

Research Brief

The 6th Mahidol Migration Conference 2022
Institute for Population and Social Research



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The trauma of flight or flight from trauma? Untangling the relationship between war, migration, and PTSD in an older Vietnamese cohort

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Introduction

The current conflict between Ukraine and Russia is but the latest iteration of war producing refugees. Displacement is a persistent consequence of war. People forced to leave their homes during war often experience physical and mental health maladies as a result of their war and displacement experiences. These health impairments can persist for decades, extending well into old age. The research linking displacement to mental health concentrates on refugees who were permanently resettled outside their home country, focusing on the immediate and mid-term effects of war, paying little attention to the life-long ramifications. We lack information on the enduring mental health consequences of temporary displacement during armed conflict. The American War in Vietnam can be informative in this regard since displacement was temporary for many in the northern and central regions, and the men and women who were teens and young adults during the war are now entering old age. Mental health has been extensively studied among South Vietnamese refugees resettled in the United States, Australia, and elsewhere, but research focusing on this group only tells part of the story.

Mental health is a critical component of healthy aging. Symptoms such as anxiety, recurring stressful memories, nightmares, always being on guard for danger, and feeling detached from family and friends are maladaptive in themselves, resulting in lower quality of life. In addition, mental and physical health are entangled, each affecting the other. For example, research has found that mental distress, such as depression, anxiety, and PTSD, can exacerbate existing physical health conditions like cardiovascular disease. Poor mental health can also result in physical somatization, associated physical pain, and an array of functional impairments.

Public health interventions targeting mental health in older populations rely on scientific knowledge about the source of the mental health condition. Without such knowledge, designing appropriate treatments is nearly impossible. In the case of war-related displacement and PTSD, research findings are opaque and sometimes contradictory. (See Figure 1) for an illustration of the possible pathways discussed in existing studies. Our research is designed to clarify the sources of PTSD in the aging and war-affected population of Vietnam, specifically those residing in the former Democratic Republic of Vietnam (i.e., present-day northern and central Vietnam).

Hypotheses

Past research finds that rates of PTSD are considerably higher among refugees than among non-refugee populations. While some research cites displacement as the source of PTSD, other research argues that displacement is an intermediate step between fear and PTSD. This parallels conventional wisdom, which holds that a “well-founded fear” prompts refugees to flee their homes. Alternately, researchers like Porter and Haslam find that exposure to hazards and traumatic events may be most extreme during flight. This finding implies that it is not displacement but war exposure during displacement that leads to PTSD. Further, extensive research links various types of war exposure—including bombing, combat, war casualties, and loss of family and friends—to PTSD. Yet, not everyone exposed to these events develops PTSD. The lynchpin connecting war exposure to PTSD is perceived threat or mortal fear in reaction to the event. To sort out these competing causes of PTSD, our research tested two competing hypotheses (see Figure 2).

Research Approach

This research is based on data from the 2018 Vietnam Health and Aging Study, which conducted extensive survey interviews with 2,447 older adults living in northern and central Vietnam. Participants were 59 and older at the time of data collection, and most (64%) were children or adolescents at the start of the American War in Vietnam, the peak and final decade of which extended from 1965 to 1975. Survey questions queried participants’ early-life experiences, especially their experiences of war, military service, and migration. Questions also targeted current physical and mental health.

In this sample of older adults, reported PTSD symptoms are relatively few. However, they should not be ignored for two reasons. First, in Vietnamese

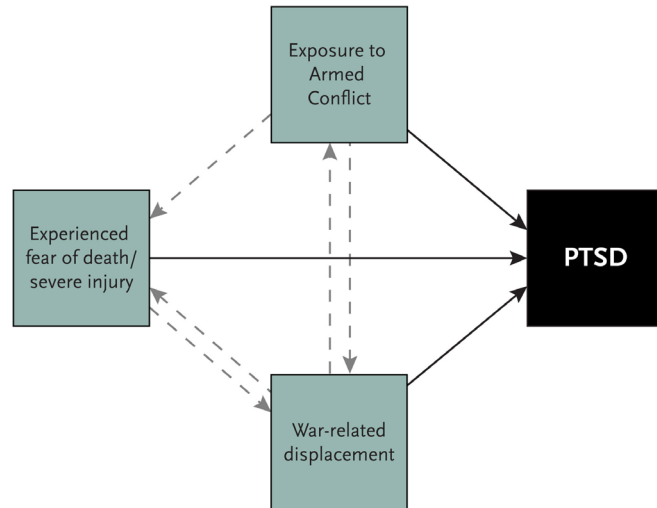


Figure 1 Potential pathways between war exposure, displacement, and PTSD

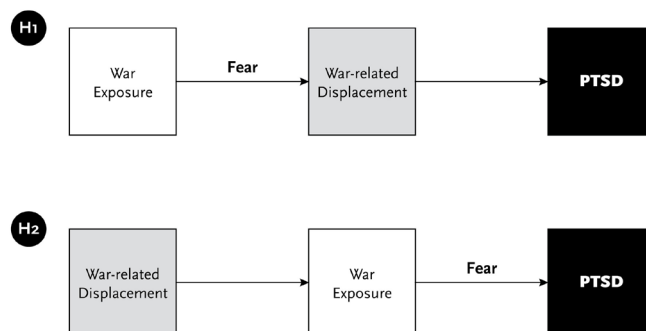


Figure 2 Hypotheses around causal direction

culture, people are reticent to discuss mental health; thus, even minimal symptoms warrant study. Second, in this sample, symptoms were not only experienced in the immediate aftermath of war; they persisted into late life. Our statistical analyses of PTSD symptoms first test the causal pathways between war exposure, displacement, and PTSD. Next, we analyze these pathways while controlling for other potential sources of PTSD.

Findings

When testing the two hypothesized causal pathways, we examined several different types of war exposure. Ultimately, for this sample of Vietnamese older adults, we identified exposure to casualties of war as the traumatic event linked to both displacement and PTSD in a causal chain.

Causal pathways between war exposure, displacement, and PTSD

- The causal chain proceeded as follows:
Displacement → Exposure to casualties of war → PTSD
- In this population, fear did not drive displacement.
- Fear was likewise not a mechanism linking exposure to PTSD.

Conclusion

The findings of this study, which contradict conventional wisdom and prior research regarding displacement and the role of fear, can be best understood by considering the social context of northern and central Vietnam during the American War. For example, during wartime, many villages were formally evacuated by village leaders to protect residents from impending aerial attacks. In such cases, flight was not catalyzed by fear but enacted in response to official decrees. By extension, displacements would not be a source of PTSD unless the flight process itself exposed the displaced to additional hazards and traumatic events. Given the widespread nature of formal evacuations during war and the potential for exposure to traumatic events during flight, the burden of PTSD among older adults in Vietnam is non-negligible.

In light of our findings and the fact that mental health services are not widely available in Vietnam and not widely accessed when available, we suggest that mental health policymakers and practitioners consider displacement a potential

- Displacement itself has no direct link to PTSD. It is only by exposing the displaced to war casualties that displacement influences PTSD.

Other forms of war exposure and their effect on PTSD

- Heavier exposure to bombing is linked to displacement and encountering casualties of war. However, it is not directly linked to PTSD.
- Military service is also not directly linked to PTSD. It is linked to exposure to casualties and, thus, indirectly a source of PTSD.
- Mortal fear is a source of PTSD; however, the fear does not stem from the specific war traumas measured in this study.

source of other wartime exposures. We offer the following recommendations:

1. Government and health officials should engage in media campaigns and outreach normalizing mental health services among older adults.
2. Mental health services for trauma should be made accessible at local health clinics.
3. Mental health treatment services should explore people's experiences while displaced to discover sources of trauma and fear that generated PTSD symptoms.

We also recommend that during contemporary and future armed conflicts where people are displaced, governments and non-governmental organizations should endeavor to create transportation, routes of passage, and shelter that shield the displaced from potentially traumatizing scenes and events of war. Though circumstances of war may make such efforts difficult, when possible, such interventions can reduce war exposures and, in turn, reduce the global burden of war trauma and impaired mental health.

Acknowledgement

The research reported in this brief was supported by the National Institute on Aging of the National Institutes of Health under Award Number R01AG052537. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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