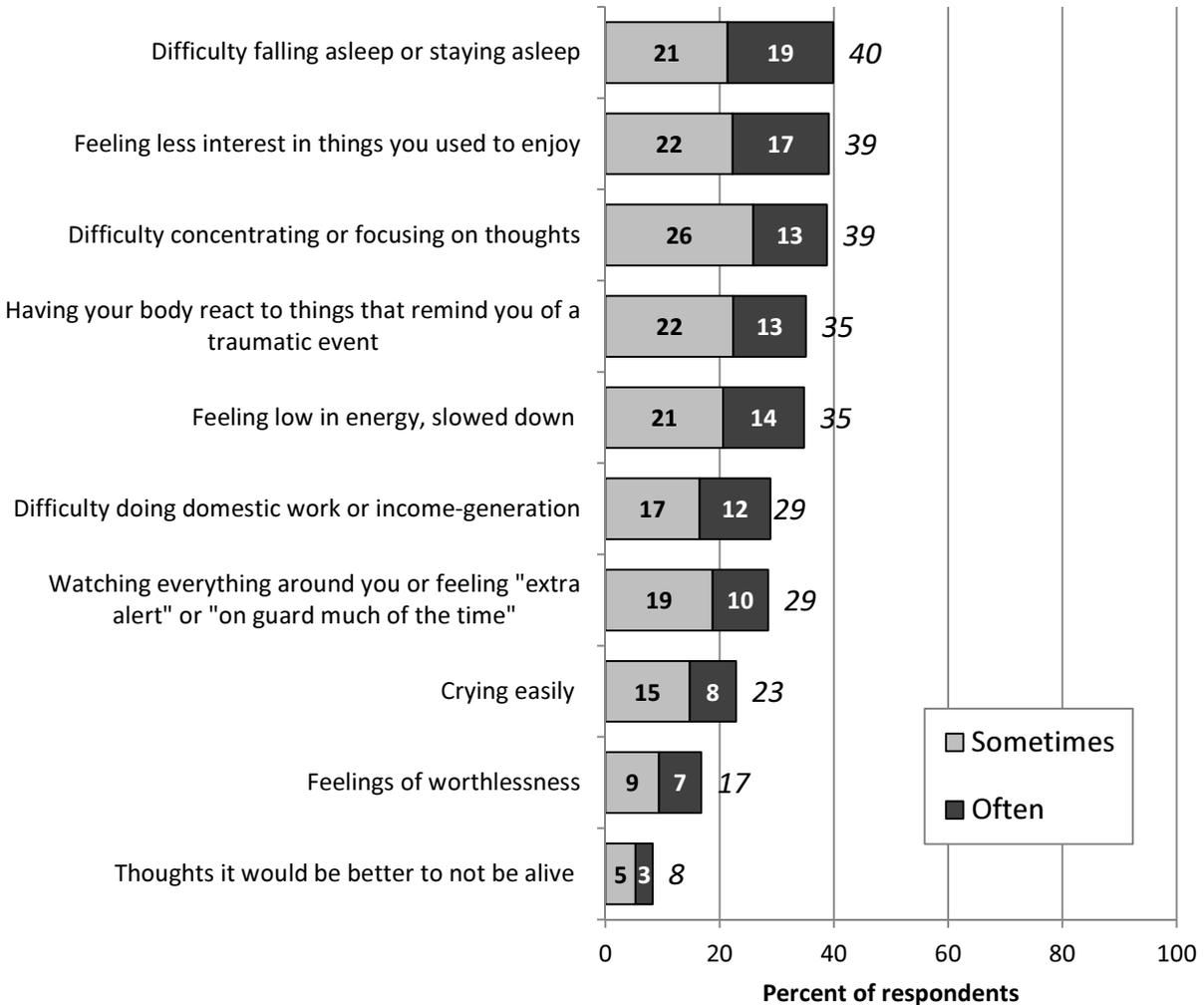


Although individuals may experience symptoms of mental health problems, usually these are moderate enough that people are able to draw upon their existing coping resources to maintain functionality in daily life. However, nearly one-third of all respondents said that mental health problems sometimes or often cause trouble with daily functioning. This helps to identify

the proportion of refugees who may potentially derive strong benefits from mental health support to help develop new strategies and techniques to cope with challenges in their lives.

## Symptom Areas: Respondents who Select "Sometimes" or "Often"

*"How often have these problems bothered you in the past two weeks?"*



Among all respondents, 37 percent ranked their mental health as good or very good, 48 percent as fair, and 15 percent as poor or very poor. However, there were differences between camps, with Mai Ayni residents less likely to rate their mental health highly. In Mai Ayni, 15 percent of respondents said their mental health was poor or very poor, while 30 percent said it was good or very good; in Adi Harush, 16 percent said their mental health was poor or very poor, with 42 percent saying their mental health was good or very good. These differences were statistically significant. In other words, residents of Adi Haursh generally perceived their overall

mental health to be better than those of Mai Ayni, which aligns with Mai Ayni residents' reports of more severe symptoms compared to those in Adi Harush.

## **Coping Strategies**

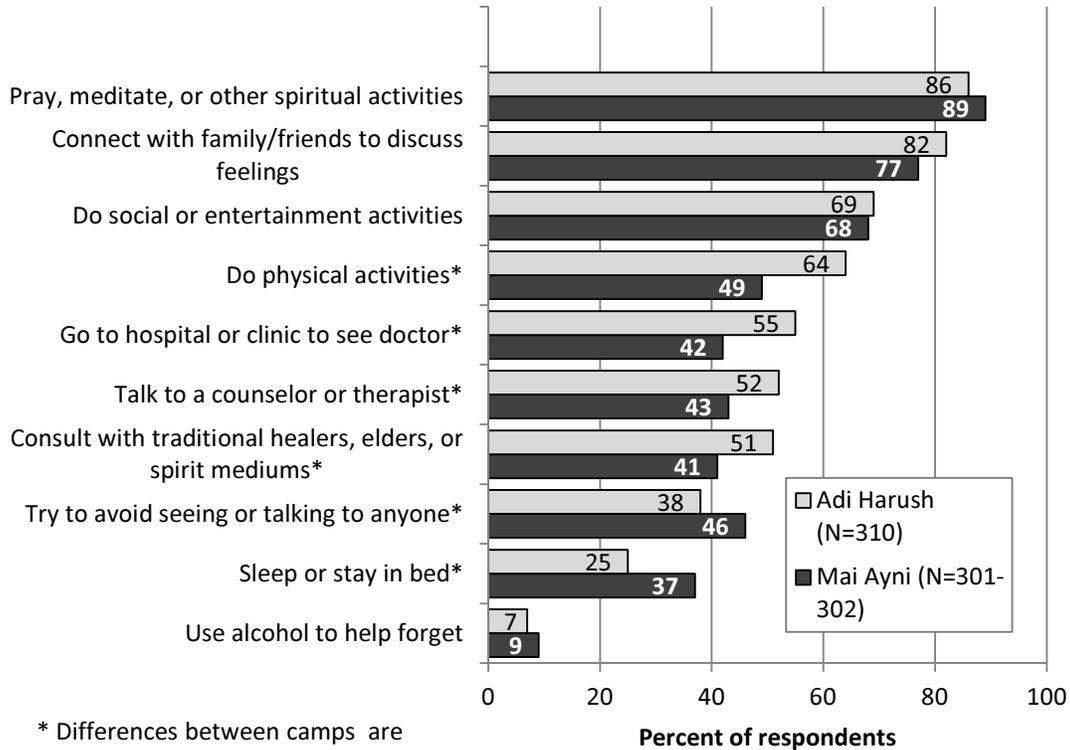
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Respondents reported a range of coping strategies that they use to deal with difficult emotions, such as feeling sad, anxious, or overwhelmed. The vast majority – 87 percent overall – reported that they turn to spiritual support to help them cope. A strong majority also said they rely on social support, by connecting with their family or friends to talk about their feelings or struggles, and over two-thirds cope with challenges more indirectly by turning to social activities or entertainment. When asked about seeking help from some sort of professional or traditional healer, around half of respondents each said that they seek help from medical doctors or clinics, counselors or therapists, or traditional healers or elders.

Our list included a few generally unhealthy coping strategies, which were reported comparatively less often. Some respondents reported avoidance strategies (not seeing anyone, staying in bed) to help cope with difficult emotions. These unhealthy coping strategies were reported significantly more commonly in Mai Ayni. Furthermore, Mai Ayni residents were significantly less likely to use some healthy coping strategies, such as doing physical activities, or seeing a doctor, therapist or counselor, or even consulting traditional healers.

## Coping Strategies by Camp

*"On a day where you felt very sad, anxious, or overwhelmed, what did you do to help yourself deal with those emotions?"*

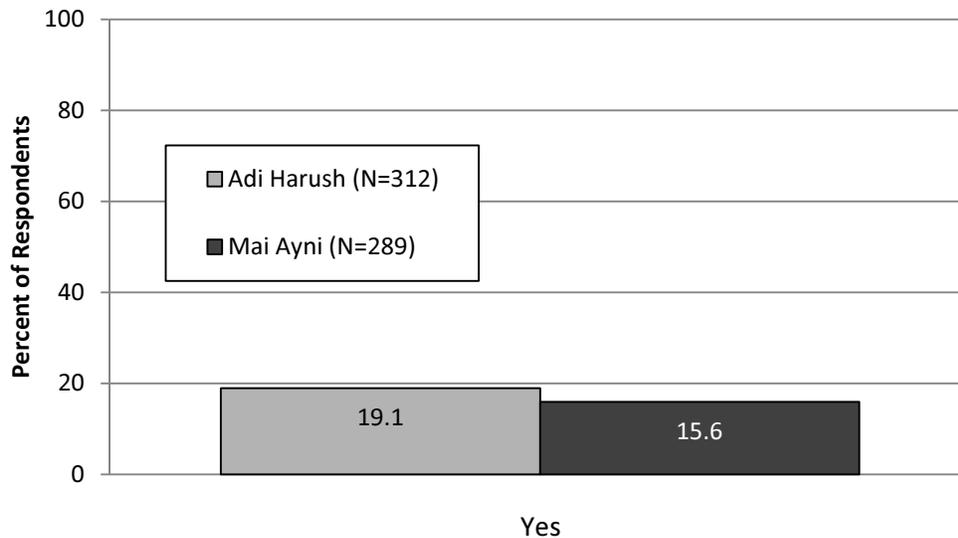


### Household Mental Health

Among all respondents, 17 percent reported that they had household members with mental health problems that interfere with their daily functioning. Minor differences between camps were not statistically significant. Given that 30 percent of respondents reported that mental health problems sometimes or often interfere with their own daily functioning, this figure is somewhat lower than expected. There may be an unwillingness to stigmatize family members, or limited ability to recognize mental health problems in others.

## Household Functioning by Camp

*"Do you feel anyone in your household has mental health problems that cause trouble with daily functioning?"*



Differences between camps are not statistically significant.

### **Torture Survivors**

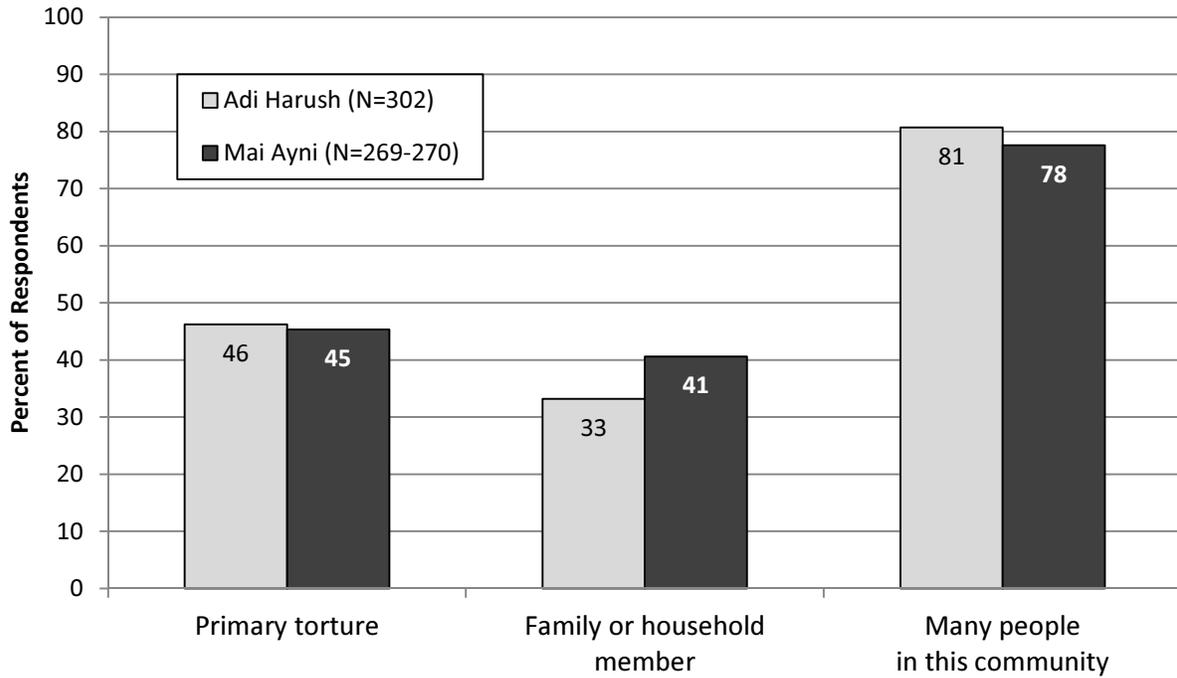
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After being offered a simple, brief definition of torture,<sup>12</sup> 46 percent of respondents reported that they had been tortured. Furthermore, 37 percent of respondents reported that someone in their family or in their household had been tortured. When asked whether they thought many people in their community had been tortured, 79 percent of respondents said yes. Differences between reporting by camp were not statistically significant. Because torture often results in very particular negative consequences for mental and physical health, a specialized interdisciplinary rehabilitation program is recommended to address these rates of reported torture.

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<sup>12</sup> The definition provided was: "Torture is severe physical or psychological suffering caused on purpose by someone in authority." Respondents were asked whether they were willing to talk about torture; approximately 9% of respondents did not consent to be asked these questions.

## Torture Reported by Camp



Differences camps are not statistically significant.