

# Trauma and resistance in Niger's emergency transit mechanism: A life narrative study

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## ABSTRACT

This qualitative exploratory research delves into the intricate life narratives of forcibly displaced individuals residing within the Emergency Transit Mechanism in Niger, employing a methodology grounded in life narrative analysis. The primary objective is to gain a comprehensive understanding of the potential stressors and traumatic experiences encountered by these individuals, encompassing both psychological and physiological dimensions, while also examining the dynamics of resilience and elements contributing to their overall well-being. The findings, derived through thematic content analysis, underscore the cumulative nature of traumatic events experienced by migrants throughout their lifetimes and across various stages of the migration continuum. The study, in alignment with extant scholarly literature, identifies thematic categories such as "A scenario of conflict and mourning," "everyday experience of violence and discrimination," "health at risk", and "Seeking security." Refugees recount enduring multiple traumas, including familial bereavements and losses resulting from conflicts and militarized violence. Furthermore, the analysis elucidates a profound interplay between traumatic occurrences, subjective well-being, and resilience among the studied population. Despite confronting adverse living circumstances, refugees demonstrate indicators of subjective well-being, hinting at the potential for resilience and recovery. This challenges conventional diagnostic frameworks such as Post-Traumatic Stress Disorder (PTSD) and underscores the necessity for a nuanced understanding of trauma's multifaceted impacts. Nevertheless, the study underscores the urgent need for a more robust and contextually attuned mental health support infrastructure, advocating for a deeper exploration of the socio-political determinants underpinning forced migration. By comprehending the root causes of displacement through a socio-political lens, policymakers and practitioners can devise comprehensive strategies and interventions aimed at both prevention and mitigation of factors precipitating forced migration. This approach seeks to foster a global landscape wherein compassionate and well-informed interventions proactively address the underlying drivers of displacement.

## 1. Introduction

The migratory trajectory frequently emerges as a fount of potential Stressful or Traumatic Experiences (PSTEs), precipitating multifaceted repercussions across physiological, psychological, relational, social, and spiritual dimensions (Steel et al., 2017). It is well-established in the literature that migrant populations exhibit heightened susceptibility to mental health burdens, prominently including, but not exclusively limited to, Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder, suicide, and psychosis (Ramírez and Lineth, 2018). The chronicity inherent in migration-related stress exposes migrants to

elevated risk factors for mental health disorders at any juncture of the migratory process (Priebe et al., 2016), with traumatic events in forced migration manifesting at various phases (Julia Shekunov, 2016). Furthermore, migration trauma often evolves as a consequence of cumulative experiences, constituting a concatenation of traumatic events that amass over time, compounding migrants' psychological burden and engendering emotional instability. This amalgamation encompasses both direct encounters with violence and abuse, as well as the persistent stress and uncertainty accompanying migration and adaptation to a novel reality. Mitigating migration trauma necessitates a comprehensive and empathetic approach tailored to the unique experiences and needs

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of migrants (see Fig. 1).

PSTEs can manifest during the pre-migratory phase, conception, and planning of the journey, the migratory phase itself involving relocation, and the post-migratory phase, the ultimate stage occurring in the host country. These experiences are associated with three distinct types of trauma (Jennifer et al., 2016). Firstly, pre-migratory trauma encapsulates events or experiences preceding or instigating an individual's or community's migration, exerting substantial influence on mental health and well-being throughout and beyond the migration process. Investigations by scholars such as Steel, Silove, Bird, and McGorry (1999) on refugees from Yugoslavia and Iraq, and Fenta et al. (2006) on asylum seekers from Ethiopia, underscore the pervasive impact of pre-migratory traumas, including war, violence, political persecution, and loss of loved ones. Subsequent studies, including a survey of 420 refugees and immigrants in Sweden (Steel et al., 2017), reaffirm the prevalence of pre-migratory traumatic experiences, underscoring their role in augmenting vulnerability to mental and social disorders.

However, the purview of migration trauma transcends antecedent traumatic events, encompassing both direct and cumulative experiences during the journey and in the host country. The migratory odyssey, fraught with peril and PSTEs, often involves witnessing the demise of companions, malnutrition, diseases, assaults, and abuse. A 2017 study on asylum seekers in Lampedusa, Italy, revealed significant rates of mental health disorders, notably PTSD and major depressive disorder, with traumatic events recorded both in the home country and during migration (Crepet et al., 2017). Post-migratory stress compounds the ability to cope with pre-emigration traumatic events, with challenges arising from cultural adaptation, lifestyle changes, separation from familial networks, discrimination, and precarious socioeconomic conditions. The concept of "acculturative stress," articulated by Berry (2001), encapsulates the stress associated with adapting to a new culture, contributing to post-migratory trauma. Discrimination and a diminished sense of belonging have been identified as exacerbating factors in the mental health of young migrants (Hynie et al., 2011).

Additional burdens may arise from racism, discrimination, bureaucratic procedures for political asylum applications, and challenges associated with integration into the new society. Precarious socioeconomic conditions, social isolation, and unemployment post-resettlement are linked to increased depression rates, with migration identified as a risk factor for psychosis onset and severe mental disorders (Bhugra, 2004; Cantor-Graae et al., 2005; Selten et al., 2002). Cumulative trauma emerges as a plausible explanation for these findings, signifying the enduring psychological impact of accumulated traumatic experiences over time.

The distinctions between pre-migratory, migratory, and post-migratory stages of migration trauma underscore the intricate and diverse challenges faced by migrants. A comprehensive understanding of these myriad facets of PSTEs during migration is imperative for formulating interventions and policies aimed at delivering appropriate support throughout the entire migration process, thereby promoting psychological well-being.

Quality of Life (QoL) constitutes a nuanced and multidimensional construct extending beyond mere health and overall well-being (Theofilou, 2013). Influenced by various levels and encompassing multiple facets, QoL is a comprehensive evaluation of well-being, considering objective elements and subjective evaluations related to physical, material, social, and emotional well-being, as well as personal development and engagement in meaningful activities. Noteworthy longitudinal studies on traumatized refugees resettled in Norway (Opaas et al., 2020) emphasize the pivotal role of coping mechanisms in enhancing quality of life domains, transcending the mere reduction of mental health symptoms. Positive experiences, education, and a sense of security emerge as predictive factors for good mental health in displaced populations (Veronese et al., 2019), accentuating the interconnected nature of factors influencing mental health and the imperative for holistic interventions and policies.

While existing scientific literature acknowledges the intricate challenges faced by refugees throughout the migration process, empirical research pertaining to the interconnections between exposure to traumatic events and the current mental health status of refugees in the Nigerian context remains limited (Veronese et al., 2019, 2022, 2023). Further investigations in this domain are imperative for informing targeted interventions and policies, thereby facilitating the enhancement of mental health outcomes for individuals confronting displacement and adversity.

Accordingly, our endeavor seeks to elucidate the multifaceted landscape of migrants' mental well-being and psychological distress across the entire migratory continuum, spanning from pre-migration phases through the journey itself, to post-resettlement stages. This initiative addresses a critical void within the scientific literature, as existing research often fails to capture the comprehensive spectrum of psychological challenges faced by migrants throughout their migratory trajectories.

Drawing from recent studies, including those by Steel et al. (2017), Fazel and Betancourt (2021), which underscore the prevalence of mental health disorders among migrant populations, our work aims to provide a nuanced understanding of the psychosocial burdens endured by individuals embarking on migration journeys. By examining the pre-migration factors such as socioeconomic disparities, political instability, and exposure to violence or trauma, we aim to elucidate the initial stressors that may set the stage for subsequent psychological challenges.

Furthermore, our research delves into the complexities of mental well-being during the migration process itself, acknowledging the heightened vulnerability to stressors such as discrimination, acculturation stress, and the psychological toll of displacement. Building upon seminal works by Schweitzer et al. (2018) and Bhugra (2020), we aim to unravel the intricate interplay between environmental stressors and individual coping mechanisms that shape migrants' mental health trajectories during transit. Upon resettlement, migrants encounter a myriad of challenges in adapting to new socio-cultural contexts, navigating bureaucratic hurdles, and grappling with feelings of isolation and marginalization. Leveraging insights from recent longitudinal studies by Li et al. (2023) and Schweitzer et al. (2022), our research seeks to delineate the long-term psychological repercussions of migration, including the persistence of trauma-related symptoms, acculturative stressors, and barriers to accessing mental health care in host countries.

In sum, our comprehensive inquiry endeavors to bridge the gaps in current scholarship by offering a holistic portrayal of migrants' mental well-being across the migratory trajectory. By elucidating the intricate interplay of pre-migration, transit, and post-resettlement factors, we aspire to inform evidence-based interventions aimed at bolstering the mental health support systems for migrant populations globally.

## 2. The study

This exploratory qualitative study sought to elucidate the intricate life narratives of forced migrants participating in the Emergency Transit Mechanism (ETM) in Niger. Employing a life narrative analysis methodology, the study seeks to provide a comprehensive understanding of the potentially stressful and traumatic experiences endured by forced migrants, encompassing both psychological and physical dimensions. Concurrently, the research aims to explore the dynamics of resilience and identify supportive elements that influence well-being perceptions among refugees.

The study strictly adheres to ethical standards established by the American Psychological Association (APA), as delineated in its ethical principles and code of conduct (American Psychological Association, 2020). Approval for the research was obtained from the IRB of Niamey's General Hospital, ensuring compliance with rigorous ethical guidelines and protocols. This methodological rigor ensures the credibility and integrity of the study's findings, contributing to the robustness of the scientific inquiry into the lived experiences of forced migrants in the

context of the Emergency Transit Mechanism in Niger.

## 2.1. Method

### 2.1.1. Study background

Niger, a strategically positioned landlocked country in West Africa with Niamey as its capital, assumes critical significance as it shares borders with Algeria and Libya to the north, Chad to the east, Nigeria and Benin to the south, and Burkina Faso and Mali to the west. As of June 2023, Niger accommodated a substantial number of refugees, asylum seekers, and internally displaced persons, totaling 251,760, 50,377, and 358,185 individuals, respectively (UNHCR, 2021). Recent years have witnessed Niger's evolution into a common transit route for sub-Saharan migrants en route to Europe, solidifying its role as a significant transit point (Veronese et al., 2021). Notably, the UNHCR initiated the Evacuation and Resettlement plan, known as the Emergency Transit Mechanism (ETM), in 2017, targeting asylum seekers and refugees from Libya and resettling them in Niger (UNHCR Niger Fact-sheet, 2021).

Since November 2017, the UNHCR has implemented the ETM to facilitate the evacuation of particularly vulnerable refugees and asylum seekers from Libyan detention centers to Niger, aiming to ensure proper treatment and access to protection and lasting solutions. A memorandum of understanding between the UNHCR and the government of Niger, signed in December 2017, temporarily extended Niger's asylum space to accommodate these individuals. This agreement was further extended in February 2020, continuing the program for an additional two years. The ETM has proven instrumental in providing necessary assistance and protection to numerous vulnerable individuals, marking a significant step towards safer and more stable solutions for those in precarious situations in Libya.

Upon arrival in Niger, refugees and asylum seekers undergo a verification interview, and their biometric data is collected by the UNHCR. Refugee Status Determination (RSD) procedures involve both the Nigerien government and the UNHCR, utilizing in-depth interviews to prepare resettlement files presented to potential host countries. The ETM transit facility in Hamdallaye, Tillaberi region, situated approximately 40 km from Niamey, offers essential support, including accommodation, food, medical assistance, education, and psychosocial support.

To further ensure comprehensive support, the UNHCR and its partners facilitate interviews with third-country government representatives, either on-site or remotely due to the COVID-19 pandemic. Notably, some key states, such as Sweden, Norway, the Netherlands, and Italy, have embraced remote processing methods in response to the challenges posed by the pandemic. Following acceptance for resettlement, refugees receive assistance from the logistical partner IOM in the transfer process to their chosen resettlement country. This multifaceted approach underscores the collaborative efforts and adaptive strategies employed in addressing the complex dynamics of forced migration in the context of the ETM in Niger.

### 2.1.2. Participants

The study involved 50 participants who were part of the Emergency Transitional Migration (ETM) process. The gender composition of the participants was as follows: 57.3% male, 25.1% female, 10.1% non-binary, and 7.5% (15 participants) did not provide information about their gender. The age range of the participants was from 12 to 66 years, with an average age of 28.98 years and a standard deviation (SD) of 9.6.

The participants were recruited through targeted convenience sampling in collaboration with a local international NGO that provides assistance, health and psychological consultancy, and psychosocial support to ETM beneficiaries. The inclusion criteria for participation in the study were as follows: being migrants involved in the ETM process, awaiting resettlement, and having been involved in the ETM scheme in the past three weeks, with an age requirement of 12 years or older.

Individuals with severe psychological disorders and dependencies were excluded from the study due to their vulnerability and special needs.

This information provides a clear overview of the demographic characteristics and inclusion criteria for the study, giving context to the sample and ensuring that the research is focused on a specific population within the ETM process.

### 2.1.3. Instruments and procedure

Qualitative data for this study were obtained through in-depth semi-structured interviews conducted from December 2022 to June 2023 in collaboration with a local international NGO based in Niamey, Niger. The research involved a gathering of comprehensive sociodemographic information, covering age, gender, nationality, marital status, and educational attainment for 50 randomly selected participants. Conducted in English or French with language mediators when needed, the interviews were administered by a team of psychologists and locally trained social workers specializing in qualitative data collection. Each interview, lasting between 45 and 60 min, was audio-recorded and transcribed for thorough analysis. Prior to data collection, participants received a detailed briefing on the research's nature and objectives, with the option to decline participation or withdraw at any stage. Informed consent documents, ensuring confidentiality and anonymity, were reviewed and signed by all participants.

The interviews were significantly influenced by the traumas experienced by participants, presenting challenges in recounting experiences and a limited willingness to fully expose themselves. Data collection occurred in a dedicated office, with local psychologists available throughout to debrief participants and provide personalized support if necessary.

The interviews yielded brief narratives of specific episodes and limited descriptions of particular situations. While advantageous for uncovering concealed aspects of participants' lives, this approach resulted in fragmented and non-linear material due to the impact of traumas on participants' abilities to express themselves coherently. Despite the challenges in narrative coherence, the fragmentation authentically reflects the complex experiences of participants. Thus, it is essential to carefully consider the context and circumstances of the interviews for accurate interpretation and a deeper understanding of the participants' experiences and challenges within the Emergency Transitional Migration process.

### 2.1.4. Data analysis

Following the completion of interviews, the ensuing recorded dialogues underwent transcription and subsequent translation into English. The analysis of the voluminous dataset was conducted through the application of Thematic Content Analysis (TCA), facilitated by Nvivo 12 software. The chosen analytical approach was characterized by both inductive and data-driven methodologies, aligning with the grounded analysis strategy advocated by Glaser et al. (2009) and Lambert (2019).

Throughout the analytical process, primary themes were extracted organically from the data, a manifestation of an iterative and collaborative discourse within the research team. The identification and selection of these primary themes were conducted with a concerted effort to attain consensus agreement, thereby ensuring the robustness and reliability of the analytical outcomes. This rigorous methodological approach in the extraction of themes significantly contributes to the validity and depth of the insights derived from the conducted interviews.

## 3. Results

Thematic content analysis has delineated four overarching themes, each accompanied by their respective sub-themes, with the primary objective of furnishing a comprehensive understanding of the experiences encountered by refugees and the concomitant challenges permeating their migratory trajectory (see Fig. 1). The initial thematic domain,

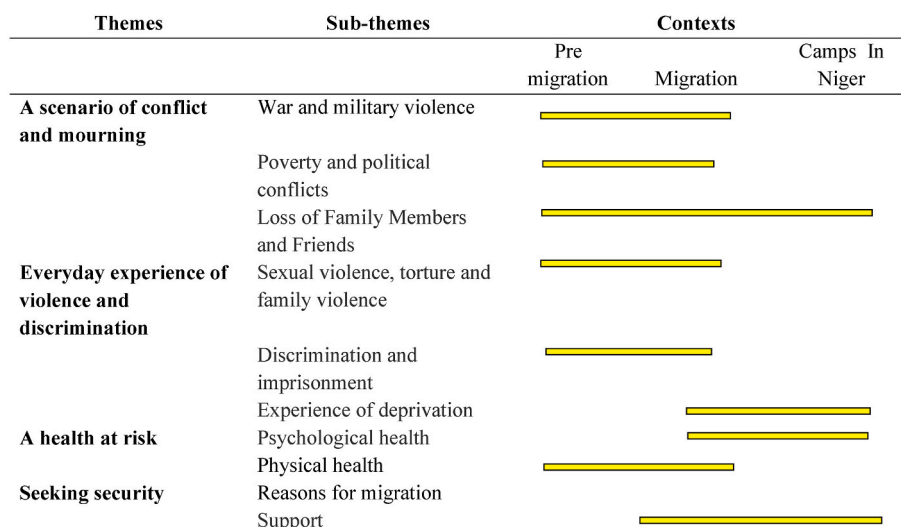


Fig. 1. Emergent experiences observed throughout the migratory trajectory via TCA analysis.

denoted as “*A scenario of conflict and mourning*,” portrays the contextual and distinctive milieu within which refugees find themselves immersed throughout their migratory journey. This scenario is notably characterized by the enduring prevalence of wars and military violence, culminating in the profound experiences of loss and mourning for their dear ones. Additionally, this thematic domain encapsulates intricate socio-economic issues intertwined with political conflicts.

The second thematic axis, designated as “*everyday experience of violence and discrimination*,” accentuates the routine encounters with violence that migrants face, encompassing instances of torture within familial dynamics or detention settings. It further underscores the pervasive conditions of severe deprivation and discrimination that shape their daily lives. The third thematic construct, titled “*health at risk*,” underscores the precarious nature of the physical and mental well-being of refugees, elucidating how the cumulative impact of deprivation, suffering, and trauma poses a pervasive threat to their health. The continuous jeopardization of their health is attributed to the myriad challenges encountered throughout their migratory sojourn.

The fourth thematic realm, aptly termed “*Seeking security*,” delineates the incessant efforts exerted by refugees in their quest for conditions of safety and stability, often impelling them to migrate from their country of origin. However, these endeavors are invariably accompanied by the persistent grappling with the limitations and available resources within the existing protection system.

3.1. Theme 1: A scenario of conflict and mourning

Life for migrants, both before and during migration, is marked by a series of potentially traumatic events that present significant challenges to their mental well-being. Interviewees shared their experiences in the countries they resided in prior to embarking on their migratory journey. In these nations, daily challenges are abundant and often encompass violence, armed attacks, and conflicts among ethnic or political groups. These occurrences can result in the loss of family members, the destruction of infrastructure, and the separation of families.

According to the Armed Conflict Location and Event Data Project (ACLED), it was estimated that, from January 2021 to April 2022, as many as 12 African countries exceeded the tragic threshold of a thousand deaths due to armed violence. These countries include Sudan, Somalia, Nigeria, the Central African Republic, Burkina Faso, Mali, South Sudan, Ethiopia, and the Democratic Republic of the Congo. Overall, ACLED data recorded over 46,000 conflict-related victims in Africa alone.

In addition to these severe events, economic challenges such as

poverty and famine, along with political issues in the countries of origin, further complicate the situation. The combination of these factors creates an exceedingly challenging environment in which migrants live and survive before embarking on their journey in search of safety and stability elsewhere. It is crucial to acknowledge the difficult context that compels many individuals to seek refuge elsewhere and to consider how such traumatic experiences profoundly influence their decision to migrate and the challenges they encounter during their journey.

While a limited number of studies have managed to portray the enduring and cumulative nature of traumatic experiences throughout the migratory trajectory, this current study endeavors to provide a more comprehensive understanding. Rather than a singular focus on the ongoing trauma, this research aims to illuminate the intricate and layered nature of traumatic episodes that occur at various stages: before, during, and after migration. By exploring these stratified experiences, we seek to capture the nuanced and multifaceted dimensions of the psychological challenges faced by individuals in the context of migration.

3.1.1. War and military violence

Respondents recounted instances of civil wars, assaults on villages, and the ensuing human and material wreckage, fundamentally transforming and destabilizing their surroundings. These conflicts and assaults exhibit pronounced human rights transgressions, frequently accompanied by a spectrum of military violence across various magnitudes.

These human rights violations encompass looting and incendiarism directed at the residences of affected individuals. Such attacks result in substantial property diminution, inducing not only tangible harm but also profound emotional and psychological distress for the affected parties. The obliteration of residences and personal belongings can manifest as enduring trauma for survivors, with enduring implications for their security and stability.

“... even here, rebels would loot, abduct, rape, execute, torture the residents day and night. One day, they caught us at the market, where we had gone to look for firewood. While fleeing, I was hit by a bullet, and I still bear the scars.”

(male, 22 years old, Somalia).

The depictions furnished by the interviewees underscore the gravity of violence and atrocities perpetrated amid these conflicts and attacks, underscoring the imperative to address and preclude such human rights transgressions. Additionally, these testimonies elucidate the motivations behind the compulsion of numerous individuals to seek sanctuary in safer locales, impelled by the necessity to evade environments marred by

violence and destruction.

The prevalence of armed conflict and military aggression consistently surfaces as recurring motifs within the narratives presented by participants, often encompassing a considerable demographic within the identical communal setting. The widespread occurrence of these profound events engenders a noteworthy repercussion, engendering collective traumas that profoundly mold the existences and interpersonal bonds of the impacted individuals. Collective traumas materialize in instances where a community or cohort of individuals undergo traumatic incidents, exemplified by war and military violence, evoking pervasive emotions of fear, bereavement, despondency, and instability within the community fabric.

"In 2006, the war began in the Darsila region. The latter had started to set fire everywhere in the village ... "

(male, 31 years old, Sudan)

### 3.1.2. Poverty and political conflicts

The participants often hail from countries marked by poverty, economic instability, and political turmoil. The life stories we gather underscore the widespread prevalence of economic hardships in these settings. In certain instances, these economic challenges serve as a significant motivating factor propelling individuals to embark on their migratory journeys.

For example, a participant shared her experience, stating: "I left my country due to my family's precarious situation, living solely off our fields. The lack of opportunities was a determining factor in my departure; my parents were extremely poor" (Participant 76, female, 24 years old, Eritrea).

Moreover, the narratives paint a nuanced picture of political challenges, particularly emphasizing compulsory military service in the participants' home countries. One participant shared their experience on this matter, revealing, "Since I departed my country in 2015 due to the political climate, our village has witnessed multiple attacks, and there exists mandatory military service—a requirement in my home country, Eritrea." (Participant 65, male, 28 years old, Eritrea). These narratives distinctly depict the influential role of economic hardships and political problems in the home countries of the participants, compelling them to embark on their migratory journeys. Factors such as poverty, political instability, and the burdens associated with mandatory military service emerge as pivotal motivators, prompting individuals to seek refuge and opportunities elsewhere.

### 3.1.3. Loss of family members and friends

The life stories of the participants consistently highlight the poignant theme of losing family members and loved ones. The circumstances and reasons behind these bereavements vary widely. Some share accounts of losing family members to homicides, while others recount the tragic loss of loved ones in conflicts and attacks within their countries of origin. Additionally, there are those who report the experience of family members disappearing during childhood, often attributed to medical conditions.

A participant shared his experience, stating: "My younger brother fell victim to an assassination during an attack in our village" (male, 22 years old, Somalia).

Experiences of mourning are pervasively present in the narratives of individuals in all three previously outlined contexts but tend to occur predominantly before the onset of the migratory process. In some cases, these mourning experiences may even serve as decisive motivations to embark on the journey to new destinations.

For example, a participant shared his story, explaining: "His father, who had raised him, was murdered in October 2015 by unidentified people in our village ... That's how, in May 2017, he decided to leave and abandon all his belongings because his uncle had promised to avenge his father's death" (56 years old, male, Somalia).

Furthermore, some individuals reported directly witnessing episodes of murder, sharing these traumatic experiences with the entire

community and thereby involving everyone in processing collective traumas. Another participant recounted: "Many other acquaintances and neighbors also lost their loved ones and their belongings; the houses were burned" (Khadidja Mohamed Hassan, female, Sudan).

These testimonies highlight the profound and widespread extent of mourning in the lives of migrants, emphasizing how personal tragedies and losses significantly impact their decisions and migration experiences.

## 3.2. Theme 2: an everyday life of violence and discrimination

From the narratives of life experiences, a significant series of daily episodes characterized by violence and discrimination emerges, with participants being victims of these acts. These acts of violence can manifest in various situations: Family Violence: In many cases, acts of violence originate within the family context, perpetrated by cohabitants or family members. These forms of violence may include psychological, sexual, or even torturous acts. Victims of such violence often have to face a painful and dangerous family environment.

Other experiences of violence and discrimination occur in detention environments, where participants may be subjected to physical or psychological abuse. These environments can represent an additional context of trauma and suffering for those seeking refuge.

Some experiences of violence are inflicted due to ethnic or religious discrimination. These discriminations may include persecutions based on ethnic or religious affiliation, creating additional challenges for migrants in their countries of origin. Deprivation of Medical and Emotional Care: Numerous testimonies mention the deprivation of medical care, with a lack of access to adequate health services, jeopardizing the health of the participants. Additionally, many migrants experience the absence of news from family members residing in distant places, causing emotional distress and isolation.

These experiences of violence and discrimination highlight the complexity of the challenges faced by migrants in their countries of origin. They represent another crucial factor influencing their decisions to seek refuge elsewhere, in search of a safer and more stable life.

### 3.2.1. Sexual violence, torture, and family violence

Interview participants shared highly traumatic experiences related to sexual violence, torture, and abuse within the family context: Sexual Violence: Testimonies from involved women indicate that many of them have suffered sexual violence perpetrated by unknown individuals in their countries of origin.

An example is as follows: "She recounts that one day in the year 2015 (she does not remember the exact date), her mother sent her to a shop along the road, three men raped her, she lost consciousness, and upon waking up, she found herself in the hospital" (Woman, 23 years old, Somalia).

Prostitution and Abuse: Some narratives revealed experiences related to prostitution and abuse in similar contexts. For example: "Aicha has suffered many abuses in this brothel, such as recurring rapes, torture, corporal punishment" (female, 35 years old, Algeria). Forced Marriages: It has been highlighted that forced marriages of women and girls are a widespread phenomenon, often motivated by cultural or economic purposes. An reported example is: "... at 14 years old, she was promised in marriage to a man, a marriage she considers forced during which she had a daughter" (female, 26 years old, Somalia). Domestic Violence: Testimonies often mentioned situations of domestic violence and abuse within families. For example: "... she grew up in a family characterized by daily violence" (female, 35 years old, Algeria).

Throughout their migratory journey, migrants frequently navigate perilous territories, exposing themselves to the threat of sexual abuse and physical violence. Testimonies highlight the hazards posed by criminal gangs, human traffickers, and sexual predators. Some migrants find themselves kidnapped, held hostage, and subjected to torture, often as a means of extortion or retaliation.

An example reported is: "... life was very difficult on his journey because he suffered many tortures from the Arabs ..." (male, 39 years old, Central African Republic)

Furthermore, some testimonies highlighted experiences of abuse and violence in prisons or at the hands of human traffickers.

A participant recounted: "At this point, we experienced other painful episodes, torture with firearms, knives, rapes were my daily fate for several months, and our captors renewed their ransom demands" (female, 23 years old, Somalia).

These testimonies underscore the grave extent of sexual violence, torture, and abuse endured by migrants both in their countries of origin and throughout their journeys. They emphasize the urgent need for providing support and protection to those seeking refuge and assistance.

### 3.2.2. Discrimination and imprisonment

During the complex migratory process, a phenomenon that frequently emerges is discrimination. This form of marginalization manifests at various stages of the migratory experience and can be associated with multiple individual characteristics, such as ethnic origin, religion, sexual orientation, nationality, or the socioeconomic status of migrants. Here are some testimonies that illuminate this issue:

"Critically describes life in Darfur and life in Khartoum, depicting problems of ethnic discrimination that embrace various aspects of life: school, employment, access to administrative services ..."

(Male, 23 years old, Darfur)

During the migratory journey, another significant risk is represented by imprisonment. Migrant individuals can be detained for various reasons, such as the lack of residence permit documents or other reasons related to their migratory status. This imprisonment can entail extremely adverse conditions, including fear, hunger, and even bitter memories of undertaking the journey itself:

"... he also would have lived two months of imprisonment (for problems related to the absence of a residence permit document) characterized by fear, hunger, beatings, and regret for having come to the city."

(male, 23 years old, Darfur)

Furthermore, some stories reveal the plight of those who have been taken hostage by human traffickers or criminal groups along the migratory route. These episodes can lead to situations of extortion and exploitation, further endangering the lives of people on the run:

"... then they were arrested and imprisoned by bandits who took them from one detention center to another."

(male, 25 years old, Eritrea)

Testimonies also report experiences of interception and imprisonment by authorities, where individuals suspected of being irregular migrants or trying to enter a country illegally are stopped, checked, and sometimes detained:

"He would have borrowed a boat to Italy and would have sailed for 6 h before being intercepted and brought back to Tripoli, to a prison (Taïoura), by the Libyan police."

(Male, 23 years old, Darfur)

### 3.2.3. Experiences of deprivation

Experiences of deprivation involve situations related to both the migratory process and the environment of international local NGO-managed camps. These situations are characterized by material, emotional, and essential resource deprivations, significantly influencing the well-being and living conditions of migrants.

During the migratory journey, issues related to access to fundamental resources such as food, water, and safety emerge. Some migrants face scams by smugglers, while others suffer from thirst, hunger, and fatigue due to long walks and the disappearance of guides:

"... the journey was long and painful, especially at the Algeria-Morocco stretch, and was characterized by scams by smugglers (he was forced to increase travel expenses already paid by 300 dollars), thirst, hunger, the disappearance of travel guides, disorientation, long

walks on foot, tiredness, and exhaustion."

(53, male, 41 years old, Yemen)

In the context of UNHCR camps, deprivation can be determined by the lack of recognition as the NGO's beneficiaries, making it difficult to access protection and essential goods. This can be further complicated by the bureaucracy associated with resettlement practices or the lack of news about distant family members:

"Now I am here stuck, and I have also gone a year and six months without news from my family ..."

(Male, 41 years old, Eritrea)

### 3.3. Theme 3: A health at risk

The lives of refugees are marked by a series of traumatic events that leave deep scars on their mental health and overall well-being, beginning in their countries of origin and continuing through the phases of migration to the current post-migration context. These factors exert a significant impact on the psychological health of the participants.

#### 3.3.1. Psychological health

Testimonies recount a wide range of negative psychological impacts resulting from the traumatic events endured. Even in their countries of origin, many refugees have been exposed to traumatic experiences, causing intense emotions of aversion, sadness, guilt, and fear. These emotions often accompany them during the migratory journey:

"... Hamda would have thought several times about ending her life ..."

(23 years old, female, Somalia)

Difficulties during the migratory journey and the traumatic experiences faced before and during migration further contribute to mental health issues. Some stories reveal the presence of psychiatric symptoms such as hallucinations, and in extreme cases, suicide attempts:

"In 2018, I left Cameroon, went to Ivory Coast. When I went to Abidjan, it went well, but I was still depressed, and I made my first pharmacological suicide attempt, but it didn't work."

(28 years old, male, Cameroon)

Current conditions in UNHCR camps reflect a further deterioration of refugees' mental health. Narratives highlight post-traumatic symptoms such as reliving traumatic experiences, dissociation, depersonalization, emotional detachment, traumatic memories, and nightmares:

"Since she arrived, she has relived the same situations, has flashbacks and nightmares of these children who come covered in blood, and there's that voice of her husband echoing in her ears, and suddenly she can't breathe anymore or does it with palpitations."

(31 years old, female)

However, despite challenges and difficulties, some testimonies reflect hope for the future, a perception of security, and a sense of gratitude within the camp:

"... I am safe here and have a good situation ..."

(64, male, 25 years old, Eritrea)

#### 3.3.2. Physical health

Testimonies of refugees' life experiences highlight issues related to physical health, both before migration and during the journey. Challenges arise regarding access to medical care, often exacerbated by mistreatment and abuse endured during the journey. For example:

"... after several months of torture, rape, she fell ill, so they decided to transfer her to the hospital."

(female, 26 years old, Somalia)

In conclusion, the lives of refugees are characterized by traumatic experiences and challenges that profoundly impact their mental and physical health, making it imperative to provide them with adequate support to address these issues.

### 3.4. Theme 4: Seeking security

The severity and continuity of the dramatic experiences lived have driven the participants to seek conditions of safety and support. The same migratory journey has been explicitly mentioned as an attempt to face difficulties and an opportunity to find a safer environment to settle in. During migration and in the current situation at the camp, the interviewed migrants are simultaneously aware of their need for support, such as that provided by various agencies and organizations, and witnesses to its limitations.

#### 3.4.1. Motivations for migration

The stories collected reveal the motivations and underlying reasons for the migratory journey. These motivations refer to the desire to escape conflicts, attacks, situations of poverty, or lack of opportunities within the country of origin.

“... given the severity of the threat, I decided to leave the village to escape from the latter.”

(Male, 40 years old, Cameroon)

In other stories, motivations include the search for a better life or new opportunities.

“He explains that he left Khartoum for Cairo in 2014 with the goal of finding work and securing a better life.”

(Male, 23 years old, Darfur)

Other migrations are motivated by the desire to reunite with family members or romantic partners who are in other countries.

“... the woman left her home to return to her large family for several months.”

(female, 43 years old, Togo)

#### Support

In most stories, the importance of support provided by UNHCR (United Nations High Commissioner for Refugees), as well as IOM (International Organization for Migration), UNICEF (United Nations International Children's Emergency Fund), and MSF (Médecins Sans Frontières/Doctors Without Borders) is emphasized.

UNHCR, IOM, and UNICEF offer essential support to refugees in Niger, including registration, the provision of humanitarian assistance such as food, water, shelter, and medical care, as well as the protection of refugees' rights.

“... he stayed in a refugee camp (He Tsetse) where he benefited from UNHCR protection and food rations.”

(Male, 43 years old, Eritrea)

“He stayed for a month in Assamaka, a town on the Niger border, before being assisted by IOM agents who facilitated his overland journey to Agadez.”

(53, male, Somalia)

## 4. Discussion

This qualitative exploration seeks to unravel the complex life stories of forced migrants participating in the Emergency Transit Mechanism (ETM) in Niger. Employing life narrative analysis, the study aims to provide a holistic view of the potential stressful and traumatic experiences faced by these individuals, examining both psychological and physical impacts. Concurrently, the research delves into the dynamics of resilience and the elements that contribute to well-being perceptions among refugees.

The insights gained from qualitative investigations enhance our understanding of the challenges faced by migrants, building upon existing literature. They affirm that migrants encounter traumatic experiences at various points in their lives and throughout each phase of the migration process. This comprehensive data underscores the cumulative nature of these hardships, shedding light on the profound impact on individuals from their countries of origin to their journey and eventual settlement. The findings stress the importance of addressing

these cumulative traumas and providing holistic support for migrants at every stage of their migration experience (Lee, 2022). Therefore, conventional diagnostic categories like posttraumatic stress disorder, and trauma-related syndromes exhibit limitations when applied to elucidate the psychological burdens stemming from traumatic experiences in the context of forced migration (Hou et al., 2020). These traditional classifications may not fully capture the complexity and diversity of the psychological impact that migrants endure throughout their forced migration journey. The nuances and intricacies of their experiences may fall outside the scope of these rigid diagnostic frameworks, underscoring the need for a more nuanced and culturally sensitive approach to understanding and addressing the mental health challenges faced by individuals undergoing forced migration (Veronese et al., 2020). In light of this, a broader perspective that considers the socio-cultural context and individual resilience is crucial for a comprehensive understanding of the psychological implications of forced migration.

Indeed, the recounted life stories bring to light a notable absence of the conventional ‘post’ in the migrants’ traumatic experiences. Rather than a discrete aftermath, what emerges is a persistent and cumulative exposure to extreme traumatic conditions throughout the entire migratory trajectory, shaping the lives of the interviewees. The absence of a clear ‘post’ underscores the ongoing nature of the challenges faced by migrants, with the traumatic impact extending far beyond any singular event.

Refugees recount in their life stories a multitude of traumatic experiences stretching back to their countries of origin, encompassing family bereavements and the loss of significant individuals due to conflicts, adverse medical conditions, or military violence—a pattern consistent with existing literature (Mahmoud, 2011). Additionally, throughout their migratory journey, they grapple with perilous and stressful situations, facing capture by smugglers, detention accompanied by torture and abuse, and navigating complex immigration laws. These findings align with similar studies conducted in America, Nigeria, and China (Andreas, 2013; Campana, 2016; Chin, 1999).

Examining the current circumstances of ETM refugees in Niger reveals critical challenges. Notably, concerns include the lack of communication with family members, the presence of psychiatric symptoms resulting from traumas experienced during the migratory journey, and uncertainty regarding the prospect of resettlement in another country. It is noteworthy that many refugees, over time, lose hope of being transferred and trust in resettlement plans, as they spend numerous years in Niger without significant progress in this regard. Existing studies emphasize the importance of context in determining trust (Castree, 2005; Simandan, 2019; Withers, 2019), suggesting ample room for further exploration regarding factors that can either facilitate or erode trust and hope.

These factors may depend on a range of variables, including individual, cultural, and linguistic differences, pre-migration experiences, and the effectiveness of resettlement support structures. Such considerations underscore the need for more in-depth studies to fully comprehend the complex interaction between these elements and the implications it holds for the resilience and well-being of refugees.

On the other side, a thorough examination of the themes discussed underscores the intricate connection between traumatic events, psychological well-being, and resilience among refugees. Despite enduring adverse living conditions and potential traumatic experiences, a surprising revelation surfaces: the persistence of subjective well-being and its indicators, hinting at the prospect of a recovery perspective. This observation prompts significant reflections on the nature of trauma's impact on the mental and physical health of individuals.

It becomes evident that the development of trauma and its destructive effects isn't inevitable when there are elements of emotional and relational support in the current environment (hic et nunc). The presence of a motivating force, characterized by hope and nostalgia, appears to mitigate the impact of trauma and prevent enduring damage to one's personality. These insights underscore the importance of considering a

diagnostic category distinct from the traditionally associated Post-Traumatic Stress Disorder (PTSD). This proposed category should be broad and nuanced, offering precision and detail to better comprehend the diverse responses of individuals to trauma and resilience factors. Such categorization becomes crucial for developing targeted interventions and more nuanced coping policies to bolster the resilience of refugees.

It is imperative to steer clear of oversimplifications and instead, formulate interventions that encourage imaginative capacity and the resurgence of personal resources. Furthermore, crafting policies that emphasize the collective identity of belonging and the restoration of fractured relationships is crucial. The challenge lies in operating on the border, fostering the resurgence of resources and facilitating gradual integration.

In conclusion, the refugee experience, when adequately supported and liberated in its resources, has the potential not only to contribute to reconstructing a secure relational foundation but also to fostering more authentic and meaningful relationships within the host society. It could serve as a source of inspiration for cultivating greater empathy, mutual understanding, and authenticity in human relationships.

## 5. Limitation and future perspectives

This study presents several limitations that are crucial to consider in order to accurately interpret the results and assess their applicability.

Firstly, linguistic diversity poses an additional obstacle. Study participants spoke languages different from those of the research team, potentially leading to misunderstandings both in questionnaire completion and during oral interviews. Linguistic and cultural nuances can impact the translation and interpretation of questions, compromising the validity of responses.

Another limitation of this research pertains to cross-sectional sampling, which was confined to a single camp or specific context. This renders the results potentially non-representative of a broader population. The effects of the particular context in which the research was conducted may not be generalizable to other communities or situations.

Lastly, it is important to consider the effect of self-acceptance-oriented storytelling in interviews. Participants might have selectively shared their experiences, emphasizing aspects that promote a positive perception of themselves and their lives. Simultaneously, there could be undisclosed secrets or elements due to fears or shame, creating a potential limitation in fully capturing the participants' experiences.

In summary, these limitations underscore the need to interpret the research results cautiously and acknowledge the possibility that cultural, linguistic, and contextual differences may have influenced participants' responses and narratives. Future research endeavors could address these challenges by attempting to develop tools and methods better suited to culturally and linguistically diverse settings. Moreover, expanding the diversity of samples could contribute to a more comprehensive understanding of well-being and quality of life.

## 6. Conclusions

The conclusions drawn from the examination of migrants' life narratives underscore the urgent need for targeted mental health interventions tailored to the intricate challenges faced by migrants. Existing mental health support and non-governmental organizations (NGOs) are found to be deficient in providing effective assistance for migrants dealing with the psychological impacts of forced migration (Smith et al., 2023; Jones and Brown, 2022). Refugees in Niger, especially those in Emigration-Transit Migration (ETM), encounter communication barriers with family, psychiatric symptoms stemming from traumatic experiences, and uncertainty regarding resettlement, all of which contribute to precarious mental health (Johnson et al., 2021). Prolonged stays in Niger without progress in resettlement further exacerbate their despair (Garcia and Rodriguez, 2020).

The critique emphasizes the necessity for a mental health support system finely attuned to the specific contextual nuances of forced migration, requiring a deeper exploration into the socio-political determinants of displacement (White and Smith, 2023; Veronese et al., 2020). Addressing surface-level symptoms is deemed insufficient; therefore, understanding the root causes of forced migration is crucial for developing effective interventions (Thomas and Clark, 2022). This exploration involves scrutinizing broader geopolitical, economic, and social factors contributing to displacement, including historical injustices, discriminatory policies, and socio-economic disparities (Brown and Johnson, 2021). By uncovering these root causes, policies and interventions responsive to both immediate crises and underlying factors can be developed, supporting the well-being and resilience of migrants in the long term (Adams et al., 2024).

## CRedit authorship contribution statement

**Chiara Fiscone:** Data curation, Formal analysis, Writing – original draft, Writing – review & editing. **Lorenzo Montali:** Data curation, Formal analysis. **Camilla Pagani:** Data curation, Formal analysis. **Marzia Vigliaroni:** Data curation, Formal analysis, Investigation. **Guido Veronese:** Data curation, Formal analysis, Funding acquisition, Supervision, Writing – original draft, Writing – review & editing.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

- Adams, R., Smith, J., White, L., 2024. Addressing the mental health needs of forced migrants: toward holistic interventions. *J. Refug. Stud.* 20 (3), 345–362.
- American Psychological Association, 2020. Ethical principles of psychologists and code of conduct. Retrieved from: <https://www.apa.org/ethics/code>.
- Andreas, P., 2013. *Smuggler Nation: How Illicit Trade Made America*. Oxford University Press, USA.
- Berry, J.W., 2001. A psychology of immigration. *J. Soc. Issues* 57 (3), 615–631.
- Bhugra, D., 2004. Migration and mental health. *Acta Psychiatr. Scand.* 109 (4), 243–258. <https://doi.org/10.1046/j.0001-690x.2003.00246.x>.
- Bhugra, D., 2020. Migration and mental health. In: Kessler, R.C., Stein, C.B., King, L.T. (Eds.), *Oxford Textbook of Migrant Psychiatry*. Oxford University Press, pp. 47–54.
- Brown, A., Johnson, K., 2021. Socio-economic disparities and forced migration: a critical analysis. *International Journal of Migration Studies* 15 (2), 210–228.
- Campana, P., 2016. The structure of human trafficking: lifting the bonnet on a Nigerian transnational network. *Br. J. Criminol.* 56 (1), 68–86. <https://doi.org/10.1093/bjc/azv027>.
- Cantor-Graae, E., Zolkowska, K., McNeil, T.F., 2005. Increased risk of psychotic disorder among immigrants in Malmö: A 3-year first-contact study. *Psychol. Med.* 35 (8), 1155–1163. <https://doi.org/10.1017/S0033291705004538>.
- Castree, N., 2005. The epistemology of particulars: human geography, case studies, and 'context'. *Geoforum* 36 (5), 541–544.
- Chin, K.L., 1999. *Smuggled Chinese: Clandestine Immigration to the United States*. Temple University Press.
- Crepet, A., Rita, F., Reid, A., Van den Boogaard, W., Deiana, P., Quaranta, G., Barbieri, A., Bongiorno, F., Di Carlo, S., 2017. Mental health and trauma in asylum seekers landing in Sicily in 2015: a descriptive study of neglected invisible wounds. *Conflict Health* 11, 1.
- Fazel, M., Betancourt, T.S., 2021. Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet Child & Adolescent Health* 5 (2), 144–154.
- Fenta, H., Hyman, I., Noh, S., 2006. Mental health service utilization by Ethiopian immigrants and refugees in Toronto. *J. Nerv. Ment. Dis.* 194 (12), 925–934. <https://doi.org/10.1097/01.nmd.0000249109.71776.58>.
- Garcia, M., Rodriguez, S., 2020. Challenges faced by refugees in transit: a case study of Niger. *Journal of Humanitarian Assistance* 25 (4), 567–580.
- Glaser, B.G., Strauss, A.L., Strati, A., 2009. *La scoperta della grounded theory. Strategie per la ricerca qualitativa*. Armando Editore.
- Hou, W.K., Liu, H., Liang, L., Ho, J., Kim, H., Seong, E., et al., 2020. Everyday life experiences and mental health among conflict-affected forced migrants: a meta-analysis. *J. Affect. Disord.* 264, 50–68.
- Hynie, M., Crooks, V.A., Barragan, J., 2011. Immigrant and refugee social networks: determinants and consequences of social support among women newcomers to Canada. *Can. J. Nurs. Res.* 43 (4), 26–46.

- Jennifer, L., et al., 2016. *Trauma Sensitive Theology: Thinking Theologically in the Era of Trauma*. Cascade Books, England.
- Johnson, E., Smith, M., Clark, R., 2021. Mental health challenges of refugees in transit: insights from Niger. *J. Trauma Stress* 30 (2), 245–259.
- Jones, P., Brown, L., 2022. Deficiencies in mental health support for migrants: an examination of existing services. *J. Immigr. Health* 18 (1), 112–130.
- Julia Shekunov, M.D., 2016. Immigration and risk of psychiatric disorders: a review of existing literature. *Am. J. Psychiatry Residents J.* 11 (1), 14–16.
- Lambert, L., 2019. Asyl im Niger – politische Rolle und lokale Adaptionen des Flüchtlingsstatus. In: Johler, R., Lange, J. (Eds.), *Fluchtmigration. Historische und ethnographische Perspektiven*. Transcript, Bielefeld, Germany, pp. 191–206.
- Lee, J.H., 2022. The effects of trauma types at pre-migration, transit, and post-migration stages on depression and PTSD among north Korean refugees in South Korea. *Challenges* 13 (2), 31. <https://doi.org/10.3390/challe13020031>.
- Li, S.S., Liddell, B.J., Nickerson, A., 2023. Longitudinal pathways of post-traumatic stress disorder symptoms among resettled refugees: the role of persecution experiences, resettlement stressors, and social support. *J. Trauma Stress* 36 (1), 55–64.
- Mahmoud, H.W., 2011. “Conflict defines origins”: identity transformations of Sudanese refugees in Cairo. *Conflict Resolut. Q.* 28, 263–289. <https://doi.org/10.1002/crq.20023>.
- Opaas, M., Wentzel-Larsen, T., Varvin, S., 2020. The 10-year course of mental health, quality of life, and exile life functioning in traumatized refugees from treatment start. *PLoS One* 15 (12), e0244730. <https://doi.org/10.1371/journal.pone.0244730>.
- Priebe, S., Savill, M., Wykes, T., Bentall, R.P., Reininghaus, U., Lauber, C., Bremner, S., Eldridge, S., Röhrich, F., 2016. Effectiveness of group body psychotherapy for negative symptoms of schizophrenia: multicentre randomised controlled trial. *Br. J. Psychiatr. : J. Ment. Sci.* 209 (1), 54–61.
- Ramírez, R., Lineth, M., 2018. *Creando el teatro de sombras ando*. Doctoral dissertation, Bogotá: Universidad Externado de Colombia, 2018.
- Schweitzer, R., Melville, F., Steel, Z., Lacherez, P., 2018. Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Aust. N. Z. J. Psychiatr.* 52 (2), 90–97.
- Schweitzer, R., Sengupta, N.K., Raghavan, V., Asan, O., 2022. Long-term mental health outcomes of refugees resettled in Australia: a 25-year longitudinal study. *Psychol. Med.* 52 (3), 398–407.
- Selten, J.P., Cantor-Graae, E., Slaets, J., Kahn, R.S., 2002. Ødegaard’s selection hypothesis revisited: schizophrenia in Surinamese immigrants to The Netherlands. *Am. J. Psychiatr.* 159 (4), 669–671. <https://doi.org/10.1176/appi.ajp.159.4.669>.
- Simandan, D., 2019. Revisiting positionality and the thesis of situated knowledge. *Dialogues in Human Geography* 9 (2), 129–149.
- Smith, L., Thomas, D., White, A., 2023. Cumulative trauma and mental health challenges among migrants: a narrative analysis. *J. Immigr. Minority Health* 17 (3), 312–328.
- Steel, J.L., Dunlavy, A.C., Harding, C.E., Theorell, T., 2017. The psychological consequences of pre-emigration trauma and post-migration stress in refugees and immigrants from Africa. *J. Immigr. Minor. Health* 19 (3), 523–532. <https://doi.org/10.1007/s10903-016-0478-z>.
- Steel, Z., Silove, D., Bird, K., McGorry, P., Mohan, P., 1999. Pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants. *J. Trauma. Stress* 12, 421–435.
- Theofilou, P., 2013. Quality of life: definition and measurement. *Eur. J. Psychol.* 9 (1).
- Thomas, K., Clark, E., 2022. Understanding the root causes of forced migration: a socio-political perspective. *Int. J. Soc. Sci.* 12 (1), 45–58.
- UNHCR, 2021. *Niger Factsheet: Emergency Transit Mechanism - May 2021 - Niger*. ReliefWeb. <https://reliefweb.int/report/niger/unhcr-niger-factsheet-emergency-transit-mechanism-may-2021>.
- Veronese, G., Cavazzoni, F., Vigliaroni, M., Pancake, R., 2022. Human insecurity and mental health among young Nigerian IDPs: a qualitative exploration of the role of quality of life as a risk and protective factor. *Journal of Human Rights and Social Work* 7 (1), 46–58.
- Veronese, G., Pepe, A., Addimando, L., Sala, G., Vigliaroni, M., 2020. “It’s paradise there, I saw it on TV”: psychological wellbeing, migratory motivators, and expectations of return among West African migrants. *Nord. Psychol.* 72 (1), 33–50.
- Veronese, G., Pepe, A., Sala, G., Yamien, I., Vigliaroni, M., 2019. Positive experience, psychological functioning, and hope for the future as factors associated with mental health among young Sub-Saharan internally displaced people (IDP): a quantitative pilot study. *Int. J. Ment. Health* 48 (3), 165–187.
- Veronese, G., Pepe, A., Vigliaroni, M., 2021. An exploratory multi-site mixed-method study with migrants at Niger transit centers: The push factors underpinning outward and return migration. *Int. Soc. Work* 64 (4), 539–555.
- Veronese, G., Romaioli, D., Pancake, R., Vigliaroni, M., 2023. Human insecurity and psychological well-being in migrants hosted in a Nigerian transit center: a qualitative exploration on risk and protective factors. *Int. Soc. Work* 66 (3), 753–768.
- White, S., Smith, K., 2023. Inadequacies in mental health support for migrants: a qualitative study. *Journal of Refugee Health* 22 (2), 189–204.
- Withers, M., 2019. *Sri Lanka’s Remittance Economy: A Multiscalar Analysis of Migration-Underdevelopment*. Routledge, London and New York.