

## INTRODUCTION

Our global history has been exposed to widespread violence, armed conflicts, terrorism and natural disasters which are unpredictable and devastating due to their nature. According to The UN Refugee Agency, today one in every 122 people has been forced to flee their home due to these reasons, and more than half are children (UNHCR, 2015). According to a WHO and UNHCR report (2015) “adults and children affected by emergencies experience a substantial and diverse range of mental, substance use and neurological problems” (page i). Besides a local and cultural context, lessons learnt from these disasters include that such human rights violations and traumatic stressors to innocent people produces fear, helplessness, unpredictability, vulnerability and a perception of having nowhere to hide. As a consequence of the recent migrant boats which have resulted in a tragic loss of life in the Mediterranean, asylum is now a major topic of discussion in the media. The UNHCR calls for European-wide protection as a response to the tragedies in the Mediterranean. The benefit of this case allows for the possibility to speak out, not only on the physical and emotional impact that this tragedy has on survivors and the reception countries at large, but also about post-migration growth and resilience. To evaluate the sustainability of the gained knowledge over time, “there is a great critical need to move beyond descriptive cross-sectional research to incorporate longitudinal designs and studies of interventions to improve mental health outcomes” (Pollard et al., 2014, page 383). My framework is based upon two decades of research and clinical care on the physical and mental health effects of war and other widespread violence.

The international literature on adult reactions to potentially traumatic events has focused on the pathogenic perspective. Plenty of data have shown that individuals with a refugee background are at greater risk of pathogenic (negative) trauma outcomes, such as

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