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Research Article

Trauma Exposure, Religiosity/Spirituality and Quality of Life among Eritrean Female Refugees Living in Norwegian Asylum Centers: A Mixed Method Study

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Abstract

Background: Refugees experience multiple forms of trauma, including persecution, physical and sexual violence, and life-threatening situations, prior to and during the process of migration [1]. Religiosity/spirituality can be a positive coping resource after psychological trauma.

Method: This is an exploratory mixed method study, conducted among healthy Eritrean female refugees in eight Norwegian asylum reception centres.

Results: The main traumatic experiences were the political situation and compulsory military service in Eritrea, fleeing their home country, and challenges after arriving in Norway. Number of traumas was independently and positively associated with religiosity/spirituality, while having relatives in Norway was negatively associated.

Quality of life was also positively associated with religiosity/spirituality.

Conclusion: This study's findings offer increased understanding that religiosity and spirituality may positively influence coping after traumatic experiences and quality of life. Further research is needed to help elucidate the causality and the mental mechanisms behind traumatized refugees' tendency to turn to religiousity/spirituality.

Keywords: *Refugee; Trauma; Mental Health; Religiosity/Spirituality; Quality of Life*

Introduction

Refugees experience multiple forms of trauma, including persecution, physical and sexual violence, and life-threatening situations, prior to and during the process of migration [1]. Researchers have conceptualized the migration process as having multiple stages [2,3] and described ways in which prior trauma increases vulnerability to subsequent traumas and stress.

Religiosity and spirituality are important and commonly used psychological and social resources for mental health and coping with stressful and traumatic experiences [4,5], including the trauma of migration. Religiosity and spirituality encompass many dimensions, such as religious affiliation, group identification, personal and public practices, for instance prayer and service attendance, personal identification, and coping [4,6]. Religiosity and spirituality have been shown to independently predict health after a collective trauma [7]. According to [8], faith in God may alleviate emotional stress, and community worship may enhance feelings of security. A sense of connectedness with a Higher Being is found to play an important role in one's ability to exhibit healthy functioning despite adverse life experiences [9]. Thus, trauma victims often find that their religious beliefs and practices provide support and comfort, resulting in increased religiosity [10]. However, "there is evidence for decreases as well as increases in religiosity following trauma" [11]. While increases in religiosity tend to be related to the use of religion as a coping mechanism and to live in a religious environment, a decrease in religious beliefs tends to be related to higher levels of posttraumatic stress symptoms (ibid.). Victims of traumatic events who experience re-traumatization often develop a highly ambivalent relationship to God and view all religiosity as extremely conflictual. Despite their religious faith, trauma victims may choose to blame God for not having protected them, for having left them to feel so alone, for having been indifferent to them or they may even turn their wrath upon God, as the source of cruelty [12].

According to [13], religious activities and membership in religious congregations markedly improve the ability to overcome traumatic experiences among African refugees. Furthermore, personalized religious practices and rituals may empower African refugees to effectively address traumatic ruminations, reminiscences and acculturation stressors [14]. [15] suggest that religion-related cognitive schemas directly affect world assumptions by creating a protective shield that may prevent the negative effects of extremely negative experiences. Research shows that East African refugees in the United States have strong cultural, religious, and traditional health practices [16] and that praying was the most frequent strategy to combat sadness among Somali and Oromo refugees [17].

As with most African societies, religiosity is the dominant sub-type of culture among Eritreans. Among Eritrean refugees in Norway, studies have found that 75% report their religion to be very important to them [18] and Eritrean refugees are also likely to resort to religious activities during times of adversity [19]. The wellbeing and coping of Eritrean refugees have become a worldwide concern due to the dramatic increase in numbers in recent years. After 30 years of war and independence from Ethiopia in 1993, war erupted again in Eritrea in 1998 due to unresolved border disputes. This and the United Nation's sanctions against Eritrea have kept the nation in a state of 'no war, no peace' and have led to economic and other hardships for its people. The political situation within the country, and particularly the mandatory and seemingly never-ending military service, adds to these difficulties. The desire to escape these challenges had caused 459,400 persons (more than 12% of the total population) to flee from Eritrea by the end of 2016. This was a notable increase from late 2015 when the number stood at 407,500. While most Eritrean refugees are hosted by Ethiopia (165,500) and the Sudan (103,200), many have also sought protection further away. Between 2003 and 2018, more than 24,700 Eritrean refugees have come to Norway [20], and a third of these refugees are women.

A study about correlates of trauma and torture history among Somali and Oromo refugees in Minnesota showed that women were tortured as often as men [21]. Yet, women's experiences of migration and their responses to stress are different from those of men, regardless of whether they are primary migrants or joining the primary migrants. Changes in gender roles and expectations after migration will also influence the way women respond to the stress of migration and post-migration adaptation [22].

The religious communities within Eritrea are evenly split. Roughly 2% of the population claims to have no religion. Of the remaining 98%, 49% identify as Christian and 49% as Muslim, although the precise numbers are somewhat debated. The population of the high plateau is predominantly Christian, whereas that of the lowlands and the coastal areas are predominantly Muslim. In practice, no other religions may officially be registered [23]. Regardless of their faith, Eritreans have always coexisted peacefully with no known extremist tendencies. In the Eritrean diaspora, religions remain uniquely embedded in traditional cultural and linguistic patterns, allowing congregants to experience and reproduce Eritrean identity. Religious settings therefore provide a way for people to practice their Eritrean culture [24].

Eritrean female refugees (EFRs) have experienced a multitude of difficulties and traumatic experiences before, during and after their migration to Norway [19]. Considering the important role religion plays in Eritrea and that religiosity/spirituality may be a positive coping resource, we were interested in investigating the religiosity and spiritual needs of Eritrean female refugees living in Norwegian asylum centers and exploring the relationship between religiosity/spirituality with exposure to trauma and with quality of life. Despite a growing body of literature documenting beneficial outcomes of religious coping, to our knowledge, there are no studies examining religiosity and spirituality and its relationship to quality of life among Eritrean female refugees living in the West.

Methods

In this study, data collection involved the selection of units for analysis through a simultaneous use of qualitative and quantitative sampling. Mixed methods research capitalizes on the strengths of both qualitative and quantitative methodologies by combining the approaches in a single research study to increase the breadth and depth of understanding [25]. In addition, mixed methods can be a better approach to research when a single data source is not sufficient to understand the topic, when results need additional explanation, exploratory findings need to be generalized, or when the complexity of research objectives are best addressed with multiple phases or types of data [26]. In this study, the qualitative and the quantitative methods are seen as two separate "strands" of samples which complement each other and thus increase the breadth and depth of understanding.

Participants and inclusion criteria

This study is focused on a homogenous group of refugees, Eritrean women living in one of eight different asylum reception centers in southern and central Norway. The Norwegian Directorate of Immigration provided a list of all such centres, and those with a fairly large population of Eritrean women were selected for the study. The first author contacted the eight selected centres and conducted seminars to inform the Eritrean residents about the study. A total of 210 Eritrean female refugees (EFRs) attended these seminars.

The qualitative study: Two focus group interviews with four participants in each group and ten individual in-depth interviews were conducted. The 18 interviewees also participated in the quantitative study and are included in the total of 63 respondents (described below).

The quantitative study: Of the 210 EFRs who attended the seminars, 98 were enrolled and given the questionnaires, of which 66 were returned. As three sets of questionnaires were incomplete, the final number of respondents included in the quantitative analysis was 63.

Inclusion criteria: All interviewees and respondents were above 18 years of age, were able to understand Eritrea's major language Tigrinya and had obtained refugee status (been granted asylum) but were still living in an asylum reception centres. To ensure relatively recent migration experiences yet ample experience with life in the country, the participants had to be in Norway 1 - 4 years. An education level of 8th grade or above was required to make sure that they understood the content of the information given about the study and were able to read and complete the questionnaires before they signed a written consent form.

Data collection

The qualitative study: A descriptive and explorative design was chosen for the interviews. The focus group interviews were conducted as semi-structured discussions in which the interviewees were encouraged to share their pre-flight, flight and post-flight experiences. Because some interviewees either found it difficult to discuss their experiences in a group setting or dissociated during the group interview, these participants were asked if they were willing to do an individual interview instead. Ten accepted this invitation. Through the focus group interviews and the individual in-depth interviews we wished to learn about the EFR's subjective thoughts, dreams and experiences in their own voice [27,28]. Trauma, coping, religiosity and social relationships were central topics.

The quantitative study: Two questionnaires were used. The sociodemographic characteristics and migration history questionnaire was developed specifically for this study. It was validated through two focus group discussions which led to a few clarifying changes. It in-

cluded questions about the respondents' age, marital status, religion, number of children, whether they had been in the Eritrean military service, why they left Eritrea and their trauma exposure.

Religiosity/spirituality was assessed through the use of the World health organization quality of life - spirituality, religiousness and personal beliefs (WHOQOL-SRPB) instrument. This assessment tool has been developed from a wide-ranging pilot test of 105 questions at 18 study sites around the world. The resulting 32-item assessment tool represents the finalized version of the WHOQOL-SPRB to be used for field trials. These cover quality of life aspects related to spirituality, religiosity and personal beliefs (SPRB). Answers to the questions are given on a 5-point Likert scale. The instrument was back-and-forward translated from English to Tigrinya by proficient bilingual and bicultural translators. Cultural translation was important for reliability as it ensured that the participants not only understood the words but also the questions' inherent meaning.

Additionally, the SRPB domain consists of eight separate facets, using the sum of four items in each: connectedness to a spiritual being or force; meaning and purpose in life; experience of awe and wonder; wholeness and integration; spiritual strength; inner peace/serenity/harmony; hope and optimism; and faith. For the purposes of the present study, facet scores were presented as item means. Quality of life (QoL) was assessed using the general facet score measuring general QoL (4 items), which was computed according to the WHO's manual.

Data analyses

During the study planning, data collection and primary data analyses, no sampling procedure set the stage for the other. The qualitative and quantitative data sets were viewed as two separate "strands" of samples from one single study which cross-validate each other. However, as the qualitative data were richer in depth, the quantitative data were generally used to confirm or corroborate the qualitative findings within the two sub-studies [29]. Rigorous mixed methods approaches require that individual components (qualitative and quantitative) adhere to their respective established standards [30].

The co-analysis of the two strands of data required reflexive engagement within the hermeneutic circle of understanding. Analytic rigor was obtained through the use of five analysts with different professional and cultural backgrounds.

Qualitative data analysis: The interviews were audio-recorded, transcribed verbatim and checked for accuracy against the recordings. They were then translated into English. The analysis was inductive, thematic and hermeneutic in character. The researchers read and re-read the data multiple times. This created a circular investigation of the transcribed interview data as each reading led to greater depth of understanding of the data corpus [31]. Validity was strengthened through the authors' discussions of the findings. Analytic credibility was obtained by presenting quotations with the interviewees' own descriptions of their thoughts and experiences [32]. Reflexivity through follow-up questions and the 'mirroring' of statements was used to develop, clarify and verify statements [33]. Reciprocity was further used as a reflexive method, as the first author, who is of Eritrean origin and herself a refugee, shared feelings and experiences with the interviewees [34].

Statistical analysis: Data was analysed using Statistical Package for Social Sciences (SPSS) software, version 24. Linear regression analyses were used to identify factors independently associated with religiosity and spirituality as measured by the SRPB domain (VI) of the WHOQOL-SRPB by using age, number of children, having relatives in Norway, religion, number of traumas, waiting time until permission to stay in Norway and general quality of life as explanatory variables. Level of significance was set at 0.05 for all analyses.

Ethical considerations

Ethical approval was obtained from the Regional Committee for Medical and Health Research Ethics, South-Eastern Norway (2015/982/REK Sor-Ost), and the Norwegian Directorate of Immigration, which is responsible for the asylum reception centres. Participation was voluntary. All potential interviewees/participants were informed both in writing and orally in Tigrinya. Potential interviewees and respond-

ents were informed that they were free to abstain from participation and that those who chose to participate were free to withdraw from the study at any time without any negative consequences. An informed consent form was signed by all participants prior to interviews or answering the questionnaires. Recordings and transcriptions (qualitative sub-study) and questionnaires (quantitative sub-study) were stored according to the national guidelines for ethical research (Norwegian Directorate of Health, 2009). Recordings will be deleted when the study is concluded. Confidentiality was ensured in all parts of the project. When required, medical and psychosocial support were provided during and after interviews or doing the questionnaires.

Results

Characteristics of the study population

The participants' mean age was 29.5 years (range 18 - 56 years). The majority of respondents were very young (75% were under 30 years of age) and had been enrolled in the Eritrean mandatory military service (65%). The average waiting time for a residence permit was 9.6 months and for a municipality resettlement 10.6 months. About half the sample (49%) was married. As for religious affiliation, 31 (49%) identified as Orthodox Copts, 14 (22%) as Catholics, 10 (16%) as Muslim and 8 (13%) as another religious background. All participants indicated that their religiosity/spirituality was an important coping factor regardless of their religious affiliation.

In the quantitative part of the study, 34 (55%) reported political reasons for leaving Eritrea, while 28 (45%) stated economic reasons. The questionnaire did not collect details about the respondents' specific grounds for leaving the country, but during the qualitative interviews we learned that the causes of economic problems were many and varied. Examples include husbands/breadwinners being jailed so that the women were no longer able to support themselves and their children, while others fled from forced marriages and/or joining the military. We left it to them to define whether their reason(s) was/were political or economic in nature. For instance, a husband, mother or father in jail could qualify as both.

Trauma and flight history

In the qualitative part of the study, most of the respondents reported that the "no war no peace" situation in Eritrea caused them to lose hope for the future. One of the decisive reasons for their flight plans was the endless military service and/or the threat of it. Other reasons for fleeing the country were harassment from officials or the police or being raped while in jail or in the military. Whatever reason for their flight, they all stated that they were forced to leave and had no choice.

Most of our participants either had to sell everything they owned or borrow money or both to finance the flight. This meant that they all currently were in deep debt and as one of them said "started below zero" in Norway. Many reported that whatever money they had brought with them was stolen during their flight.

Rape, being beaten and other forms of physical violation were among the many traumatic experiences during the flight. Some of the women had been sold from one human trafficker to the next while others had to sell their bodies either to continue their flight or "buy" passage across national borders. The interviewees had crossed 2-7 borders during their flight, from Eritrea either to Ethiopia or directly to the Sudan, Libya, Italy, Sweden or Germany, and then to Norway. Some reported about their experiences in Ethiopian refugee camps, where they had been jailed when they cried out to avoid rape, while the rapists were not punished.

The crossing of the Sahara desert and/or the Mediterranean Sea had been a terrifying experience. Many thought they were going to die and/or witnessed others having accidents or being killed. While the flight through the Sudan and Libya had been particularly difficult for those who were Christians, the stay in Italy had been difficult for those who were Muslim due to religious bullying.

As shown in table 1, the quantitative results indicate that about two-thirds (68%) of the women reported one or more traumatic events.

No. of traumas	N (%)
0	20 (32%)
1	17 (27%)
2	17 (27%)
3	8 (13%)
4	1 (2%)

Table 1: *Number of trauma episodes/experiences.*

Life in Norwegian asylum centers

When the EFRs finally reached their host country of Norway, they found that the authorities were suspicious of their identities and life stories. Several interviewees defined both their life in Eritrea, their flight and their situation in the Norwegian asylum centers as violating their human rights. This was especially pointed out by those who defined themselves as political refugees and declared the general political situation in Eritrea as being the main reason for their migration.

In addition to the long wait for a residence permit (Table 2), the interviewees missed receiving validation and support regarding the violence and traumas they had suffered. One of the interviewees said that in Libya and the Sudan they were physically beaten, while in Norway they were "beaten psychologically".

Variable	N (%)
Time spent waiting for residence permit	
1 - 5 months	21 (33%)
6 - 10 months	23 (37%)
11 - 15 months	12 (19%)
> 15 months	7 (11%)
Time spent after residence permit	
≤ 5 months	15 (24%)
6 - 11 months	24 (38%)
12 - 17 months	19 (30%)
> 17 months	5 (8%)

Table 2: *Time spent in Norwegian asylum centers (N = 63).*

Many of the interviewees reported being more concerned about current stressors, such as their situation in Norway and family problems, than with their past traumas. For instance, they experienced challenges when they wanted to ask for help or needed contact with health services about their physical health. Obtaining a doctor's appointment was problematic as they did not know Norwegian and their mastery of English was poor. When an appointment was obtained, there usually was no interpreter available and they had to call a friend who knew some Norwegian. Furthermore, they felt that their problems and symptoms were not taken seriously by physicians. An interviewee said that when "they tell you to drink water and take a walk, the doctors do not understand our symptoms". They all complained about their economic situation and the fact that they had to pay for doctors' visits and phone calls to organise linguistic help themselves.

Religion as a coping factor

Independent of religious background, they were grateful to God for having overcome difficulties and traumas and for having survived. Regarding their future, they trusted in God's help: "God helps us to go through difficulties and win through in the end" (S3). Participants held that prayer, meditation, attending church/mosque services regularly and other religious activities were the main spiritual or religious resources for achieving connectedness with God. It was a problem that the asylum centers tended to be placed a long distance from the nearest church and mosque.

No statistical significant differences were found between the various religious affiliations on religiousity/spirituality, as measured by the SRPB domain (VI) of the WHOQOL-SRPB (Abraham., *et al*. submitted for publication). However, we found that number of traumas was positively and independently associated with religiosity/spirituality, while having relatives in Norway was negatively associated, after controling for age, number of children, religious affiliation and waiting time for obtaining a residence permit. Similarly, general quality of life, as assessed by 4 items of the WHOQOL, was also significantly associated with religiosity/spirituality. The variance explained by this linear regression model was 53.4%.

Predictors	Beta coefficient	t	p-value
Waiting for permit	-0.095	-0.784	.085
No. of children	0.073	0.477	.635
Religion	0.139	1.340?	.185
Age	-0.150	-0.923	.361
No. of traumas	0.245	2.305	**.025**
Relatives in Norway	-0.262	-2.262	**.012**
General QOL	0.586	5.581	**.001**

Table 3: *Factors independently associated with religiosity/spirituality (SRPB). Bolded p-values are statistically significant.*

Many of the interviewees found it helpful to think about the future: "I struggle with negative thoughts but I try to think about the future, too" (B3). They all prayed to God for strength and for help to cope with their traumas and life in the asylum centres. Without hope, they felt that life lost its meaning. They found life in the asylum centres very stressful but valued that they were safe and had high hopes that their quality of life in Norway would improve. Ten of the interviewees stated that they had "grown as a person in such difficult and challenging situations". Many dreamed about furthering their education. The respondents emphasized that church attendance gave them the opportunity to meet others and obtain current news about the political situation back home. This helped them to have a "normal life".

None of the interviewees used expressions like "quality of life". Instead, they talked about being safe and how they took care of each other and the importance of having "someone with whom they could share their thoughts" (H4). They also appreciated the center leaders' and staff's support and positive attitude. However, to be separated from their peers, whether because they were moved to a different asylum center or to a municipality, was difficult and emotional.

Religiosity was an important part of their quality of life and almost all the interviewees found it important for keeping their hope alive. This seemed to be somewhat easier for those who had children either in the asylum center or back home in Eritrea. They sought support from God and prayed that He would help them care for their children. Their feeling of responsibility for their children and hope for a better life in the future helped them to be positive and helped them to improve their quality of life.

Discussion

Results indicate that Eritrean female refugees were exposed to differing numbers and types of trauma before, during and after their flight from Eritrea. Several studies show that displacement has significantly more negative effects on women compared to men [35] and that women and girls are especially vulnerable to sexual violence during war and civil conflicts, whether in the midst of fighting, while escaping from their homes, or even when inside camps for refugees or internally displaced people [36,37].

There seem to be a growing body of research addressing the association between trauma and religiosity/spirituality [4,11,38]. Both reviews [39,40] and empirical studies show that religion and spirituality generally may be beneficial to people coping with traumatic experience. Persons with high levels of positive religious coping tend to report having lower levels of depression after a negative life event than persons with low levels of positive religious coping [19,38,41]. This is supported by our findings.

Prayer, meditation, regular attendance at religious services and other religious activities were important to our interviewees to achieve connectedness with God. Religious coping and seeking spiritual support and a spiritual connection are among the aspects of positive religious coping mentioned by [42] that are reflected in our findings. Thus, they all indicated that their religiosity/spirituality and trust in God's help were important coping factors. [4] point out that although it is unclear why some individuals experience changes in their religious beliefs and activities after a traumatic event, trauma frequently causes changes in individuals' religious beliefs and activities. This is supported by [43], whose study indicates that groups suffering from post-traumatic stress disorder (PTSD) are more likely to report changes in religious beliefs following the first or only traumatic event. Studies show that these changes can be positive or negative, but in our findings the changes were solely positive.

According to [43], intrinsic religiosity is related to multiple victimisations. [44], research indicates that one finds more post-traumatic growth (PTG) among persons with shared traumas that target a group or a community, than traumas aimed at a single individual. According to them, "trauma to self seems to 'block' growth" (p. 119). Based on this they suggest that the type of trauma, not severity, is the most important factor in PTG. They further suggest that individual man-made traumas, such as rape, torture, or being held at gunpoint, may be too difficult to share with others. This is in line with our data, where we found that religiosity is positively related to the number and type of traumas, and that the traumas one suffers alone seem to be harder to cope with than traumas suffered together with others.

Some of our interviewees were rape victims. In a study examining sexual assault survivors' use of religious coping, [45], concluded that positive religious coping is related to higher levels of psychological wellbeing and lower levels of depression. Despite the traumas they experienced during migration the participants reported that their religion helped them endure and retain hope for the future, they established proxy families or 'borrowing networks' for fellowship and social, material and emotional support, and they tried to look to the future instead of dwelling on the past [19].

Our interviewees found life in Norwegian asylum centres very stressful and challenging. This seems to be in line with [46] study, which shows that the physical space refugees occupy may provide an alternative psychological framework for understanding adversity. They described how distress was caused by hostility in spaces, but also how local spaces, such as community centers, provided individuals with a sense of belonging, well-being, resistance, and safety. Our interviewees found the asylum centers' staff friendly and supportive, and they did generally feel safe, although the cramped living conditions were noisy and unrestful.

Religiosity was an important factor to our respondents' quality of life and almost all the interviewees reported the importance of keeping their hope alive. In addition, quality of life was positively associated with religiosity/spirituality. [47] state that high levels of extrinsic religious orientation, effect of religiousness on social behavior, positive religious coping and posttraumatic growth were associated with higher perceived quality of life among subjects.

The EFRs in this study had experienced a long wait first for their residence permit and then for their transfer to a municipality. Waiting around, never knowing whether they would get a permit and when they could move out of the asylum center, was experienced as very stressful. This waiting period was negatively correlated with awarenes, hope and peace. Several studies focus on the effects of the long waiting period inherent in the asylum procedure and/or dire living conditions [48,49]. Long intervals of uncertainty affects psychological health through stress, fear, feelings of insecurity and a sense of total dependency. Refugees in Australia with a longer resettlement period were found to be more distressed than those with a shorter resettlement regimen [50]. [51] argue tat the placing of asylum seekers in secluded areas, as for instance in Norway, leads to feelings of pain, sorrow, stress, grief and loss.

Our interviewees all clung to the hope of eventually having a good life in Norway, and for many this hope was connected to religion and the belief in a merciful God who would see them through. [37] found that positive religious coping may be associated with "lower risk of PTSD, major depression, poorer quality of life and increased alcohol use" (p. 7). Although these researchers studied the aftermath of hurricane Katrina, this seems consistent with our interview data. Furthermore, we found that women with children tended to have more hope and awareness. Hope for the future and hope for their children were important for the respondents' wellbeing.

According to [52], intimate and extended family ties have little correlation with men's distress levels, but are strongly associated with lower distress in women. This is in line with our finding that having relatives in Norway was negatively associated with religiosity/spirituality. This may indicate that having relatives boosts the feeling of social belongingness and that this decreases the need for religious and spiritual social support. [53] found that chronic believers' belief in God is motivated by belongingness needs when they have an accepting image of God. In a study on Vietnamese refugee parenting practices, several parents stressed the importance of religious community to socialize and create a sense of belonging for their children [54]. The authors discuss religious practice as an indicator of social solidarity rather than an aspect of religiosity. Minority groups may rely on religious stratagems to cope with their distress more than other groups [55].

Our findings show that recognition of their political status was very important for their refugee identity. [24] stated that religion among Eritreans in the United States was significant as a basis for building community in the diaspora, reconfiguring nationalist identity, and constituting transnational civil society. According to [56], the literature on refugees has been dominated by the different ways in which individuals express their distress in comparison to Western populations, while the circumstances which have led them to seek refuge in other countries have largely been neglected. [57] argue that the emphasis on psychological trauma diverts the attention away from issues of physical safety and social and economic recovery, which may hinder psychological recovery.

Strength and Limitations

All the participants in this study spoke Tigrinya, the most common language in Eritrea. The first author is a multilingual psychiatrist familiar with the socio-cultural contexts and languages of both Eritrea and Norway. The ethnic match between the researcher and the partecipants is one of this study's strengths. That this paper is focused on refugees from just one country and one gender, Eritrean women, is another study strength that sets it apart from studies where refugees from different countries of origin and of both genders are included. Heterogeneity with regards to gender, religion, ethnicity and different kinds of trauma exposure may impact on the results [58]. A limitation is the small sample size of the quantitative sub-study, which limits its generalizability. This strand of data is validated by the qualitative data, however.

As this study was conducted among women who were still living in a asylum reception center and thus had not yet experienced independent life in a Norwegian municipality, we cannot say whether their present religiosity and spirituality will continue into their resettlement. An interesting question is whether their attitude towards religiosity and responses to migration will be challenged when they leave the asylum reception center and try to become integrated into Norwegian society.

Conclusion

This study's findings offer increased understanding of how religiosity and spirituality may positively influence coping after traumatic experiences. Further research is needed to elucidate the mental mechanisms behind traumatized refugees' tendency to turn to religious and spiritual practices. The current exploratory investigation represents an initial step in understanding female refugees' experiences and their responses.

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