

# Psychological symptoms and resilience among Venezuelan migrants in the department of Cesar, Colombia

## Síntomas psicológicos y resiliencia en migrantes venezolanos en el departamento del Cesar, Colombia

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### SUMMARY

*One of the most significant social phenomena in recent years in Latin America is the massive migration of Venezuelan nationals, driven by political and social factors. Colombia ranks among the countries with the highest number of Venezuelan migrants, as they share a vast border that stretches from the north, along the Guajira Peninsula, to the south, in the Amazon jungle. The report indicates that there are currently over two million migrants from the mentioned country in Colombian territory, representing only those who are legally registered to enter Colombia; the underreporting of those who arrive through unconventional methods exposes a higher figure. Many of these migrants stay in intermediate cities*

*near the border, where the condition of binational families is observed, as is the case in the capital of the Cesar department, from which this study derives its geographical context. The primary objective of this research is to examine the impact of migration on the psychological well-being and resilience of Venezuelan migrants residing in Valledupar, Colombia. This study proposes a quantitative and correlational study with a non-experimental design. The Symptom Checklist (SCL-90-R) and the Resilience Scale (RS-14) were administered to a sample of 152 individuals (women and men aged 18-60) residing in the Cesar department. Among the key findings, this study indicates that the most prevalent psychological symptoms were paranoid ideation (30.9 %), psychoticism (30.9 %), and obsessive-compulsive disorder (29.6 %). In each case, an inverse and statistically significant correlation existed between the variables, and 84 % of the participants demonstrated high resilience levels. The study concludes that migration, understood as a traumatic event, triggers clinical emotional symptoms that can be mitigated through resilient behaviors.*

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## RESUMEN

*Uno de los fenómenos sociales de mayor impacto en los últimos años en Latinoamérica, es el de la migración masiva de nacionales venezolanos a causa de razones políticas y sociales. Colombia encabeza el ranking de los países con mayor número de migrantes venezolanos, por tratarse de dos naciones que comparten una gran extensión fronteriza que va desde el norte en la península de la Guajira hasta el sur en la selva amazónica. El reporte indica que actualmente se contabilizan algo más de dos millones de migrantes procedentes del señalado país en territorio cafetero, estos solo serían los que se registran de manera legal para ingresar a Colombia, el subregistro de aquellos que llegan por métodos no convencionales expone una cifra mayor. Muchos de estos migrantes permanecen en ciudades intermedias, cercanas a la frontera donde incluso se observa la condición de familias binacionales, es el caso de la capital del departamento del Cesar que el marco geográfico del cual se desprende este estudio. El principal objetivo de esta investigación es analizar el impacto de la migración en el bienestar psicológico y la resiliencia de los migrantes venezolanos que viven en Valledupar, Colombia. Este estudio propone un estudio cuantitativo y correlacional con un diseño no experimental. Se aplicó la lista de síntomas (SCL-90-R) y la escala de resiliencia (RS-14) a una muestra de 152 individuos (mujeres y hombres de 18 a 60 años) residentes en el departamento del Cesar. Entre los hallazgos clave, este estudio señala que los síntomas psicológicos más prevalentes son la ideación paranoide (30,9 %), el psicoticismo (30,9 %) y el trastorno obsesivo-compulsivo (29,6 %). En cada caso, la correlación fue inversa y estadísticamente significativa entre las variables, y el 84 % de los participantes mostraron un alto nivel de resiliencia. El estudio concluye que la migración, entendida como un evento traumático, provoca síntomas emocionales clínicos que pueden mitigarse mediante comportamientos resilientes.*

**Palabras clave:** *Síntomas psicológicos, resiliencia, migración, emociones, adaptación.*

## INTRODUCTION

The phenomenon of voluntary and forced migration has increased over the past decade due to the socio-political landscapes of different nations. Across the globe, waves of immigrants are fleeing armed conflicts, political dictatorships, and economic crises. According to Anisman

et al. (1), no migratory experience is without distressing crises, the profound and lasting effects of which can extend throughout one's life and be carried on through subsequent generations.

Migrants face uprooting, a kind of grief arising from the loss of their home environment and separation from their families. There are people who, because of their psychological structure, are able to tolerate this pain — but many can only do so in part. This gives rise to pathological grief, melancholy, and other similar symptoms, bodily diseases, and various other kinds of suffering (1). Because the health care provided to immigrants is often limited, in many cases, these emotional disturbances become pathologies that are not treated or reported but rather endured. This problem merits exploration from the field of psychology to consider alternative ways to manage these conditions, especially as scientific evidence shows that migration brings with it mental health consequences and psychological symptoms.

Rivera (2) relates subjective well-being to migrants' quality of life in terms of factors such as legal status, type of housing, perception of rejection, and satisfaction with the support received. The social ties established and, in turn, the state of mental health are mainly determined by depressive and dissociative symptoms (3,4). Quishpe (5) also suggests that migration can be viewed as a stressful event, a consequence not only of the physical and psychological toll of moving from one country to another but also of the challenges associated with finding work, housing, and social support networks.

There are differences in how people cope with the same event. Certain individuals tend to overcome and even grow in the face of adverse situations that threaten their lives or stability; this process is called resilience. Some authors emphasize that the relationship with adversity makes resilience a variable of interest in the study of immigrant populations; resilient individuals develop the capacity to adapt and integrate more easily into a community, which is crucial for migrants. These authors also suggest that humans' capacity to relate to one another enables them to develop resilience in an interpersonal manner. For this reason, there is a need to study this capacity among the immigrant population (6).

According to data from the National Administrative Department of DANE Statistics, as of February 2022, there are 2.2 million people from the Bolivarian Republic of Venezuela residing in Colombia, with 24.2 % and 2.9 % living in Bogotá and the Department of Cesar, respectively (7). According to this data, Colombia's migration situation has undergone significant changes over the last decade. It is no longer Colombians who emigrate but foreigners who come to the country in search of opportunities or have been forced to emigrate due to the political conditions in their own nations. Specifically, in recent years, the number of Venezuelans fleeing the economic and social crisis in their country has increased, with many seeking refuge in Colombia.

Colombia and Venezuela share a 2 19-kilometer border that goes from La Guajira to the Amazon. The people living in this region are constantly interacting with one another, leading to the phenomenon of acculturation, which, according to Berry (8), is a process involving contact between two cultural groups that results in a multitude of changes among both groups. However, more Venezuelans are migrating to Colombia's interior cities and staying. According to Migración Colombia, by January 2021, 1 742 927 Venezuelan citizens had arrived in Colombia, of which 56 % were undocumented. The majority settled in the departments of La Guajira, Norte de Santander, Atlántico, and Antioquia, as well as in the capital city of Bogotá. As a result, in 2021, Migración Colombia established the Temporary Protection Statute for Venezuelan Migrants (TPSV) under Decree 216 (9).

According to the previously discussed data from Migration Colombia, the ten Colombian cities most frequently reported as destinations by Venezuelans are Bogotá, Medellín, Ipiales, Pasto, Barranquilla, Cartagena, Cúcuta, Bucaramanga, Maicao, and Cali (10). However, with no guarantee that migrants will be permitted to remain in these places, some end up in intermediate cities such as Valledupar, where, according to data from migration officials, 10 935 TPSV records have been submitted as of May 2022. Various community leaders and foundations that serve Venezuelan migrants point out that migrants are settling in poor neighborhoods, such as Las

Torres de Nando Marin and La Nevada. A large percentage of this population works in beauty salons, barbershops, and the food industry; others work as street vendors. Not everyone emigrates with their family, so it is common for expenses and emotional support to be shared among compatriots. Regardless of academic level, everyone must face new challenges, taking on new occupations to survive and support their families. The limited employment opportunities available are exacerbated by xenophobia, and the uncertainty of what could happen back home where relatives still live compounds feelings of uneasiness.

One of the directives of the International Organization for Migration (IOM) (11) is to guarantee migrants' human rights, including the right to health. It is an aim supported by various institutions and scientific fields, such as psychology, which, through studies, seeks to recognize the transcultural, adaptive, and emotional implications of migration. The IOM emphasizes the importance of upholding migrants' rights to the highest standards of physical and mental health (10). According to the Ministry of Health and Social Protection, between March 1, 2017, and July 31, 2019, 3 555 717 healthcare services were provided to Venezuelans within Colombia's public health network.

Before the arrival of Venezuelan migrants, Colombia's health sector was already experiencing a crisis. Accordingly, the arrival of the Venezuelan migrant population with its health needs, including mental health, has exacerbated this crisis. In addition to this, the mental health burden migration has on people, both as individuals and as a collective — which has not been recognized nor addressed — must be understood. Migration affects one's social, relational, and emotional life, giving rise to feelings of fear, anger, and uncertainty and causing losses in both material and symbolic terms (12).

To date, in Colombia, only sociodemographic surveys conducted by the Department of Migration and the Ministry of Foreign Affairs regarding legal Venezuelan migrants are available. Therefore, research on the adaptation processes of the permanent undocumented migrant population is needed. For this reason, an exploratory study of the mental health implications of migration is

proposed in the context of Valledupar. This border city has received a large number of Venezuelans.

## METHODOLOGY

This study employed a quantitative, non-experimental research design. The data were collected at a predetermined time, allowing for the identification of the behavior of the object variables in a real-life context. The target population in this research consisted of Venezuelan migrants who had settled in the Cesar department. To be included in the study, participants had to be Venezuelan migrants who had been in the country for at least three months and had provided informed consent. To capture the population, a non-probability snowball sample was used and opened for two months. The sample consisted of 152 Venezuelan migrants, comprising 33 % males and 67 % females. Of the sample, 38 % were young adults, another 38 % were aged 31 to 50, 14 % were between 27 and 30, and 11 % were over 50 years old. Regarding marital status, 61 % were single, 22 % were in a free union, and 13 % were married. Finally, 57 % of the participants had only completed high school, 24 % had a university degree, and 15 % had attended only primary school.

Regarding the country's residence length, 78 % of the participants had lived in Colombia for more than one year, 11 % for 6 to 12 months, and 8 % for 2 to 5 months. In relation to current occupation, 54 % were employed or independent workers, 26 % were homemakers, 8 % were students, 8 % were engaged in informal work (mainly motorcycle taxi drivers and street vendors), and 4 % were unemployed. Regarding housing type, 73 % rented, 12 % lived in shared family housing, 11 % were hosted by a friend or relative, and 4 % owned their own home. Most of the participants, 61 %, currently do not have access to health services.

The Symptom Checklist (SCL-90-R) and the Resilience Scale (RS-14) were used to collect information (13). These instruments were self-administered and digitized using a Google Form tool that facilitated the questionnaire's completion. Before beginning the questionnaire,

participants were asked to authorize the use of their information for research purposes. They then proceeded to complete socio-demographic information that allowed cross-referencing of variables against the results.

## Data Analysis

A descriptive analysis of percentages was carried out, showing (1) the distribution of participants according to their decile classification based on SCL-90-R scales and (2) the classification into ordinal categories of the RS-14. The mean and standard deviation of the variables were also calculated.

The bivariate analysis enabled the study of correlations between the variables. It was done using the raw scores of the two instruments. A normality test was performed using the Kolmogorov-Smirnov test, which indicated that the variables are not normally distributed. Spearman's  $\rho$  was, therefore, used to confirm the relationship between the variables. Spearman's  $\rho$  converts the scores into ranges, from which an average was obtained and used to estimate the correlation between variables similarly to Pearson's  $r$  (14). Statistical calculations were made using SPSS 25®.

## Ethical Considerations

This study adhered to the ethical principles established by Colombian regulations, specifically Law 1090 of 2006 and Resolution 8430 of 1993, which govern research involving human subjects. All participants were informed about the study's objectives, their rights, and the voluntary nature of their participation. Before data collection, each participant provided written informed consent, ensuring their willingness to participate.

## RESULTS

Figure 1 shows the percentage distribution of participants according to their level of resilience. The vast majority of participants (84 %) have a high level of resilience, followed by medium-high (9 %), medium (4 %), and low (3 %).

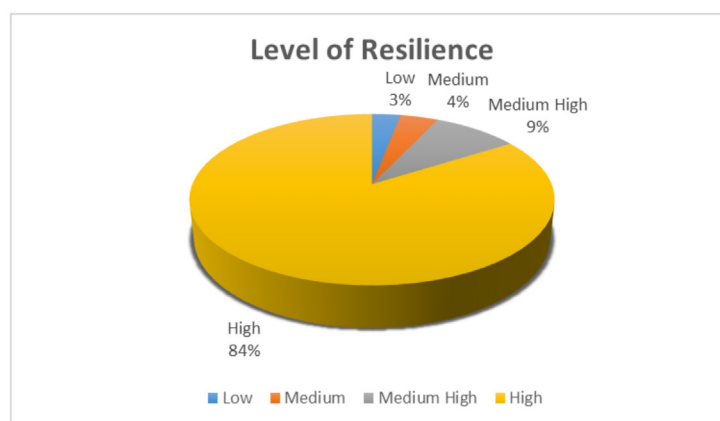


Figure 1. Percentage distribution of participants according to level of resilience. *Note:* n=152.

On the other hand, Figure 2 illustrates the distribution of participants according to their decile in terms of psychological symptoms, as measured by the SCL-90-R. The most frequent psychological symptoms in the highest decile are paranoid ideation (17.1 %), phobic anxiety (16.4 %), obsessive-compulsive disorder

(16.4 %), and interpersonal sensitivity (15.1 %). If the sum of the percentages of deciles 8, 9, and 10 is considered, the most prevalent symptoms are paranoid ideation (30.9 %), psychoticism (30.9 %), and obsessive-compulsive disorder (29.6 %).

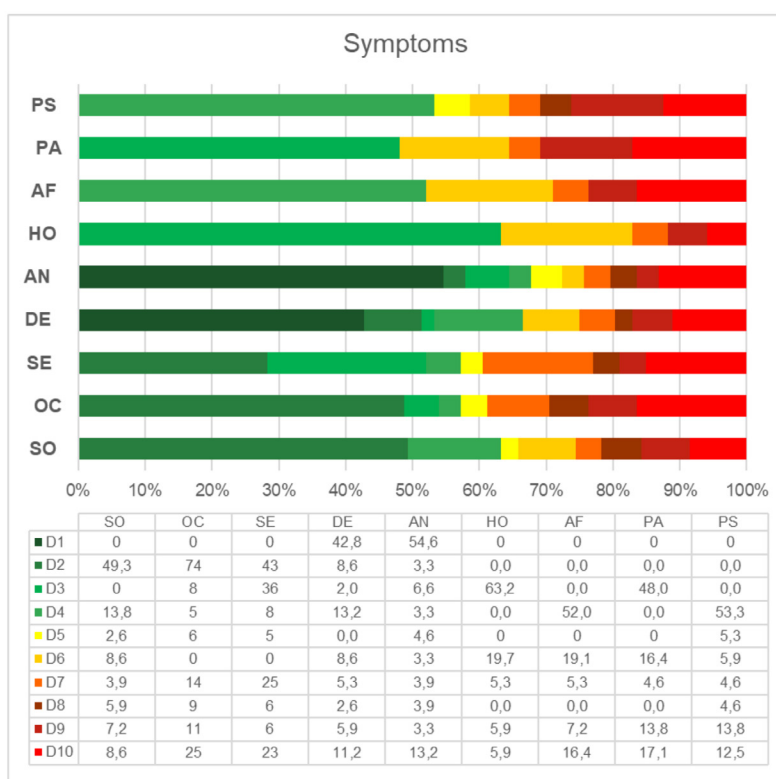


Figure 2. Percentage distribution of participants according to the classification in deciles of psychological symptoms. *Note:* n=152.

Figure 3 illustrates the percentage distribution of participants by decile in each of the three global indices of distress. According to the Global Severity Index (GSI), 13.2 % of participants fall into the highest decile, and 11.8 % rank in the ninth decile. In the Positive Symptom

Total (PST), 16.4 % of participants are in decile 10, and 8.6 % are in decile 9. Likewise, in the Positive Symptom Distress Index (PSDI), 5.9 % of participants are in decile 10, and 9.2 % are in decile 9.

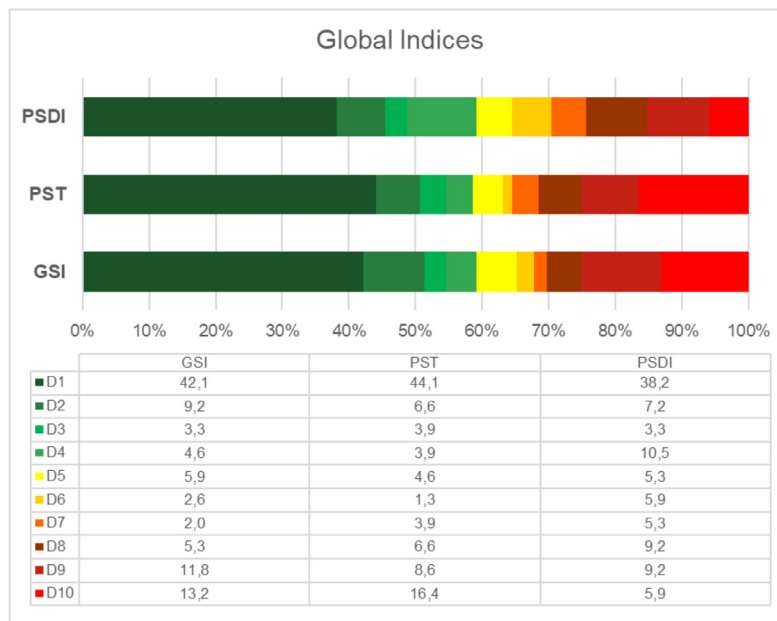


Figure 3. Percentage distribution of participants according to decile in the global indices.

Table 1 shows the results of the bivariate analysis. In all cases, the p-value of the KS test was less than 0.05, so the variables did not have a normal distribution. This justifies the use of Spearman’s  $\rho$  to estimate correlations. It is evident that, in all cases, the null hypothesis is rejected with 99 % confidence, indicating that the correlation is statistically significant in all cases. Similarly, in all cases, the correlations were negative. Correlations between resilience and symptoms of obsessive-compulsive disorder (-0.77), depression (-0.77), anxiety (-0.74), and psychoticism (-0.70) were classified as high; there were moderate correlations with symptoms of interpersonal sensitivity (-0.68), hostility (-0.68), paranoid ideation (-0.66), and phobic anxiety (-0.55). Finally, resilience had a significantly high correlation with GSI (-0.81) and PST (-0.79), as well as a moderate correlation with PSDI (-0.62).

**DISCUSSION**

This study focused on the analysis of symptoms of psychological distress and levels of resilience observed among the Venezuelan migrant population settled in Valledupar, a small, developing border city of Colombia where social conditions such as high unemployment and insecurity intensify these symptoms. One of the first findings was in relation to levels of resilience, with 84 % of the sample scoring high on the RS-14. This finding was consistent with Quishpe’s (5) study conducted in Ecuador, a neighboring country with similar migratory conditions. Quishpe found that 57.6 % of the sample had a high level of resilience. Additionally, he found that resilience relates to a series of coping strategies that facilitate the adaptation of migrants,

Table 1. Results of bivariate statistical analysis between resilience and psychological symptoms.

		$\bar{X}$	SD	KS	Spearman's Rho
Somatization	p-value	0.50	0.64	0.214 0.000	-0.732** 0.000
Obsessive Compulsive	p-value	0.58	0.69	0.215 0.000	-0.772** 0.000
Emotional Sensitivity	p-value	0.43	0.55	0.241 0.000	-0.680** 0.000
Depression	p-value	0.56	0.69	0.208 0.000	-0.772** 0.000
Anxiety	p-value	0.42	0.63	0.250 0.000	-0.739** 0.000
Hostility	p-value	0.30	0.51	0.276 0.000	-0.678** 0.000
Phobic Anxiety	p-value	0.33	0.51	0.265 0.000	-0.552** 0.000
Paranoid Ideation	p-value	0.54	0.68	0.219 0.000	-0.662** 0.000
Psychoticism	p-value	0.30	0.48	0.267 0.000	-0.704** 0.000
GSI	p-value	0.46	0.54	0.198 0.000	-0.812** 0.000
PST	p-value	67.4	23.5	0.187 0.000	-0.795** 0.000
PSDI	p-value	1.41	3.3	0.334 0.000	-0.621** 0.000

Note: (\*\*) The Null hypothesis is rejected with 99% confidence.

such as the positive reassessment of problems and actions taken to solve them by looking for social support.

In the case of this study, the high level of resilience observed was related to the length of time migrants had stayed in the country. Sociodemographic characterization showed two conditions that favor this behavior: (1) gender (women make up 67 % of the sample); and (2) the length of time residing in the home country (78 % had lived in Colombia for more than a year). Studies by Armijo et al. (15) found that among the psychosocial factors that favor resilience among migrants are inner psychological strength and being a woman. Additionally, studies carried out by Barreto et al. (16) indicated that the community where one is received is significant because

stability facilitates the learning of customs, which allows migrants to adapt. Resilience is precisely positive adaptation at its best (17).

Regarding the descriptive data obtained by evaluating the symptoms of psychological distress among the participants, it is noted that the sums of the highest decile (8, 9, and 10) were paranoid ideation at 30.9 %, psychoticism at 30.9 %, and obsessive-compulsive disorder at 29.6 %. Other investigations by Jurado et al. (18) highlighted that altered mental status among migrants was the result of diverse situations experienced by this population, including traumatic events before forced displacement, illegal status in one's new country, perceived discrimination, separation from family, and lack of social support.

A review by Brunnet (19) showed how the most studied psychopathological responses are depression, anxiety, and post-traumatic stress. This study presented a rare finding of elevated levels of symptoms of psychoticism, characterized by aggressive tendencies, low empathy in social interaction, and impulsive behavior.

In contrast to these results, Silva Arciniega (13) used the same SCL-90 scale to predict symptoms of depression in migrants. Silva's work showed that significant feelings of loneliness and sadness remain characteristic of this population, with 80.8 % of the 397 migrants evaluated presenting mild morbidity with a tendency of depression. In the case of the study at hand, the symptomatology of depression obtained a sum in low deciles of 53.4 % in frequency, which implies that more than 50 % of the participants did not show depressive symptoms, making it a positive finding in relation to their mental health.

Finally, there was a significant correlation between resilience and the symptoms of obsessive-compulsive disorder, depression, anxiety, and psychoticism: the higher the level of resilience, the lower the symptoms of perceived psychological distress. In this context, Santana-Darias (20) concluded that migrants utilize a wide range of resources to resist the adversity they face, enabling them to adapt to a new social and cultural context and overcome challenges — which is a proper definition of resilience.

## CONCLUSION

Migration has increased recently due to the socio-political conditions in Latin America. Venezuelans' temporary and permanent relocation to Colombia is due, among other factors, to the length of the countries' shared border, which has facilitated the phenomenon of binational families.

Following the guidelines of the International Organization for Migration, Colombia has established a set of laws that guarantee migrants' rights. These protections alone, however, are not sufficient given the state of Colombia's employment and healthcare systems.

The results of this study, as well as those that serve as background, highlight the significance

of sociodemographic variables among this population — for example, with regard to gender and women's difficulty in accessing the host nation's health system.

The traumatic events that trigger migration cause symptoms of psychological distress, of which paranoid ideation, psychoticism, and obsessive-compulsive disorder were most frequent among the study population — notwithstanding, the great majority of participants had lived in Valledupar for more than 12 months. This factor of permanence has facilitated the adaptation of migrants, who have adopted resilience as the most effective strategy for coping with their reality.

As a final conclusion, it is established that the correlation between the study's variables of psychological distress and resilience in the migrant population leads to the rejection of the null hypothesis with 99 % confidence. Therefore, the results indicate that in all cases, the correlation was statistically significant: the higher the level of resilience, the lower the presentation of symptoms of psychological distress.

The main limitation encountered in the study was restricted access to the population due to its dispersal nature. The exact total population could not be established accurately since not all migrants in the context where the study was conducted are included in the formal registry.

## Declaration of conflict of interest

The authors declare that they have no conflicts of interest related to the publication of this article arising from their research work.

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